



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

Case # 2014ND.027

Intake #:		Investigation #:		Date of Referral:	10/21/2014
Type: (Please check one)	<input type="checkbox"/> DEATH	<input checked="" type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	10/21/2014	
Child's Name:		DOB:		Person ID:	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Unknown	County/Region:
Parents' Names:	Mother:		Father:		
Alleged Perpetrator's Name:		Relationship to Victim:	Bio-Father		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A	
If child is in DCS custody, list placement type and name:					

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

Last night (10/21/2014) the father, [REDACTED] brought the child to [REDACTED] Medical Center [REDACTED] due to the fact that she had ingested an unknown substance. Mr. [REDACTED] stated that he and [REDACTED] were alone in the hotel room. He had become distracted and when he looked back at [REDACTED] she had a cellophane wrapper (like the type that covers a cigarette packet) in her mouth. He stated that the cellophane had an unknown white residue in it and he took it away from her. Mr. [REDACTED] indicated that he played with the [REDACTED] for a little while then he noticed that she was falling asleep and becoming unresponsive so he transported her to [REDACTED]. According to the report, [REDACTED] was blue and unresponsive upon arrival. Narcan (Naloxone) was administered and the child's condition improved but later deteriorated again and another dose of Narcan was administered. Finally [REDACTED] condition stabilized and she was transported to [REDACTED] Children's Hospital [REDACTED]. The child was drug screened and was initially negative for all substances but later tested positive for opiates.

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

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

Describe (in detail) interview with family:

CPSI [REDACTED] and [REDACTED] Police Investigator, [REDACTED] responded to [REDACTED] Children's Hospital [REDACTED] and met with Mr. [REDACTED]. He reiterated the same thing he had stated to medical staff and said that the cellophane wrapper must have been left by the previous occupant of the hotel room and the custodial staff must have missed it when they cleaned to room. He adamantly denied having any knowledge of what might have been in the wrapper and denied that he uses drugs of any sort. In the meantime, patrol had responded to the hotel room and had reported that the room was filled with cigarette wrappers. They also reported that they had found a package which originally contained hypodermic syringe but that the syringe was not present. It was also determined that the hotel was in the name of [REDACTED] who is the mother of the child. Mr. [REDACTED] stated that [REDACTED] had not been in the hotel room and in fact, there had been no other person in the hotel room aside from he and [REDACTED]. When confronted about the syringe he denied any knowledge of it. Mr. [REDACTED] was drug screened and was negative for all substances (the test was supervised Inv. [REDACTED]). He also exhibited no signs of IV drug use. Mr. [REDACTED] reported that the oldest of Ms. [REDACTED] children is "somewhere in [REDACTED] County" with her father, [REDACTED] and that the other child is at an unknown location with Ms. [REDACTED]. He was not able to provide contact information for her. CPSI [REDACTED] attempted to contact Ms. [REDACTED] mother but the number was no good. Contact was not established with Ms. [REDACTED] since the incident occurred.

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

As was stated earlier, CPSI [REDACTED] and [REDACTED] Police Investigator, [REDACTED] responded to [REDACTED] Children's Hospital [REDACTED]. Medical staff indicated that Narcan (Naloxone) was administered and the child's condition improved but later deteriorated again and another dose of Narcan was administered. Finally [REDACTED] condition stabilized and she was transported to [REDACTED] Children's Hospital [REDACTED]. The child was drug screened and was initially negative for all substances. That sample was being sent to [REDACTED] for confirmation. Medical staff indicated to CPSI

Intake #: [REDACTED] Investigation #: [REDACTED] Date of Report: 6/24/14 Case # 2014ND027

[REDACTED] that the substance ingested was almost definitely an opiate because the naloxone would not have improved the symptoms if it had been another substance. It was also stated that the child would almost certainly have ingested more than the residue from a tablet in order for the symptoms to be as severe as they were. The child remains in the NICU at the time of this report.

Describe disposition of body (Death): N/A

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

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

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

Type: CPS-Investigation Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:

[REDACTED] Police Department Investigator [REDACTED] is involved. CPIT has been convened and DCS legal counsel was contacted to request a removal of the child into foster care.

