



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

Case # 2014ND.011

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	04/17/2014	
Type: (Please check one)	<input type="checkbox"/> DEATH	<input checked="" type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	04/17/2014		
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:						

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

The referral states: ██████████ (3-month-old) lives with Unknown Child (3-month-old/twin sibling), ██████████ (Birth Mother), and Unknown Male (Birth Father). It is reported that tonight, ██████████ father was at home with the twins. The father walked out of the room to get something; it is unknown how long he was out of the room with the twins. When he came back into the room, he observed ██████████ choking on something and at some point she had thrown up. ██████████ was breathing faintly and her father began to perform CPR on her. He then drove ██████████ to ██████████; it is unknown if he took the sibling with him at this time. When ██████████ got to ██████████ she had a seizure and other respiratory issues. It is unknown what type of other respiratory issues she had but she was intubated. A head CT was done and a subdural hemorrhage was found; it is unknown what part of the brain the hemorrhage was found in. EMS transported ██████████ from ██████████ to ██████████ Hospital. Per EMS, ██████████ has a faint bruise on her forehead, but since she has medical machinery hooked up, the doctors at ██████████ have not seen it. ██████████ is very critical at this state and ██████████ Hospital staff is requesting immediate DCS assistance and they can page ██████████ (██████████) when they arrive on scene. ██████████ parents have not arrived on scene and this information is all that is 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:

4-18-14 ██████████ observed an interview with the mother, ██████████, conducted by detective ██████████ with ██████████. The mother, ██████████, reported that her, the father and their two children went to lunch with the children's grandmother earlier that day. ██████████ reported that after lunch and errands they dropped her car off at her job at ██████████ mall in order for her to save on gas. ██████████ reported that her mother then drove them home. The mother and grandmother dropped off the father and twins and went back to the mall to look around before the mother had to clock into work. The mother reported that the grandmother checked her phone and noticed that the father had called about five times. She reports that she called the father back and he reported that ██████████ had stopped breathing and that she needed to come home. ██████████ said that the father then reported that ██████████ was breathing again. The mother reported that she rushed home and drove ██████████ and her twin sister to the ER at ██████████

4-18-14 ██████████ observed the interview with the father, ██████████, conducted by Detective ██████████. The father reported that he, the mother and the twins went to meet the grandmother for lunch. After lunch and errands they dropped the car off at ██████████ where the mother works. The father reports that the grandmother then dropped him and the twins back off at home. He reported that when he first got home ██████████ was fussy and ██████████ was asleep. He reported that he laid ██████████ down in the crib and walked ██████████ around and then put her in the swing. The dad reported that he went to the restroom and when he came out, ██████████ lips looked a little purple and she had vomit around her mouth. He thought she was choking, so he grabbed her and did a procedure on her. The father demonstrated the Heimlich maneuver. He reported that he called the mother on the grandmother's phone about five times. He reported that when she called he told her that ██████████ had stopped breathing and that she needed to come home now. He reported that ██████████ had taken a huge breathe while he was on the phone with the mother. He reported that when the mother got home they took ██████████ and her twin ██████████ to ██████████ ER.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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

The victim, [REDACTED], was admitted to [REDACTED] Hospital PICU on 4-17-14. [REDACTED] spoke with medical staff and learned that the child has subdural hemorrhaging and is in critical condition.

Describe disposition of body (Death):

Name of Medical Examiner/Coroner: [REDACTED] 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: [REDACTED] Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:

[REDACTED] Detective [REDACTED] was assigned to the case.

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):

The twin [REDACTED], was observed by [REDACTED] and had a medical exam by doctors at [REDACTED] and there were no concerns. An Immediate Protection Agreement was put in place on 4-18-14 regarding the victim and twin, [REDACTED]. The victim is currently in the hospital and sibling has been safety placed with the grandparents, [REDACTED] and [REDACTED]. The parents will have only supervised contact with both children. A homestudy of the grandparents home was conducted by [REDACTED] and everything was appropriate. The parents have history with DCS as minors.

Name: [REDACTED] Age: 3 months

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

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: [REDACTED]

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

Contact Person: [REDACTED] Telephone Number: [REDACTED]

Case Manager: [REDACTED] Telephone Number: () -

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

Intake #:

[REDACTED]

Investigation #:

[REDACTED]

Date of Report:

Case # 2014ND011
04/17/14

Email to: [REDACTED]
within forty-eight (48) hours of notification

Include subject line (in RED): [REDACTED] or
[REDACTED]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 04/17/2014 09:33 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 04/17/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 04/21/2014 10:20 AM
First Team Leader Assigned: [REDACTED] Date/Time 04/17/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 04/17/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 9 Mos	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	Birth Father
[REDACTED]	1 Yr 9 Mos	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	None

Preliminary Near Death: [REDACTED]

Referent(s)

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

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: THE CHILD IS NOT IN CUSTODY

TFACTS: Yes

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

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

Substantiated Yes

[REDACTED]
[REDACTED] Perp: Unknown
[REDACTED], Failure to Thrive, Perp: [REDACTED]

