



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 4/17/13 6:43 PM

Date of Assessment: 5/24/13 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.



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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  
Tennessee Child Abuse Hotline Summary

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 04/17/2013 06:43 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 04/17/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 04/17/2013 08:06 PM  
First Team Leader Assigned: [REDACTED] Date/Time 04/18/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 04/18/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None
[REDACTED]	13 Yrs	Environmental Neglect	No	[REDACTED]	Birth Father
[REDACTED]	13 Yrs	Environmental Neglect	No	[REDACTED]	Birth Mother
[REDACTED]	5 Yrs	Environmental Neglect	No	[REDACTED]	Birth Father
[REDACTED]	5 Yrs	Environmental Neglect	No	[REDACTED]	Birth Mother

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
Referent Address: [REDACTED]  
Referent Phone Number: [REDACTED]  
Type of Contact: I-3 Phone  
Notification: Letter  
Narrative: TFACTS: Yes  
Open Court Custody: No  
Prior INV/ASMT of Abuse: Yes  
Prior INV/ASMT of Neglect: Yes  
Services Recommended and Accepted: [REDACTED] Closed 4-4-13/ DEC, ENN/[REDACTED]





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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 9 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: White Age: 13 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 5 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: 34 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 32 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:**

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

Gender: Date of Birth: Participant 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: 04/17/2013

Assignment Date: 04/18/2013

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]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	No	[REDACTED] 05/24/2013
2	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	No	[REDACTED] 05/24/2013
3	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	No	[REDACTED] 05/24/2013
4	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	No	[REDACTED] 05/24/2013
5	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 05/24/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: This case is being closed as of AUPU in regards to Unknown AP allegations of NGD. [REDACTED] had cystic fibrosis and passed away due to complications from the disease. CPSI received medical records to verify. The child was not sent off for an autopsy, and ACV [REDACTED] [REDACTED] and AUPU on the allegations of ENN. CPSI completed a home visit no safety concerns were observed.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 05/24/2013

Team Leader: [REDACTED]

Date: 05/24/2013

**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:**



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

Case Name : ██████████

Investigation ID: ██████████

The children were observed at the funeral home on 4/18/2013. CPSI ██████████ completed a HV on later date. No concerns were present.

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

CPSI collected medical records verifying ██████████ medical issues and what surrounded her death.

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

██████████ and ██████████ were trying to care for a critical ill child and made sure her room and surroundings were clean and safe. The rest of the house was cluttered but was not a safety hazard.

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

Reporter states: The children, ██████████ (13), ██████████ (9), and ██████████ (5) live with the parents, ██████████ and ██████████. The ██████████ County Sheriff's Department received a call today. ██████████ passed away this morning. ██████████ had Cystic Fibrosis and over the last week or two, her condition had deteriorated. ██████████ had an appointment scheduled at ██████████ Hospital for today.

When police arrived at the home, ██████████ said that ██████████ woke up around 3 am and she was thirsty. ██████████ says that he gave her some water and put her back in her bed. When he woke up around 7 am, ██████████ was not breathing according to ██████████. ██████████ says that he called 911 and attempted CPR but ██████████ could not be revived.

The reporter is also calling about the condition of the home. There was clothing on the floor and there was garbage and clutter on the floor that had not been taken out. ██████████ and ██████████ appear healthy and clean and well cared for. There are no other hazards known at this time. The concern is for the condition of the home with ██████████ and ██████████ still living there according to the reporter. The reporter doesn't necessarily feel that this had anything to do with ██████████ death. There are no signs of foul play according to the reporter (no injuries or marks observed). It is unknown if an autopsy will be completed. It is unknown if there have been previous deaths in the home or police involvement. It is also unknown if there are other patterns of abuse or neglect.

██████████ and ██████████ are currently in the home.

The reporter is requesting that the family receive services for the home and counseling to help them cope with the death of ██████████.

This is all the information reported at this time.

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

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: 05/24/2013

Contact Method:

Contact Time: 10:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/24/2013

Completed date: 05/24/2013

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: 05/24/2013 10:50 AM      Entered By: [REDACTED]

An Admin Review was held with CPS [REDACTED] on 5/24/13 regarding this case before she submitted case for closure. CPS [REDACTED] is closing this case as of AUPU in regards to Unknown AP allegations of NGD. [REDACTED] had cystic fibrosis and passed away due to complications from the disease. CPS [REDACTED] received medical records to verify this and these documents are in the hard copy case file. No further services are being offered to this family. Case Closed effective in TFACTS on 5/24/13.



