



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 07/17/2013 05:39 AM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 07/17/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 07/17/2013 08:53 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 07/17/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 07/17/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yrs	Lack of Supervision	No	[REDACTED]	Birth Mother
[REDACTED]	1 Yrs	Medical Maltreatment	No	[REDACTED]	Birth Mother
[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: None

Narrative: TFACTS:  
 Family Case IDs: (1) - [REDACTED] (history on the mother as an ACV)

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Indicated No

Fatality No

Screened out None found



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

History (not listed above):

03-06-2008 / [REDACTED] / PHA / ACV: [REDACTED] / perp: [REDACTED] / Unfounded  
05-03-2007 / [REDACTED] / ABN / ACV: [REDACTED] / perp: [REDACTED] / Unfounded

DUPLICATE REFERRAL: No

County: [REDACTED]  
Notification: None  
School/ Daycare: Unknown  
Native American Descent: No  
Directions: None

Reporters name/relationship: [REDACTED] / [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Reporter states: [REDACTED] (22) is the mother of [REDACTED] (10 months old) and two other female children (names unknown) and they are approximately 2 years old and approximately 18 months old. The mothers boyfriend, [REDACTED] is living in the home with the mother and children. He is not the father of the children.

The reporter is not aware of the children having any special needs or disabilities.

EMS arrived at the home this morning at 4:57am CT due to responding to a call about an infant in cardiac arrest. The reporter assumes EMS responded to the home after the mother or boyfriend called 911.

The mother said that she woke up and found [REDACTED] on the floor. An officer that responded to the home advised reporter that the mother said that last night she put [REDACTED] on the couch around midnight because the child had been fussy. The mother said she was sleeping in the same room with the child but not on the couch with her. She said she woke up around 3:30am 4:00am and found [REDACTED] on the floor.

When EMS responded to the home, they found [REDACTED] in the floor. Reporter believes that either the mother or her boyfriend was trying to perform CPR on the child while on the phone with 911. EMS advised reporter that it was obvious the child was deceased when EMS arrived at the home. EMS did not observe any injuries on the child. EMS advised the reporter that two days ago the child was diagnosed with a urinary tract infection but it has not yet been treated because the mother did not fill the prescription. The doctors name that diagnosed the urinary tract infection is unknown.

[REDACTED] body is still at the home along with the mother, her boyfriend and the child's two siblings. It is unknown at this time where the child's body will be transported to.

The reporter has not yet been in the home and does not know the home's condition. It is unknown at this time if Law Enforcement has a history of responding to the home. [REDACTED] two siblings appear to be fine and do not appear to have any injuries. It is unknown if an officer has interviewed Mr. [REDACTED] at this time.

Lt. [REDACTED] with the [REDACTED] Sheriff's Office had been at the home, but DCS needs to contact Sgt. [REDACTED] if there are any additional questions.

Per SDM: Investigative Track / Priority 1

[REDACTED] County was paged on 7/17/13 @ 6:36 A.M.  
[REDACTED] notified at 6:38am on 07-17-2013 by [REDACTED]



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

P1, [REDACTED] TL, on 7/17/13 @ 6:49 A.M.

CHILD FATALITY E-MAIL NARRATIVE SENT TO:

[REDACTED]



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

**Participant(s)****Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 25 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: [REDACTED] Race: White Age: 23 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  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** Black/African      **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:**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:** [REDACTED]      **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:** Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African 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:** Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White 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:**



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

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

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African 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:** Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White 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:**



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: 07/17/2013

Assignment Date: 07/17/2013

Street Address:

City/State/Zip:

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 3 rows of allegations.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: CPSI [Redacted] has investigated the death of [Redacted]. Though Ms. [Redacted] did not get the antibiotics that were prescribed to her daughter for her urinary tract infection, that type of infection would not have been enough to cause the child's death according to Dr. [Redacted]. The autopsy showed that no cultures grew so no infection caused the child's death. The autopsy showed that cause of death could not be determined. Because of this, Ms. [Redacted] is not being indicated as a perpetrator on this case. Counseling services were offered to the family through [Redacted]. Ms. [Redacted] reported that Ms. [Redacted] has been attending some counseling. Members of the extended family report that Ms. [Redacted] and Mr. [Redacted] are doing well considering that they lost their daughter. CPSI [Redacted] has checked in with [Redacted] siblings who seem to be doing fine as well.