Death No

Screened out No

History (not listed above): Yes

[REDACTED] No Services Needed
[REDACTED] - No Services Needed
[REDACTED] Services Recommended and Refused
[REDACTED] - Services Recommended and Refused
[REDACTED] - Unsubstantiated
[REDACTED] Unsubstantiated
[REDACTED] - Unsubstantiated
[REDACTED] - Unsubstantiated

County [REDACTED]

Notification: Letter

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: [REDACTED], TN [REDACTED]

Reporter's name/relationship: [REDACTED] [REDACTED]

Reporter states:

THE CHILD IS NOT IN CUSTODY

[REDACTED] (3-month-old) lives with Unknown Child (3-month-old/twin sibling), [REDACTED] (Birth Mother), and Unknown Male (Birth Father).

It is reported that tonight, [REDACTED] father was at home with the twins. The father walked out of the room to get something; it is unknown how long he was out of the room with the twins. When he came back into the room, he observed [REDACTED] choking on something and at some point she had thrown up. [REDACTED] was breathing faintly and her father began to perform CPR on her. He then drove [REDACTED] to [REDACTED]; it is unknown if he took the sibling with him at this time. When [REDACTED] got to [REDACTED] she had a seizure and other respiratory issues. It is unknown what type of other respiratory issues she had but she was intubated. A head CT was done and a subdural hemorrhage was found; it is unknown what part of the brain the hemorrhage was found in. EMS transported [REDACTED] from [REDACTED] Hospital. Per EMS, [REDACTED] has a faint bruise on her forehead, but since she has medical machinery hooked up, the doctors at [REDACTED] have not seen it. [REDACTED] is very critical at this state and [REDACTED] Hospital staff is requesting immediate DCS assistance and they can page [REDACTED] [REDACTED] when they arrive on scene. [REDACTED] parents have not arrived on scene and this information is all that is known at this point.

Special Needs or Disabilities: none

Child's current location/is the child safe at this time: hospital

Perpetrator's location at this time: in pursuit to the hospital

Any other safety concerns for the children or worker who may respond: None

Per SDM: [REDACTED] on 04/17/14 @ 11:20 PM.

Received by [REDACTED] 11:34 PM.



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

Notified Child Death Group: [REDACTED]
[REDACTED] copied on the notification email.



**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:

Race: White

Age: 1 Yr 9 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: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

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
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: White

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

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
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

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
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: [Redacted]
Referral Date: 04/17/2014
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 05/06/2014

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: Physical Abuse and Lack of Supervision.

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Continue DCS Services
Comments: The children are now in DCS custody.

D. Case Workers

Case Worker: [Redacted] Date: 07/02/2014
Team Leader: [Redacted] Date: 07/02/2014

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:

4/18/14 - [Redacted] observed [Redacted] and [Redacted] (3 month old twins) at [Redacted] Hospital. According to [Redacted] petition [Redacted] received a medical exam which was normal. [Redacted] had a subdural hemorrhage and was currently in critical condition with a poor prognosis.

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

[Redacted] faxed this [Redacted] medical records and this [Redacted] reviewed those records. The records note [Redacted] as a 3 mo old 34 wk twin with diffuse axonal injury, bilateral subdural hemorrhages and retinal hemorrhages consistent with abusive head trauma. Initially admitted to the PICU with refractory seizures and increased ICP requiring mechanical ventilation, stabilized for transfer to the floor on 4/29. Has had complications of autonomic storming, laryngomalacia and subglottic inflammation (from prolonged intubation) leading to



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

Case Name : ██████████

Investigation ID: ██████████

stertor and weak cry, and inability to safely PO s/p g-tube on 5/2.

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

4/18/14 - Interview with the father, ██████████ reported that he the mother and the twins went to meet the grandmother for lunch. After lunch and errands they dropped the car off at ██████████ where the mother works. The father reports that the grandmother then dropped him and the twins back off at home. He reported that when he first got home ██████████ was fussy and ██████████ was asleep. He reported that he laid ██████████ down in the crib and walked ██████████ around and then put her in the swing. The dad reported that he went to the restroom and when he came out ██████████ lips looked a little purple and she had vomit around her mouth. He thought she was choking He reported that he grabbed her up and did a procedure on her " he demonstrated the Heimlich maneuver" He reported that he called the mother on the grandmother's phone about five times. He reported that when he called the mom he told her that ██████████ has stopped breathing and that she needed to come home now. He reported that ██████████ had taken a huge breathe will he was on the phone with the mother. He reported that when the mother got home they took ██████████ and her twin ██████████ to ██████████ ER.

