



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 06/23/2013 04:43 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 06/23/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 06/24/2013 09:49 AM  
First Team Leader Assigned: [REDACTED] Date/Time 06/24/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 06/24/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 8 Mos	Lack of Supervision	Yes	[REDACTED]	Birth Mother

**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: TFACTS: Yes  
Family Case ID: [REDACTED]  
Open Court Custody/FSS/FCIP: Yes, # [REDACTED] FSW [REDACTED]  
Closed Court Custody Yes/ 12-19-96 to 3-26-97/ # [REDACTED]  
Open CPS - No  
Indicated: # [REDACTED] DEC/ 10-22-12/ [REDACTED]  
# [REDACTED] DEI/ 8-7-09/ [REDACTED]  
# [REDACTED] SRPI, LOS, DEC/ 7-13-07/ [REDACTED]  
# [REDACTED] DEC/ 3-8-06/ [REDACTED]  
# [REDACTED] DEI/ 2-25-05/ [REDACTED]

Fatality No



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

Screened out Yes (2)

History (not listed above):

Date Case # - Allegation Classification

10-22-12/ # [REDACTED] LOS, SEE, DEC/ AUPU (LOS, SEE), AIPI (DEC)

4-22-08/ # [REDACTED] LOS/ SREQ

9-28-07/ # [REDACTED] SRSEE, SEE/ AUPU

10-5-07/ # [REDACTED] DEC/ AUPU

7-13-07/ # [REDACTED] SRPI, LOS, DEC, ENN/ AUPU (ENN), AIPI (DEC, LOS, SRPI)

3-8-06/ # [REDACTED] DEC, LOS, SRPI/ AIPI (DEC), AUPU (LOS, SRPI)

2-25-05/ # [REDACTED] DEI, SRPI/ AIPI (DEI), AUPU (SRPI)

11-3-03/ # [REDACTED] SEE/ AUPU

9-24-01/ # [REDACTED] SRPI/ AUPU

County: [REDACTED]

Notification: Letter

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: None Given

Reporters name/relationship: [REDACTED]

Reporter states: [REDACTED] (2) is in DCS custody and is currently on a trial home placement with her mother, [REDACTED]. Also in the home is [REDACTED] paramour, Unknown. [REDACTED] address is unknown, but [REDACTED] was originally removed from [REDACTED] County. It is unknown if [REDACTED] currently resides in [REDACTED] County.

[REDACTED] DCS worker, [REDACTED], stated that today [REDACTED] and the boyfriend were all in the home, but in different rooms. [REDACTED] was unattended and was trying to climb on top of the TV and it fell on top of her. [REDACTED] was airlifted to [REDACTED] Hospital. [REDACTED] has a skull fracture and reportedly is bleeding at the brain. It is unknown if [REDACTED] is currently present at the hospital.

Ms. [REDACTED] can be reached at [REDACTED]. Ms. [REDACTED] will have additional information. It is believed that the hospital will probably need immediate DCS assistance.

No special needs or disabilities are known.

NOTE: TFACTS lists [REDACTED] address as: [REDACTED] with an effective date of 7/9/2009. TFACTS lists the child as [REDACTED] and her address as: [REDACTED] with an effective date of 8/28/12.

@ 5:38 PM the reporter was contacted back for more information. The reporter does not have any information at this time on if [REDACTED] is in stable or critical condition. The reporter stated that [REDACTED] was at one hospital and then was airlifted to [REDACTED]

Per SDM: Investigative Track / P1. [REDACTED] CM 3 @ 5:35pm on 6-23-13

Event [20]Alert Started (5280), Status: [20]Alert Started, [REDACTED] @ 5:50pm

[REDACTED] CM 3 spoke to [REDACTED] @ 5:55pm on 6-23-13 and informed her of intake.