D. Case Workers

Case Worker: [Redacted]

Date: 09/20/2013

Team Leader: [Redacted]

Date: 09/20/2013

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.



**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]

**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:**

CPSI [REDACTED] saw [REDACTED] and [REDACTED] on July 17, 2013. CPSI [REDACTED] spoke to [REDACTED] [REDACTED] (DOB: [REDACTED]) [REDACTED] said that her sister, [REDACTED] fell off the couch this morning. [REDACTED] said that [REDACTED] said to her that her [REDACTED] leg hurt. CPSI [REDACTED] asked [REDACTED] if she had seen her sister fall off the couch. [REDACTED] said that she had, CPSI [REDACTED] asked [REDACTED] what had made [REDACTED] fall off the couch. [REDACTED] did not answer. She kept saying that [REDACTED] had fallen off the couch. CPSI [REDACTED] asked her if she had seen [REDACTED] awake that day. [REDACTED] said that she had. CPSI [REDACTED] asked her what [REDACTED] had been doing. [REDACTED] reported that [REDACTED] had said that her leg hurt. She said that [REDACTED] had had to have a shot. CPSI [REDACTED] attempted to speak to [REDACTED] [REDACTED] is not yet two years old. She was too young to do an interview.

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

The ME found that [REDACTED] died from undetermined causes. There was no trauma to the child and the toxicology came back normal.

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

Ms. [REDACTED] said she had taken a bottle to her daughter [REDACTED] and then checked on [REDACTED]. She said that she found [REDACTED] was on the floor and would not wake up. She called 911 and tried to give [REDACTED] CPR. She was not breathing.

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

No witnesses believed that child abuse had occurred.

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

Ms. [REDACTED] did take her daughter to the ER on July 15, 2013 at [REDACTED] Hospital.

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: 09/25/2013

Contact Method:

Contact Time: 11:34 AM

Contact Duration: Less than 05

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): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/25/2013 11:36 AM      Entered By: [REDACTED]

Case is being approve for closure at this time. The family is recieving counseling.



**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: 09/20/2013 Contact Method:  
 Contact Time: 11:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/20/2013  
 Completed date: 09/20/2013 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: 09/20/2013 01:42 PM Entered By: [REDACTED]  
 CPSI [REDACTED] sent requests for medical records from [REDACTED] Hospital.



**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: 09/20/2013 Contact Method: Phone Call  
 Contact Time: 09:15 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/20/2013  
 Completed date: 09/20/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2013 01:32 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] and requested the medical records from [REDACTED] Hospital and the child's doctor which are needed for the case. Sergeant [REDACTED] said that he was unable to get that right now, but he said that he would call CPSI [REDACTED] back.



**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: 09/20/2013 Contact Method:  
 Contact Time: 09:10 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/20/2013  
 Completed date: 09/20/2013 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: 09/20/2013 09:24 AM Entered By: [REDACTED]

CPSI [REDACTED] has investigated the death of [REDACTED]. Though Ms. [REDACTED] did not get the antibiotics that were prescribed to her daughter for her urinary tract infection, that type of infection would not have been enough to cause the child's death according to Dr. [REDACTED]. The autopsy showed that no cultures grew so no infection caused the child's death. The autopsy showed that cause of death could not be determined. Because of this, Ms. [REDACTED] is not being indicated as a perpetrator on this case. Counseling services were offered to the family through [REDACTED]. Ms. [REDACTED] reported that Ms. [REDACTED] has been attending some counseling. Members of the extended family report that Ms. [REDACTED] and Mr. [REDACTED] are doing well considering that they lost their daughter. CPSI [REDACTED] has checked in with [REDACTED] siblings who seem to be doing fine as well.



