



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 04/24/2014 11:49 AM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 04/24/2014

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 04/24/2014 03:00 PM  
First Team Leader Assigned: [REDACTED] Date/Time 03/31/2014 12:00 AM  
First Case Manager [REDACTED] Date/Time 03/31/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	[REDACTED]	Lack of Supervision	No	[REDACTED]	Aunt
[REDACTED]	[REDACTED]	Lack of Supervision	No	[REDACTED]	Aunt
[REDACTED]	[REDACTED]	Medical Maltreatment	Yes	[REDACTED]	Aunt
[REDACTED]	[REDACTED]	Medical Maltreatment	Yes	[REDACTED]	Aunt

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:**

Family Case IDs: [REDACTED]  
Open FSS: [REDACTED]  
Open Court Custody/FCIP: No  
Closed Court Custody: Yes:  
[REDACTED]



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

[REDACTED]

Open CPS: [REDACTED]

Substantiated:  
[REDACTED]

(not involving [REDACTED])

Death: None prior

Screened out: 8

History (not listed above):

[REDACTED]

[REDACTED] /No Services Needed

DUPLICATE REFERRAL: No

County: [REDACTED]  
Notification: Letter  
School/ Daycare: Unknown  
Native American Descent: Unknown  
Directions: None

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (17) resides with his maternal aunt, [REDACTED]. Also in the home are his 19 year old sister, [REDACTED] and another aunt, [REDACTED]. There may be additional people in the home (names and ages unknown).

In November, 2011, [REDACTED] was admitted to [REDACTED] program due to his being diagnosis with HIV and Mild Leiomyosarcoma. [REDACTED] is supposed to be seen by his nurse 1-3 times a week, but the custodial aunt ([REDACTED]) has made it difficult to keep this schedule. The family has moved at least 6 times in the past year due to chronic evictions and during these moves the aunt fails to notify the Hospice. On 4/07/2014 and 4/08/2014 the aunt refused to allow the nurse to visit.

On 4/09/2014, it was discovered that the [REDACTED] was now living in the home with [REDACTED]. The referent states that the family was residing in an apartment with the [REDACTED] boyfriend (unknown). In January, 2014, the aunt's boyfriend was murdered and she never notified the apartment that she was still living



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

in the home. She failed to have the lease transferred into her name, so she was asked to leave. During this two month time period between the boyfriend's death and the eviction, the aunt moved the father of her children (unknown) into the apartment. He was killed down the street from the apartment in March of 2014.

In the past, [REDACTED] has been reported several times for neglecting [REDACTED] and it appears that nothing is being done, so it is requested that something be done immediately. Last August, DCS reported that [REDACTED] would be removed from his aunt's care if any other reports were made, but he remained with her, even after further reports were made to DCS. It was also noted that during a DCS meeting the aunt was told that [REDACTED] check was the majority of her income, so she needed to take care of him.

On 4/22/2014, [REDACTED] was found lying on the floor and unresponsive by his Hospice nurse (unknown) during a routine visit (unknown date). At the time, the aunt was the only one at home with [REDACTED] and she took several minutes to open the door. The aunt was observed wiping the child's face with a wash cloth as she reported that [REDACTED] had a cold over the weekend. The aunt was asked how long [REDACTED] had been in this condition and she reported that he had not really woke up in two days. The aunt stated that she did not call anyone (not even on that day), because [REDACTED] had been waking up to take his medication, but then he would go back to sleep.

At this time, [REDACTED] nurse ([REDACTED]) noted that [REDACTED] oxygen was between 60-70%, heart rate 90, and his lungs were very congested. The nurse contacted [REDACTED] primary nurse practitioner (unknown), who contacted other service providers. The nurse was then instructed to call 911 and while she was making the call, [REDACTED] came home. [REDACTED] started asking if it was necessary to call 911. When [REDACTED] was told that [REDACTED] was not responsive, she stated that he was up this morning and "came in here by himself."

When EMS (Emergency Medical Services) arrived, they transported [REDACTED] to [REDACTED] Hospital. It was noted that before EMS arrived, the aunts both refused to go outside to direct EMS to their home and they then appeared to be bothered that EMS arrived with sirens going. The nurse (unknown) was concerned by the aunts' behaviors, due to their not showing any concern for [REDACTED]. It was also noted that the family's home has several beds, but [REDACTED] has never been observed to be in a bed (by his nurse).