Near Child Fatality Notification group was notified @ 6:27pm on 6-23-13



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

**Participant(s)**

**Name:** [REDACTED]  
**Gender:** [REDACTED]      **Date of Birth:** [REDACTED]      **Participant ID:** [REDACTED]  
**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** [REDACTED]  
**Address:** [REDACTED]  
**Deceased Date:** [REDACTED]  
**School/ ChildCare Comments:** [REDACTED]

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]  
**Gender:** [REDACTED]      **Date of Birth:** [REDACTED]      **Participant ID:** [REDACTED]  
**SSN:** [REDACTED]      **Race:** Unable to [REDACTED]      **Age:** 2 Yrs 8 Mos (Est)  
**Address:** [REDACTED]  
**Deceased Date:** [REDACTED]  
**School/ ChildCare Comments:** [REDACTED]

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**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: 06/23/2013

Assignment Date: 06/24/2013

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.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: During this case concerning "Lack of Supervision", there is enough evidence to support the allegations. While the mother was asleep and the paramour was in the living room, the two-year-old daughter was playing in her bedroom unsupervised. During that time, the daughter reached for the television and the television fell on her body. She was transported to [Redacted] where she had extensive injuries. She was later released from the hospital. Because she was on a home trail basis, the child was taken from the mother's home and placed in State's Custody. Currently, the State filed a TBR on the mother. This case will be closed as indicated for "Lack of Supervision".

D. Case Workers

Case Worker: [Redacted]

Date: 08/19/2013

Team Leader: [Redacted]

Date: 08/19/2013

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:

Team Leader, [Redacted] traveled to [Redacted] Hospital in [Redacted] to visit [Redacted]. She was air lifted the previous day after a chest of drawers and TV fell on her. The child suffered a skull fracture and a brain bleed. Upon arriving, TL spoke with the PICU nurse currently on duty for [Redacted]. The nurse reported that [Redacted] is doing very well. A CAT scan performed earlier that day showed no additional fractures. She also reported that [Redacted] is expected to make a full recovery on her own without any surgical procedures. TL thanked her for the update and entered [Redacted] room. [Redacted] mother [Redacted] and her paramour [Redacted] were present when TL arrived. [Redacted] was asleep in Mr. [Redacted] lap and Ms. [Redacted] was sitting right beside them. TL asked about the child's current condition. The couple reported that [Redacted] has been much better today. The couple appeared relieved to report that [Redacted] had been talkative and seemed her normal self.



**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]

TL told them he was very glad to hear the good news. Ms [REDACTED] continually berated herself for the child's injury. She reported that [REDACTED] had never bothered the TV before and always gotten someone to turn it on or change movies for her. Ms [REDACTED] reported that the accident was the most scary thing she had ever experienced. Ms [REDACTED] reported that a CPS worker from [REDACTED] had visited the previous day and asked some questions. The CPS worker told Ms [REDACTED] he was there as a courtesy for [REDACTED] County. Ms [REDACTED] was concerned how the incident will affect her case. Both she and Mr. [REDACTED] repeated the circumstances the day of the incident and that it was an accident. TL told them to just cooperate with the CPS investigation and things will work out. TL told them that they would could continue receiving support from himself and FSW [REDACTED] TL spoke with the couple till [REDACTED] woke up. Although sleepy and quiet at first, she eventually became alert and talkative. The child does have a severe black eye. [REDACTED] was wary of TL but did get somewhat past it. TL visited the family a while longer before leaving. He told the mother he would contact her tomorrow but to please notify him immediately if her condition changed before then. Mother agreed that she would.

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

TL spoke with the PICU nurse at [REDACTED] concerning [REDACTED] condition. The nurse reported that [REDACTED] is doing very well. A CAT scan performed earlier that day showed no additional fractures. She also reported that [REDACTED] is expected to make a full recovery on her own without any surgical procedures.