**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: 09/20/2013 Contact Method:  
 Contact Time: 08:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/20/2013  
 Completed date: 09/20/2013 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: 09/20/2013 01:30 PM Entered By: [REDACTED]  
 CPSI [REDACTED] received paperwork from [REDACTED] including the autopsy on the case as well as the parent's statements.



**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: 09/18/2013

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/20/2013

Completed date: 09/20/2013

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: 09/20/2013 08:47 AM Entered By: [REDACTED]

CPSI [REDACTED] went to [REDACTED] center on [REDACTED] to see [REDACTED] and [REDACTED]. Both girls were sleeping, but CPSI [REDACTED] looked them over. Both little girls appeared clean and healthy. CPSI [REDACTED] asked the caregivers about the girls. The caregivers said the children had been doing fine. CPSI [REDACTED] asked about Mr. [REDACTED] and Ms. [REDACTED]. Ms. [REDACTED] who runs the daycare, said that her nephew is doing okay with family support. She said she thinks that it will be okay with time. CPSI [REDACTED] thanked them for their time and left.



**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: 09/17/2013

Contact Method:

Contact Time: 01:51 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2013

Completed date: 09/17/2013

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: 09/17/2013 01:53 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]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 09/20/2013

Completed date: 09/20/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2013 01:29 PM Entered By: [REDACTED]

CPSI [REDACTED] attended CPIT. However, CPSI [REDACTED] was unable able to stay due to an emergency. The case was not discussed. [REDACTED] said that he was not sure what all CPSI [REDACTED] needed for the file. CPSI [REDACTED] said that she needed everything he had. He said that there was a great deal of information in the case. CPSI [REDACTED] said that she would call and get together with [REDACTED] to go through the file and find what she needed. [REDACTED] agreed.



**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: 08/28/2013

Contact Method: Face To Face

Contact Time: 05:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 09/09/2013

Completed date: 09/09/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

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

CPSI [REDACTED] saw [REDACTED] and [REDACTED] at [REDACTED] Daycare. Both children were appropriately dressed and appeared healthy. The children at the daycare were watching a video about a farm, and the children were dancing. [REDACTED] and [REDACTED] were dancing and playing with the other children. CPSI [REDACTED] tried to speak to [REDACTED] who is not quite 4 year old first. CPSI [REDACTED] asked her how she was feeling. [REDACTED] said that she is doing good. She said that she likes the cows on the video. CPSI [REDACTED] looked her over for bruises; she had none. She was very interested in the video so CPSI [REDACTED] let her go back and play. CPSI [REDACTED] talked with [REDACTED] next. [REDACTED] is just two year old. She did not respond to CPSI [REDACTED] questions though she did sit with CPSI [REDACTED] and talk nonsensically to her. She did not have marks or bruises on her either.

CPSI [REDACTED] asked to talk with Ms. [REDACTED] aunt who owns the daycare. CPSI [REDACTED] asked Ms. [REDACTED] how she felt the girls were doing. She said that they are doing fine. She said that they do not understand really what happened. CPSI [REDACTED] asked Ms. [REDACTED] how she felt about everything. She said that it was very sad. She said that she was surprised that Ms. [REDACTED] brought [REDACTED] to daycare the morning after she had been to the ER. She said that she did not think that anyone had hurt [REDACTED]. CPSI [REDACTED] thanked Ms. [REDACTED] for her time and left.



