



Tennessee Department of Children's Services  
**Notice of Child Death/Near Death**

Case # 2014ND.001

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	01/04/2014
Type: (Please check one)	<input type="checkbox"/> DEATH	<input checked="" type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	01//04/2014	
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:
Parents' Names:	Mother: ██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	unknown	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:		
If child is in DCS custody, list placement type and name:	N/A				

**Describe (in detail) circumstances surrounding death/near death:**

The Department received a referral on 01/04/2014 stating the following: ██████████ (1 month) resides with her biological parents ██████████. There are no others residing with the family. The child is not in DCS custody.

The parents took ██████████ to ██████████ Hospital at 3:47 this morning (1/4/104). The parents said ██████████ has not been eating; however, they did not say how long. ██████████ examined ██████████. ██████████ is very lethargic. ██████████ eyes are grayish looking. The left eye has redness in the side closest to the nose. ██████████ has four or five bruises across her forehead that look like adult fingertip bruises. The parents said ██████████ has been poking herself in her forehead.

The parents said they spent time in ██████████ and ██████████ spent some time with various relatives without them being present. It is unknown how long the parents were in ██████████. It is unknown when the parents returned to ██████████. The parents are aware a child abuse and neglect report had to be filed on ██████████ due to her condition. The parents seemed upset and concerned about ██████████ condition. ██████████ is still at the hospital and is going to be life flighted to ██████████ Hospital. There is no other information known at this time.

**If this is a near death certified by a physician, identify physician by name and provide contact information:**

Name of Physician:	██████████	Telephone #	( ) -
Street Address:	██████████	City/State/Zip:	██████████

**Describe (in detail) interview with family:**

██████████ responded to the referral at ██████████ Hospital along with

**If child was hospitalized, describe (in detail) DCS involvement during hospitalization:**

██████████ responded to the referral at ██████████ Hospital along with her CPIT Partner ██████████. ██████████ spoke with ██████████ who stated the following: ██████████ stated that the family returned from ██████████ on 12/28/13. She stated that ██████████ was congested during the trip. ██████████ stated that she believed that ██████████ was getting better from that so she took ██████████ into ██████████ on 12/30/13. ██████████ stated that on 01/02/14 she had a headache and went to bed early leaving ██████████ to watch over ██████████. She stated that night ██████████ was placed on the ottoman and while ██████████ went to get a spit rag for the baby ██████████ fell off onto carpeted floor. She stated that's the only time the baby fell. She stated that the next morning she went to wake up the baby for her 8am feeding and saw mucus in the bed. She stated that ██████████ didn't look good and wasn't eating. She stated that she made another appointment and took ██████████ into the ██████████ Clinic at ██████████ on 01/03/2014. ██████████ stated that they completed chest x-rays to check for bronchitis and they also checked ██████████ for RSV and the flu. ██████████ stated that they were able to get ██████████ to eat a little that day. She stated that they placed the pack-n-play in their room that night since ██████████ was sick. ██████████ stated that between 1 and 2 am ██████████ was a little fussy and sounded congested. She stated that ██████████ got up with ██████████ and that she went back to sleep. She stated that later ██████████ came into the room with ██████████ and the baby was screaming. She reported that ██████████ stated that he took

[redacted] into the baby's room to change her and to see if she wanted to eat. She stated that he told her that [redacted] looked at him with big eyes and started to scream. She stated that she tried to calm [redacted] down but that she started screaming again. [redacted] stated that they brought the baby to the ER at [redacted].

[redacted] was also informed about the concerns regarding the burn on [redacted] buttock. [redacted] reported that she got the baby new diapers from [redacted] Grocery Store on Monday 12/30/2013, and she put them on [redacted] that night before going to bed and when she awoken the next morning she had a "bad rash" and that she was told that it was a chemical burn from the diaper.

[redacted] denies anyone hurting [redacted] intentional or accidentally. She denied any domestic abuse in the home or any drug/criminal history. [redacted] denied any mental health diagnoses.

[redacted] and detective proceeded to interview the father privately. [redacted] stated that he can't think of a time that [redacted] could have sustained an injury. He stated that on Thursday she fell off the ottoman but that she wasn't crying and that she looked fine. He stated that while in [redacted] different family members watched [redacted] but that if something had happened that he feels that someone would have told him that. [redacted] stated that after they brought [redacted] home from [redacted] that [redacted] finally ate 2 oz around five pm. He stated that maybe around 8 she took another ounce. He stated that they went to bed around 10pm. [redacted] stated that [redacted] usually sleeps from about 10pm until 7:30-8 in the morning. [redacted] stated that around 1:30 -2:00am [redacted] seemed fussy. He stated that he checked on her and was going to lay back down. He stated that [redacted] wasn't going back to bed so he got up and took her into her room to change her. He stated that he was talking to her and lightly bouncing her in his arms. He stated that her eyes got big like she was scared and then started screaming. [redacted] stated that he ran to get his wife because he never heard [redacted] cry like that before. [redacted] stated that he thought [redacted] needed to go to the hospital. [redacted] prior deployment was discussed. [redacted] stated that when he first got home his wife told him that she thought he was emotionally numb. He stated that he didn't feel that he needed any treatment nor did his wife. He stated that when [redacted] was born that was the first time in a while that he felt something. He stated that he is scheduled to deploy again in February. He stated that he feels ready this time and is almost excited to go. [redacted] stated that the only stressors in the home would be financial.