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

The mother, [REDACTED] stated that when the incident occurred, the mother was asleep in the bedroom while [REDACTED] was in the living room playing with [REDACTED]. The paramour, [REDACTED] stated that before the incident occurred, he was playing with [REDACTED] in the living room. He stated that after a few minutes of playing in the living room, [REDACTED] walked alone to her bedroom to play. He stated that a few seconds later, he heard a alone noise in [REDACTED] bedroom. He stated that he immediately ran to [REDACTED] bedroom when he observed [REDACTED] on the bedroom floor with the television on top of her. He also stated that he observed the mother running to [REDACTED] bedroom. He stated that after the accident, they were unsure what type of injuries [REDACTED] sustained. He stated that he called the ambulance and foster care worker, [REDACTED] concerning the incident. He stated that [REDACTED] was transported to [REDACTED] Hospital and then transported to [REDACTED] hospital for treatment. During the interview, the investigator asked the mother if she was using drugs. She stated, no. She was asleep from taking prescription medication.

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

On June 23, 2013, Investigator, [REDACTED] received a P-1 referral concerning severe "Lack of Supervision". According to the referent, the child, [REDACTED] age 2, was climbing on a dresser, when a 27 inch television fell on the child. The child was transported by ambulance to [REDACTED] Hospital and then airlifted to [REDACTED] Hospital. The child was examined and it was determined that the child had a skull fracture and reportedly bleeding from the brain.

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

During this case concerning "Lack of Supervision", there is enough evidence to support the allegations. While the mother was asleep and the paramour was in the living room, the two-year-old daughter was playing in her bedroom unsupervised. During that time, the daughter reached for the television and the television fell on her body. She was transported to [REDACTED] where she had extensive injuries. She was later released from the hospital. Because she was on a home trail basis, the child was taken from the mother's home and placed in State's Custody. Currently, the State filed a TBR on the mother. This case will be closed as indicated for "Lack of Supervision".

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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

Juvenile Court in All Cases  
District Attorney in Severe Child Abuse Cases  
[REDACTED] Supervising Attorney



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/26/2013

Contact Method:

Contact Time: 08:40 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/26/2013

Completed date: 09/26/2013

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: 09/26/2013 08:44 AM      Entered By: [REDACTED]

Closing Summary

During this case concerning "Lack of Supervision", there is enough evidence to support the allegations. While the mother was asleep and the paramour was in the living room, the two-year-old daughter was playing in her bedroom unsupervised. During that time, the daughter reached for the television and the television fell on her body. She was transported to [REDACTED] where she had extensive injuries. She was later released from the hospital. Because she was on a home trail basis, the child was removed from the mother's home and returned to State's Custody. Currently, the State filed a TBR on the mother. This case will be closed as indicated for "Lack of Supervision".



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/26/2013

Contact Method:

Contact Time: 09:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/26/2013

Completed date: 09/26/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/26/2013 09:20 AM      Entered By: [REDACTED]

Case is approve for closure at this time. Child is in custody at this time.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/25/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 09/25/2013 04:11 PM    Entered By: [REDACTED]

Letter A was mailed to perpetrator  
Letter A attachment was mailed to perpetrator



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/26/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	09/25/2013
Completed date:	09/25/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/25/2013 04:08 PM      Entered By: [REDACTED]

FSW, [REDACTED] made her monthly visit with [REDACTED] [REDACTED]  
Investigator, [REDACTED] copied the information from TFACTS.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2013

Contact Method:

Contact Time: 03:09 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/21/2013

Completed date: 08/21/2013

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: 08/21/2013 03:10 PM      Entered By: [REDACTED]

Closing Summary

During this case concerning "Lack of Supervision", there is enough evidence to support the allegations. While the mother was asleep and the paramour was in the living room, the two-year-old daughter was playing in her bedroom unsupervised. During that time, the daughter reached for the television and the television fell on her body. She was transported to [REDACTED] where she had extensive injuries. She was later released from the hospital. Because she was on a home trial basis, the child was taken from the mother's home and placed in State's Custody. Currently, the State filed a TBR on the mother. This case will be closed as indicated for "Lack of Supervision".