**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: 08/26/2013 Contact Method: Phone Call  
 Contact Time: 11:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/09/2013  
 Completed date: 09/09/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/09/2013 08:57 AM Entered By: [REDACTED]

CPSI [REDACTED] called Ms. [REDACTED] to find out about seeing the children and to find out how she has been doing. Ms. [REDACTED] reported that they are going to move from the trailer where they had been living. She said that they feel like there may be something there that made [REDACTED] sick and could make her other children sick. She said that she is surprised at how well they have all been doing. She said that they are doing well; she said that she thought they were doing better than she expected. CPSI [REDACTED] asked her if she were going to counseling with [REDACTED] [REDACTED]. She said yes. Ms. [REDACTED] asked if all the results from the autopsy were back. CPSI [REDACTED] said that she did not think so, but she said that Ms. [REDACTED] could call [REDACTED] at the [REDACTED] Office about that. Ms. [REDACTED] said that she would. CPSI [REDACTED] asked Ms. [REDACTED] if she needed anything else. Ms. [REDACTED] said no. CPSI [REDACTED] said that she needed to see the girls and asked where they are. Ms. [REDACTED] said that they go to [REDACTED] Daycare on [REDACTED] and that CPSI [REDACTED] could see the children there. CPSI [REDACTED] thanked her and hung up.



**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: 08/19/2013

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/20/2013

Completed date: 09/20/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2013 01:26 PM Entered By: [REDACTED]

CPSI [REDACTED] went to CPIT to present the [REDACTED] case [REDACTED] was not present so the case will be brought back.



**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: 08/15/2013 Contact Method: Phone Call  
 Contact Time: 09:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/20/2013  
 Completed date: 09/20/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2013 01:22 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] about the records for [REDACTED]. He said that he would get copies of the autopsy to CPSI [REDACTED] as well as the statements from both parents. CPSI [REDACTED] thanked him.



**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: 08/14/2013

Contact Method:

Contact Time: 03:49 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2013

Completed date: 08/14/2013

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: 08/14/2013 03:49 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]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/09/2013 Contact Method: Attempted Face To Face  
 Contact Time: 04:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 09/09/2013  
 Completed date: 09/09/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/09/2013 08:37 AM Entered By: [REDACTED]

CPSI [REDACTED] went to the [REDACTED] home to see how the family is doing. There was no one there. There was a dying plant on thye front porch.



**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: 07/22/2013 Contact Method:  
 Contact Time: 04:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/20/2013  
 Completed date: 09/20/2013 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: 09/20/2013 12:21 PM Entered By: [REDACTED]

CPSI [REDACTED] checked the history of [REDACTED] in TFACTS. There were allegations that [REDACTED] was abandoned by her mother, [REDACTED] in a case that was closed [REDACTED]. That is the only case in which Ms. [REDACTED] has ever been involved before now.

CPSI [REDACTED] checked the on-line registries for [REDACTED] and [REDACTED]. The following registries were clear for [REDACTED] and [REDACTED] TN Meth Offender Registry, National Sex Offender Registry, TN Elder Abuse Registry, and the TN Felony Offender Registry.

Local Law enforcement checks have been sent. The results are pending.



**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: 07/18/2013 Contact Method: Phone Call  
 Contact Time: 02:00 PM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 08/04/2013  
 Completed date: 08/04/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/04/2013 02:44 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke to [REDACTED] who was the nurse who saw [REDACTED] on Monday night at the [REDACTED] Hospital. Ms. [REDACTED] reported that Ms. [REDACTED] had not said anything to her about not being able to pick up the child's antibiotics until a few days later. Ms. [REDACTED] said that the child could have gotten a shot at the ER had she known that Ms. [REDACTED] was not going to pick up the meds right away. Ms. [REDACTED] said that she did not tell the mother that it was urgent that she get the medicine for [REDACTED] but she did assume that Ms. [REDACTED] would have picked the medicine up right away. Ms. [REDACTED] did ask that Ms. [REDACTED] bring [REDACTED] back or take her to her primary doctor in 3-5 days to have her urine rechecked. Ms. [REDACTED] said that the infection was bad. She said that lukecytes and nitrates were present in [REDACTED] urine. She said that she was still surprised that [REDACTED] died because she had no fever and was active. CPSI [REDACTED] said that Ms. [REDACTED] said that she had been told at the ER to alternate Tylenol and Motrin to keep [REDACTED] fever down. Ms. [REDACTED] said that she would not have said that because they do not recommend that anymore. Ms. [REDACTED] for talking with her. [REDACTED] said that she was sad that [REDACTED] had died. CPSI [REDACTED] asked if there was anything else that Ms. [REDACTED] wanted to add. Ms. [REDACTED] said no. CPSI [REDACTED] thanked her