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

Reporter states: ██████████ (3-month-old) lives with Unknown Child (3-month-old/twin sibling), ██████████ (Birth Mother), and Unknown Male (Birth Father). It is reported that tonight, ██████████ father was at home with the twins. The father walked out of the room to get something; it is unknown how long he was out of the room with the twins. When he came back into the room, he observed ██████████ choking on something and at some point she had thrown up. ██████████ was breathing faintly and her father began to perform CPR on her. He then drove ██████████ to ██████████; it is unknown if he took the sibling with him at this time. When ██████████ got to ██████████ she had a seizure and other respiratory issues. It is unknown what type of other respiratory issues she had but she was intubated. A head CT was done and a subdural hemorrhage was found; it is unknown what part of the brain the hemorrhage was found in. EMS transported ██████████ from ██████████ to ██████████ Hospital. Per EMS, ██████████ has a faint bruise on her forehead, but since she has medical machinery hooked up, the doctors at ██████████ have not seen it. ██████████ is very critical at this state and ██████████ Hospital staff is requesting immediate DCS assistance and they can page ██████████ ██████████ when they arrive on scene. ██████████ parents have not arrived on scene and this information is all that is known at this point.

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

According to policy, Lack of Supervision is failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. There was not evidence to support the allegation of LOS there for that allegation is classified as AUPU. According to policy, Physical Abuse is Non-accidental physical trauma or abuse inflicted by a parent or caretaker on a child. This case is closed and classified as ASPS. There was evidence, which is detailed in the investigation that supported the allegation of PHA with ██████████ as the alleged child victim. Due to the safety placement not being able to care for ██████████ and ██████████ any longer and the family not providing an appropriate option for a safety placement, an emergency removal petition was done and the children were placed in DCS custody on 5/7/14. A CFTM and FFA were completed on 5/9/14. ██████████ will provide and monitor services for this family; therefore, the CPS case will be closed. The CPS Formal File Review and Attachment were mailed to the alleged perpetrator; see copies attached to the file.

Distribution Copies:



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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: 08/05/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/05/2014

Completed date: 08/05/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/05/2014 03:50 PM Entered By: [REDACTED]

Per policy TPR was discussed at the Severe Abuse Review due to this being a substantiated severe abuse case. Present at the review were [REDACTED], Legal [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. Parents were substantiated for severe physical abuse. The baby will have longterm effects from the abuse and has to go to the doctor regularly. ACV and sibling initially placed in an IPA, but later removed and placed in custody. The children are currently in a medically fragile foster home. The parents are cooperative. Case is set for trial in August. Case being monitored by [REDACTED] and [REDACTED].

Legal will meet with Foster Care after the severe abuse trial to determine TPR.



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: 07/26/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/26/2014

Completed date: 07/26/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notification of Classification

Contact Sub Type: Letter A - Notice of Indication to Perpetrator

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/26/2014 10:51 AM Entered By: [REDACTED]

This [REDACTED] mailed the Letter A and Letter A attachment to [REDACTED] via Certified Mail [REDACTED] 1613 on 7/26/14. A copy of the letters are attached to the file.



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: 07/02/2014	Contact Method:
Contact Time: 04:00 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/02/2014
Completed date: 07/02/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/02/2014 04:22 PM Entered By: [REDACTED]

According to policy, Lack of Supervision is failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. There was not evidence to support the allegation of LOS there for that allegation is classified as AUPU. According to policy, Physical Abuse is Non-accidental physical trauma or abuse inflicted by a parent or caretaker on a child. This case is closed and classified as ASPS. There was evidence, which is detailed in the investigation that supported the allegation of PHA with [REDACTED] as the alleged child victim. Due to the safety placement not being able to care for [REDACTED] and [REDACTED] any longer and the family not providing an appropriate option for a safety placement, an emergency removal petition was done and the children were placed in DCS custody on 5/7/14. A CFTM and FFA were completed on 5/9/14. [REDACTED] will provide and monitor services for this family; therefore, the [REDACTED] case will be closed. The CPS Formal File Review and Attachment were mailed to the alleged perpetrator; see copies attached to the file.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.



**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:	06/12/2014	Contact Method:	Face To Face
Contact Time:	12:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/02/2014
Completed date:	07/02/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	[REDACTED] (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2014 10:12 AM Entered By: [REDACTED]

This [REDACTED] presented this case at the [REDACTED] Child Protective Investigative Team (CPIT) on 6/12/14. The team agreed with the ASPS classification decision regarding the allegation of PHA against [REDACTED]. The signed CPIT form is in the file.



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: 06/09/2014 Contact Method:
Contact Time: 09:00 AM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: Created Date: 07/02/2014
Completed date: 07/02/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Notation
Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2014 09:25 AM Entered By: [REDACTED]

A TFACTS history check was completed and the following was found:
03/09/12 - Allegation of LOS and ENN with [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED] as the ACVs. The alleged Perps are [REDACTED] and [REDACTED]. This was classified as No Services Needed.
06/24/09 - Allegation of ENN and PYA with [REDACTED], [REDACTED], [REDACTED] and [REDACTED] as the ACVs. The alleged Perp is [REDACTED]. This was classified as No Services Needed.
01/28/09 - Allegation of LOS with [REDACTED], [REDACTED], [REDACTED] and [REDACTED] as the ACVs. The alleged Perps are [REDACTED] and [REDACTED]. This was classified as Services Recommended and Refused. It was noted that the allegation of SEE against [REDACTED] was dismissed before trial.
01/21/09 - Allegation of DEC, PHA and ENN with [REDACTED], [REDACTED], [REDACTED] and [REDACTED] as the ACVs. The alleged Perp is [REDACTED]. This was classified as Services Recommended and Refused. He and [REDACTED] were separated.
09/21/06 - Allegation of SEE with [REDACTED] and [REDACTED] as the ACVs. The alleged Perp is [REDACTED]. This was classified as Allegation Substantiated / Perpetrator Substantiated.