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/19/2013

Contact Method:

Contact Time: 02:54 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2013

Completed date: 08/19/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/19/2013 02:54 PM      Entered By: [REDACTED]

Compliance is being checked and case deficits acknowledged based on when the review was conducted.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/16/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2013 04:45 PM Entered By: [REDACTED]

7-16-13 Judicial Review / pleading / petition TBR

The Department requests the Court set this matter for hearing and terminate all parental rights (Severe child abuse; persistence of conditions; best interest)

The Trial Home Visit was disrupted on June 28, 2013, due to safety concerns from the June 23 incident where [REDACTED] TV fell on her causing a skull fracture and brain bleed. Hair follicles [REDACTED] and [REDACTED] submitted to on June 28 came back with positive results for both [REDACTED] and [REDACTED] for cocaine. [REDACTED] was clean. DCS served [REDACTED] with the Petition for Termination of Parental Rights. [REDACTED] denied using any drugs. [REDACTED] said she had not been alone with [REDACTED]. DCS advised there would be a new finding of severe abuse. The Department was relieved of reasonable efforts with mother. The first TPR setting is August 20, 2013. Worker scheduled the Revised Permanency Plan CFTM for Friday July 26, 2013 with both [REDACTED] and [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/15/2013

Contact Method:

Contact Time: 12:05 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/15/2013

Completed date: 07/15/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/15/2013 12:05 PM      Entered By: [REDACTED]

Compliance is being checked and case deficits acknowledged based on when the review was conducted.



## 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: 07/12/2013 Contact Method: Face To Face  
Contact Time: 03:36 PM Contact Duration: Less than 01 Hour  
Entered By: [REDACTED] Recorded For:  
Location: Other Community Site Created Date: 09/25/2013  
Completed date: 09/25/2013 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): ACV Interview/Observation  
Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/25/2013 04:04 PM Entered By: [REDACTED]

FSW, [REDACTED]

Date: 7-12-13

Time: 3:36 p.m.

Copied by: Investigator, [REDACTED]

Worker went to the [REDACTED] in [REDACTED] for a visit with [REDACTED] and for her hospital discharge follow up appointment with the neurologist. Worker arrived before Ms. [REDACTED]. Worker signed her in and completed the necessary paperwork. Worker met Ms. [REDACTED] and [REDACTED] there. Ms. [REDACTED] carried her in. Worker said hello to [REDACTED] and greeted Ms. [REDACTED] as this is our first meeting face-to-face. She advised that [REDACTED] had gotten sick right as they were getting off the interstate. She had to stop to clean her up. She still had a puke smell to her according to Ms. [REDACTED]. [REDACTED] was very attached to Ms. [REDACTED]. [REDACTED] went with Worker when needed her for the paperwork, but when Ms. [REDACTED] came and tried to leave, [REDACTED] became upset. [REDACTED] went with Ms. [REDACTED]. After the check in was complete we went to wait. [REDACTED] ate on some cheerios. Worker wondered where [REDACTED] and [REDACTED] were. It seems odd that they are not at this appointment and also when they would have had an almost all day visit with [REDACTED]. Both the Worker and Ms. [REDACTED] attempted to call [REDACTED] but it would ring and go to voice mail. Worker advised had received a text from [REDACTED] last night asking Worker to be at this appointment at 9:15. Ms. [REDACTED] said she has not heard from her since yesterday, as [REDACTED] has been talking to her on phone most mornings.

[REDACTED] wants [REDACTED] to return for a follow-up in 6-months. Worker scheduled that appointment for January 7, 2014 at 9:00. Ms. [REDACTED] advised that at last weeks appointment with Dr. [REDACTED] he wanted [REDACTED] to come back in between this appointment and the one this afternoon at 1:30. Worker followed them to [REDACTED]. We parked and found Dr. [REDACTED] office. [REDACTED] ate on a cereal bar and some fruit gummies. Ms. [REDACTED] said she has been having [REDACTED] look at mirrors and making facial expressions to help get her face back to normal. The facial droop is improving every day. We did not wait ten minutes. Dr. [REDACTED] states her ears look good. She still has some dried up blood in the ear. He wants to perform a hearing test to make sure everything is okay in 6 weeks. [REDACTED] got the dried up blood out of ear while we scheduled the next appointment for August 23 at 10:40. Worker left after this appointment. Ms. [REDACTED] was going to get some lunch for her and [REDACTED] and then to her appointment at 1:30. Ms. [REDACTED] will contact Worker if she needs anything? [REDACTED] is safe and healing from her injuries. Supervised visits