**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: 07/17/2013 Contact Method: Phone Call  
 Contact Time: 11:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/04/2013  
 Completed date: 08/04/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/04/2013 02:59 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Sergeant [REDACTED] from the Sheriff's Department who said that they believe that [REDACTED] death was caused by a seizure that caused cardiac arrest. He said that he would keep in contact with CPSI [REDACTED] about what the ME has to say about [REDACTED] death. CPSI [REDACTED] thanked him.

Narrative Type: Addendum 1 Entry Date/Time: 09/20/2013 01:20 PM Entered By: [REDACTED]

CPSI [REDACTED] requested that [REDACTED] send her the reports and records that he gets as the case investigation continues. Sergeant [REDACTED] agreed. CPSI [REDACTED] said that she would speak with the medical staff who saw [REDACTED] at [REDACTED] Hospital on Monday and report back to [REDACTED] with the information. [REDACTED] agreed.



**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: 07/17/2013 Contact Method: Face To Face  
 Contact Time: 07:45 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/21/2013  
 Completed date: 08/13/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/21/2013 06:37 PM Entered By: [REDACTED]

Home Visit/Face to Face

Child Protective Services Investigator (CPSI) [REDACTED] made a home visit to [REDACTED] to initiate the investigation into the death of [REDACTED].

[REDACTED] and [REDACTED] were present during this visit.

In order to engage the family, CPSI [REDACTED] introduced herself and expressed sympathy over the passing of [REDACTED]. CPSI [REDACTED] explained that it is policy for DCS to investigate any unexpected child death. CPSI [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI Laird obtained signed acknowledgements of such and copies have been placed into the file.

**\*Section I: Interview with the child**

CPSI [REDACTED] went to the home of the [REDACTED] following the death of their 10 month old daughter [REDACTED]. When CPSI [REDACTED] arrived the body of [REDACTED] had already been taken by the ME. The ME involved was the assistant ME, [REDACTED] Sergeant [REDACTED] was present at the scene. He reported that he had taken photographs of the home and [REDACTED] body. He reported that he would get copies of the photos to CPSI [REDACTED]. Officers were treating the home like a crime scene, so the family was being kept outside. Sergeant [REDACTED] was speaking with [REDACTED] so CPSI [REDACTED] asked if she could speak to the children. Ms. [REDACTED] said that would be fine.

CPSI [REDACTED] spoke to [REDACTED] (DOB: [REDACTED]) said that her sister, [REDACTED] fell off the couch this morning. [REDACTED] said that [REDACTED] said to her that her [REDACTED] leg hurt. CPSI [REDACTED] asked [REDACTED] if she had seen her sister fall off the couch. [REDACTED] said that she had, CPSI [REDACTED] asked [REDACTED] what had made [REDACTED] fall off the couch. [REDACTED] did not answer. She kept saying that [REDACTED] had fallen off the couch. CPSI [REDACTED] asked her if she had seen [REDACTED] awake that day. [REDACTED] said that she had. CPSI [REDACTED] asked her what [REDACTED] had been doing. [REDACTED] reported that [REDACTED] had said that her leg hurt. She said that [REDACTED] had had to have a shot.

CPSI [REDACTED] attempted to speak to [REDACTED] [REDACTED] is not yet two years old. She was too young to



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

do an interview.