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 location of the other children is currently unknown. Attempts have been and are currently being made to locate their whereabouts. Calls were made to the maternal grandmother while CPSI [REDACTED] was at the hospital but the number was no good. CPSI [REDACTED] was able to make contact with the maternal grandmother this morning and she indicated that both of the other children are with the father of the oldest child [REDACTED] but she does not know the address where he is staying.

Name: [REDACTED]	Age: 5
Name: [REDACTED]	Age: 2
Name:	Age:
Name:	Age:
Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
09/08/2014	[REDACTED]	DEI/DEC	[REDACTED]	[REDACTED]	pending
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

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

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

Intake #:

[REDACTED]

Investigation #:

[REDACTED]

Date of Report:

Case # 2014ND027
6/24/14

Email to:

[REDACTED]

within forty-eight (48) hours of notification

Include subject line (in RED): **CHILD DEATH [secure email]** or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 10/21/2014 10:50 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 10/22/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 10/22/2014 11:11 AM
First Team Leader Assigned: [REDACTED] Date/Time 09/12/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 09/12/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 10 Mos	Drug Exposed Infant	Yes	[REDACTED]	Birth Father
[REDACTED]	1 Yr 10 Mos	Lack of Supervision	Yes	[REDACTED]	Birth Father

Preliminary Near Death [REDACTED]

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: YES
Family Case ID: [REDACTED]

Open Court Custody/FSS/FCIP None

Closed Court Custody None

Open CPS -YES

INV [REDACTED] 9-8-14/DEC, [REDACTED] Primary Case Worker [REDACTED] Supervisor [REDACTED]

Substantiated None



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

Fatality None

Screened out None

History (not listed above): None

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: None

Directions: Child was staying with the father at a hotel behind BP Service Station on [REDACTED] in [REDACTED] County.

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] (10 months) was in the care of her father, [REDACTED] today. It is unknown if [REDACTED] has legal custody of the child. The mother of [REDACTED] is [REDACTED]. The grandmother of [REDACTED] is [REDACTED]. There are three other children in the family, but their names, information, and whereabouts are unknown. It is unknown if the family has history with the Tennessee Department of Children's Services. There are no known safety concerns for a case worker going out to the home. [REDACTED] is currently at [REDACTED] Children's Hospital in the emergency room.

On October 21, 2014 [REDACTED] was taken to [REDACTED] Medical Center by [REDACTED] due to concerns from several hours before [REDACTED] was transported. [REDACTED] reported that [REDACTED] had eaten white powder out of a bag that she had found in their hotel room. [REDACTED] denied that the bag was his at the time. According to [REDACTED] [REDACTED] was crawling around on the hotel room floor when she found the bag. [REDACTED] claimed that he was in the room at the time that [REDACTED] got a hold of the bag, but did not notice her with the bag until she had eaten from the bag. It is unknown if [REDACTED] has any prior drug related charges.

At the time that [REDACTED] was taken to [REDACTED] Medical Center, she was noted to be blue and nonresponsive. [REDACTED] condition at the time of arrival at [REDACTED] Medical Center was such that the medical staff was getting ready to intubate the child prior to the Narcan working. Medical staff treated [REDACTED] with Narcan, a substance used to reverse the effects of opiates. After [REDACTED] was given Narcan she appeared to be doing better. It was further noted that [REDACTED] was given Narcan twice due to the fact that she required the second dose when her blood pressure dropped. The child would not have gotten better with the Narcan if there was nothing in her system causing the problem. This situation would be consistent with the child having opiates in her system.

A drug screen was done on [REDACTED] and nothing appeared to show up at this time. It was explained that the reason why [REDACTED] may have tested negative on the urine screen is because some substances take time to actually reveal through a drug screen.

Staff at [REDACTED] Children's Hospital is aware of the situation. [REDACTED] Police Department has also been notified and is going to be investigating the matter.

It is unknown how long [REDACTED] is going to be at [REDACTED] Children's Hospital. It is likely that she will be admitted overnight, but for how long is unknown. The likelihood is that [REDACTED] will be placed in pediatric intensive care this evening. Due to the child being transported, her current condition is unknown although she seemed better after the second shot of Narcan.