**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: 05/24/2013

Contact Method:

Contact Time: 10:19 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/24/2013

Completed date: 05/24/2013

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: 05/24/2013 10:21 AM      Entered By: [REDACTED]

This case is being closed as of AUPU in regards to Unknown AP allegations of NGD. [REDACTED] had cystic fibrosis and passed away due to complications from the disease. CPSI received medical records to verify. The child was not sent off for an autopsy, and ACV [REDACTED] [REDACTED] and AUPU on the allegations of ENN. CPSI completed a home visit no safety concerns were observed.



**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: 05/24/2013

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/24/2013

Completed date: 05/24/2013

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: 05/24/2013 10:19 AM      Entered By: [REDACTED]

CPSI [REDACTED] completed closing Safty Assessment and Fast according to policy.



**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:	05/23/2013	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	05/24/2013
Completed date:	05/24/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/24/2013 09:50 AM      Entered By: [REDACTED]

This CM presented to CPIT on May 23, 2013 to meet the policy requirements for response on this case. This also includes notification to the District Attorneys office by the representing Law Enforcement personnel. The CPIT team agreed with the indication classification of AUPU in regards to NGD and ENN.



**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: 05/22/2013

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/22/2013

Completed date: 05/22/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/22/2013 12:01 PM Entered By: [REDACTED]

TL [REDACTED] and CPSI [REDACTED] discussed this case on 5/21/2013. Allegation is Neglect Death and Environmental Neglect. ACV [REDACTED] has Cystic Fibrosis and spent twenty-one days in ICU at the hospital. [REDACTED] was home from the hospital less than two weeks when she passed away. CPSI [REDACTED] reports no environmental concerns in the home. There are two other children in the home, [REDACTED] and [REDACTED]. Parents are participating in grief counseling and have a good support system.



**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: 05/20/2013 Contact Method: Face To Face  
 Contact Time: 06:00 PM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 05/24/2013  
 Completed date: 05/24/2013 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/24/2013 09:41 AM Entered By: [REDACTED]

CPSI [REDACTED] went to the home and meet with the children in private and also meet with the parents.

[REDACTED] and [REDACTED] reported everything was going ok. [REDACTED] said that he was kind of ready for school to be out. But he did like going to school. He said that he will miss his friends. [REDACTED] said that he will be in kindergarden next year. They both reported that they miss [REDACTED]

[REDACTED] reported that they are receiving counseling through the pastor of their church. They reported that [REDACTED] is having a harder time with [REDACTED] being gone. They said that [REDACTED] is still young and he does say as much about it.

CPSI [REDACTED] walked through the house and there was no safty issues observer. The home was clean and orderly. [REDACTED] and [REDACTED] both talked about how it was hard to provide around the clock care for [REDACTED] and work full time and then keep the house clean. They report that they tried to ensure [REDACTED] room was clean and neat but did neglect the rest of the home.

The following forms were signed and completed with Ms. [REDACTED] on 05/20/13. See case file for signed and completed forms.

Clients Right Handbook completed and given to parent/guardian  
 Notification of Equal Access to Programs completed  
 HIPPPAA Notice of Privacy Practices completed and given to parent/guardian  
 Authorization of Release of Information to/from DCS completed  
 Native American Heritage Veto Verification completed  
 MRS/CPS Pamphlet and Parents' Bill of Rights given to parent/guardian

Signed the form allowing CPSI into the home.

Household consist of

[REDACTED]



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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[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: 05/13/2013

Contact Method: Phone Call

Contact Time: 01:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/13/2013

Completed date: 05/13/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/13/2013 01:22 PM      Entered By: [REDACTED]

CPSI [REDACTED] called father [REDACTED] and scheduled a HV visit with the family of 5/15/2013.



**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: 04/22/2013

Contact Method: Face To Face

Contact Time: 03:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/22/2013

Completed date: 04/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview, Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]; Unknown, Unknown

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/22/2013 04:19 PM Entered By: [REDACTED]

CPSI [REDACTED] meet with the family at the DCS office. [REDACTED] and [REDACTED] were in the meeting also. CPSI [REDACTED] did not meet with the children in private due to they were still upset about there sister and did not want to leave their parents side. Both children were clean and appeared to be healthy.

CPSI [REDACTED] addressed the referral with the parents. The mother seemed to be having a hard time and was upset and appeared to be about to break down and cry. CPSI explained that the referral on [REDACTED] was not against them but DCS just gets theses referrals to assist the family if they need anything. CPSI did address briefly the ENN allegation. They reported that was due to caring for [REDACTED] and not being at home. CPSI just asked that before the close of the case this would be addressed. CPSI told the family she uderstood that they had been in the ICU at [REDACTED] for 21 days straight with [REDACTED] and she understood it was hard to keep the house clean. They said even after [REDACTED] was at home for the first week she required around the clock care. She had a 24 hour IV in for the first week they they had to care for. CPSI told the family that she will have to meet with them and that she would call them to schedule and would not go to school to see them.