[redacted] and Detective [redacted] then spoke with [redacted] a member of the [redacted] Hospital. [redacted] stated that following [redacted] stated that [redacted] injuries are a result of "abusive head trauma." She stated that the skull fracture is a result of an impact trauma. She stated that [redacted] has at least hemorrhaging in the right eye but has not been able to check the left eye yet. [redacted] stated that a good time period for the injuries could be Thursday evening. She stated that [redacted] was doing ok until Friday morning where she started to decline. She stated that [redacted] has massive brain swelling and that brain swelling takes a little time to develop. [redacted] informed [redacted] that [redacted] admitted that he suffers from Traumatic Brain Injury and that he takes Claritin and Flonase to release the pressure in his sinuses that can cause headaches. [redacted] reported to [redacted] that he has been out of his medication for about a week. [redacted] stated that this incident was caused by someone and that falling off the ottoman would not cause these injuries. She also stated that this incident would not have happened a week ago while the family was visiting in [redacted].

Describe disposition of body (Death): N/A ACV is still alive

Name of Medical Examiner/Coroner: N/A Was autopsy requested?  No  Yes

Did CPS open an investigation on this Death/Near Death?  No  Yes

Was there DCS involvement at the time of Death/Near Death?  No  Yes

Type: Case #:

Describe law enforcement or court involvement, if applicable:  
 The case is currently under criminal investigation. The case is being worked by Detective [redacted] but if the ACV expires then the case will be turned over to the homicide unit and assigned to [redacted].

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

A IPA was implemented with the family outlining that [redacted] will have supervised contact with [redacted] at all times, and [redacted] was put in place to supervise the contact. [redacted] is the only child the parents have.

Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected?  No  Yes List organizations requesting information:

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person:	Telephone Number: ( ) -
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: ([REDACTED])

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice.  No  Yes

**Email to: [REDACTED]**  
**within forty-eight (48) hours of notification**  
**Include subject line (in RED): CHILD DEATH [secure email] or**  
**CHILD NEAR DEATH [secure email]**



Tennessee Department of Children's Services  
Tennessee Child Abuse Hotline Summary

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 01/04/2014 05:28 AM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 01/04/2014

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 01/06/2014 08:21 AM  
First Team Leader Assigned: [REDACTED] Date/Time 01/06/2014 12:00 AM  
First Case Manager [REDACTED] Date/Time 01/06/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 10 Mos	Physical Abuse	Yes	Unknown Participant [REDACTED], Unknown	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: \*\*\*\*This child is not in DCS custody\*\*\*\*

TFACTS:

Family Case IDs: No

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated No



Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Death No

Screened out No

History (not listed above): No

Duplicate Referral: No

Special Needs or Disabilities: None known.

County: [redacted]

Notification: None

School/ Daycare: None

Directions: [redacted]

Reporter's name/relationship: [redacted]

The family's address is listed under the oldest child victim.

Reporter states:

\*\*\*\*This child is not in DCS custody\*\*\*\*

[redacted] (1 month) resides with [redacted], her parents. There are no others residing with the family. The child is not in DCS custody.

The parents took [redacted] to [redacted] Hospital at 3:47 this morning. The parents said [redacted] has not been eating; however, they did not say how long. [redacted] examined [redacted]. [redacted] is very lethargic. [redacted] eyes are grayish looking. The left eye has redness in the side closest to the nose. [redacted] has four or five bruises across her forehead that look like adult fingertip bruises. The parents said [redacted] has been poking herself in her forehead.

The parents said they spent time in [redacted] and [redacted] spent some time with various relatives without them being present. It is unknown how long the parents were in [redacted]. It is unknown when the parents returned to [redacted]. The parents are aware a child abuse and neglect report had to be filed on [redacted] due to her condition. The parents seemed upset and concerned about [redacted] condition. [redacted] is still at the hospital and is going to be life flighted to [redacted] Hospital. There is no other information known at this time.

Per SDM: Investigative Track, P1

[redacted] @ 6:05 am [redacted] on 1/4/13. County notified by MIR 3.

Table with 5 columns: Recipients, Time Issued, Response Received, Devices, Responses. Row 1: [redacted], 01-04-14 06:10:45 AM, [redacted], 01-04-14 06:12:24 AM, [redacted] Received. Row 2: 01-04-14 06:10:45 AM, [redacted], ---, [redacted]

\*\*\*\*\*
\*\*\*\*\*

Recon request on 01/04/2014 at 05:27 PM [redacted] requesting "Other" by [redacted]: Please reconsider for Near Death per [redacted] request. Thanks

Recon request granted in order for Near Death notification group to be made aware of report. [redacted] contacted this worker to advise that [redacted] Team Coordinator, [redacted], and [redacted], [redacted], requested that Intake ID: [redacted] be reconsidered in order that the Near Death notification group be made aware that the alleged child victim is on life



**Tennessee Department of Children's Services  
Tennessee Child Abuse Hotline Summary**

support and not expected to survive her injuries. This information came to be known after [REDACTED] spoke to medical staff at [REDACTED] Hospital on January 4, 2014, at approximately 1 p.m. The alleged child victim is not deceased at the time of this reconsideration request; therefore, the allegation is to remain as Severe Physical Abuse. [REDACTED], on 1-4-14 at 6:26 p.m.

