



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 08/18/2013 11:25 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 08/18/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 08/19/2013 01:14 PM
 First Team Leader Assigned: [REDACTED] Date/Time 08/18/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 08/18/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: Note: The child is not currently in state custody.

TFACTS: History on the father as a minor only

Family Case ID: [REDACTED] (for the father as a minor)

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS No

Indicated None



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

Fatality No

Screened out 0

History (not listed above): None

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: None

Directions: None Given

Reporters name/relationship: [REDACTED]

Reporter states: Note: The child is not currently in state custody.

The child, [REDACTED] (age 7) lived with her parents, [REDACTED] and [REDACTED]. There are other children in the home, but their information is unknown (possibly ages 13 and 16).

On 8/18/13, Law Enforcement responded to the family home in reference to [REDACTED] not breathing. Upon arrival, [REDACTED] said that he woke up and found [REDACTED] not breathing. [REDACTED] attempted to revive [REDACTED] while [REDACTED] contacted 911. [REDACTED] said that [REDACTED] had some complications at birth and she was told [REDACTED] would not live past a year old. [REDACTED] has cerebral palsy, a feeding tube, and a trach. [REDACTED] reportedly had the mental level of a 2-year-old and was not in school. [REDACTED] said that she last saw [REDACTED] at 4:00 AM when she suctioned and checked her, and then she went to bed. [REDACTED] was transported to [REDACTED] ER and pronounced deceased.

A detective made the scene at the home, took pictures, and spoke with both parents. [REDACTED] doctor (Dr. [REDACTED]) agreed to sign the death certificate. It is believed that no autopsy will be done. There were no signs of trauma to [REDACTED]. There were no concerns about the home environment. There is no known history of abuse or neglect in the home.

Per SDM: Investigative Track / P1 - Child Death - [REDACTED] CM 3 on 8-18-13 at 11:53 A.M.

[REDACTED] County paged at 11:53 A.M. Event [07]Group Started ([REDACTED], [REDACTED]) Status: [07]Group Started, [REDACTED]:Mobile

TL [REDACTED] responded at 11:58 A.M.

[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: Race: Age: 36 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: White Age: 7 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]

Partipant ID: [REDACTED]

SSN: Race: Age: 35 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: Date of Birth: Partipant ID: [REDACTED]

SSN: Race: Age:

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: 08/18/2013

Assignment Date: 08/18/2013

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	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 09/17/2013

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: Family is receiving grief counseling through their church.

D. Case Workers

Case Worker: [REDACTED]

Date: 10/28/2013

Team Leader: [REDACTED]

Date: 10/28/2013

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:

[REDACTED] died and was transported to [REDACTED]. She had several medical issues since birth. There were no signs of trauma to the child at the time of her death.

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

Dr. [REDACTED], medical examiner responded to the hospital and did not feel that an autopsy was needed due to the child's chronic medical condition. He did not observe any trauma to the child.

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

Alleged perpetrator was not identified

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

Detective [REDACTED] and CPSI [REDACTED] went to the home to speak with the family. Mr. [REDACTED] stated that [REDACTED] had cerebral palsy. She has had cerebral palsy since birth. There were complications at birth caused by the



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

Case Name : ██████████

Investigation ID: ██████████

doctor that delivered the baby, Dr. ██████████. He stated that ██████████ was unable to swallow so she had a trachea. He also stated that she had a g-tube. She has been fed through a machine so the food will not go through the trachea. He stated that ██████████ was not able to talk. He stated that ██████████ had a mind of a 2 year old. He stated that they were told that she would not live past a year. He stated that ██████████ has been fine lately. She had a small cold within the last few days but not out of the ordinary. He stated that ██████████ communicates through crying. He stated that ██████████ also has seizures and has only had one within the last 6 months. He stated that they are controlled through medication. She takes Phenobarbatol, Tegretol and Robinol. He stated that he woke up, went to the bathroom and went to start feeding ██████████ and get her medicine. He stated that her chest was not rising and not moving. He stated that he shook her and she still did not move. He got the bamboo bag and it helps ██████████ breathe when he puts it on the trachea. He stated that his wife woke up and she called 911. He stated between waking up and calling 911 was no more than 10 minutes. He stated that when the ambulance showed up he continued to do the bamboo bag until they hooked wires up to her. He stated that then the ambulance took her to the hospital. He stated that he went to the hospital in his car and his wife stayed with the other children and due to her being in bad health.