Family Composition:
[REDACTED] and [REDACTED] ([REDACTED])
Mother: [REDACTED]
Father: [REDACTED]
Address: [REDACTED]
Phone number: [REDACTED]

Maternal Grandmother and Grandfather: [REDACTED]
Address: [REDACTED]
Phone number: [REDACTED]

This family isn't of Native American Heritage.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region



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: 05/16/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 11:37 AM Entered By: [REDACTED]

Preliminary Hearing on 5/16/14 at 1pm. Present for this hearing were [REDACTED], [REDACTED], [REDACTED], [REDACTED], Mom's attorney [REDACTED] and Dad's attorney [REDACTED]. Parties agree to children remaining in DCS custody at this time. Both parties waived the timeliness of the preliminary hearing.

This was set for Settlement and Plan of Care on 6/13/14 at 8:15am in Magistrate [REDACTED] courtroom.

Court decree is in the file.



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: 05/09/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 10:43 AM Entered By: [REDACTED]

The Preliminary Hearing on 5/9/14 at 1pm in [REDACTED] courtroom. Those present at this hearing were [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. [REDACTED] was appointed to be the mother's attorney, [REDACTED] was appointed to the father and [REDACTED] was appointed.

The prelim was reset for 5/16/14 at 1pm. Parties will agree to as much visitation as possible that can be supervised.



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: 05/09/2014	Contact Method: Face To Face
Contact Time: 11:00 AM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/02/2014
Completed date: 07/02/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact,Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2014 10:33 AM Entered By: [REDACTED]

Initial CFTM on 5/9/14 at 11am. Those present for this CFTM were: Father-[REDACTED], Mother-[REDACTED], Resource parent-[REDACTED], Placement-[REDACTED], Faciliator-[REDACTED], [REDACTED], [REDACTED], [REDACTED]. And [REDACTED].

1. CPS received a Referral 4-17-14 regarding allegations of "severe abuse; near fatality", involving a non-accidental head trauma and retinal hemorrhages with the child [REDACTED]. Also allegations of "lack of supervision" regarding both children ([REDACTED] & [REDACTED]). An Immediate Protection Agreement (IPA) was established 4-18-14 with the maternal grandmother, [REDACTED]. The IPA was terminated on 5-6-14 when [REDACTED] reported she would not be able to meet the needs of the children. CPS stated no other placement alternatives were available. Therefore, CPS had to place the children in protective custody until a Preliminary Hearing could be conducted, 5-9-14. [REDACTED] has been in the hospital since 4-17-14. According to [REDACTED], [REDACTED] will continue needing intense services involving physical therapy, occupational therapy and speech therapy. A G-tube has been placed into [REDACTED] and a feeding tube will be necessary. At this time [REDACTED] does not have any purposeful eye movement. Again [REDACTED] almost did not survive the trauma. [REDACTED] will need the services of an ophthamologist, gastrointestinal, neurologist and assigned PCP ([REDACTED]). [REDACTED] is trying to determine if [REDACTED] will need a home health nurse.

2. [REDACTED] is currently placed in an [REDACTED] resource home with [REDACTED]. [REDACTED] reported she has experience with caring for fragile children. [REDACTED] was at [REDACTED] yesterday/last night to learn the necessary requirements for taking care of [REDACTED], who will join her sister at [REDACTED] home.

3. Both parents reported there are no family members available to help care for the children. They last had a visit with [REDACTED] on 5-7-14. The CFT stated that the parents will have supervised visits, for now.

Strengths:

Parents presented concern for the welfare of their children; [REDACTED] being discharged from hospital; therapeutic resource parent caring for children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Concerns:

[REDACTED] is medically fragile and experienced severe abuse; [REDACTED] needs will be extensive; children's permanency; little family support.

Recommendations / Decisions Made

Children will remain in DCS Custody due to allegation of "severe abuse". The child, [REDACTED] will receive "medically fragile care". The child, [REDACTED], will receive Level I services.



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: 05/09/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/09/2014

Completed date: 05/09/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/09/2014 10:39 AM Entered By: [REDACTED]

This [REDACTED] completed a Reassessment Safety Assessment on 5/6/14 and the children are Unsafe. A Copy is attached to the file.