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/09/2013 Contact Method:  
 Contact Time: 11:20 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/16/2013  
 Completed date: 07/16/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/16/2013 09:54 AM Entered By: [REDACTED]

CPS triage was conducted with [REDACTED] for this particular case. Needs and deficits related to the case were examined. [REDACTED] reported that the alleged child victim has been placed into a foster home and that arrangements were being made for the mother of the alleged child victim to participate in hair follicle testing. Additionally, [REDACTED] reported that supervised visitation was being conducted at the [REDACTED] Child Abuse Center. Suggestions were offered by the triage team to address the referral needs expressed by [REDACTED]. Based on the information presented by [REDACTED] the triage participants identified two action steps (highlighted below).

- 1) A Parenting Assessment is recommended.
- 2) A safety sweep of the home is recommended before the alleged child victim is returned to the home.

Triage follow-up will be at the discretion of [REDACTED] and [REDACTED]

Note: TFACTS history check has been conducted via CPS triage referral.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/03/2013

Contact Method: Correspondence

Contact Time: 11:24 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/05/2013

Completed date: 08/05/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): ACV Interview/Observation, Collateral Contact

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

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

Narrative Type: Original Entry Date/Time: 08/05/2013 11:44 AM Entered By: [REDACTED]

On July 3, 2013, Investigator, [REDACTED] obtained drug test results from Work Care Resource [REDACTED] ning the [REDACTED] hair drug test.

Results: Positive for cocaine, 937, pg/mg and Benzoylcegonine, 175 pg/mg

Mother: [REDACTED] [REDACTED] positive for cocaine, 20,603 pg/mg, Benzoylcegonine, 4796; Norcocaine, 378 and Cocaethyiene, 4234.

Paramour: [REDACTED], negative for all drugs.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2013

Contact Method: Face To Face

Contact Time: 09:19 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/05/2013

Completed date: 08/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Medical Exam

Contact Sub Type:

**Children Concerning**

[REDACTED]

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

Narrative Type: Original Entry Date/Time: 08/05/2013 10:42 AM Entered By: [REDACTED]

On July 1, 2013, Investigator, [REDACTED] received the final report from Dr. [REDACTED] concerning [REDACTED] injury.

**Assessment:**

June 25, 2013

This is a 2-year-old with a closed-head secondary to a television falling on her resulting in a subdural hematoma, skull fracture and seizure activity. The injury is consistent with the history that is given. It appears that this is an unfortunate accident. There are concerns regarding supervision. However, the circumstances surrounding the child being placed recently back into the home should be considered.

Full report is located in case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2013

Contact Method: Correspondence

Contact Time: 05:00 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/05/2013

Completed date: 08/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/05/2013 10:53 AM Entered By: [REDACTED]

[REDACTED] Counseling

Date: 6-28-13

Attended session: mother, [REDACTED] [REDACTED] and paramour, [REDACTED]

Summary: Met mom at residence. Mom welcomed Counselor into the home. Counselor discussed with mom measures to take to avoid an incident happening like this again, such as: avoid taking medications that will sedate her when there is a child in the home, 2) Continue to safe-proof home with covered electric outlets, child safety locks on all exit doors and closets with chemicals and hazardous supplies, and pantry area, 3) lower tv sets on low television stands, 4) 10 check on daughter when she is playing in her bedroom alone.

Progress made with the family: Mom already taken initiative to safe-proof the home prior to Counselor's arrival. Mom has completed parenting skills training.

