



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 08/25/2015 02:29 PM [REDACTED]  
 Track Assigned: Special Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 08/25/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 08/25/2015 03:42 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 08/25/2015 12:00 AM  
 First Case Manager [REDACTED] Date/Time 08/25/2015 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: None

Narrative: NOTE: The information below is from the original intake [REDACTED]. The intake was originally received on 8-17-15 @ 7:25 pm and was entered by [REDACTED], CM2. This intake was subsequently screened out with the approval of [REDACTED] and [REDACTED] as it did not meet the definition of abuse or neglect as established by [REDACTED] Law and Rules. The child had cancer, which was the reason for her death. This report is now being re-entered and assigned to SIU with the approval of [REDACTED].

\*CHILD IS IN DCS CUSTODY\*

Family Case IDs: [REDACTED]

Open Court Custody - Yes, [REDACTED] and [REDACTED]



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Closed Court Custody Unknown

Open: None

Substantiated: [REDACTED] / DEI / AP [REDACTED] / AS, PS / 9-27-2013

Substantiated: [REDACTED] / DEC, DEI / AP [REDACTED] / AS, PS / 9-27-2013

Death: None

Number of Screen Outs: 0

History (not listed above): Yes

6-1-2015 / ASMT / [REDACTED] / No Services Needed / 6-4-2015

5-1-2015 / ASMT / [REDACTED] / Services required & No Services Needed / 5-1-2015

3-26-2014 / ASMT / [REDACTED] / No Services Needed / 7-21-2014

11-10-2011 / INV / [REDACTED] / AU, PU / 3-22-2012

Pending: None

Awaiting Screening: None

Submitted: None

County: [REDACTED] (stated to be in custody in [REDACTED])

Notification: None

School/ Daycare: N/A

Native American Descent: None

Directions: None

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

Reporter states:

CHILD IS IN DCS CUSTODY

[REDACTED] (1) is in DCS custody out of [REDACTED] County. The parent's rights have not been terminated (unknown names of parents).

[REDACTED] passed away today (08/17/15) at [REDACTED]. The cause of death was due to approximately three kinds of cancer she was diagnosed with. The parents have been notified about this. There does not appear to be any abuse which caused the death. The doctors did not expect [REDACTED] to live this long. Law enforcement is not involved.

The referent stated that there is a long history of drug abuse with the parents that could have contributed [REDACTED] cancer but it is unknown.

The referent does not have more information at this time.

Special Needs or Disabilities: [REDACTED] had cancer, which is the reason for passing away.

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

Perpetrator's location at this time: N/A.

Any other safety concerns for the child(ren) or worker who may respond: None known

Domestic Violence present in the home: likely has been

Per SDM: SIU P1. [REDACTED] CM2 on 8/17/2015 at 816PM.

[REDACTED] 08-17-15 09:03:00 PM [REDACTED] 08-17-15 09:03:42 PM [REDACTED] [REDACTED] is  
Received (Paged in Error but contacted and let them know to disregard until further information from Dr. [REDACTED] is given)

Notified Child Death Group: [REDACTED]

Per SDM: Screen Out, Does not meet the definition of abuse or neglect as established by [REDACTED] Law and Rules. This Screen Out has been approved by [REDACTED] and [REDACTED], [REDACTED]

[REDACTED] [REDACTED] TL on 8-18-15 @ 10:55 am

Notified Child Death Group via email:



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[REDACTED] as well as RA [REDACTED] were also copied on the notification email.

NOTE: Referral [REDACTED] was originally received for [REDACTED] on 8-17-15 @ 7:25 pm and was entered by [REDACTED] CM2. [REDACTED] was in TN DCS custody, but passed away in the hospital. This intake was subsequently screened out with the approval of [REDACTED] as it did not meet the definition of abuse or neglect as established by Tennessee Law and Rules. The child had cancer, which was the reason for her death. An investigation is being opened solely for the purpose of capturing data related to the death in the Child Death / Near Death Application, which requires an Investigation ID and allegation for every death to be present in TFACTS. Once this information is successfully captured, the Investigation will be closed with a classification of Unable to Complete due to not meeting the definition of abuse or neglect as established by Tennessee Law and Rules. Approved by [REDACTED]

Per SDM: Investigative Track (SIU), P1, [REDACTED] TL on 8-25-15 @ 3:07 pm



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**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: Deceased

Address:

Deceased Date: 08/17/2015

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]  
 Referral Date: 08/25/2015  
 Street Address:  
 City/State/Zip:

Investigation ID: [REDACTED]  
 Assignment Date: 08/25/2015

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Abuse Death	Unknown Participant [REDACTED]	[REDACTED]	Unable to Complete	Yes	[REDACTED] 08/25/2015

**C. Disposition Decision**

Disposition Decision:  
 Comments:

**D. Case Workers**

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

Date: 08/25/2015  
 Date: 08/26/2015

**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:**

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

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

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

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



**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]

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 Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/25/2015 Contact Method: Face To Face  
 Contact Time: 07:33 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/25/2015  
 Completed date: 08/25/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/25/2015 06:34 PM Entered By: [REDACTED]  
 ACV: [REDACTED]  
 Intake #: [REDACTED]

A referral for ACV [REDACTED] was received on 8/18/2015. [REDACTED] was in TN DCS custody but passed away on 8/17/2015 at [REDACTED] Children's Hospital in [REDACTED] due to multiple forms of cancer. There were no allegations of abuse or neglect in connection with the death. An investigation is being opened solely for the purpose of capturing data related to the death in the Child Death / Near Death Application, which requires an Investigation ID for every death to be present in TFACTS. Once this information is successfully captured, the investigation will be closed with a classification of Unable to Complete due to the absence of an abuse or neglect allegation.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 5/28/15 3:28 PM

Date of Assessment: 5/29/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

**Section 1: Immediate Harm Factors**

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

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
  - Death of a child due to abuse or neglect.
  - Care taker fears that s/he will maltreat the child.
  - Threat to cause harm or retaliate against the child.
  - Excessive discipline or physical force.
  - Drug-affected infant/child.
  - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



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### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



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**SDM™ Safety Assessment**

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

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

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

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

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