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: 05/08/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/09/2014

Completed date: 05/09/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/09/2014 10:37 AM Entered By: [REDACTED]

The initial safety assessment was completed on 4/18/14 and the children are Conditionally Safe. A Copy is attached to the file.



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: 05/08/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 12:25 PM Entered By: [REDACTED]

This [REDACTED] sent request to Facilitator [REDACTED] requesting an Initial CFTM for 5/9/14 at 11am. The CFTM was also scheduled in TFACTS by this [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: 05/08/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 12:18 PM Entered By: [REDACTED]

The Removal Petition, Affidavit of Reasonable Efforts and Court data sheets were file with Juvenile Court on 5/8/14. The Preliminary Hearing is set for 5/9/14 at 1pm. The [REDACTED] appointed 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:	05/07/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/02/2014
Completed date:	07/02/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2014 12:10 PM Entered By: [REDACTED]

[REDACTED] completed a criminal background check on alleged perpetrator using [REDACTED] on [REDACTED] and it was positive/background history. The Background check results are attached to the file.



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: 05/07/2014

Contact Method: Face To Face

Contact Time: 09:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2014 12:31 PM Entered By: [REDACTED]

[REDACTED] saw [REDACTED] at [REDACTED] Hospital on 5/7/14. [REDACTED] was wrapped in a blanket and her eyes were closed. She appeared as though she was sleeping peacefully. This [REDACTED] took a photo of [REDACTED] and it is attached to the file.



**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:	05/07/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	07/02/2014
Completed date:	07/02/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2014 12:13 PM Entered By: [REDACTED]

This case was presented at the [REDACTED] Committee at [REDACTED] on 5/7/14 at 9am.



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: 05/06/2014

Contact Method: Face To Face

Contact Time: 03:34 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/08/2014

Completed date: 05/08/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Collateral Contact,Other Child Living in the Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/08/2014 05:15 PM Entered By: [REDACTED]

[REDACTED] was brought to the DCS Office by her maternal grandparents ([REDACTED]) who were her safety placement on 5/6/14. [REDACTED] and [REDACTED] were tearful when this occurred. [REDACTED] was asleep in her carseat and this [REDACTED] observed a bruise on the inside of her left forearm. Photo's were taken on this bruise and a large paperclip was used to scale the bruise. The bruise was light brown in color and an asymmetrical shape.



**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:	05/06/2014	Contact Method:	
Contact Time:	03:34 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/02/2014
Completed date:	07/02/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2014 11:48 AM Entered By: [REDACTED]
 [REDACTED] and [REDACTED] were brought into DCS Custody on 5/6/14. [REDACTED] and [REDACTED] were placed with [REDACTED] and [REDACTED]

The following forms were completed by [REDACTED] and distributed to the required people:
 The Initial Intake, Placement Referral and checklist
 Well being Information and History
 The Medical Fragile Foster Care Referral for [REDACTED]
 The Resource Home Placement Checklist was signed by this [REDACTED], and the resource parents and given to placement.

The above forms are in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/06/2014

Contact Method: Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 01:06 PM Entered By: [REDACTED]

This [REDACTED] spoke with [REDACTED] about another safety placement option and [REDACTED] could not present anyone as a safety placement. This [REDACTED] spoke with [REDACTED] about her children being placed in DCS custody. This [REDACTED] explained to [REDACTED] that if she or [REDACTED] want to visit with [REDACTED] to please let this [REDACTED] know so that this [REDACTED] can supervise that visit.



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: 05/06/2014 Contact Method: Phone Call
 Contact Time: 11:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/02/2014
 Completed date: 07/02/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 12:55 PM Entered By: [REDACTED]

This [REDACTED] spoke with [REDACTED], Social Worker at [REDACTED] Hospital for [REDACTED]. [REDACTED] caught this [REDACTED] up to date on [REDACTED] condition and prognosis. She stated that [REDACTED] has no purposeful eye movement at this time. She will need physical therapy, occupational therapy and speech therapy, feeding tube dependent (G-tube dependent for nutrition). She stated that the paternal grandmother, [REDACTED] has been there with [REDACTED].

[REDACTED] faxed this [REDACTED] medical records and this [REDACTED] reviewed those records. The records note [REDACTED] as a 3 mo old 34 wk twin with diffuse axonal injury, bilateral subdural hemorrhages and retinal hemorrhages consistent with abusive head trauma. Initially admitted to the PICU with refractory seizures and increased ICP requiring mechanical ventilation, stabilized for transfer to the floor on 4/29. Has had complications of autonomic storming, laryngomalacia and subglottic inflammation (from prolonged intubation) leading to stertor and weak cry, and inability to safely PO s/p g-tube on 5/2.

These records are attached to the file.



**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: System Completed
Contact Date: 05/06/2014	Contact Method: Phone Call
Contact Time: 10:05 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/09/2014
Completed date: 06/06/2014	Completed By: System Completed
Purpose(s):	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/09/2014 05:42 PM Entered By: [REDACTED]

This [REDACTED] contacted [REDACTED] Child Abuse Hotline who gave this [REDACTED] the phone number for [REDACTED] to complete the history on the family in [REDACTED]. The results noted no history on the family in [REDACTED]. This documentation is in the file.