CPSI offered the family counseling for mom dad and children. They reported that they did not need any at this time the Dr [REDACTED] was assisting them. CPSI gave the family a business card and told them if they see they need anything to call her and let her know.



**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: 04/22/2013

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/24/2013

Completed date: 05/24/2013

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: 05/24/2013 09:45 AM      Entered By: [REDACTED]

Notice of Report was sent to Juvenile Court on this date per local protocol and policy. All reports are sent on Mondays following the referral being assigned by CPS secretary [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:	04/19/2013	Contact Method:	
Contact Time:	09:10 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/19/2013
Completed date:	04/19/2013	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: 04/19/2013 09:14 AM      Entered By: [REDACTED]  
 CPSI [REDACTED] sent release for medical records from [REDACTED] [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: 04/19/2013

Contact Method:

Contact Time: 09:02 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/19/2013

Completed date: 04/19/2013

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: 04/19/2013 09:37 AM      Entered By: [REDACTED]

CPSI [REDACTED] sent release to [REDACTED] Hospital to get medical records from where child was taken into ER on 4/17/2013.



**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: 04/19/2013

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/24/2013

Completed date: 05/24/2013

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: 05/24/2013 09:59 AM Entered By: [REDACTED]

A DCS history check was completed by CPSI-[REDACTED] on this date 4/19/13. There was the following history on this family.

02/20/2013 ACV [REDACTED] [REDACTED] [REDACTED] and [REDACTED] AP [REDACTED] and [REDACTED] allegations ENN, DEC closed as services offered and accepted.

CPSI-[REDACTED] completed the SDM forms on this date 4/19/13.



**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: 04/18/2013

Contact Method: Face To Face

Contact Time: 04:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/19/2013

Completed date: 04/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]; [REDACTED]; [REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/19/2013 09:48 AM Entered By: [REDACTED]

CPSI [REDACTED] went to funeral home and just walked through so she could lay eyes on the children. CPSI did not meet with them in private or talk with the children. CPSI did not talk with the parents either.



**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:	04/18/2013	Contact Method:	Phone Call
Contact Time:	03:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/19/2013
Completed date:	04/19/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 04/19/2013 09:43 AM      Entered By: [REDACTED]

CPSI [REDACTED] received a call from Mrs [REDACTED]. She reported that CPSI had spoke to her husband earlier and she believed it did not go well. CPSI [REDACTED] told her everything was fine and she just needed to see the children and meet with them. Mrs [REDACTED] reported that they had visitation at [REDACTED] Funeral home from 4 to 8. She said CPSI could meet them there. CPSI told her she would just walk through and lay eyes on the children but would not disturb them. She reported that she would greatly appreciate that. Mrs [REDACTED] reported that she would bring her boys to meet with CPSI on Monday. CPSI told her that was fine. CPSI asked if she needed anything or needed any type of counseling at this time. She reported that they just need for everyone to leave them alone. CPSI told her she understood.



**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: 04/18/2013

Contact Method: Phone Call

Contact Time: 01:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/18/2013 02:21 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted the father [REDACTED] via his cell phone he reported that they had been at funeral home this morning, and visitation is scheduled for today at 3 pm. He reported that they were trying to get dressed for this. He reported that the funeral will be tomorrow. CPSI [REDACTED] explained that she needed to see the other two children he reported she could not see them today or tomorrow due to the death of [REDACTED]. He reported that he would gladly bring them to the DCS office next week. CPSI [REDACTED] informed him she would call her TL and see if that was ok and would call him back to schedule it.



**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: 04/18/2013

Contact Method: Attempted Face To Face

Contact Time: 01:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]; [REDACTED]; [REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/18/2013 02:16 PM Entered By: [REDACTED]

CPSI [REDACTED] went out to the house on a second attempt to meet face to face. No one was at the home and it appeared that no one had been to the home since CPSI left earlier this morning.



**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: 04/18/2013

Contact Method: Correspondence

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/24/2013

Completed date: 05/24/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/24/2013 09:56 AM      Entered By: [REDACTED]

CPSI contacted referent according to policy. No further information was given at this time.

Notification of Case Assignment was sent to the referent on this date by DCS Secretary [REDACTED] See case file for a copy of this letter.