Concerns: Counselor recommended mom put up a door on the pantry because food items were visible and up high where they could fall. Mom accomplished this.

Comments and actions steps for next week: Will continue homemaker training indicating risk areas and progress and providing parenting direction where indicated.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2013

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/28/2013

Completed date: 06/28/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/28/2013 02:37 PM Entered By: [REDACTED]

On June 28, 2013, Investigator, [REDACTED] received an email from [REDACTED] Counseling services [REDACTED] that [REDACTED] counselor, [REDACTED] will meet with the family on this day at 4:00 p.m.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2013

Contact Method: Correspondence

Contact Time: 12:23 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/28/2013

Completed date: 06/28/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact, Medical Exam

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/28/2013 02:45 PM Entered By: [REDACTED]

On June 28, 2013, Investigator, [REDACTED] obtained a medical report from Dr. [REDACTED] concerning [REDACTED] medical consultation on [REDACTED] [REDACTED]

Assessment: This is a 2-year-old with a closed-head injury secondary to a television falling on her resulting in a subdural hematoma, skull fracture and seizure activity. The injury is consistent with the history that is given. The Children's Protective Services already involved in the home from previous reports and are in currently in the process of investigation. It appears that this is an unfortunate accident. There are concerns regarding supervision. However, the circumstances surrounding the child being placed recently back into the home should be considered.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/27/2013

Contact Method: Face To Face

Contact Time: 05:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/05/2013

Completed date: 08/05/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/05/2013 11:28 AM Entered By: [REDACTED]

On June 27, Investigator, [REDACTED] observed [REDACTED] age 2, at home, [REDACTED]. The investigator was informed by the hospital that [REDACTED] would be released from [REDACTED] Hospital.

The investigator observed that [REDACTED] head was not shaved; she had a full head of hair. The investigator also observed that [REDACTED] was walking, running and playing with toys. She also attempted to talk with the investigator.

Narrative Type: Addendum 1 Entry Date/Time: 09/16/2013 03:32 PM Entered By: [REDACTED]

The mother, [REDACTED] stated that when the incident occurred, the mother was asleep in the bedroom while [REDACTED] was in the living room playing with [REDACTED]. The paramour, [REDACTED] stated that before the incident occurred, he was playing with [REDACTED] in the living room. He stated that after a few minutes of playing in the living room, [REDACTED] walked alone to her bedroom to play. He stated that a few seconds later, he heard a alone noise in [REDACTED] bedroom. He stated that he immediately ran to [REDACTED] bedroom when he observed [REDACTED] on the bedroom floor with the television on top of her. He also stated that he observed the mother running to [REDACTED] bedroom. He stated that after the accident, they were unsure what type of injuries [REDACTED] sustained. He stated that he called the ambulance and foster care worker, [REDACTED] concerning the incident. He stated that [REDACTED] was transported to [REDACTED] Hospital and then transported to [REDACTED] hospital for treatment. During the interview, the investigator asked the mother if she was using drugs. She stated, no. She was asleep from taking prescription medication.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/27/2013 Contact Method: Face To Face  
 Contact Time: 05:00 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 09/25/2013  
 Completed date: 09/25/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2013 01:44 PM Entered By: [REDACTED]