[REDACTED] goes through cycles of walking and crawling, but over the past 2 weeks he has been crawling.

The family's home for the most part, appears appropriate. In November or December 2013, the aunt had failed to clean out [REDACTED] feeding tubes and there were roaches found in one of his food boxes after one of the containers spilled over. Currently, the aunt still fails to clean [REDACTED] feeding tubes and they have been observed lying on the floor or left for long periods of time so that they have turned "sour." [REDACTED] should have an oxygen tank in the home, but the family left it at a previous addresses. The tank was last seen on 4/08/2014. The aunt was told that someone could transport the tank to her home and she stated that she could get it by herself, but she never did so.

The nurse last saw [REDACTED] on 4/18/2014 and he was responsive and his lungs were clear. It was noted that [REDACTED] had multiple wounds, because he was picking at his skin. On 4/11/2014, [REDACTED] reported that he had been vomiting so medicine was ordered for him. On 4/12/2014, another nurse (unknown) was sent to the home to give [REDACTED] the medication, but the family refused it and stated that there was nothing wrong with [REDACTED].

Yesterday, 4/24/2014 [REDACTED] doctor ([REDACTED]) at [REDACTED] reported that he found the aunt's behavior "neglectful" and "he [REDACTED] was found by his nurse and if she did not find him when she did he would have been dead in 24 hours." [REDACTED] current medical condition is not a result of his illness, but the direct result of neglect.

[REDACTED] currently has minimal brain activity due to his having a limited amount of oxygen supplied to his brain while he was sick at his home. [REDACTED] is now on a ventilator, remains unresponsive, and it is not likely that he will recover. There are also concerns that if [REDACTED] does recover, he will be returned





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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED]

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: [REDACTED]

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:** [REDACTED]

Gender: Female

Date of Birth:

Participant 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  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant 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] Investigation ID: [REDACTED]  
 Referral Date: 04/24/2014 Assignment Date: 03/31/2014  
 Street Address: [REDACTED]  
 City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			[REDACTED]
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			[REDACTED]
3	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			[REDACTED]
4	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			[REDACTED]

Preliminary Near Death: [REDACTED]

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Case Closed: allegations substantiated perpetrator substantiated as to the allegation of medical maltreatment where the victim is listed as [REDACTED] and the perpetrator is listed as [REDACTED].

Case Closed: allegations substantiated perpetrator substantiated as to the allegation of medical maltreatment where the victim is listed as [REDACTED] and the perpetrator is listed as [REDACTED].

**D. Case Workers**

Case Worker: [REDACTED] Date: [REDACTED]  
 Team Leader: [REDACTED] Date: [REDACTED]

**E. Investigation Summary**



**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]

**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:**

[REDACTED] was observed lying in his hospital heavily sedated and breathing with the assistance of a ventilator. He does not recall the day of the incident.

**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] states [REDACTED] condition is a direct result of neglect on the Aunts part.

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

The Aun [REDACTED] [REDACTED] couldnot give a reason why she never got the oxygen take.

The Aunt [REDACTED] stated no one told her he needed hisoxygen tank.

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

There were no witness to the alleged abuse.

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

none

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: 07/03/2014

Contact Method:

Contact Time: 12:51 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/03/2014

Completed date: 07/03/2014

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: 07/03/2014 01:03 PM Entered By: [REDACTED]

The allegation of medical maltreatment has been substantiated against the Aunt [REDACTED] several CFTM's were held with the family and attempts were made to place the child with other relatives but none could be located. The other allegations have been unsubstantiated. [REDACTED] has been removed from his aunts custody and the petition was upheld at the prelim hearing. A copy of the case file will be forwarded to the assigned child and family team and an indication letter has been mailed to the Aunt. The client was seen within 10 days of the case being submitted for final review. A copy of the 740 will be forwarded to the Judge and the AG.