County notified as courtesy via MIR3 by [REDACTED] on 1-4-14 at 6:32 p.m.

[REDACTED]  
and [REDACTED], [REDACTED], [REDACTED], have been notified

[REDACTED] - Time Issued: 06:48:11 PM // Completed: 06:48:59 PM



**Tennessee Department of Children's Services  
Tennessee Child Abuse Hotline Summary**

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



**Tennessee Department of Children's Services  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 1 Yr 10 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



**Tennessee Department of Children's Services  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



**Tennessee Department of Children's Services  
Tennessee Child Abuse Hotline Summary**

**Name:** Unknown Participant [REDACTED], Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name:
Referral Date: 01/04/2014
Street Address:
City/State/Zip:

Investigation ID:
Assignment Date: 01/06/2014

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains two rows of allegations.

Preliminary Near Death:

C. Disposition Decision

Disposition Decision: Continue DCS Services

Comments: This case is being classified as (Allegation Indicated/Perpetrator Indicated) due to policy 14.7 this classification is appropriate when there is sufficient information and evidence to support the opinion that the alleged incident occurred or a harmful situation existed and the alleged perpetrator named in the report was found to be responsible for the child's condition.

D. Case Workers

Case Worker:
Team Leader:
Date: 01/29/2014

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

observed (4 weeks) at . It was reported that suffered a skull fracture with bleeding of the brain. was placed on life support and is in critical condition. observed two light bruises on the forehead and a significant burn on the buttocks.

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion of the incident(s)/allegation(s)?

stated that injuries are a result of "abusive head trauma." She stated that the skull



**Tennessee Department of Children's Services**  
**Child Protective Service Investigation Summary**  
**and Classification Decision of Child Abuse/Neglect Referral**

Case Name : ██████████

Investigation ID: ██████████

fracture is a result of an impact trauma. She stated that ██████████ has at least hemorrhaging in the right eye but has not been able to check the left eye yet. ██████████ stated that a good time period for the injuries could be Thursday evening. She stated that ██████████ was doing ok until Friday morning where she started to decline. She stated that ██████████ has massive brain swelling and that brain swelling takes a little time to develop. ██████████ informed ██████████ that ██████████ admitted that he suffers from Traumatic Brain Injury and that he takes Claritin and Flonase to release the pressure in his sinuses that can cause headaches. ██████████ reported to ██████████ that he has been out of his medication for about a week. ██████████ stated that this incident was caused by someone and that falling off the ottoman would not cause these injuries. She also stated that this incident would not have happened a week ago while the family was visiting in ██████████.

**Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation of the incident(s)/allegation(s)?**

██████████ stated that he didn't want his wife to be charged for something that she didn't do. ██████████ proceeded to say that on Thursday night he was up late playing a video game which is a normal thing for him. He stated that ██████████ was being fussy so ██████████ brought the baby out and placed her in the baby swing and then returned to bed. ██████████ stated that ██████████ was still being fussy so he went and put a bottle in the microwave and then went and got ██████████. He stated that while he was in the kitchen he lost hold of ██████████ and that she fell and hit the hardwood floor. He stated that he tried to catch her but that he wasn't able to. ██████████ explained to ██████████ that although she was glad that ██████████ was taking responsibility for the incident that ██████████ did not receive her injuries because she fell. ██████████ went over ██████████ injuries in detail with ██████████. ██████████ explained that ██████████ had great family support and that living with this will eat him up inside. ██████████ began to cry and stated that he's really been having a difficult time since he returned from his last deployment. He stated that sometimes he gets angry for no reason. He stated that the incident did occur on Thursday night. He stated that he was playing a video game and that his wife did bring out ██████████ and placed her in the swing. ██████████ stated that ██████████ was fussy and that he was irritated. He said that he picked her up and started to rock/bounce her. He stated that she continued to be fussy so he bounced her harder. He stated that he can't remember all the details to explain all her injuries but that he knows that he hurt his daughter. He stated that while he was bouncing her that she fell and hit the baby swing with her head and then hit the floor. ██████████ stated that he didn't tell his wife about the incident because he was afraid that she would leave him.

**Summarize witnesses' descriptions of what they saw and what they believe indicates child abuse/neglect:**

According to the referral the parents took ██████████ to ██████████ Hospital 3:47 this morning. The parents said ██████████ has not been eating; however they did not say how long. ██████████ examined ██████████. ██████████ is very lethargic. ██████████ eyes are grayish looking. The left eye has redness in the side closest to the nose. ██████████ has four or five bruises across her forehead that look like adult fingertip bruises. The parents say ██████████ has been poking herself in the forehead. ██████████ is still at the hospital and is going to life flighted to ██████████.

**Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of abuse/neglect:**

██████████ received a call from ██████████ (MSW) stating that ██████████ was improving and is going to survive her injuries. The medical staff tried to bottle feed and this was unsuccessful. ██████████ is scheduled for a swallow test. She is currently being feed through the nose. ██████████ completed an MRI and those results will be faxed over to ██████████ when available. It was explained that ██████████ brain damage is severe and that she also has a lower leg fracture that the medical staff was unaware of.

Distribution Copies: Juvenile Court in All Cases  
 District Attorney in Severe Child Abuse Cases  
 Regional Supervising Attorney



**Tennessee Department of Children's Services  
Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/26/2014	Contact Method:	
Contact Time:	07:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/26/2014
Completed date:	01/26/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/26/2014 07:39 PM      Entered By: [REDACTED]

Case Summary  
Date: 01/24/14  
Time:

On 01/04/14 at 05:28 a.m., a P (1) referral was called into [REDACTED]. The referral was screened into [REDACTED], with allegations of Physical Abuse. The alleged perpetrator is unknown. The alleged victim is [REDACTED]. The referral was assessed and assigned by [REDACTED] on 01/04/14 to [REDACTED]. Response is due 01/05/14 at 05:28 a.m. According to the referral the parents took [REDACTED] to [REDACTED] Hospital 3:47 this morning. The parents said [REDACTED] has not been eating; however they did not say how long. [REDACTED] examined [REDACTED]. [REDACTED] is very lethargic. [REDACTED] eyes are grayish looking. The left eye has redness in the side closest to the nose. [REDACTED] has four or five bruises across her forehead that look like adult fingertip bruises. The parents say [REDACTED] has been poking herself in the forehead. [REDACTED] is still at the hospital and is going to life flighted to [REDACTED]. It is unknown if [REDACTED] is of Native American decent. [REDACTED] Juvenile Court and the DA are notified of referrals and classification per local protocol and policy. The [REDACTED] will contact the referent to seek additional information.

Case History

The following [REDACTED] search revealed the following for [REDACTED] HERE:

No prior history

Investigation:  
Allegation:  
ACV:  
AP:  
Classification:

Internet Check



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The following internet checks were conducted on [REDACTED] :

Methamphetamine Offender Registry Clearance. The Internet Website address is:

[REDACTED]  
Sexual Offender Registry Clearance. The Website address for a [REDACTED] search is:

[REDACTED]  
National Sexual Offender Registry Clearance. The Internet Web site address for a national search is:

[REDACTED]  
Abuse Registry Clearance. The website address is:

[REDACTED]  
The search revealed no results.

Household Composition

Home Address: [REDACTED]

Phone: [REDACTED]  
[REDACTED]  
[REDACTED]

Income and Employment

[REDACTED] is currently in the US Army.

[REDACTED]

The initial [REDACTED] Safety Assessment was completed on (1/04/14). The Safety assessment score is "conditionally safe."

The closing [REDACTED] safety Assessment was completed on (1/24/14). The Safety assessment score is "safe."

Classification:

This case is being classified as (Allegation Indicated/Perpetrator Indicated) due to policy 14.7 this classification is appropriate when there is sufficient information and evidence to support the opinion that the alleged incident occurred or a harmful situation existed and the alleged perpetrator named in the report was found to be responsible for the child's condition.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/23/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 01/23/2014

Completed date: 01/23/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Court Hearing

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/23/2014 12:01 PM      Entered By: [REDACTED]

[REDACTED] attended court on this day. The pre-lim was waived by both parents. [REDACTED] allowed [REDACTED] to return home but will be supervised by the maternal grandparents at all times. The paternal grandparents were also approved by the court. A Docket call was set for March 18th at 9:00am.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/14/2014	Contact Method: Face To Face
Contact Time: 10:00 AM	Contact Duration: Less than 03 Hour
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/15/2014
Completed date: 01/16/2014	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/16/2014 02:32 PM      Entered By: [REDACTED]

[REDACTED] came into the office for a Child and Family Team Meeting. Also present was the maternal grandparents Mr. [REDACTED] and the paternal grandparents [REDACTED]. The department spoke with the family about possible safety placement options for [REDACTED] when she is released from the hospital. [REDACTED] explained that when the department can't explain what happened to a child that both parents are held accountable, especially when it has been determined that both parents were the only ones that had access to the child. [REDACTED] stated that they spoke with their family and that they do not want [REDACTED] to go into foster care. [REDACTED] (the maternal grandparents) stated that they would move to [REDACTED] in order to care for [REDACTED]. [REDACTED] stated that her husband works from home as a [REDACTED] for the [REDACTED] and that she owns two insurance companies that are fully staffed. [REDACTED] stated that they have no problem with moving here and understand this could be long term. [REDACTED] stated that they would like for the maternal grandparents to move into their home as all of [REDACTED] things are in their home and feel that this would be an easier transition. [REDACTED] stated that they would move out of the home.

The family was released for lunch while [REDACTED] staffed this case with [REDACTED] and back ground checks were completed. [REDACTED] were approved for safety placement. [REDACTED] (the paternal grandparents) were approved to provide care as well.