Investigator, [REDACTED] and Attorney [REDACTED] met at [REDACTED] home, [REDACTED] to conduct a FSTM / safety plan pertaining to [REDACTED] returning home. When the investigator arrived at the home, the investigator knocked on the front door. The mother, [REDACTED] opened the front door and welcomed the investigator inside of the home. Once inside, the investigator observed [REDACTED] standing in the living room, the paramour, [REDACTED] standing in the living room and the maternal grandmother standing in the living room. The investigator greeted all parties. The investigator asked the mother how she was doing. She stated that she was doing well. The investigator asked the mother how [REDACTED] was doing. She stated that [REDACTED] is doing better. The investigator asked the mother if the investigator could take a picture of [REDACTED]. She agreed. After the picture, the mother allowed [REDACTED] to return to the grandmother while the investigator interviewed the mother and paramour. The grandmother agreed. While [REDACTED] was with the mother, the investigator informed the mother that the investigator planned on taking pictures of the bedroom where the incident occurred. The mother agreed. As the investigator entered the bedroom, the investigator observed blood on the carpet near the dresser. While the investigator began to take pictures, [REDACTED] informed the investigator that on that particular day, he was playing with [REDACTED] in the living room, when [REDACTED] decided to leave the living room and go into her bedroom. The investigator asked [REDACTED] where the mother was when he was playing with [REDACTED]. He stated that the mother was in her bedroom lying down. He continued to advise the investigator that a few minutes of [REDACTED] playing in her bedroom, he heard a loud noise. He stated that he immediately ran to [REDACTED] bedroom and observed the television positioned on top of [REDACTED]. He stated that during that time, the mother also came to the bedroom. He stated that they called the ambulance to assist them. He stated that the police and the paramedics arrived at the scene and the paramedics transported [REDACTED] to the emergency room. He stated that because of the seriousness, the grandmother stayed with [REDACTED] until she was airlifted to [REDACTED] while the mother and the paramour drove to [REDACTED]. He stated that this was an eye opening experience. He stated that [REDACTED] has watched television in the room for many months and she was never harmed. He stated that he did not use good judgment. After [REDACTED] provided his statement, the mother stated that when the incident occurred, she was in the bedroom. She stated that she was sick; she was vomiting. She stated that because she did not feel well, she decided to lie down. She stated that she left [REDACTED] and [REDACTED] playing in the living; she remembered [REDACTED] running around in the living room. She stated that as she lay down, she heard a loud noise coming from [REDACTED] room. She stated that she ran to the room and observed the television lying across [REDACTED] body; she was not moving and blood was coming from her ear. She stated that she thought the worst had happened; [REDACTED] was dead. She stated that she removed the



## Tennessee Department of Children's Services

### Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

television off of [REDACTED] and [REDACTED] began to move. She stated that she called 911 and they told her not to move the daughter. She stated that about 5 minutes later, the police and the paramedics arrived. She stated that she informed the police concerning the incident while the paramedics began to transport [REDACTED] to [REDACTED] Hospital. He stated that she also contacted Foster Care Worker, [REDACTED] and the maternal grandmother, [REDACTED] to inform them concerning the incident. She stated that the mother met them at the hospital. She stated that after the doctors completed a Cat Scan on [REDACTED] they decided to transport [REDACTED] via, helicopter to [REDACTED] Hospital. She stated that the grandmother stayed with [REDACTED] while the mother and the paramour drove. While the mother provided a statement, the investigator heard a knock on the door. It was Attorney, [REDACTED]. The mother welcomed the attorney into the home. Immediately, [REDACTED] informed the mother that she wanted to take pictures of [REDACTED] bedroom. The mother agreed. The attorney walked to the bedroom and began to take pictures with her IPAD. She stated that she was upset about the incident. After the attorney took pictures, she returned to the living room and sat at the table. Because this was a meeting, the investigator, the mother and the paramour sat at the same table. The investigator called FSW [REDACTED] and Supervisor, [REDACTED] to conference them in on the meeting. During the meeting, the mother and paramour informed the attorney about the daughters injuries. The attorney stated that when she observed the blood on the carpet, she felt outraged. She stated that she does not think the child should return home. The mother began to become upset and she left the table and walked into the living room. A few seconds later, the daughter, [REDACTED] angrily approached the investigator shouting words to the investigator and then she approached the attorney and began to shout at her; finally, the daughter returned to the living room where the mother was. As the daughter was returning to the den, she passed the attorney, who was returning to the table. The attorney informed the FSW that the mother caused the daughter to act out against the attorney. The mother attempted to plea with the attorney by touching the attorneys arm. The attorney jerked her arm away from the mother and the yell for the mother not to touch her. Afterwards, the mother began to cry. The investigator asked the mother if she was okay. She stated that she was okay. The investigator asked the mother if she is on medication. She stated, yes. The investigator asked the mother to observe the medication. The mother complied. The investigator wrote the mother down on a sheet of paper. (Docu Lia 50 mg / 5ml constipation), (Hydrocodone 7.5 mg Qualite), (Levetiracetam 100 mg / ml). After obtaining the information, the investigator completed a non-custodial plan. Although the child was in States Custody, the child was home on a trial home visit when the incident occurred. Steps to be taken: [REDACTED] and [REDACTED] agree to visit the home this weekend; [REDACTED] and [REDACTED] will submit to a hair follicle; Investigator [REDACTED] will complete a PSG for services in the home to assure safety measures are met.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/27/2013