This is all the information given by the reporter.

Per SDM: Investigation Track P 1-[REDACTED] on 10/21/14 at 11:07 PM [REDACTED]



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

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	10-21-14 11:41:25 PM	[REDACTED]	---	[REDACTED]
Email Sent	10-21-14 11:41:25 PM	10-21-14 11:42:05 PM	[REDACTED]	[REDACTED] Received
Email notification sent to and RA [REDACTED]	[REDACTED]	[REDACTED]	Near Death Alert,	[REDACTED] notification group



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

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: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 1 Yr 10 Mos

Address [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

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: 10/21/2014

Assignment Date: 10/22/2014

Street Address: [Redacted]

City/State/Zip: [Redacted]

B. Allegation

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

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: This case is closed ASPS

D. Case Workers

Case Worker [Redacted]

Date: 12/03/2014

Team Leader [Redacted]

Date: 12/03/2014

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:

10/21/2014 [Redacted] was taken to [Redacted] Medical Center on 10/21 where she appeared blue-ish in color with difficulty breathing. She appeared to have been exhibiting symptoms from ingesting some type of substance. She was given Narcan and responded but shortly regressed. She was given another dose of Narcan and was transported to Children's Hospital.

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

Dr. [Redacted] at Children's hospital reports that [Redacted] had a urine drug screen while at [Redacted] that was negative however her drug screen that was received at [Redacted] was positive for opiates but would have to be sent for confirmation. [Redacted] will continue on a Narcan drip for the remainder of the night due to the fact that she became unresponsive while at [Redacted] Medical Center. She will be moved from the ER to PICU. Dr. [Redacted] reported that [Redacted] looks much better and appears to be doing well.



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]

Dr. [REDACTED] reported that the story around [REDACTED] finding an old cigarette packet behind the TV stand with residue on it does not add up to her symptoms. He reports that the only way that she would have these symptoms to this extent would be if the residue were heroin or cocaine. She was negative for these substances however appears to be positive for opiates. He reports that had she chewed on a half of (as in more than just residue) a suboxin pill or hydrocodone or other similar drug, this would in fact cause her symptoms.

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

[REDACTED] reports that he had given [REDACTED] a bath and sat her down. He then saw her chewing on a cigarette package and when he got it from her it had white residue on it. She got this packet from behind the TV stand. This happened around 8PM. No one was at the hotel with him and it was just himself and [REDACTED] the entire time he has been there. [REDACTED] reports that he checked in on Sunday 10/19.

[REDACTED] reports that after [REDACTED] chewed on the package with the residue, he watched her for about an hour then took her to [REDACTED] Medical Center around 9:30 OM. He called his friend that he was living with named [REDACTED] from [REDACTED] to come and take them to the hospital.

[REDACTED] denies that he knows where the mother of [REDACTED] is or has been.

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

[REDACTED] 10 months) was in the care of her father, [REDACTED] today. It is unknown if [REDACTED] has legal custody of the child. The mother of [REDACTED] is [REDACTED]. The grandmother of [REDACTED] is [REDACTED]. There are three other children in the family, but their names, information, and whereabouts are unknown. It is unknown if the family has history with the Tennessee Department of Children Services. There are no known safety concerns for a case worker going out to the home. [REDACTED] is currently at [REDACTED] Children's Hospital in the emergency room.

On October 21, 2014 [REDACTED] was taken to [REDACTED] Medical Center by [REDACTED] due to concerns from several hours before [REDACTED] was transported. [REDACTED] reported that [REDACTED] had eaten white powder out of a bag that she had found in their hotel room. [REDACTED] denied that the bag was his at the time. According to [REDACTED] was crawling around on the hotel room floor when she found the bag. [REDACTED] claimed that he was in the room at the time that [REDACTED] got a hold of the bag, but did not notice her with the bag until she had eaten from the bag. It is unknown if [REDACTED] has any prior drug related charges.