When the family returned from lunch [REDACTED] wanted to speak with [REDACTED] about the incident. [REDACTED] escorted the family back to a private room. [REDACTED] stated that he didn't want his wife to be charged for something that she didn't do. [REDACTED] proceeded to say that on Thursday night he was up late playing a video game which is a normal thing for him. He stated that [REDACTED] was being fussy so [REDACTED] brought the baby out and placed her in the baby swing and then returned to bed. [REDACTED] stated that [REDACTED] was still being fussy so he went and put a bottle in the microwave and then went and got [REDACTED]. He stated that while he was in the kitchen he lost hold of [REDACTED] and that she fell and hit the hardwood floor. He stated that he tried to catch her but that he wasn't able to. [REDACTED] explained to [REDACTED] that although she was glad that [REDACTED] was taking responsibility for the incident that [REDACTED] did not receive her injuries because she fell. [REDACTED] went over [REDACTED] injuries in detail with [REDACTED]. [REDACTED] explained that [REDACTED] had great family support and that living with this will eat him up inside. [REDACTED] began to cry and stated that he's really been having a difficult time since he returned from his last deployment. He stated that sometimes he gets angry for no reason. He stated that the incident did occur on Thursday



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

night. He stated that he was playing a video game and that his wife did bring out [REDACTED] and placed her in the swing. [REDACTED] stated that [REDACTED] was fussy and that he was irritated. He said that he picked her up and started to rock/bounce her. He stated that she continued to be fussy so he bounced her harder. He stated that he can't remember all the details to explain all her injuries but that he knows that he hurt his daughter. He stated that while he was bouncing her that she fell and hit the baby swing with her head and then hit the floor. [REDACTED] stated that he didn't tell his wife about the incident because he was afraid that she would leave him. The family became very emotional. [REDACTED] how many times this occurred. [REDACTED] stated that this was the first incident.

[REDACTED] staffed the information with [REDACTED]. The IPA was put into place. [REDACTED] will complete a clinic assessment with an anger management component. All recommendations will be followed. [REDACTED] will complete parenting classes. It was recommended that [REDACTED] participate in individual counseling in order to deal with everything that has occurred and the things that are still to come. The family agreed with the plan and signed the IPA.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/13/2014	Contact Method:	Face To Face
Contact Time:	12:30 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	01/15/2014
Completed date:	01/15/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning, Well Being		
Contact Type(s):	ACV Interview/Observation, Collateral Contact, Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/15/2014 03:36 PM      Entered By: [REDACTED]

[REDACTED] completed a follow up visit with [REDACTED] at [REDACTED] Hospital. [REDACTED] received a call from [REDACTED] (MSW) stating that [REDACTED] was improving and is going to survive her injuries. [REDACTED] met with the family at [REDACTED] and spoke with them about safety placement options for when [REDACTED] is released from the hospital. A CFTM was scheduled for 01/14/2014 at 10:00am. [REDACTED] answered any questions the family had about the IPA process and what that looks like for the family.

[REDACTED] was able to observe [REDACTED] during the visit. [REDACTED] had her eyes open but was still not able to take a bottle. The medical staff tried to bottle feed and this was unsuccessful. [REDACTED] is scheduled for a swallow test. She is currently being feed through the nose. [REDACTED] completed an MRI and those results will be faxed over to [REDACTED] when available. It was explained that [REDACTED] brain damage is severe and that she also has a lower leg fracture that the medical staff was unaware of.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/09/2014

Contact Method:

Contact Time: 01:47 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/09/2014 01:52 PM      Entered By: [REDACTED]

[REDACTED] received a call from [REDACTED] (MSW) about [REDACTED]. It was stated that the doctors are going to bring [REDACTED] out of the comma in order to see about the brain swelling. She stated this could take several days for the medication to fully come out of [REDACTED] system. She stated this will let the doctors know if there's brain activity or not.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/06/2014

Completed date: 01/06/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/06/2014 04:11 PM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] (MSW) at [REDACTED] informed [REDACTED] that [REDACTED] was put into an induced coma in order to control the seizures. [REDACTED] stated that it was verified that [REDACTED] has hemorrhaging in both eyes. She also confirmed the upper rib fracture. [REDACTED] thanked [REDACTED] for the update.

Social Services on [REDACTED] was notified that the department opened the case due to [REDACTED] being in the military. [REDACTED] is the company commander. His number is [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/04/2014	Contact Method: Face To Face
Contact Time: 02:30 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 01/06/2014
Completed date: 01/06/2014	Completed By: [REDACTED]
Purpose(s): Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/06/2014 03:57 PM      Entered By: [REDACTED]

[REDACTED] and Detective [REDACTED] spoke with [REDACTED] concerning [REDACTED]. [REDACTED] stated that [REDACTED] injuries are a result of "abusive head trauma." She stated that the skull fracture is a result of an impact trauma. She stated that [REDACTED] has at least hemorrhaging in the right eye but has not been able to check the left eye yet. [REDACTED] stated that a good time period for the injuries could be Thursday evening. She stated that [REDACTED] was doing ok until Friday morning where she started to decline. She stated that [REDACTED] has massive brain swelling and that brain swelling takes a little time to develop. [REDACTED] informed [REDACTED] that [REDACTED] admitted that he suffers from Traumatic Brain Injury and that he takes Claritin and Flonase to release the pressure in his sinuses that can cause headaches. [REDACTED] reported to [REDACTED] that he has been out of his medication for about a week. [REDACTED] stated that this incident was caused by someone and that falling off the ottoman would not cause these injuries. She also stated that this incident would not have happened a week ago while the family was visiting in [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/04/2014 Contact Method: Face To Face  
 Contact Time: 10:43 AM Contact Duration: More than 5 Hours  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 01/06/2014  
 Completed date: 01/06/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Initial ACV Face To Face, Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/06/2014 01:27 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] made a home visit/face to face to initiate the investigation to insure safety, well-being and permanency.