**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: 06/25/2014

Contact Method:

Contact Time: 12:16 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/25/2014 12:16 AM Entered By: [REDACTED]

Closing Case Summary

**LACK OF SUPERVISION:**

DCS Policy defines Lack of Supervision as a failure to provide adequate supervision by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that the child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or the Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills). Lack of Supervision is also defined as any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

**MEDICAL MALTREATMENT:**

DCS Policy defines a situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment does not pertain to elective health care or treatment. It applies to procedures or treatment that a physician or other health, medical professional deems medically necessary. Medical neglect may rise to the level of severe child abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

On 4/24/14 the Department received a referral alleging lack of supervision and medical maltreatment. The victim is listed as [REDACTED] (17) and the alleged perpetrators are listed as the aunts, [REDACTED] and [REDACTED]. On 4/22/2014, [REDACTED] was found lying on the floor and unresponsive by his Hospice nurse. [REDACTED] oxygen was between 60-70%, heart rate 90, and his lungs were very congested. [REDACTED] should've had an oxygen tank in the home, but the family left it at a previous addresses. The aunt was told that someone could transport the tank to her home and she stated that she could get it by herself, but she never did so. The Aunt [REDACTED] could not give an explanation as to why she never got the oxygen tank. The Aunt [REDACTED] states she was never told that he need his oxygen tank by the Aunt [REDACTED]. This case is being classified as allegation substantiated perpetrator substantiated as to medical



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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Maltreatment against [REDACTED]. The case is being classified as allegation unsubstantiated and perpetrator unsubstantiated as to the allegation of lack of supervision with the perpetrators listed [REDACTED] and [REDACTED]. The case is being classified as allegation unsubstantiated and perpetrator unsubstantiated as to the allegation of medical maltreatment with the perpetrator listed as [REDACTED]. Custody of [REDACTED] was removed from the Aunt [REDACTED] and awarded to the Department of Children Services. This case is being submitted to the lead investigator for review



## 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: 06/18/2014

Contact Method: Face To Face

Contact Time: 03:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 10:15 PM Entered By: [REDACTED]

[REDACTED] was observed sitting outside in his wheelchair. [REDACTED] reports he feels good and like his current placement and would like to purchase a home in his current neighborhood. [REDACTED] reports he has not seen his family nor has he talked to them.

[REDACTED] was dressed in a t-shirt and shorts. He appeared happy and this was evident by his smile.



## 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: 05/29/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/25/2014 10:10 AM Entered By: [REDACTED]

The Preliminary hearing was held today, [REDACTED] will remain in the custody of the Department. The adjudication hearing is July 1, 2014.



**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: 05/23/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/24/2014 10:13 PM      Entered By: [REDACTED]

The petition was filed with the courts bring [REDACTED] in the custody of the Department.



## 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: 05/22/2014

Contact Method: Correspondence

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 11:47 PM Entered By: [REDACTED]

This case went before the Child Protective Investigating Team. The decision made was for the allegation against the [REDACTED] would be unsubstantiated perpetrator unsubstantiated.



**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:

Contact Time: 12:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 06/24/2014 10:12 PM

Entered By: [REDACTED]

The legal referral was submitted.



Tennessee Department of Children's Services  
Case Recording Summary

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

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**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	05/12/2014	Contact Method:	Face To Face
Contact Time:	01:45 PM	Contact Duration:	Less than 45
Entered By:	██████████	Recorded For:	
Location:	Family Home	Created Date:	06/24/2014
Completed date:	06/24/2014	Completed By:	██████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

██████████

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2014 11:39 PM      Entered By: ██████████

██████████ and ██████████ went to ██████████ home to pick up ██████████ clothing. ██████████ informed ██████████ that these were all she had clean at the time. She was in the process of moving and had some things in black plastic trash bags in the living room. ██████████ thirteen year old son ██████████ brought the clothes down to the car. Her youngest son, ██████████ was present also. ██████████ reported that the boys were there because both had been suspended. ██████████ informed ██████████ and ██████████ that she is not sure which apartment they will be moving her to yet, but expressed she hope it will be nearby. ██████████ Hospice was there taking the bed. ██████████ reported being able to maintain in her new apartment. ██████████ informed ██████████ to asked the leasing office if they could give her something in writing regarding getting the lease switched over late and see if she ██████████ will waive the \$1300.00 fine for not switching the utilities over in her name in a timely manner. ██████████ also asked her to contact ██████████ and explain her situation to them and see if they can offer her assistance as well.