At the time that [REDACTED] was taken to [REDACTED] Medical Center, she was noted to be blue and nonresponsive. [REDACTED] condition at the time of arrival at [REDACTED] Medical Center was such that the medical staff was getting ready to intubate the child prior to the Narcan working. Medical staff treated [REDACTED] with Narcan, a substance used to reverse the effects of opiates. After [REDACTED] was given Narcan she appeared to be doing better. It was further noted that [REDACTED] was given Narcan twice due to the fact that she required the second dose when her blood pressure dropped. The child would not have gotten better with the Narcan if there was nothing in her system causing the problem. This situation would be consistent with the child having opiates in her system.

A drug screen was done on [REDACTED] and nothing appeared to show up at this time. It was explained that the reason why [REDACTED] may have tested negative on the urine screen is because some substances take time to actually reveal through a drug screen.

Staff at [REDACTED] Children's Hospital is aware of the situation. [REDACTED] Police Department has also been notified and is going to be investigating the matter.

It is unknown how long [REDACTED] is going to be at [REDACTED] Children's Hospital. It is likely that she will be admitted overnight, but for how long is unknown. The likelihood is that [REDACTED] will be placed in pediatric intensive care this evening. Due to the child being transported, her current condition is unknown although



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]

she seemed better after the second shot of Narcan.

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

Upon further investigation it was determined that the evidence did support the allegations. [REDACTED] was taken to [REDACTED] Medical Center on 10/21 where she appeared blue-ish in color with difficulty breathing. She appeared to have been exhibiting symptoms from ingesting some type of substance. She was given Narcan and responded but shortly regressed. She was given another dose of Narcan and was transported to Children's Hospital.

Dr. [REDACTED] at Children's hospital reports that [REDACTED] had a urine drug screen while at [REDACTED] that was negative however her drug screen that was received at [REDACTED] was positive for opiates but would have to be sent for confirmation. [REDACTED] continued on a Narcan drip for the remainder of the night due to the fact that she became unresponsive while at [REDACTED] Medical Center. The father reports that the child was chewing on a cigarette pack from behind the TV stand at the hotel he was at and that it was not his cigarette pack. Dr. [REDACTED] who reported that the story around [REDACTED] finding an old cigarette packet behind the TV stand with residue on it does not add up to her symptoms. He reports that the only way that she would have these symptoms to this extent would be if the residue were heroin or cocaine. She was negative for these substances however appears to be positive for opiates. He reports that had she chewed on a half of (as in more than just residue) a suboxin pill or hydrocodone or other similar drug, this would in fact cause her symptoms. There is another open case involving the mother with the children for drugs where she was substantiated [REDACTED]

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: 12/03/2014 Contact Method:
 Contact Time: 08:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: DCS Office Created Date: 12/03/2014
 Completed date: 12/03/2014 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: 12/03/2014 07:24 PM Entered By: [REDACTED]

Lead Investigator (LI) [REDACTED] reviewed this case prior to closure.

This case came to the attention of the Dept with allegations of DEC and LOS. Dr. [REDACTED] at Children's hospital reports that [REDACTED] had a urine drug screen while at [REDACTED] that was negative however her drug screen that was received at [REDACTED] was positive for opiates but would have to be sent for confirmation. [REDACTED] continued on a Narcan drip for the remainder of the night due to the fact that she became unresponsive while at [REDACTED] Medical Center. The father reports that the child was chewing on a cigarette pack from behind the TV stand at the hotel he was at and that it was not his cigarette pack. Dr. [REDACTED] who reported that the story around [REDACTED] finding an old cigarette packet behind the TV stand with residue on it does not add up to her symptoms. He reports that the only way that she would have these symptoms to this extent would be if the residue were heroin or cocaine. She was negative for these substances however appears to be positive for opiates. He reports that had she chewed on a half of (as in more than just residue) a suboxin pill or hydrocodone or other similar drug, this would in fact cause her symptoms. There is another open case involving the mother with the children for drugs where she was substantiated [REDACTED]

Upon further investigation it was determined that the evidence did support the allegations. [REDACTED] was taken to [REDACTED] Medical Center on 10/21 where she appeared blue-ish in color with difficulty breathing. She appeared to have been exhibiting symptoms from ingesting some type of substance. She was given Narcan and responded but shortly regressed. She was given another dose of Narcan and was transported to Children's Hospital.

