



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 12:15 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 08:49 AM
First Team Leader Assigned: [REDACTED] Date/Time 07/16/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 07/16/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	15 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	Other Relative

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:
Family Case IDs: [REDACTED]
Open Court Custody/FSS/FCIP No
Closed Court Custody No
Closed Juvenile Justice Probation: Yes
Youth: [REDACTED] / dates: [REDACTED]
Open CPS - No
Indicated No
Fatality No



**Tennessee Department of Children's Services
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Screened out None found based on information provided

History (not listed above): None found

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: Letter
School/ Daycare: Home School through [REDACTED]
Native American Descent: No
Directions: None

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

Reporter states: [REDACTED] (46) is the mother of [REDACTED] (15), [REDACTED] (17) and [REDACTED] (18). No one else lives in the home with the family.

The children do not have any special needs or disabilities.

[REDACTED] called 911 last night (07-16-2013) at 10:32pm stating that [REDACTED] was unresponsive and in the floor. When officers got to the home, [REDACTED] was in the bathroom floor and was unresponsive. The mother and a lady named [REDACTED] tried to do CPR on [REDACTED] before EMS arrived. [REDACTED] is a family friend who was inside the home at the time [REDACTED] was found. [REDACTED] lives at [REDACTED] [REDACTED] / DOB: [REDACTED]. EMS transported [REDACTED] to [REDACTED] Hospital where she was pronounced dead on arrival.

The mother, [REDACTED] and [REDACTED] are at the [REDACTED] Hospital emergency room with Investigator [REDACTED] with the [REDACTED] Sheriffs Office.

It is unknown at this time if there were any drugs or any possible weapons in the bathroom around [REDACTED] when she was found. Investigator [REDACTED] will be returning to the home to do a search for drugs and weapons. An autopsy has been ordered.

Per SDM: Investigative Track / Priority 1

[REDACTED] was paged on 7/17/13 @ 1:04 A.M.
[REDACTED] notified at 1:13am on 07-17-2013 by [REDACTED].

P1, [REDACTED], TL, on 7/17/13 @ 1:38 A.M.

CHILD FATALITY E-MAIL NARRATIVE SENT TO:

[REDACTED]
[REDACTED] and [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:** White **Age:** 19 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:** 47 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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 15 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]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 17 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:

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]
Referral Date: 07/17/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 07/16/2013

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. Row 1: 1, [Redacted], [Redacted], [Redacted], Neglect Death, Unknown person, Unknown, [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments:

D. Case Workers

Case Worker: [Redacted] Date: 08/15/2013
Team Leader: [Redacted] Date: 08/15/2013

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:

On 7-17-13 Cm observed [Redacted] and [Redacted] and they appeared to be healthy and meeting their age appropriate developmental milestones. The children were very upset and Cm was not able to speak with them. Cm exited the home

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 child was pronounced dead at the hospital on 7-17-13. Autopsy shows that the child died of natural cause.

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

no alleged perpetrator

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

[Redacted] stated [Redacted] was fine all that day and was not having any problems. She stated the incident occurred about 10:00pm the night before. She stated [Redacted] went into the bathroom. She stated she knew



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Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

Case Name : ██████████

Investigation ID: ██████████

she was in their for a long time. ██████████ stated she went to the bathroom and opened the door and she found her leaning up against the tub. She stated she then called 911. Cm asked if she had complained any that day of being sick and she stated no, not at all. Cm asked if she had any medical problems and she stated she was in good health. She stated she had no diagnoses or anything. Cm asked if she have any family/friend support and she stated yes. Cm asked if she need anything from the department and she stated no. Cm asked if she needed any grief counseling for her family and she and she stated her church, ██████████ is counsleing with them and helping them. Cm asked how has ██████████ attitude and mood been lately and she stated she haven't been any different. She stated she was an outgoing person and made friends ██████████ begin to cry. Cm stated to ██████████ that she wasn't going to bother her any longer, but if she needed any additional information, she would give her a call at a later time. Cm hugged ██████████ again and told her if she needed anything, feel free to give Cm a call. She stated thank you.

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

Based on the evidence from hospital officials the child died of natural causes. The family did not need any services from the Department. THE family is receiving counseling from ██████████. Case classifies as allegations unfounded.

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:	08/12/2013	Contact Method:	
Contact Time:	01:15 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/12/2013
Completed date:	08/12/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2013 01:19 PM Entered By: [REDACTED]

A referral was reported on 7-17-13 stating that [REDACTED] was found in her home in the bathroom passed out. She was pronounced dead at the hospital. It was determine by autopsy that no foul play was found. It appeared to be natural cause. No risk factors were noted in the case. THE allegations for Neglect Death was unfounded. THE family is receiving counseling through [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: 07/31/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/12/2013

Completed date: 08/12/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/12/2013 01:00 PM Entered By: [REDACTED]

The case was discussed in CPIT on 8-31-13 and decided that the allegations for Neglect Death were unfounded. Child died of Natural causes.