People present during this visit:

[REDACTED]

In order to engage the family, [REDACTED] explained the current report made to the [REDACTED] Department of Children's Services and the MRS/Assessment process. [REDACTED] also provided the family with a brochure describing the Multiple Response Approach. [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.

\*Section I: Interview with the child

[REDACTED] observed [REDACTED] (4 weeks) at [REDACTED] Hospital. It was reported that [REDACTED] suffered a skull fracture with bleeding of the brain. [REDACTED] was placed on life support and is in critical condition. [REDACTED] observed two light bruises on the forehead and a significant burn on the buttocks.

\*Section II: Interview with the mother (Step Mother)

[REDACTED] and Detective [REDACTED] met privately with [REDACTED] at [REDACTED] Hospital. [REDACTED] introduced herself and explained the allegations. [REDACTED] stated that the family returned from [REDACTED] on 12/28/13. She stated that [REDACTED] was congested during the trip. [REDACTED] stated that she believed that [REDACTED] was getting better from



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

that so she took [REDACTED] into [REDACTED] on 12/30/13. [REDACTED] stated that on 01/02/13 she had a headache and went to bed early leaving [REDACTED] to watch over [REDACTED]. She stated that night [REDACTED] was placed on the ottoman and while [REDACTED] went to get a spit rag for the baby [REDACTED] fell off onto carpeted floor. She stated that's the only time the baby fell. She stated that the next morning she went to wake up the baby for her 8am feeding and saw mucus in the bed. She stated that [REDACTED] didn't look good and wasn't eating. She stated that she made another appointment and took [REDACTED] into the [REDACTED] Clinic at [REDACTED]. [REDACTED] stated that they completed chest x-rays to check for bronchitis and they also checked her for RSV and the flu. [REDACTED] stated that they were able to get [REDACTED] to eat a little that day. She stated that they placed the pack-n-play in their room that night since [REDACTED] was sick. [REDACTED] stated that between 1 and 2 am [REDACTED] was a little fussy and sounded congested. She stated that [REDACTED] got up with [REDACTED] and that she went back to sleep. She stated that later [REDACTED] came into the room with [REDACTED] and the baby was screaming. She reported that [REDACTED] stated that he took [REDACTED] into the baby's room to change her and to see if she wanted to eat. She stated that he told her that [REDACTED] looked at him with big eyes and started to scream. She stated that she tried to calm [REDACTED] down but that she started screaming again. [REDACTED] stated that they brought the baby to the ER at [REDACTED] [REDACTED] asked [REDACTED] about the burn on [REDACTED] [REDACTED] stated that she got new diapers from [REDACTED] on Monday. She stated that she put the diaper on [REDACTED] that night prior to bed. She stated that the next morning [REDACTED] had a bad rash and that she was told that it was a chemical burn from the diapers. [REDACTED] denies anyone hurting [REDACTED] intentional or accidentally. She denied any domestic abuse in the home or any drug/criminal history. [REDACTED] denied any mental health diagnoses.

## \*Section III: Interview with the father

[REDACTED] and detective met privately with [REDACTED]. [REDACTED] introduced herself and explained the reason for the visit. [REDACTED] stated that he can't think of a time that [REDACTED] could have sustained an injury. He stated that on Thursday she fell off the ottoman but that she wasn't crying and that she looked fine. He stated that while in [REDACTED] different family members watched [REDACTED] but that if something had happened that he feels that someone would have told him that. [REDACTED] stated that after they brought [REDACTED] home from [REDACTED] that [REDACTED] finally ate 2 oz around five pm. He stated that maybe around 8 she took another ounce. He stated that they went to bed around 10pm. [REDACTED] stated that [REDACTED] usually sleeps from about 10pm until 7:30-8 in the morning [REDACTED] stated that around 1:30 -2:00am [REDACTED] seemed fussy. He stated that he checked on her and was going to lay back down. He stated that [REDACTED] wasn't going back to bed so he got up and took her into her room to change her. He stated that he was talking to her and lightly bouncing her in his arms. He stated that her eyes got big like she was scared and then started screaming. [REDACTED] stated that he ran to get his wife because he never heard [REDACTED] cry like that before. [REDACTED] stated that he thought [REDACTED] needed to go to the hospital. [REDACTED] asked about [REDACTED] prior deployment. [REDACTED] stated that when he first got home his wife told him that she thought he was emotionally numb. He stated that he didn't feel that he needed any treatment nor did his wife. He stated that when [REDACTED] was born that was the first time in a while that he felt something. He stated that he is scheduled to deploy again in February. He stated that he feels ready this time and is almost excited to go. [REDACTED] stated that the only stressors in the home would be financial.