Inv. [REDACTED] reports all investigative tasks have been completed and this case can be safely closed at this time.

Narrative Type: Addendum 1 Entry Date/Time: 12/03/2014 07:24 PM Entered By: [REDACTED]

Inv. [REDACTED] not [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: 12/03/2014 Contact Method:
 Contact Time: 06:20 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/03/2014
 Completed date: 12/03/2014 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: 12/03/2014 05:25 PM Entered By: [REDACTED]

CLASSIFICATION:

12/3/14 Closing Summary: This case came to the attention of the Department on 10/21/14 with allegations of lack of supervision and drug exposed child for [REDACTED]. The alleged perpetrator is [REDACTED]. Upon further investigation it was determined that the evidence did support the allegations. [REDACTED] was taken to [REDACTED] Medical Center on 10/21 where she appeared blue-ish in color with difficulty breathing. She appeared to have been exhibiting symptoms from ingesting some type of substance. She was given Narcan and responded but shortly regressed. She was given another dose of Narcan and was transported to Children's Hospital.

Dr. [REDACTED] at Children's hospital reports that [REDACTED] had a urine drug screen while at [REDACTED] that was negative however her drug screen that was received at [REDACTED] was positive for opiates but would have to be sent for confirmation. [REDACTED] continued on a Narcan drip for the remainder of the night due to the fact that she became unresponsive while at [REDACTED] Medical Center. The father reports that the child was chewing on a cigarette pack from behind the TV stand at the hotel he was at and that it was not his cigarette pack. Dr. [REDACTED] who reported that the story around [REDACTED] finding an old cigarette packet behind the TV stand with residue on it does not add up to her symptoms. He reports that the only way that she would have these symptoms to this extent would be if the residue were heroin or cocaine. She was negative for these substances however appears to be positive for opiates. He reports that had she chewed on a half of (as in more than just residue) a suboxin pill or hydrocodone or other similar drug, this would in fact cause her symptoms. There is another open case involving the mother with the children for drugs where she was substantiated [REDACTED]. The children are in custody.
 This case is classified as Allegations Substantiated. Perpetrator Substantiated

740: A copy of the Classification and Summary will be submitted to LI [REDACTED] for review. Upon approval, a copy is then sent by LI [REDACTED] to the Juvenile Court Judge.



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: 11/12/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/03/2014

Completed date: 12/03/2014

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: 12/03/2014 05:29 PM Entered By: [REDACTED]

CPIT Classification Meeting: This case was presented to Child Protective Investigative Team for classification. It was determined that the case is Substantiated for LOS and DEC.



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:	11/12/2014	Contact Method:	Phone Call
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/03/2014
Completed date:	12/03/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact, Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/03/2014 05:32 PM Entered By: [REDACTED]

Inv [REDACTED] contacted the Social worker at [REDACTED] whom confirmed that the confirmation results of [REDACTED] blood work came back negative. Inv [REDACTED] discussed these findings with Dr [REDACTED] the certified child abuse pediatrician whom confirmed that even though her test for opiates came back negative does not mean she did not ingest a substance. According to Dr [REDACTED] since her symptoms improved after being given the narcan that suggests that the child ingested some type of substance however the hospitals do not test for every substance.



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: 10/27/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 12/03/2014

Completed date: 12/03/2014

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: 12/03/2014 05:03 PM Entered By: [REDACTED]

Preliminary Hearing was held. [REDACTED], and [REDACTED] are placed in State's custody. Final hearing set for 1/12/15 9am.
 Severe abuse hearing set for 3/23/14 and 3/24/14.