CPSI [REDACTED] did look over both [REDACTED] and [REDACTED]. Neither child had any marks or bruises on her. Both girls were still dressed in their pajamas from the night before. A photograph was taken of the two girls and is in the hardcopy of the file.

**\*Section II: Interview with the mother**

On 7/17/13, CPS Investigator, [REDACTED] met with [REDACTED] Ms. [REDACTED] reported that [REDACTED] had a fever on Monday, 7/15/13, and did not feel well. Ms. [REDACTED] went to work for about 3 hours and then came home (children were home with [REDACTED] father of [REDACTED] -DOB [REDACTED] and [REDACTED] DOB [REDACTED]). Ms. [REDACTED] said that [REDACTED] had a fever and was throwing up so she took child to [REDACTED] Hospital emergency room, where child was diagnosed with a urinary tract infection. Ms. [REDACTED] reported that the doctor said to alternate giving [REDACTED] Tylenol and Motrin until she got prescription filled. Ms. [REDACTED] said that she went to work yesterday and children went to [REDACTED] Daycare on [REDACTED] She said that someone from daycare called and said that [REDACTED] and [REDACTED] needed to be picked up because each had a fever. Ms. [REDACTED] explained that the air conditioning was not working in the back part of the trailer. She said that she and Mr. [REDACTED] put a mattress for them to sleep on in the living room. She said that they got new couches that day. She said that [REDACTED] went to sleep on the couch right next to their bed. Ms. [REDACTED] stated that [REDACTED] woke up between 12:00 a.m., and 1:00 a.m. this morning and had a bottle, she patted [REDACTED] back and she [REDACTED] went back to sleep. Ms. [REDACTED] got up again around 4:45 a.m. when [REDACTED] woke up and wanted a bottle. Ms. [REDACTED] noticed that [REDACTED] was on the floor. She said that [REDACTED] felt like a brick when she (mother) went to pick [REDACTED] up. Ms. [REDACTED] said that [REDACTED] eyes were open like slits. She said that she knew when she picked [REDACTED] up that she was dead. Ms. [REDACTED] stated that she carried [REDACTED] from the living room to the bedroom because there was light in the bedroom. She said that [REDACTED] was blue on the side of her face. She said that she started yelling for [REDACTED] to call 911. CPSI [REDACTED] asked Ms. [REDACTED] if she knew what might have happened. Ms. [REDACTED] said that [REDACTED] had never had a seizure before.

**\*Section III: Interview with the father**

[REDACTED] father of [REDACTED] (DOB: [REDACTED] and [REDACTED] (DOB [REDACTED] reported that he and mother were asleep in living room. He stated that he went to bed around 10:00 pm. He said that he remembered mother getting up late to get [REDACTED] a bottle. He later woke up when he heard mother screaming after she found [REDACTED] on the floor. Mr. [REDACTED] called 911 and then gave phone to mother and mother talked with dispatcher.

**\*Section IV: Interview with other household members N/A**

\*The family identified [REDACTED] who is Ms. [REDACTED] mother, as a support. Her number is [REDACTED]

**Section V: CPSI observed:**

Document: CPSI [REDACTED] herself took a photograph of [REDACTED] and [REDACTED] Sgt. [REDACTED] said that he took many photographs that he will be getting to CPSI [REDACTED]

