



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 05/10/2013 08:34 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 05/10/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 05/10/2013 09:53 AM
First Team Leader Assigned: [REDACTED] Date/Time 05/10/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 05/10/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yrs	Neglect Death	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: No History Found (prior history was located - 2 screen outs - on the mother when she was a minor)

County: [REDACTED]
Notification: Letter
School/ Daycare: N/A
Native American Descent: No
Directions: No

Reporters name/relationship: [REDACTED]

Reporter states:
[REDACTED] (9 months) and [REDACTED] (1) live with their mother, [REDACTED] and possibly, [REDACTED] (father).

The mother woke up and found [REDACTED] unresponsive and called 911. [REDACTED] was found between two



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 1 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 2 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 21 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

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: 05/10/2013

Assignment Date: 05/10/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 05/31/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: At this time there is no evidence to support physical abuse.

D. Case Workers

Case Worker: [REDACTED]

Date: 05/31/2013

Team Leader: [REDACTED]

Date: 05/31/2013

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:

5/30/2013 [REDACTED] was seen with her family this worker found the child to be in good health. Worker observed no concerns in the home.

5/10/2013 [REDACTED] was seen at the [REDACTED] Hospital. [REDACTED] did not have any visible body injury. [REDACTED] was unable to be revived.

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

Medical records were seen reports were consistent with accidental death.

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

5/9/2013

The mother reported on this morning approximately 8:00 am she awakened and found the infant in between their mattress and his mattress. [REDACTED] reported she immediately picked the infant up and screamed for her paramour [REDACTED] to call for help. [REDACTED] states she took him to the bathroom and started putting water on his face, next she started breathing in his face. [REDACTED] said he never responded but she continued to try to help her baby. She states she doesn't know if she called or [REDACTED] called 911. She states then [REDACTED] paternal grandmother arrived at the apartment. [REDACTED] stated [REDACTED] grabbed the baby and started performing CPR.



Tennessee Department of Children's Services
Child Protective Service Investigation Summary
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Case Name : ██████████

Investigation ID: ██████████

██████████ the father stated ██████████ screamed which alarmed him to get up. ██████████ stated the baby wasnt breathing and he called his mother ██████████ to come to the apartment. ██████████ said his mother grabbed the baby and told him to drive her car because the ambulance had not arrived. ██████████ said the ambulance came as they were leaving the complex and they stopped the vehicle and give the baby to the pramedics.

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

N/A

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

Both parents were interviewed and worker found the family was cooperative with the investigative procedures. TBI also responded to the call. There information as of this time is consistent with accidental death. Autopsy has not been received to support negligence. No services are needed for the family and case will be closed.

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]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/13/2013

Contact Method:

Contact Time: 09:37 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/13/2013

Completed date: 06/13/2013

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: 06/13/2013 09:39 AM Entered By: [REDACTED]

Case approved for closure. TL [REDACTED] is noting that a home visit was not completed by CM to the location of the incident due to the parent left the home and has not returned. They family is currently residing with family.



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: 06/12/2013

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/12/2013

Completed date: 06/12/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/12/2013 12:08 PM Entered By: [REDACTED]

CPIT Team Meeting held on this day case was staffed team members all agreed to classification of AUPU for neglect death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/30/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/30/2013

Completed date: 05/31/2013

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: 05/30/2013 03:26 PM Entered By: [REDACTED]

Case Summary

This case was received with allegation of Neglect Death. This worker responded to the on call situation and found there was no evidence to support foul play with either of the parents. Classification will be classified as AUPU , ER medical records reflect no trauma to infant. Autopsy has been requested and worker has not yet received result. If information is received that support non accidental trauma classification will be changed. At this time family reports no needs. Case will be submitted for review and closure.

Safety Assessment Completed
 Internet Checks Clear on both parents
 DCS forms signed by parent on 5/10/2013
 740 and Judge's letter in file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/30/2013

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 05/30/2013

Completed date: 05/30/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/30/2013 03:21 PM Entered By: [REDACTED]

CPS I [REDACTED] contacted the family prior to going to home visit for follow up with the family. [REDACTED] and [REDACTED] both stated they were better but things were still difficult. The parents reported they were staying with [REDACTED] father [REDACTED] for the time being. The family reported no needs or concerns.