Notation:



**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:	04/18/2013	Contact Method:	Correspondence
Contact Time:	11:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/24/2013
Completed date:	05/24/2013	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: 05/24/2013 09:52 AM      Entered By: [REDACTED]

This CM convened CPIT on April 18, 2013 with Inv [REDACTED] on this case to meet the policy requirements for response on this case. This also includes notification to the District Attorneys office by the representing Law Enforcement personnel.



**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: 04/18/2013

Contact Method: Face To Face

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/18/2013 02:14 PM      Entered By: [REDACTED]

CPSI [REDACTED] went to school and talked with the principle [REDACTED]. SHE reported that she had no concerns about the care the children received. She reported that [REDACTED] was at school when ever her health would allow her to be there. She reported that [REDACTED] had been having a lot of issues due to her health and had spent 21 days in ICU at [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: 04/18/2013

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/24/2013

Completed date: 05/24/2013

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: 05/24/2013 09:47 AM Entered By: [REDACTED]

Case Assignment  
Date: 04/18/13  
Time: 10:15 am.

This CPS investigation has been assigned to CPSI [REDACTED] as a P1 investigation for allegation of NGD, and ENN. The alleged victims are [REDACTED] EGD and [REDACTED] and [REDACTED] ENN. The alleged perpetrator is [REDACTED] and [REDACTED] for ENN and Unknown for ENN. This case was reviewed by TL [REDACTED] before assigning. CPSI receive an email upon assignment of this case on 4/18/2013 @ 10:15 am.

Reporter states: The children, [REDACTED] (13), [REDACTED] (9), and [REDACTED] (5) live with the parents, [REDACTED] and [REDACTED]. The [REDACTED] County Sheriffs Department received a call today. [REDACTED] passed away this morning. [REDACTED] had Cystic Fibrosis and over the last week or two, her condition had deteriorated. [REDACTED] had an appointment scheduled at [REDACTED] Hospital for today.

When police arrived at the home, [REDACTED] said that [REDACTED] woke up around 3 am and she was thirsty. [REDACTED] says that he gave her some water and put her back in her bed. When he woke up around 7 am, [REDACTED] was not breathing according to [REDACTED]. [REDACTED] says that he called 911 and attempted CPR but [REDACTED] could not be revived.

The reporter is also calling about the condition of the home. There was clothing on the floor and there was garbage and clutter on the floor that had not been taken out. [REDACTED] and [REDACTED] appear healthy and clean and well cared for. There are no other hazards known at this time. The concern is for the condition of the home with [REDACTED] and [REDACTED] still living there according to the reporter. The reporter doesn't necessarily feel that this had anything to do with [REDACTED] death. There are no signs of foul play according to the reporter (no injuries or marks observed). It is unknown if an autopsy will be completed. It is unknown if there have been previous deaths in the home or police involvement. It is also unknown if there are other patterns of abuse or neglect.

[REDACTED] and [REDACTED] are currently in the home.

The reporter is requesting that the family receive services for the home and counseling to help them cope with the death of [REDACTED].



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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This is all the information reported at this time.

Notified Child Fatality Group:

[REDACTED] and the Child-Fatality-Notification EI-DCS.  
[REDACTED] was copied on the notification email. [REDACTED], [REDACTED] RA was also copied on the email.

Per SDM: Investigative Track/ P1, [REDACTED] TL on 4-17-13 at 7:35 pm

County paged at 7:35 pm

[REDACTED] responded to the page @ 7:39 pm on 4-17-13 [REDACTED] CM2

Intake is being submitted to the county at 7:41 pm by [REDACTED] TL



**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:	04/18/2013	Contact Method:	Attempted Face To Face
Contact Time:	09:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/18/2013
Completed date:	04/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

**Children Concerning**

[REDACTED]; [REDACTED]; [REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/18/2013 02:02 PM      Entered By: [REDACTED]

CPSI [REDACTED] attempted a home visit on this date. There appeared to be no one at the home the outside light was on and it appeared no one had been at the home. There was no car in the driveway. CPSI [REDACTED] knocked on the door and no one answered.



**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: 04/18/2013

Contact Method: Phone Call

Contact Time: 08:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/18/2013 02:27 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] Public School to verify the child was not at school. [REDACTED] reported that [REDACTED] was in PreK and he had not been attending a lot due to his sister being sick. She reported that he was not at school yesterday or today due to the passing of his sister. It was believed that he was taking a lot of germs home with him and [REDACTED] keep picking everything up and was not able to get rid of the virus. SHE reported that [REDACTED] was not going to be able to return back to school this year due to her being so run down and she had just got out of [REDACTED] ICU. She reported that they never had any safety concerns for any of the children.