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: 05/05/2014 Contact Method: Phone Call
 Contact Time: 04:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/09/2014
 Completed date: 05/09/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/09/2014 05:12 PM Entered By: [REDACTED]

This [REDACTED] called [REDACTED] (paternal grandmother, [REDACTED]) about being a safety placement option for [REDACTED] came to [REDACTED] from [REDACTED], [REDACTED] yesterday. She stated that she will be living with her friend, [REDACTED] ([REDACTED]) at [REDACTED]. This [REDACTED] explained to [REDACTED] that a background check will need to be completed before she can be approved to live there. This [REDACTED] also explained that a background check would also need to be completed on her.

This [REDACTED] searched TFACTS using [REDACTED] social security number and results came back in the name of [REDACTED]. There was a case in 2007 that was substantiated with allegations of Drug Exposed Child. This [REDACTED] spoke with [REDACTED] about having another place to live because [REDACTED] would not be an approved option. [REDACTED] stated that she will call this [REDACTED] back.



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: 04/21/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 12:03 PM Entered By: [REDACTED]

[REDACTED] completed and submitted the Notice of Child Fatality/Near Fatality on 4/21/14. The form is attached to the file.



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: System Completed
 Contact Date: 04/18/2014 Contact Method: Phone Call
 Contact Time: 10:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/24/2014
 Completed date: 06/25/2014 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 11:20 AM Entered By: [REDACTED]

[REDACTED] spoke with medical staff at [REDACTED] was reported that the child [REDACTED] was in critical condition and the medical team was trying to stabilize her. This petitioner then spoke with the parents and requested that the twin sister [REDACTED] be examined by hospital staff. After the medical examination of [REDACTED] it was reported that her exam was normal. No concerns were reported. [REDACTED] spoke with [REDACTED] the attending physician [REDACTED]. He reported that the child had subdural hemorrhage and is currently in critical condition with a poor prognosis. He reported that her injury was consistent with some type of trauma. Further procedures and test will be done on the patient.

[REDACTED] discussed the information obtained in the investigation with [REDACTED]. It was determined that the allegations of physical abuse and lack of supervision, the child's subdural hemorrhaging along with the medical report from [REDACTED] staff posed a risk to the children's safety placement need to be done.

[REDACTED] spoke with the parents about a possible safety placement. [REDACTED] explained the nature of the safety placement. The parents provided the grandparents [REDACTED] and [REDACTED]. Background checks and a home visit were completed by DCS. [REDACTED] assisted with the home visit. [REDACTED] explained the nature of the safety placement to the grandparents. The parents [REDACTED] and [REDACTED] would have supervised contact only with the children and no overnight visits. All parties agreed to comply with the terms of the Safety Plan. [REDACTED] will be in the grandparents' home and [REDACTED] will remain in the hospital.



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:	System Completed
Contact Date:	04/18/2014	Contact Method:	Face To Face
Contact Time:	03:00 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	06/19/2014
Completed date:	06/20/2014	Completed By:	System Completed

Purpose(s):

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/19/2014 09:23 PM Entered By: [REDACTED]

[REDACTED] observed an interview with both parents conducted by detective [REDACTED] with [REDACTED] Youth Services. The following is a summary of the interviews:

The mother [REDACTED] reported that she and the [REDACTED] and the two children went to lunch with the grandmother earlier that day. She reported that after lunch and errands, they dropped her car off at her job at [REDACTED] mall in order for her to save on gas. [REDACTED] reported that her mother then drove the mother, the boyfriend and twins home. The mother and grandmother dropped off the father and twins and went back to the mall to look around before the mother had to clock into work. The mother reported that the grandmother checked her phone and noticed that the father had called about five times. She reports that she called the father back and he reported that [REDACTED] had stopped breathing and that she needed to come home. He then reported that she is breathing again. The mother reported that she rushed home and drove [REDACTED], her twin sister to the ER at [REDACTED].

Interview with the father: the father reported that he the mother and the twins went to meet the grandmother for lunch. After lunch and errands they dropped the car off at [REDACTED] where the mother works. The father reports that the grandmother then dropped him and the twins back off at home. He reported that when he first got home [REDACTED] was fussy and [REDACTED] was asleep. He reported that he laid [REDACTED] down in the crib and walked [REDACTED] around and then put her in the swing. The dad reported that he went to the restroom and when he came out [REDACTED] lips looked a little purple and she had vomit around her mouth. He thought she was choking He reported that he grabbed her up and did a procedure on her " he demonstrated the Heimlich maneuver" He reported that he called the mother on the grandmother's phone about five times. He reported that when she called the mom he told her that [REDACTED] has stopped breathing and that she needed to come home now. He reported that [REDACTED] had taken a huge breathe will he was on the phone with the mother. He reported that when the mother got home they took [REDACTED] and her twin [REDACTED] to [REDACTED] ER.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	████████████████████
Case Status:	Close	Organization:	██████████ Region