[REDACTED] staffed this case with [REDACTED]. It was decided that an IPA would be put into place. [REDACTED] will have supervised contact with [REDACTED] at all times. [REDACTED] was called in. [REDACTED] were notified of the restrictions and signed the IPA.

## \*Section IV: Interview with other household members

N/A

## Section V: [REDACTED] observed:

Document: A picture was taken of the children and placed in the chart.

1. Interactions between mother/father and child: The parents interactions with [REDACTED] was appropriate. [REDACTED] was very tearful. [REDACTED] became tearful after being told the prognosis of the infant.
2. Observation and presentation [REDACTED] observed [REDACTED] on this date. Observations are listed in the child interview section.
3. Observation of interactions between mother/father and other children in home: N/A
4. Observation of physical environment (inside and outside) N/A



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Section VI: Next Steps:

[REDACTED] will keep in contact with [REDACTED] to monitor the wellbeing of [REDACTED].

\*Section VII: NCPP/FSTM (if applicable)

N/A

Strengths:

Needs:

Action Steps:

Decisions:

Section VIII: IPA: note restrictions and visitation plans

[REDACTED] will have supervised contact with [REDACTED] at all times.



# Family Functional Assessment

Case Name: \_\_\_\_\_ Case ID: \_\_\_\_\_  
 Primary Case Worker: \_\_\_\_\_ Begin Date: 01/15/2014  
 Last Review By: \_\_\_\_\_ Last Review Date: \_\_\_\_\_

## I. Current Circumstances:

### A. Reason For Involvement:

01/15/2014 - [REDACTED] - [REDACTED] - The Department received a referral for physical abuse on 1/6/14 with [REDACTED] as the alleged child victim, and an unknown perpetrator listed. The referral stated that [REDACTED] was taken to the [REDACTED] Hospital on [REDACTED] where she was examined by [REDACTED]. The parents reported that [REDACTED] had not been eating and was very lethargic. [REDACTED] eyes were determined to be grayish and unfocused, with some redness noted in the left eye near her nose. [REDACTED] was noted to have multiple (four or five) bruises across her forehead which were noted as looking like adult fingertips. The parents reported that [REDACTED] had been seen poking herself in the forehead. The parents reported that they had spent some time with relatives in [REDACTED], and that they had left [REDACTED] in the care of some of the relatives for some time; length of time was not reported by the parents, nor was the length of time they spent in [REDACTED], or when they returned home to [REDACTED]. The parents were made aware that an abuse referral was going to be made, and were reported to be seemingly upset about [REDACTED] condition. After being sent to [REDACTED], [REDACTED] was placed on life support and was not expected to live, but remains stable at this time.

### B. Family Story:

## II. Assessment of Family Strengths and Needs/Risks:

### A. Family Significant Strengths:

### B. Family Significant Needs/Risks/Concerns:

## III. Person Information:

### A. Children:

04/02/2014 - [REDACTED] has sustained numerous severe injuries and it is not clear at this moment how much she will heal from her injuries. According to the doctors, as [REDACTED] grows she may not have the prope Mental, Cognitive, Self-regulatory or Interpersonal skills.

### B. Adults:

04/02/2014 - [REDACTED] is still very emmotional about the incedent with her daughter and although she is seeking help with coping she is still very emotional. [REDACTED] feels that she can no longer be with [REDACTED] and at this moment does not want to be near or have [REDACTED] near or around him or his family.

04/02/2014 - [REDACTED] is the cause of [REDACTED] injuries and admits to being the one who hurt her. [REDACTED] states that he has PTSD and has not been the same since he has been back from deployment. [REDACTED] has shown remorse for what he has done. [REDACTED] understands that [REDACTED] is angry and hurting but he still would like to work things out.

### C. Family Together History:

04/02/2014 - [REDACTED] has a no contact order between himself and [REDACTED] will be divorcing due to the nature and severity of the injuries [REDACTED] Sustained; [REDACTED] feels she can no longer be married to [REDACTED].

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	All Other Intakes	[REDACTED]

  

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

IV. Assessment of Safety:

01/06/2014 - [REDACTED] - Safety - [REDACTED] - [REDACTED] suffered a skull fracture, brain bleed, bilateral eye hemorrhage, upper rib fracture and some minor bruising on the forehead. [REDACTED] report that nothing has happened to their child other than a minor fall from the ottoman to carpeted floor. [REDACTED] were the only ones with the child.

01/26/2014 - [REDACTED] - [REDACTED]

01/15/2014 - [REDACTED] - IPA was completed with [REDACTED] on 1/14/14; there is to be no unsupervised contact between the parents and the child (this includes no overnight visitation). At this time, it is believed that the parents did cause serious physical injury to the child. At this time, [REDACTED] is placed with her maternal grandparents, [REDACTED] at [REDACTED]. The paternal grandparents, [REDACTED], have also been approved as caretakers for [REDACTED] will complete a clinical assessment with an anger management component, and will follow all recommendations. [REDACTED] will complete a parenting assessment and follow all recommendations. [REDACTED] will participate in counseling.