**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: 04/18/2013

Contact Method: Phone Call

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/18/2013 02:39 PM      Entered By: [REDACTED]

Sergeant [REDACTED] contacted CPSI and informed her he would be working the case and that he would send the reports to CPIT. He reported that they were not sending the body to autopsy. He reported that Coroner [REDACTED] came to the scene and pronounced her dead there. Then [REDACTED] Funeral home picked her up to transport to ER where Dr [REDACTED] pronounced her dead there and signed the death certificate.



**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: 04/18/2013

Contact Method: Phone Call

Contact Time: 07:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

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: 04/18/2013 02:33 PM Entered By: [REDACTED]

This CM convened CPIT on March 12, 2013 with LT [REDACTED] on this case to meet the policy requirements for response on this case. This also includes notification to the District Attorneys office by the representing Law Enforcement personnel.

CPSI asked LT [REDACTED] who would be assigned he reported that [REDACTED] was assigned it. CPSI asked if someone could bring the initial report to CPIT. He responded that he would sent it by someone.



**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: 04/17/2013

Contact Method: Attempted Phone Call

Contact Time: 07:54 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/18/2013 02:29 PM      Entered By: [REDACTED]

CPSI [REDACTED] attempted to call the referant back there was no answer on the number provided.



**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: 04/17/2013

Contact Method:

Contact Time: 07:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

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: 04/18/2013 02:35 PM      Entered By: [REDACTED]

TL [REDACTED] told CPSI [REDACTED] to attempt to contact the referent and CPSI could locate the children in the morning.



Tennessee Department of Children's Services  
**Notice of Child Fatality/Near Fatality**

Investigation #:	[REDACTED]	Date of Notification:	04/17/2013	Date of Death/ Incident:	04/17/2013
Type: (Please check one)	<input checked="" type="checkbox"/> FATALITY	<input type="checkbox"/> NEAR FATALITY			
Child Name:	[REDACTED]	DOB:	[REDACTED]	TFACTS #	[REDACTED]
Gender:	Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>	Race/Ethnicity:	White (No)	County/Region:	[REDACTED]
Parent's Name(s):	Mother: [REDACTED]	Father:	[REDACTED]		
Was child in custody at time of incident?	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Adjudication:			
If child is in DCS custody, list placement type and name:					
Describe (in detail) cause or circumstance regarding the death/injury: [REDACTED] had cystic fibrosis had has been having complications from her disease. She has been admitted to ICU at [REDACTED] within the last couple months and had only been home about two weeks. She spent 21 days in the ICU. She had a follow up appointment 4/19/2013.					
Describe (in detail) interview with family: [REDACTED] the father reported that [REDACTED] woke me up around three or four am this morning thirsty he took her a glass of water and she went back to sleep. [REDACTED] reported that he went to check on her this morning after he got out of bed. She was not breathing and he told his wife [REDACTED] to call 911 and he started CPR. [REDACTED] reported that the dispatcher told them to remove her from the bed and place her in the floor to conduct CPR in which he did until EMS arrived. [REDACTED] had cystic fibrosis and had been having complications from it. She had not been long released from [REDACTED] where she spent 21 day in ICU.					
If child was hospitalized, describe (in detail) DCS involvement during hospitalization: na					
Describe disposition of body (Fatality):		Fatality -			
Name of Medical Examiner or Coroner:			Was autopsy requested? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Did CPS open an investigation on this Fatality/Near Fatality?			Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/>		
Was there an open investigation at the time of Fatality/Near Fatality?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If so, describe (in detail) law enforcement or court involvement:					
Alleged perpetrator and relationship to child:		unknown			
Describe (in detail) action taken to ensure safety of other children (list names and ages of children) and or victim (Near Fatality) (attach safety plan, if applicable):					
[REDACTED]					
Prior DCS involvement, include dates, findings, and/or adjudications:					
02/22/2013 the allegations were environment neglect. The case was closed as Services recommended and accepted					

Has there been any media inquiry or is attention expected?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Contact Person/Phone Number(s) (include CM, TL, and TC):	[REDACTED] CM [REDACTED] TL [REDACTED] TC	[REDACTED]	
ATTACH a copy of the <u>TFACTS Incident Report</u> or Form <u>CS-0496, Serious Incident Report</u> to this notice if TFACTS is inoperable:		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

FAX TO OFFICE OF CHILD SAFETY @ [REDACTED]



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 4/17/13 6:43 PM

Date of Assessment: 4/19/13 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: \_\_\_\_\_