Observation: [REDACTED] was also seen while in the home, this child appeared well. She played during the visit and her parents responded to her needs while working was speaking with the family. No safety concerns were observed in [REDACTED] home.

Plan: Case will be prepared for review and closure with no additional CPS services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/10/2013

Contact Method:

Contact Time: 03:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/10/2013

Completed date: 05/30/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/10/2013 03:06 PM Entered By: [REDACTED]

Fality report completed on case and forwarded to supervisory staff.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/10/2013	Contact Method:	Face To Face
Contact Time:	10:35 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	05/10/2013
Completed date:	05/30/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/10/2013 03:02 PM Entered By: [REDACTED]

The mother reported on this morning approximately 8:00 am she awakened and found the infant in between their mattress and his mattress. [REDACTED] reported she immediately picked the infant up and screamed for her parmaour [REDACTED] to call for help. [REDACTED] states she took him to the bathroom and started putting water on his face, next she started breathing in his face. [REDACTED] said he never responded but she continued to try to help her baby. She states she doesnt know if she called or [REDACTED] called 911. She states then [REDACTED] paternal grandmother arrived at the apartment. [REDACTED] stated [REDACTED] grabbed the baby and started performing CPR.

[REDACTED] the father stated [REDACTED] screamed which alarmed him to get. [REDACTED] stated the baby wasnt breathing and he called his mother [REDACTED] to come to the apartment. [REDACTED] said his mother grabbed the baby and told him to drive her car because the ambulance had not arrived. [REDACTED] said the ambulance came as they were leaving the complex and they stopped the vehicle and give the baby to the pramedics.

[REDACTED] was interviewed she stated her son [REDACTED] told her to come to the apartment because the baby wasnt breathing. [REDACTED] said his little lips were blue but she started performing CPR until the ambulance arrived.

The parents stated the child typically sleeps all night long and it was normal for the baby not to awaken until morning. The parents stated [REDACTED] and [REDACTED] mattress were placed next to their bed because of the storm last night.

CPS I [REDACTED] observed the family was very cooperative with questions asked, other family members were present which included grandparents, aunts, uncles and cousins. These family members completed the genogram with worker about the parents. [REDACTED] the older sibling was present and the family members were embracing the toddler and meeting her needs while the parents were being interviewed. This worker believed the family was responding appropriately considering their lost.

Plan: CPS I [REDACTED] will follow up with family within the next weeks.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/10/2013

Contact Method:

Contact Time: 09:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/10/2013

Completed date: 05/10/2013

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: 05/10/2013 02:59 PM Entered By: [REDACTED]

Reporter states:

[REDACTED] (9 months) and [REDACTED] (1) live with their mother, [REDACTED] and possibly, [REDACTED] (father).

The mother woke up and found [REDACTED] unresponsive and called 911. [REDACTED] was found between two mattresses. 911 Dispatch contacted the Sheriff's office at 8:01am.

[REDACTED] was sent to local hospital, [REDACTED] Hospital (also called [REDACTED]). [REDACTED] is deceased. The Coroner has been contacted at this time. It is unknown where the other child, [REDACTED] is currently located at this time. LE is requesting immediate DCS assistance.

This is all the known information by the referent at this time.

Per SDM: Investigative Track, P1 (Child Fatality)

[REDACTED], Interim TC, on 5/10/13 @ 9:15am

Notified Fatality/Near Fatality Notification Group via Email:

[REDACTED] Child-Fatality-Notification EI-DCS, [REDACTED]
 [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/10/2013

Contact Method:

Contact Time: 02:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/10/2013

Completed date: 05/30/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/10/2013 03:05 PM Entered By: [REDACTED]

SSMS is clear on both parents.

DCS history is found on the father [REDACTED] the mother [REDACTED] has no history.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 5/10/13 8:34 AM

Date of Assessment: 5/10/13 12:00 AM

Assessment Type: Initial Closing Other

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.



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: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

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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.
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4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



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10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
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12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

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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.
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SDM™ Safety Assessment

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- 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.
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Date: _____

Team Leader: _____

Date: _____