Mrs. ██████████ stated that she was the last one asleep. She went to bed around 4 am and she checked in on her before going to bed. She stated that Mr. ██████████ woke her up saying that ██████████ was not breathing. She stated that she felt her chest and thought she heard a heartbeat and started suctioning her trachea. She stated that ██████████ cannot swallow or cough so she can't get rid of her own secretion so it has to be suctioned.

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

This case was presented to CPIT on 9/18/13 and the case was classified as AUPU for neglect death. No criminal charges have been filed concerning this investigation. The team agreed with the classification.

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: 10/28/2013

Contact Method:

Contact Time: 06:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2013

Completed date: 10/28/2013

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: 10/28/2013 06:13 PM Entered By: [REDACTED]

Case classified as AUPU for the allegation of Neglect Death for the perpetrator listed as Unknown. CM has assessed the family and circumstances. There is no evidence at this time to support the allegation. Classification approved. Notification to the county Judge and DA will be submitted upon case closure as required.



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: 10/28/2013

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/30/2013

Completed date: 10/30/2013

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: 10/30/2013 09:59 PM Entered By: [REDACTED]

This case is classified as AUPU for neglect death. There is not enough evidence to support the allegations. The child had a medical condition which was caused at birth. Medical professionals did not think that the child would survive past the first few years of life. An autopsy was not requested due to the child's medical issues by the medical examiner. The family is receiving services through their church for any grief counseling. No other services are needed at this time. This investigation is complete and closure is requested 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: 09/24/2013

Contact Method:

Contact Time: 08:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/30/2013

Completed date: 10/30/2013

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: 10/30/2013 09:51 PM Entered By: [REDACTED]

CPSI [REDACTED] completed internet checks on [REDACTED] and [REDACTED]. They were clear for [REDACTED] for sex offender, meth, and felony offender. [REDACTED] was clear for meth and sex offender. [REDACTED] had a hit for felony offender. His supervision status states inactive and the sentence end was [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:	System Completed
Contact Date:	09/23/2013	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	09/30/2013
Completed date:	10/24/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2013 10:21 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the home to follow up with the family. The family stated that they are doing as well as expected. CPSI asked how they are adjusting due to the death of their child and they report as well as can be expected. They reported that they are receiving grief counseling through their church and seems to helping. They did not feel that they needed any other services at this time. CPSI asked if they had any questions and they stated no. CPSI then left the home.



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: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/30/2013

Completed date: 10/30/2013

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: 10/30/2013 09:55 PM Entered By: [REDACTED]

CPSI [REDACTED] presented this case to CPIT in [REDACTED] County. The case was classified as AUPU for neglect death. The team agreed with the classification.



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:	Correspondence
Contact Time:	02:23 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/30/2013
Completed date:	10/30/2013	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: 10/30/2013 10:18 PM Entered By: [REDACTED]

CM [REDACTED] emailed the referral to the [REDACTED] County Sheriff Office to notify them of the severe abuse referral. Detective [REDACTED] is the assigned detective is on the case.

CM [REDACTED] emailed the referral to [REDACTED] to notify the District Attorneys Office of the severe abuse referral.

CM [REDACTED] hand delivered the referral to [REDACTED] to notify the CAC.