Copy of Court Order placed 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: 10/23/2014 Contact Method: Face To Face
 Contact Time: 01:45 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: DCS Office Created Date: 12/03/2014
 Completed date: 12/03/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation
 Contact Sub Type:

Children ConcerningParticipant(s)Narrative Details

Narrative Type: Original Entry Date/Time: 12/03/2014 05:04 PM Entered By: [REDACTED]

CPSI and LI [REDACTED] met with [REDACTED] and [REDACTED] at the DCS office. Ms. [REDACTED] states the night of the incident with [REDACTED] she was in [REDACTED] at the [REDACTED] with Mr. [REDACTED] Ms. [REDACTED] states at the time [REDACTED] ingested the substance she was at the store with [REDACTED] Ms. [REDACTED] states when she learned of the incident she took [REDACTED] to Ms. [REDACTED] home and after dropping off [REDACTED] she wrecked on [REDACTED] on her way to Children's Hospital. Ms. [REDACTED] reports she found out about [REDACTED] through a friend of Facebook. Ms. [REDACTED] reports she moved out of her apartment October 9th and left for the beach October 10th or 11th. Ms. [REDACTED] states Ms. [REDACTED] told her CPSI was looking for her and that she called the number for DCS from the phone book and left messages with the lady at the front but could not remember CPSI's last name. Ms. [REDACTED] reports once she returned from the beach she usually stayed at Ms. [REDACTED] home from nine or ten am to six pm. Ms. [REDACTED] reports in the evening she stayed in hotel rooms. Ms. [REDACTED] stated she checked into the [REDACTED] on Sunday and left yesterday. Ms. [REDACTED] states she was on Suboxone but not going now. Ms. [REDACTED] states she made the last box last by cutting the strips in half. Ms. [REDACTED] states if she felt sick she" would go to the outpatient thing on [REDACTED] Mr. [REDACTED] told CPSI he was in the room with [REDACTED] and he saw her eating on cellophane from a pack of cigarettes. Mr. [REDACTED] states he took it from [REDACTED] and saw nothing in her mouth. Mr. [REDACTED] reports [REDACTED] started sleeping and breathing hard. Mr. [REDACTED] states the timeframe from [REDACTED] being found with cellophane to sleeping and having breathing issues to be less than an hour. Mr. [REDACTED] reports when he went back to the babysitter's home at 10:30 last night [REDACTED] was still there. Mr. [REDACTED] states his buddy did not call him and he assumed [REDACTED] had been picked up. Mr. [REDACTED] states he did not know [REDACTED] was still at the babysitter's until 10:30 last night. Mr. [REDACTED] states his babysitter told him due to his dad's stroke and the stress he was under she did not want to call and bother him and that [REDACTED] was fine there.

Ms. [REDACTED] provided the following timeline:

Sunday October 19th-Tuesday October 21st Ms. [REDACTED] and Mr. [REDACTED] stayed at the [REDACTED] in [REDACTED]
 When Ms. [REDACTED] returned from the beach on the 16th of October she spent the majority of the day and night at Ms. [REDACTED]
 October 16th and 17th Ms. [REDACTED] and Mr. [REDACTED] stayed at The Knights Inn in [REDACTED]
 Saturday October 18th Ms. [REDACTED] stayed at a friend's house at [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Ms. [REDACTED] reports she was at Ms. [REDACTED] during the day October 16th and 17th and for a little while October 20th.



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: 10/22/2014

Contact Method: Face To Face

Contact Time: 03:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/28/2014

Completed date: 10/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2014 07:40 PM Entered By: [REDACTED]

Inv [REDACTED] spoke with Dr. [REDACTED] who reported that the story around [REDACTED] finding an old cigarette packet behind the TV stand with residue on it does not add up to her symptoms. He reports that the only way that she would have these symptoms to this extent would be if the residue were heroin or cocaine. She was negative for these substances however appears to be positive for opiates. He reports that had she chewed on a half of (as in more than just residue) a suboxin pill or hydrocodone or other similar drug, this would in fact cause her symptoms.

Inv [REDACTED] contacted LI [REDACTED] whom agreed that there is no lease drastic alternative to having this child come into custody. There is grave concern that the father is unable to give legitimate answers around why there is a syringe packet in the hotel room and why the hotel room is listed in [REDACTED] name. Rather than calling for EMS the father reports that he contacted his friend from [REDACTED] TN to come to [REDACTED] to pick them up and transport his daughter who was struggling to breathe to [REDACTED] medical center. Inv [REDACTED] contacted IC [REDACTED] whom also agreed the child should be taken into custody, This was approved by DCS attorney [REDACTED] was placed into DCS custody on 10/22 at approximately 4:15 AM.