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: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/12/2013

Completed date: 08/15/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/12/2013 01:13 PM Entered By: [REDACTED]

TL [REDACTED] spoke with [REDACTED] with Regional Forensic on this date. He reported that the autopsy showed not signs of abuse or foul play. There were no signs to indicate suicide either. He would be sending off for a toxicology assessment to see if any thing shows in her system that can not be detected by an autopsy..



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: 10:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 07/18/2013

Completed date: 07/18/2013

Completed By: [REDACTED]

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

Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/18/2013 11:15 AM Entered By: [REDACTED]

Purpose of Contact: CPSA [REDACTED] went to the family's home to conduct an initial interview with [REDACTED] mother, [REDACTED]. When Cm arrived to the family's home, a brown truck was parked in the yard with the hood up. The family reside in a single wide trailer. Cm knocked on the back door and no one opened. Cm knocked again and no one opened. Cm called [REDACTED] phone to get her whereabouts. [REDACTED] son [REDACTED] answered the phone. He stated his mother was not able to talk and asked if Cm could call back. Cm asked if she could speak with her for a second. [REDACTED] stated she was at her friends home and Cm could come there. Cm arrived to [REDACTED] friend's home and they welcomed Cm into the home. [REDACTED] was sitting at the kitchen table. Cm went into the kitchen and gave [REDACTED] a hug and gave her my sympathy.

Cm stated she knew it was a bad time, but due to the department being involved, we needed to asked a few questions and it would only take a few minutes. Cm stated that it was nothing that she done, but we needed to get some information. She stated that was fine. Cm stated to [REDACTED] that she knew she have told what has happen several times, but asked if she could tell Cm what's her knowledge of what happened.

[REDACTED] stated [REDACTED] was fine all that day and was not haiving any problems. She stated the incident occured about 10:00pm the night before. She stated [REDACTED] went into the bathroom. She stated she knew she was in their for a long time. [REDACTED] stated she went to the bathroom and opened the door and she found her leaning up against the tub. She stated she then called 911. Cm asked if she had complained any that day of being sick and she stated no, not at all. Cm asked if she had any medical problems and she stated she was in good health. She stated she had no diagnoses or anything. Cm asked if she have any family/friend support and she stated yes. Cm asked if she need anything from the department and she stated no. Cm asked if she needed any grief counseling for her family and she and she stated her church, [REDACTED] is counsleing with them and helping them. Cm asked how has [REDACTED] attitude and mood been lately and she stated she haven't been any different. She stated she was an outgoing person and made friends. [REDACTED] begin to cry. Cm stated to [REDACTED] that she wasn't going to bother her any longer, but if she needed any additional information, she would give her a call at a later time. Cm hugged [REDACTED] again and told her if she needed anything, feel free to give Cm a call. She stated thank you.

Cm observed [REDACTED] and [REDACTED] and they appeared to be healthy and meeting their age appropriate developmental milestones. The children were very upset and Cm was not able to speak with them. Cm exited the



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

home.

End of discussion



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: 01:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/23/2013

Completed date: 07/23/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact, Initial ACV Face To Face, Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/23/2013 09:51 AM Entered By: [REDACTED]

TL [REDACTED] responded to this report and arrived to [REDACTED] ER on a report of a child fatality. Upon arriving I introduced myself to the hospital staff and asked where the family was. They were speaking with the Doctor at that time. As [REDACTED] and [REDACTED] were leaving the hospital I introduced myself and explained the purpose of my visit. I asked if they are able to speak at this time and gave my condolences for their lose. [REDACTED] asked could she talk to use later as it was late and it was very apparent she was upset. I told her I understood and we would be in touch.

I spoke to Nurse [REDACTED] and Dr. [REDACTED] I asked about any signs of abuse, neglect or suicide. The nurse and doctor both reported the child had no signs of any abuse or suicide. The child was a healthy child with no medical conditions. She was not under the care of a doctor and was deemed to be a completely healthy child. The incident is very strange due to the lack of any medical evidence. The nurse confirmed that the child had come home from church earlier that evening. The mother report to the staff that there were no signs of unusual behavior or signs that she was ill. [REDACTED] told the staff that [REDACTED] went into the bathroom and was in there for a while. So she went into the bathroom to check on her. That is when she found [REDACTED] unresponsive and began CPR. She had her son, [REDACTED] call 911.

The body will be sent to Regional Forensic in [REDACTED] for an autopsy.

I thanked them for their time.



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 12:15 AM

Date of Assessment: 7/17/13 12:00 AM

Assessment Type: [X] 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.



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SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 7/17/13 12:15 AM

Date of Assessment: 8/12/13 12:00 AM

Assessment Type: [] Initial [X] 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.
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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.



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- 10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
- 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)

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- 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): _____

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2. Conditionally Safe. One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
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.
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Date: _____