TL [REDACTED] notified the referent and Juvenile Court Judge by local protocol concerning the referral received on the 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: 08/19/2013

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/30/2013

Completed date: 10/30/2013

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: 10/30/2013 10:05 PM Entered By: [REDACTED]

CPSI [REDACTED] completed the notice of fatality of [REDACTED] and was forwarded to TL [REDACTED] TL [REDACTED] (on call supervisor), and TC [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: 08/18/2013 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 09/30/2013
 Completed date: 09/30/2013 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]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2013 10:18 PM Entered By: [REDACTED]

Detective [REDACTED] informed CPSI [REDACTED] that [REDACTED] died and was transported to [REDACTED]. She had several medical issues since birth. He advised that there would not be an autopsy due to the child's medical conditions.

Detective [REDACTED] and CPSI [REDACTED] went to the home to speak with the family. Mr. [REDACTED] stated that [REDACTED] had cerebral palsy. She has had cerebral palsy since birth. There were complications at birth caused by the doctor that delivered the baby, Dr. [REDACTED]. He stated that [REDACTED] was unable to swallow so she had a trachea. He also stated that she had a g-tube. She has been fed through a machine so the food will not go through the trachea. He stated that [REDACTED] was not able to talk. He stated that [REDACTED] had a mind of a 2 year old. He stated that they were told that she would not live past a year. He stated that [REDACTED] has been fine lately. She had a small cold within the last few days but not out of the ordinary. He stated that [REDACTED] communicates through crying. He stated that [REDACTED] also has seizures and has only had one within the last 6 months. He stated that they are controlled through medication. She takes Phenobarbital, Tegretol and Robinol. He stated that he woke up, went to the bathroom and went to start feeding [REDACTED] and get her medicine. He stated that her chest was not rising and not moving. He stated that he shook her and she still did not move. He got the bamboo bag and it helps [REDACTED] breathe when he puts it on the trachea. He stated that his wife woke up and she called 911. He stated between waking up and calling 911 was no more than 10 minutes. He stated that when the ambulance showed up he continued to do the bamboo bag until they hooked wires up to her. He stated that then the ambulance took her to the hospital. He stated that he went to the hospital in his car and his wife stayed with the other children and due to her being in bad health.

Mrs. [REDACTED] stated that she was the last one asleep. She went to bed around 4 am and she checked in on her before going to bed. She stated that Mr. [REDACTED] woke her up saying that [REDACTED] was not breathing. She stated that she felt her chest and thought she heard a heartbeat and started suctioning her trachea. She stated that [REDACTED] cannot swallow or cough so she can't get rid of her own secretion so it has to be suctioned.



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: 08/18/2013

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/30/2013

Completed date: 10/30/2013

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: 10/30/2013 10:02 PM Entered By: [REDACTED]

CPSI [REDACTED] was assigned this P1 referral while on call by TL [REDACTED]

Alleged victim

[REDACTED], DOB: [REDACTED]

Alleged perpetrator

Unknown

There is no prior DCS history concerning this family.

Reporter states: Note: The child is not currently in state custody.

The child, [REDACTED] (age 7) lived with her parents, [REDACTED] and [REDACTED]. There are other children in the home, but their information is unknown (possibly ages 13 and 16).

On 8/18/13, Law Enforcement responded to the family home in reference to [REDACTED] not breathing. Upon arrival, [REDACTED] said that he woke up and found [REDACTED] not breathing. [REDACTED] attempted to revive [REDACTED] while [REDACTED] contacted 911. [REDACTED] said that [REDACTED] had some complications at birth and she was told [REDACTED] would not live past a year old. [REDACTED] has cerebral palsy, a feeding tube, and a trach. [REDACTED] reportedly had the mental level of a 2-year-old and was not in school. [REDACTED] said that she last saw [REDACTED] at 4:00 AM when she suctioned and checked her, and then she went to bed. [REDACTED] was transported to [REDACTED] ER and pronounced deceased.

A detective made the scene at the home, took pictures, and spoke with both parents. [REDACTED] doctor (Dr. [REDACTED]) agreed to sign the death certificate. It is believed that no autopsy will be done. There were no signs of trauma to [REDACTED]. There were no concerns about the home environment. There is no known history of abuse or neglect in the home.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 8/18/13 11:25 AM Date of Assessment: 8/19/13 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: _____