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	04/18/2014	Contact Method:	Face To Face
Contact Time:	12:30 AM	Contact Duration:	Less than 15
Entered By:	██████████	Recorded For:	
Location:	Hospital	Created Date:	05/08/2014
Completed date:	05/08/2014	Completed By:	██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

██████████

Participant(s)

██

Narrative Details

Narrative Type: Original Entry Date/Time: 05/08/2014 05:03 PM Entered By: ██████████

██████████ observed ██████████ and ██████████ (3 month old twins) at ██████████ Hospital. According to ██████████ petition ██████████ received a medical exam which was normal. ██████████ had a subdural hemorrhage and was currently in critical condition with a poor prognosis.



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: 04/17/2014 Contact Method:
 Contact Time: 11:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 07/02/2014
 Completed date: 07/02/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 12:06 PM Entered By: [REDACTED]

[REDACTED] explained the Native American Heritage Veto Verification, Client Rights Handbook, Notification of Equal Access, HIPPA Notice of Privacy Practices and Release of Information forms to the family. The forms were signed and a copy of the Client Rights, Notification of Equal Access, and HIPPA were provided to the family. The Originals are attached to the file.



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: 04/17/2014	Contact Method:
Contact Time: 11:00 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/09/2014
Completed date: 05/09/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/09/2014 10:33 AM Entered By: [REDACTED]

The Department of Children's Services received the referral on 4/17/14 and it was assigned to [REDACTED] on 4/17/14 as a response priority P1 regarding allegations of severe Physical abuse and Lack of Supervision. The alleged perpetrators are listed as Unknown/father and Unknown/none and the alleged child victim is listed as [REDACTED] (3 months). This was considered a near fatality.

[REDACTED] (3-month-old) lives with Unknown Child (3-month-old/twin sibling), [REDACTED] (Birth Mother), and Unknown Male (Birth Father). It is reported that tonight, [REDACTED] father was at home with the twins. The father walked out of the room to get something; it is unknown how long he was out of the room with the twins. When he came back into the room, he observed [REDACTED] choking on something and at some point she had thrown up. [REDACTED] was breathing faintly and her father began to perform CPR on her. He then drove [REDACTED] to [REDACTED] Hospital; it is unknown if he took the sibling with him at this time. When [REDACTED] got to [REDACTED] she had a seizure and other respiratory issues. It is unknown what type of other respiratory issues she had but she was intubated. A head CT was done and a subdural hemorrhage was found; it is unknown what part of the brain the hemorrhage was found in. EMS transported [REDACTED] from [REDACTED] to [REDACTED] Hospital. Per EMS, [REDACTED] has a faint bruise on her forehead, but since she has medical machinery hooked up, the doctors at [REDACTED] have not seen it. [REDACTED] is very critical at this state and [REDACTED] Hospital staff is requesting immediate DCS assistance and they can page [REDACTED] ([REDACTED]) when they arrive on scene. [REDACTED] parents have not arrived on scene and this information is all that is known at this point.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.



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: 04/17/2014

Contact Method: Face To Face

Contact Time: 10:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 11:57 AM Entered By: [REDACTED]

4/17/14 - Child Protective Investigate Team (CPIT) was convened per local protocol and Det. [REDACTED] met [REDACTED] at [REDACTED] Hospital.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: _____
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

05/20/2015 - _____ - 1/1/15 - A referral was made to the department of Children services with allegations of PHA with _____ as the victim and _____ and _____ as the victims of LOS. _____ sustained a fractured right femur and 3 fractured ribs and had bruises on her back.

05/20/2015 - _____ - Family - 5/13/15 - A referral was made to the department of children's services with allegations of LOS with _____ (newborn baby) as the alleged child victim. The alleged perpetrator is _____/Mother.

07/02/2014 - _____ -
 The Department of Children's Services received the referral on 4/17/14 and it was assigned to _____ on 4/17/14 as a response priority P1 regarding allegations of severe Physical abuse and Lack of Supervision. The alleged perpetrators are listed as Unknown/father and Unknown/none and the alleged child victim is listed as _____ (3 months). This was considered a near fatality.

_____ (3-month-old) lives with Unknown Child (3-month-old/twin sibling), _____ (Birth Mother), and Unknown Male (Birth Father). It is reported that tonight, _____'s father was at home with the twins. The father walked out of the room to get something; it is unknown how long he was out of the room with the twins. When he came back into the room, he observed _____ choking on something and at some point she had thrown up. _____ was breathing faintly and her father began to perform CPR on her. He then drove _____ to _____ Hospital; it is unknown if he took the sibling with him at this time. When _____ got to _____ she had a seizure and other respiratory issues. It is unknown what type of other respiratory issues she had but she was intubated. A head CT was done and a subdural hemorrhage was found; it is unknown what part of the brain the hemorrhage was found in. EMS transported _____ from _____ to _____ Hospital. Per EMS, _____ has a faint bruise on her forehead, but since she has medical machinery hooked up, the doctors at _____ have not seen it. _____ is very critical at this state and _____ Hospital staff is requesting immediate DCS assistance and they can page _____ (_____) when they arrive on scene. _____ parents have not arrived on scene and this information is all that is known at this point.