04/02/2014 - [REDACTED] - There is currently an order of protection and a COR in place between [REDACTED] is to have no contact with his daughter.

V. Assessment of Well Being:

01/15/2014 - [REDACTED] - IPA was completed with [REDACTED] on 1/14/14; there is to be no unsupervised contact between the parents and the child (this includes no overnight visitation). At this time, it is believed that the parents did cause serious physical injury to the child. At this time, [REDACTED] is placed with her maternal grandparents, [REDACTED] at [REDACTED]. The paternal grandparents, [REDACTED], have also been approved as caretakers for [REDACTED] will complete a clinical assessment with an anger management component, and will follow all recommendations. [REDACTED] will complete a parenting assessment and follow all recommendations [REDACTED] will participate in counseling.

04/02/2014 - [REDACTED] - [REDACTED] is being closely monitored for further complications sustained by her injuries and is also being monitored for improvements of said injuries. Currently, [REDACTED] and the maternal grandparents tend to all of [REDACTED] needs. [REDACTED] has showed some improvements but some things will not be able to be determined improvements until she is older. [REDACTED] will continue to be monitored by doctors regularly.

VI. Assessment of Permanence:

01/15/2014 - [REDACTED] - [REDACTED] - IPA was completed with [REDACTED] on 1/14/14; there is to be no unsupervised contact between the parents and the child (this includes no overnight visitation). At this time, it is believed that the parents did cause serious physical injury to the child. At this time, [REDACTED] is placed with her maternal grandparents, [REDACTED] at [REDACTED]. The paternal grandparents, [REDACTED], have also been approved as caretakers for [REDACTED] will complete a clinical assessment with an anger management component, and will follow all recommendations. [REDACTED] will complete a parenting assessment and follow all recommendations. [REDACTED] will participate in counseling.

04/02/2014 - [REDACTED] moved to [REDACTED] with the maternal grandparents to be closer to family and to obtain the family and friend support that is needed.

**VII. Assessment of Resources:**

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	[REDACTED]	Denied	[REDACTED]	01/04/2014	01/14/2014
[REDACTED]	[REDACTED]	Approved	[REDACTED]	01/04/2014	01/15/2014

\_\_\_\_\_  
*Worker's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*



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Assessment

Family Name: [Redacted] DCS Intake ID #: [Redacted]
County: [Redacted] Worker:
Date of Referral: 1/4/14 5:28 AM Date of Assessment: 1/4/14 12:00 AM
Assessment Type: Initial Number of Children in the Household: 1

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

- Yes No
[X] [ ] 1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
[X] Serious injury or abuse to child other than accidental.
[ ] Death of a child due to abuse or neglect.
[ ] Care taker fears that s/he will maltreat the child.
[ ] Threat to cause harm or retaliate against the child.
[ ] Excessive discipline or physical force.
[ ] Drug-affected infant/child.
[ ] Methamphetamine lab exposure.
[ ] [X] 2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
[ ] [X] 3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
[X] [ ] 4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
[ ] [X] 5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
[ ] [X] 6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
[ ] [X] 7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
[ ] [X] 8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
[ ] [X] 9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



Tennessee Department of Children's Services

SDM™ Safety Assessment

- 10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- 11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
- 12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
- 13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

- 1. Intervention or direct services by worker as part of a safety plan.
- 2. Use of family, neighbors, or other individuals in the community as safety resources.
- 3. Use of community agencies or services as immediate safety resources.
- 4. Have caretaker appropriately protect the victim from the alleged perpetrator.
- 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- 6. Have the non-offending caretaker move to a safe environment with the child.
- 7. Legal action planned or initiated - child remains in the home.
- 8. Other (Specify): \_\_\_\_\_

Protective Custody Interventions:

- 9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
- 10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



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SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
  - All children placed.
  - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_



Tennessee Department of Children's Services
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Assessment

Family Name: [Redacted] DCS Intake ID #: [Redacted]
County: [Redacted] Worker:
Date of Referral: 1/4/14 5:28 AM Date of Assessment: 1/26/14 12:00 AM
Assessment Type: Closing Number of Children in the Household: 1

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

- Yes No
1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
[X] Serious injury or abuse to child other than accidental.
[ ] Death of a child due to abuse or neglect.
[ ] Care taker fears that s/he will maltreat the child.
[ ] Threat to cause harm or retaliate against the child.
[ ] Excessive discipline or physical force.
[ ] Drug-affected infant/child.
[ ] Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



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- 10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- 11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
- 12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
- 13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

- 1. Intervention or direct services by worker as part of a safety plan.
- 2. Use of family, neighbors, or other individuals in the community as safety resources.
- 3. Use of community agencies or services as immediate safety resources.
- 4. Have caretaker appropriately protect the victim from the alleged perpetrator.
- 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- 6. Have the non-offending caretaker move to a safe environment with the child.
- 7. Legal action planned or initiated - child remains in the home.
- 8. Other (Specify): \_\_\_\_\_

Protective Custody Interventions:

- 9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
- 10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



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Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_