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: 10/22/2014

Contact Method: Face To Face

Contact Time: 02:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/28/2014

Completed date: 10/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2014 07:39 PM Entered By: [REDACTED]

Inv [REDACTED] and [REDACTED] Investigator [REDACTED] spoke with [REDACTED] the uncle of the children, brother to [REDACTED]. [REDACTED] reports that he recently was in a relationship with [REDACTED] and that [REDACTED] resided with him for a short period of time. She was doing better while on suboxin however he does believe that she has relapsed and started shooting up dope. He reports that [REDACTED] stole 100 syringes from her mother who is a diabetic. He reports that himself and his uncle's son [REDACTED] have Facebook messaged [REDACTED] tonight. She reported that she was at a McDonalds but would not let them know which McDonalds she was at. They explained to her what was going on with [REDACTED] yet she still has not responded or showed up to check on [REDACTED]. [REDACTED] reports that [REDACTED] is running from DCS because she believes that her children will be taken away from her.

Inv [REDACTED] attempted to contact [REDACTED] at [REDACTED]. The phone was not in service. Inv [REDACTED] attempted to call and text [REDACTED] phone at [REDACTED]. Inv [REDACTED] did not receive a response 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: 10/22/2014 Contact Method: Face To Face
 Contact Time: 01:30 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 10/28/2014
 Completed date: 10/28/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2014 07:33 PM Entered By: [REDACTED]

[REDACTED] was interviewed on 10/22 at about 1:31 AM. [REDACTED] reports that he had given [REDACTED] a bath and sat her down. He then saw her chewing on a cigarette package and when he got it from her it had white residue on it. She got this packet from behind the TV stand. This happened around 8PM. No one was at the hotel with him and it was just himself and [REDACTED] the entire time he has been there. [REDACTED] reports that he checked in on Sunday 10/19.

[REDACTED] reports that after [REDACTED] chewed on the package with the residue, he watched her for about an hour then took her to [REDACTED] Medical Center around 9:30 OM. He called his friend that he was living with named [REDACTED] from [REDACTED] to come and take them to the hospital.

[REDACTED] denies that he knows where the mother of [REDACTED] is or has been. He reports that he has not spoken with her in days. She also has two other children. [REDACTED] who is his child and another child [REDACTED] who is not his child. When asked why he provided the officers with the name [REDACTED] for the mother, [REDACTED] denied and stated that he told them that that was the grandmother however he did not give an answer why he told them [REDACTED] birthday was [REDACTED] birthday.

[REDACTED] reports that neither himself nor [REDACTED] does drugs. When asked how his brother ([REDACTED]) found out the child was at the hospital, [REDACTED] reports that he doesn't know because he doesn't have a phone. He reports that he was told that his brother was contacted by [REDACTED] mother [REDACTED]. He denies that he knows how she knows he was at the ER with [REDACTED].

When asked when was he supposed to return the child to [REDACTED] he reports that he was going to go to her mtoher's house [REDACTED] and she would get in contact with [REDACTED].

[REDACTED] continued to deny that [REDACTED] was ever in the room. He gave consent for officers to enter the hotel room. The room was junky with lots of cigarette packages about the room. They were able to locate the pack that he laid on the table that he reports that [REDACTED] was chewing on. They also found a diabetic syringe package inside of the room.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

There is an open case involving the family. The worker is [REDACTED]. She has been attempting to find the family as they were last seen on 9/25. The mother has not returned any phone calls to CPSI [REDACTED] and Inv. [REDACTED] has attempted home visits, followed up with leads to where she may be from other family members and friends. All of [REDACTED] attempts have failed. [REDACTED] last attempt to find [REDACTED] was 10/21. She contacted an uncle and the maternal grandmother whom all reported that they had not seen her and were unable to locate her 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:	10/22/2014	Contact Method:	Face To Face
Contact Time:	12:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	10/28/2014
Completed date:	10/28/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2014 07:30 PM Entered By: [REDACTED]