Contact Method:

Contact Time: 11:38 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2013 04:24 PM Entered By: [REDACTED]

FSW, [REDACTED] notified Investigator, [REDACTED] that [REDACTED] will be discharged from [REDACTED] hospital sometime today. Due to this, an FSTM need to be held to discuss the child's safety.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/24/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/19/2013

Completed date: 08/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/19/2013 04:19 PM Entered By: [REDACTED]

Team Leader, [REDACTED] traveled to [REDACTED] Hospital in [REDACTED] to visit [REDACTED] [REDACTED] s air lifted the previous day after a chest of drawers and TV fell on her. The child suffered a skull fracture and a brain bleed. Upon arriving, TL spoke with the PICU nurse currently on duty for [REDACTED]. The nurse reported that [REDACTED] is doing very well. A CAT scan performed earlier that day showed no additional fractures. She also reported that [REDACTED] is expected to make a full recovery on her own without any surgical procedures. TL thanked her for the update and entered [REDACTED] room. [REDACTED] mother [REDACTED] and her paramour [REDACTED] were present when TL arrived. [REDACTED] was asleep in Mr. [REDACTED] lap and Ms [REDACTED] was sitting right beside them. TL asked about the child's current condition. The couple reported that [REDACTED] has been much better today. The couple appeared relieved to report that [REDACTED] had been talkative and seemed her normal self. TL told them he was very glad to hear the good news. Ms [REDACTED] continually berated herself for the child's injury. She reported that [REDACTED] had never bothered the TV before and always gotten someone to turn it on or change movies for her. Ms [REDACTED] reported that the accident was the most scary thing she had ever experienced. Ms [REDACTED] reported that a CPS worker from [REDACTED] had visited the previous day and asked some questions. The CPS worker told Ms [REDACTED] he was there as a courtesy for [REDACTED] County. Ms [REDACTED] was concerned how the incident will affect her case. Both she and Mr. [REDACTED] repeated the circumstances the day of the incident and that it was an accident. TL told them to just cooperate with the CPS investigation and things will work out. TL told them that they would could continue receiving support from himself and FSW [REDACTED]. TL spoke with the couple till [REDACTED] woke up. Although sleepy and quiet at first, she eventually became alert and talkative. The child does have a severe black eye. [REDACTED] was wary of TL but did get somewhat past it. TL visited the family a while longer before leaving. He told the mother he would contact her tomorrow but to please notify him immediately if her condition changed before then. Mother agreed that she would.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/23/2013

Contact Method:

Contact Time: 04:43 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/28/2013

Completed date: 06/28/2013

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: 06/28/2013 02:51 PM Entered By: [REDACTED]

On June 23, 2013, Investigator, [REDACTED] received a P-1 referral concerning severe "Lack of [REDACTED] vision". According to the referent, the child, [REDACTED] age 2, was climbing on a dresser, when a 27 inch television fell on the child. The child was transported by ambulance to [REDACTED] Hospital and then airlifted to [REDACTED] Hospital. The child was examined and it was determined that the child had a skull fracture and reportedly bleeding from the brain.



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 6/23/13 4:43 PM

Date of Assessment: 6/24/13 12:00 AM

Assessment Type:  Initial  Closing  Other

Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

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

Yes      No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- 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: \_\_\_\_\_