**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:	05/12/2014	Contact Method:	Phone Call
Contact Time:	12:30 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/24/2014
Completed date:	06/24/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact, Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2014 10:08 PM      Entered By: [REDACTED]

A potential Child and Family team meeting was held. The situation that prompted the meeting was, since the last meeting on 4-29-2014, the needed information has been received. Hence, the team wishes to discuss whether or not continued placement with family is suitable. During the meeting the strengths and needs were addressed and identified. The team decision that was made was [REDACTED] should be placed in the care of the department (medically fragile) as approved by DCS Nurse, [REDACTED]. Action Steps were developed. Please see CFTM summary in hard 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: Phone Call

Contact Time: 02:11 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/25/2014 12:25 AM      Entered By: [REDACTED]

Child Protective Service Investigator [REDACTED] interviewed the Aunt [REDACTED]. [REDACTED] states she was not aware that [REDACTED] did not have his oxygen tank. [REDACTED] stated [REDACTED] got up on the morning the incident happened and walked into the kitchen sink. She stated she gave him a bottle of water so he could take his medicine. She states she left home afterwards and when to the washer. She states eh received a call from [REDACTED] stating something was wrong with [REDACTED]. [REDACTED] states shortly after she arrived the paramedics pulled up and transported him to the hospital.



Tennessee Department of Children's Services  
Case Recording Summary

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

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**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	05/08/2014	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 45
Entered By:	██████████	Recorded For:	
Location:	Hospital	Created Date:	06/24/2014
Completed date:	06/24/2014	Completed By:	██████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation,Collateral Contact		
Contact Sub Type:			

**Children Concerning**

██

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2014 10:18 PM      Entered By: ██████████

██████████ and ██████████ went to ██████████ hospital and saw ██████████. ██████████ and ██████████ were informed by Nurse ██████████ that ██████████ had been up all night watching movies so he was sleep. When ██████████ and ██████████ entered the room ██████████ did not initially wake up. He woke shortly after hearing a noise from phone. This ██████████ said, we heard he had been watching movies, to ██████████ and he nodded yes, then ██████████ asked was he tired, he nodded yes. ██████████ then asked if he felt better, but he had fallen back asleep and didn't answer. ██████████ appeared clean. The nurse that came in to check on him stated that he ate half a pancake that morning, and had gotten up the day before. ██████████ and ██████████ went downstairs to Health Information Management (HIMS) to pick up medical records for ██████████



**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:	Correspondence
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/24/2014
Completed date:	06/24/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

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

Background Checks:

The following Internet Records Clearance inquiries were completed on [REDACTED]

Justice System Inquiry (JSSI): no record found

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check:

[REDACTED]: medical maltreatment, lack of supervision, nutrient neglect\ victim: [REDACTED] \ Perp: [REDACTED]  
[REDACTED] \ allegations unsubstantiated perpetrator unsubstantiated

[REDACTED]: nutrient neglect\ victim: [REDACTED] \ Perp: [REDACTED] \ Allegations unsubstantiated perpetrator unsubstantiated

[REDACTED]: physical abuse\ victim: [REDACTED] \ Perp: [REDACTED] \ No services needed.

[REDACTED]: Environmental neglect, medical maltreatment\ victim: [REDACTED] \ Perp: [REDACTED] \ Service recommended and accepted.





## 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: Phone Call

Contact Time: 05:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 10:06 PM Entered By: [REDACTED]

This case was staffed with [REDACTED], as well as the [REDACTED] team worker and her supervisor.



## 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: 04:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/25/2014 11:26 AM Entered By: [REDACTED]

Received medical records from [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: Phone Call

Contact Time: 04:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/25/2014 12:00 PM      Entered By: [REDACTED]

CHild Protective Service Investigator [REDACTED] contact [REDACTED] to get an update on [REDACTED] condition. [REDACTED] states he s off the ventilator and this is since the 28th. She stated he is off oxygen and out of ICU. She states some days he is sad and some days he doesn't say anything at all. She stated he seems to be back to himself. She states he answer questions appropriately and it doesn't seem like it was as bad as they initial thought.