Inv [REDACTED] and [REDACTED] Inv [REDACTED] spoke with the attending ER physician for [REDACTED] Dr. [REDACTED] at Children's hospital reports that [REDACTED] had a urine drug screen while at [REDACTED] that was negative however her drug screen that was received at [REDACTED] was positive for opiates but would have to be sent for confirmation. [REDACTED] will continue on a Narcan drip for the remainder of the night due to the fact that she became unresponsive while at [REDACTED] Medical Center. She will be moved from the ER to PICU. Dr. [REDACTED] reported that [REDACTED] looks much better and appears to be doing 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:	10/21/2014	Contact Method:	
Contact Time:	10:51 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/22/2014
Completed date:	10/22/2014	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: 10/22/2014 01:56 PM Entered By: [REDACTED]

CASE ASSIGNMENT: [REDACTED]

10/21/14 10:51 PM [REDACTED] This case came to the attention of the Department on 10/21/14 and was assigned to Investigator [REDACTED] on 10/22/14 as a P1. Referent notification was made by email on the date of assignment. Severe Abuse Notification is made to the District Attorney's Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff) as requested per Juvenile Court Judge [REDACTED]

TFACTS history check has been completed.

REFERRAL

[REDACTED] (10 months) was in the care of her father [REDACTED] today. It is unknown if [REDACTED] has legal custody of the child. The mother of [REDACTED] is [REDACTED]. The grandmother of [REDACTED] is [REDACTED]. There are three other children in the family, but their names, information, and whereabouts are unknown. It is unknown if the family has history with the Tennessee Department of Children Services. There are no known safety concerns for a case worker going out to the home. [REDACTED] is currently at [REDACTED] Children's Hospital in the emergency room.

On October 21, 2014 [REDACTED] was taken to [REDACTED] Medical Center by [REDACTED] due to concerns from several hours before [REDACTED] was transported. [REDACTED] reported that [REDACTED] had eaten white powder out of a bag that she had found in their hotel room. [REDACTED] denied that the bag was his at the time. According to [REDACTED] [REDACTED] was crawling around on the hotel room floor when she found the bag. [REDACTED] claimed that he was in the room at the time that [REDACTED] got a hold of the bag, but did not notice her with the bag until she had eaten from the bag. It is unknown if [REDACTED] has any prior drug related charges.

At the time that [REDACTED] was taken to [REDACTED] Medical Center, she was noted to be blue and nonresponsive. [REDACTED] condition at the time of arrival at [REDACTED] Medical Center was such that the medical staff was getting ready to intubate the child prior to the Narcan working. Medical staff treated [REDACTED] with Narcan, a substance used to reverse the effects of



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

opiates. After [REDACTED] was given Narcan she appeared to be doing better. It was further noted that [REDACTED] was given Narcan twice due to the fact that she required the second dose when her blood pressure dropped. The child would not have gotten better with the Narcan if there was nothing in her system causing the problem. This situation would be consistent with the child having opiates in her system.

A drug screen was done on [REDACTED] and nothing appeared to show up at this time. It was explained that the reason why [REDACTED] may have tested negative on the urine screen is because some substances take time to actually reveal through a drug screen.

Staff at [REDACTED] Children's Hospital is aware of the situation. [REDACTED] Police Department has also been notified and is going to be investigating the matter.

It is unknown how long [REDACTED] is going to be at [REDACTED] Children's Hospital. It is likely that she will be admitted overnight, but for how long is unknown. The likelihood is that [REDACTED] will be placed in pediatric intensive care this evening. Due to the child being transported, her current condition is unknown although she seemed better after the second shot of Narcan.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]
County: [Redacted]
Date of Referral: 9/8/14 12:19 PM
Assessment Type: Reassessment

TN DCS Intake ID #: [Redacted]
Worker:
Date of Assessment: 10/22/14 12:00 AM
Number of Children in the Household: 3

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 (3)

[Redacted area]

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]
County: [Redacted]
Date of Referral: 9/8/14 12:19 PM
Assessment Type: Reassessment

TN DCS Intake ID #: [Redacted]
Worker:
Date of Assessment: 10/22/14 12:00 AM
Number of Children in the Household: 3

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.
[X] 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 (3)

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____