B. Family Story:

05/20/2015 - _____ - _____ and _____ are in DCS Custody. They are placed with _____ and _____. The father is not to have any contact with the father, _____ because of the severe physical abuse to _____ in 2014. Due to the report on 1/1/15, the mother's unsupervised visitation was stopped.

05/20/2015 - _____ - _____ (5/13/15) was placed in DCS custody on 5/15/15. He is placed with his twin sibling _____ and _____ in the resource home of _____ and _____. The father, _____ is incarcerated due to the injuries to _____. _____ is also the father of _____ according to the mother.

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

05/20/2015 - [REDACTED], [REDACTED] - [REDACTED] has stable housing and family support for the maternal grandparents.

B. Family Significant Needs/Risks/Concerns:

05/20/2015 - [REDACTED] - [REDACTED] sustained a fractured right femur and 3 fractured ribs while on unsupervised visitation with the mother.

III. Person Information:

A. Children:

B. Adults:

C. Family Together History:

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[REDACTED]		CPS	[REDACTED]

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
05/06/2014	Court Order	Custody Removal (Initial)		[REDACTED]	
04/27/2015	Court Order	Annual Permanency Review		[REDACTED]	
	Hearing	Foster Care Review Board		[REDACTED]	
04/27/2015	Court Order	Annual Permanency Review		[REDACTED]	
04/27/2015	Court Order	Annual Permanency Review		[REDACTED]	
	Hearing	Foster Care Review Board		[REDACTED]	
	Hearing	Permanency Plan Ratification		[REDACTED]	
05/06/2014	Court Order	Custody Removal (Initial)		[REDACTED]	

04/27/2015	Court Order	Annual Permanency Review	[REDACTED]
	Hearing	Foster Care Review Board	[REDACTED]
04/27/2015	Court Order	Annual Permanency Review	[REDACTED]
04/27/2015	Court Order	Annual Permanency Review	[REDACTED]
	Hearing	Foster Care Review Board	[REDACTED]
	Hearing	Permanency Plan Ratification	[REDACTED]
05/15/2015	Court Order	Custody Removal (Initial)	[REDACTED]
	Hearing	Foster Care Review Board	[REDACTED]

IV. Assessment of Safety:

05/08/2014 - [REDACTED] - [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]
- 1. [REDACTED] sustained severe non accidental head trauma while in the care of her father, [REDACTED] and almost died.

4. [REDACTED] did not give a reasonable explanation as to how [REDACTED] was injured.

7. There are environmental safety concerns with the home regarding holes in the floor.

05/09/2014 - [REDACTED] - Safety - [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]
- [REDACTED] has a bruise on her left forearm which was obtained while in the safety placement. According to [REDACTED] the parents were providing most of the care for [REDACTED] while at the safety placement with the maternal grandparents.

The maternal grandmother is not will to continue to care for [REDACTED] therefore the safety placement was disrupted. The maternal grandmother doesn't feel that she is able to care for [REDACTED] medical needs upon discharge from the hospital.

07/26/2014 - [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]
- [REDACTED]

07/26/2014 - [REDACTED] - [REDACTED] - [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]
- [REDACTED]

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Support Services/ Therapeutic/Supervised Visitation	Approved	[REDACTED]	04/01/2015	04/30/2015
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	06/03/2015	06/30/2015
[REDACTED]	Support Services/ Therapeutic/Supervised Visitation	Approved	[REDACTED]	09/01/2015	09/30/2015
[REDACTED]	Legal Services/ Legal Services	Planned	*To be determined by [REDACTED]	08/05/2015	
[REDACTED]	Support Services/ Therapeutic/Supervised Visitation	Approved	[REDACTED]	07/01/2015	07/31/2015
[REDACTED]	Support Services/ Therapeutic/Supervised Visitation	Approved	[REDACTED]	08/18/2015	08/31/2015
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	07/16/2015	07/31/2015
[REDACTED]	Support Services/ Therapeutic/Supervised Visitation	Approved	[REDACTED]	05/05/2015	05/31/2015
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	09/01/2015	09/30/2015

Worker's Signature

Date

Supervisor's Signature

Date



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [redacted] TN DCS Intake ID #: [redacted]
County: [redacted] Worker: [redacted]
Date of Referral: 4/17/14 9:33 PM Date of Assessment: 4/18/14 12:00 AM
Assessment Type: Initial Number of Children in the Household: 2

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.



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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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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
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker: [Redacted]

Date of Referral: 4/17/14 9:33 PM

Date of Assessment: 5/6/14 12:00 AM

Assessment Type: Reassessment

Number of Children in the Household: 2

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):
- 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.



Tennessee Department of Children's Services
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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 (2)

[Redacted]

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____