**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: 02:57 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/25/2014 11:27 AM      Entered By: [REDACTED]

Received medical records from [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: 05/06/2014

Contact Method:

Contact Time: 01:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/25/2014 11:27 AM      Entered By: [REDACTED]

Received medical records from [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: 05/06/2014

Contact Method:

Contact Time: 01:08 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/25/2014 11:28 AM Entered By: [REDACTED]

Received medical records from [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:	04/29/2014	Contact Method:	Face To Face
Contact Time:		Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/24/2014
Completed date:	06/24/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview, Collateral Contact, Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2014 10:03 PM      Entered By: [REDACTED]

A potential Child and Family team meeting was held. The situation that prompted the meeting was the Department responded to a referral that related to an incident that was treated as a near death experience. During the meeting the strengths and needs were addressed and identified. The team decision that was made was to compile all the medical documents and staff the case with DCS Legal. Subsequent to that staffing - [REDACTED] will also staff the case with the [REDACTED] team and Team Leader. In the interim, the guardian maintains custody and responsibility. Legal review will determine what further actions will take place, and or if the case will also be treated as an emergency or non-emergency situation. Action Steps were also developed. Please see CFTM summary in hard 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: 04/25/2014

Contact Method: Face To Face

Contact Time: 12:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 11:56 PM Entered By: [REDACTED]

[REDACTED] talked with [REDACTED] and he reports states the concerns in the past when he came in to this extreme they knew why. He states this time they are not sure why. He reports that this is not something that happened immediately, within a few minutes.



## 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: 04/25/2014

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 11:54 PM Entered By: [REDACTED]

[REDACTED] talked with the ICU attending physician [REDACTED]. According to [REDACTED] is maintaining, he is not getting worst but he is not getting better at this time.



**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: 04/25/2014

Contact Method: Face To Face

Contact Time: 11:18 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 11:53 PM Entered By: [REDACTED]

[REDACTED] interviewed the Aunt [REDACTED]. [REDACTED] stated [REDACTED] was seen by the Hospice nurse, [REDACTED] on 4/18/14 and everything was fine. She stated the nurse did not weight him at that time. She stated he was talking, laughing and crawling around. She stated Saturday he was active as well. She stated on 4/22/14 he was up and moving around he ate and took his medication. She reports he told her he was tired so he went to lie down. She stated about 20 minutes later [REDACTED] arrived. She reported [REDACTED] woke him up and he opened his eyes but didn't saying anything to her. She stated she took his Oxygen level and it was low. She stated he only uses oxygen when needed and he has not needed it. She stated she did not have the oxygen tank at the new house. She stated she told [REDACTED] to call 911. [REDACTED] report [REDACTED] had a stomach virus at the end of March, the beginning of [REDACTED]. She stated he was throwing up and had diarrhea. She stated he ran out of his kadian about two weeks ago and [REDACTED] was supposed to order it for her. She stated [REDACTED] stated going through withdrawals which caused him to start throwing up again.



**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: 04/25/2014

Contact Method: Face To Face

Contact Time: 11:01 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2014 09:37 PM      Entered By: [REDACTED]

[REDACTED] was observed lying in his hospital heavily sedated and breathing with the assistance of a ventilator.



**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: 04/25/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/24/2014 11:05 PM      Entered By: [REDACTED]

This case went before the Child Protective Investigating Team, it was stamped for the coordination with [REDACTED] Police Department and for the department to present to Child Protection investigation Team ([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:	04/24/2014	Contact Method:	
Contact Time:	11:49 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/24/2014
Completed date:	06/24/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 06/24/2014 09:18 PM      Entered By: [REDACTED]

Opening Case Summary:

On 4/24/14 the Department received a referral alleging lack of supervision and medical maltreatment. The victim is listed as [REDACTED] (17) and the alleged perpetrators are listed as the aunts, [REDACTED] and [REDACTED]. The referral states:

In November, 2011, [REDACTED] was admitted to [REDACTED] program due to his being diagnosis with HIV and Mild Leiomyosarcoma. [REDACTED] is supposed to be seen by his nurse 1-3 times a week, but the custodial aunt ([REDACTED]) has made it difficult to keep this schedule. The family has moved at least 6 times in the past year due to chronic evictions and during these moves the aunt fails to notify the Hospice. On 4/07/2014 and 4/08/2014 the aunt refused to allow the nurse to visit.