1. interactions between mother/father and child Ms. [REDACTED] said that she did not want to cry in front of her daughters. She said that she needed to be strong for them. CPSI [REDACTED] said that it was okay for Ms. [REDACTED] to show her sadness to her girls. CPSI [REDACTED] explained that the girls will feel sad too, and they need to know that those feelings are okay. [REDACTED] and [REDACTED] talked about [REDACTED] CPSI [REDACTED] heard [REDACTED] ask where she was. [REDACTED] announced to the family that her momma needed her baby back. Ms. [REDACTED] started to cry when [REDACTED] said that. [REDACTED] then said for everyone to see how sad her momma is and how she cries because she needs her baby.
2. observation and presentation (slurred speech, injuries, developmental delays or handicaps, clothing, red eyes, etc.) of child and other individuals in the home [REDACTED] and [REDACTED] seemed confused and as though they did not understand. Both girls were happy and playful for the most part. Ms. [REDACTED] cried sometimes and at other times she could talk without crying. She reported that she was trying to be strong for her girls. [REDACTED] was very quiet and kept to himself. Over the course of CPSI's visit, CPSI [REDACTED] noted that Ms. [REDACTED] family began to come to the home. Mr. and Mrs. [REDACTED] came and so did [REDACTED] No one from Mr. [REDACTED] family came. Mr. [REDACTED] left the home as CPSI [REDACTED] did.
3. observation of interactions between mother/father and other children in home See above
4. observation of physical environment (inside and outside) The home is a trailer on a grassy field in south [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The home was sparsely furnished. It appeared to be clean. The outside of the home was not manicured, but it was clean.

\*Required: Section VI: Next Steps: Counseling is recommended for the parents and sisters of [REDACTED] CPSI [REDACTED] and Sergeant [REDACTED] told the family that [REDACTED] body would be sent for autopsy in [REDACTED] Sgt. [REDACTED] said that he would keep in touch with the family and let them know what the ME says.

\*Section VII: NCPP/FSTM (if applicable)

CPSI [REDACTED] engaged the family during the Family Service Team Meeting and created a Non-Custodial Permanency Plan. CPSI [REDACTED] asked the family what services they thought might help them. Ms. [REDACTED] said that she thought counseling would be very helpful. CPSI [REDACTED] agreed.

Strengths: Ms. [REDACTED] works. Mr. [REDACTED] is in school. The family has support. The family is residentially stable. The family has no prior history with DCS.

Needs: No one got the the antibiotics that [REDACTED] needed to treat her urinary tract infection. [REDACTED] had a urinary tract infection. [REDACTED] died on July 17, 2013. Her cause of death is not known.

Action Steps: 1. [REDACTED] [REDACTED] will research grief counselors in [REDACTED] [REDACTED] Mr. [REDACTED] and Ms. [REDACTED] and play therapists for [REDACTED] and [REDACTED]  
 2. CPSI [REDACTED] will give the information to Mrs. [REDACTED] at [REDACTED]

Decisions: The girls will remain in the custody of their mother, [REDACTED].

Section VIII: IPA: note restrictions and visitation plans no restrictions



**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: 07/17/2013 Contact Method:  
 Contact Time: 07:00 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/20/2013  
 Completed date: 09/20/2013 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: 09/20/2013 09:12 AM Entered By: [REDACTED]

ESTABLISH: 7/17/13

VICTIM(S): [REDACTED]

ALLEGATION(S):lack of supervision, medical maltreatment, neglect death

ALLEGED PERP(S): [REDACTED] - mother

INTAKE DATE: 07/17/13

RESPONSE DATE: 07/17/13

DUE DATE: 07/18/13

Reporter states:

10 month old [REDACTED] was found deceased at her home this morning at 4am.



**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: 07/17/2013

Contact Method: Face To Face

Contact Time: 06:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/20/2013

Completed date: 09/20/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2013 03:03 PM Entered By: [REDACTED]

SGT. [REDACTED] interview both [REDACTED] and [REDACTED]. Copies of the statements are in the file. Mr. [REDACTED] said that he woke up to [REDACTED] screaming that the baby was not breathing. He said that he ran to the phone and called 911 and then gave the phone to [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 09/20/2013 03:12 PM Entered By: [REDACTED]

The Sheriff's Department took photos of the home and [REDACTED]. These photos are on a CD in the hard file.



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

**Assessment**

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]  
 County: [REDACTED] Worker:  
 Date of Referral: 7/17/13 5:39 AM Date of Assessment: 7/21/13 12:00 AM  
 Assessment Type:  Initial  Closing  Other Number of Children in the Household: 3

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



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

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

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

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

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

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