On 4/09/2014, it was discovered that the [REDACTED] was now living in the home with [REDACTED]. The referent states that the family was residing in an apartment with the [REDACTED] boyfriend (unknown). In January, 2014, the aunt's boyfriend was murdered and she never notified the apartment that she was still living in the home. She failed to have the lease transferred into her name, so she was asked to leave. During this two month time period between the boyfriend's death and the eviction, the aunt moved the father of her children (unknown) into the apartment. He was killed down the street from the apartment in March of 2014.

On 4/22/2014, [REDACTED] was found lying on the floor and unresponsive by his Hospice nurse (unknown) during a routine visit (unknown date). At the time, the aunt was the only one at home with [REDACTED] and she took several minutes to open the door. The aunt was observed wiping the child's face with a wash cloth as she reported that [REDACTED] had a cold over the weekend. The aunt was asked how long [REDACTED] had been in this condition and she reported that he had not really woke up in two days. The aunt stated that she did not call anyone (not even on that day), because [REDACTED] had been waking up to take his medication, but then he would go back to sleep.

At this time, [REDACTED] nurse ([REDACTED]) noted that [REDACTED] oxygen was between 60-70%, heart rate 90, and his lungs were very congested. The nurse contacted [REDACTED] primary nurse practitioner (unknown), who



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

contacted other service providers. The nurse was then instructed to call 911 and while she was making the call, [REDACTED] came home. [REDACTED] started asking if it was necessary to call 911. When [REDACTED] was told that [REDACTED] was not responsive, she stated that he was up this morning and "came in here by himself."

When EMS (Emergency Medical Services) arrived, they transported [REDACTED] to [REDACTED] Hospital. It was noted that before EMS arrived, the aunts both refused to go outside to direct EMS to their home and they then appeared to be bothered that EMS arrived with sirens going. The nurse (unknown) was concerned by the aunts' behaviors, due to their not showing any concern for [REDACTED]. It was also noted that the family's home has several beds, but [REDACTED] has never been observed to be in a bed (by his nurse).

[REDACTED] goes through cycles of walking and crawling, but over the past 2 weeks he has been crawling.

The family's home for the most part, appears appropriate. In November or December 2013, the aunt had failed to clean out [REDACTED] feeding tubes and there were roaches found in one of his food boxes after one of the containers spilled over. Currently, the aunt still fails to clean [REDACTED] feeding tubes and they have been observed lying on the floor or left for long periods of time so that they have turned "sour." [REDACTED] should have an oxygen tank in the home, but the family left it at a previous addresses. The tank was last seen on 4/08/2014. The aunt was told that someone could transport the tank to her home and she stated that she could get it by herself, but she never did so.

The nurse last saw [REDACTED] on 4/18/2014 and he was responsive and his lungs were clear. It was noted that [REDACTED] had multiple wounds, because he was picking at his skin. On 4/11/2014, [REDACTED] reported that he had been vomiting so medicine was ordered for him. On 4/12/2014, another nurse (unknown) was sent to the home to give [REDACTED] the medication, but the family refused it and stated that there was nothing wrong with [REDACTED].

Yesterday, 4/24/2014, [REDACTED] doctor ([REDACTED]) at [REDACTED] reported that he found the aunt's behavior "neglectful" and "he ([REDACTED]) was found by his nurse and if she did not find him when she did he would have been dead in 24 hours." [REDACTED] current medical condition is not a result of his illness, but the direct result of neglect.

[REDACTED] currently has minimal brain activity due to his having a limited amount of oxygen supplied to his brain while he was sick at his home. [REDACTED] is now on a ventilator, remains unresponsive, and it is not likely that he will recover. There are also concerns that if [REDACTED] does recover, he will be returned to the neglectful aunts. The aunt was called to come to the hospital around 9 am, but she did not arrive until around 3 pm. The aunt was reporting that she was locked in her house (storm door locked from the outside) so she could not attend the physician's meeting.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 3/27/14 8:03 AM

Date of Assessment: 3/31/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 5

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.



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.



Tennessee Department of Children's Services
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: \_\_\_\_\_