



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2013.108ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	10/18/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	10/15/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████			Relationship to Victim:	██████████	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	██████████		
If child is in DCS custody, list placement type and name:						

Describe (in detail) circumstances surrounding death/near death:

Referral states mother was 22 weeks pregnant in which she delivered her baby at ██████████ Hospital. CM ██████████ contacted ██████████, Social Worker on call at ██████████ Hospital. CM was provided the following information. ██████████ was diagnosed with PROM (premature rupture of membrane) in which only 3% of babies born at 22 weeks under this condition have a chance of survival. There are no suspicions of drug use leading to the death of the baby however ██████████ stated she had taken one of her methadone tablets before coming to the hospital due to pain. The Social Worker assigned to the family during their hospital stay will not be available until Monday (10/21/13) for any additional information. Medical records have been requested however hospital will not be able to provide those until 10/21/13. ██████████ passed on 10/15/13 and referral was not made until 10/18/13. Mother was already released from the hospital at the time referral was made. CM ██████████ met with the family on 10/19/13 including the other children (ACVs) in the home. Pill counts on prescribed medications (including the methadone) have indicated Ms. ██████████ is not abusing her medications.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	██████████	Telephone #	() -
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

CM ██████████ met with the family on 10/19/13 including the other children (ACVs) in the home. Interviews with ACVs do not indicate any drug usage. Children gave statements that their mother is sober at all times and does not ever appear to be under the influence of any substance. Pill counts on prescribed medications (including the methadone) have indicated Ms. ██████████ is not abusing her medications. Family is very much in grief as Ms. ██████████ states this was a planned pregnancy. Ms. ██████████ further states her next pregnancy, her physician explained to her she may require medications to prevent the placenta from detaching again. Ms. ██████████ was prescribed the methadone due to chronic pain she suffers from a prior motor vehicle accident.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

██████████ passed away 4 minutes after delivery. The baby was unable to survive at only 22 weeks gestation.

Describe disposition of body (Death):

Name of Medical Examiner/Coroner:	██████████	Was autopsy requested?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Type:	Assessment	Case #:	██████████	

Describe law enforcement or court involvement, if applicable:

Law enforcement is not involved.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

Children will remain with their custodians (parents). No legal action is sought at this time.

Name: [REDACTED]	Age: [REDACTED]
Name: [REDACTED]	Age: [REDACTED]
Name:	Age:
Name:	Age:
Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
[REDACTED]	[REDACTED]	psychological harm	[REDACTED]	[REDACTED]	NSREQ
[REDACTED]	[REDACTED]	DES,LOS	[REDACTED]	[REDACTED]	NSREQ
[REDACTED]	[REDACTED]	SA	[REDACTED]	[REDACTED]	AUPU
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information:

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person:	Telephone Number: () -
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice. No Yes

Email to: [Child-Fatality-Notification EI-DCS](#)
within forty-eight (48) hours of notification
Include subject line (in RED): CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 10/18/2013 02:43 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 10/18/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 10/21/2013 08:23 AM
First Team Leader Assigned: [REDACTED] Date/Time 10/18/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 10/18/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Yrs	Drug Exposed Child	No	[REDACTED]	Birth Mother
[REDACTED]	13 Yrs	Drug Exposed Child	No	[REDACTED]	Birth Mother
Unknown Participant [REDACTED] Unknown		Drug Exposed Infant	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None
Narrative: TFACTS: History
Family Case IDs: [REDACTED]
Open Court Custody/FSS/FCIP No
Closed Court Custody No
Open CPS Yes [REDACTED], PYA, CM [REDACTED] (This has been classified as no services needed)



**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: 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:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 11 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: 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:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 25 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**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: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 10/18/2013

Assignment Date: 10/18/2013

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			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/21/2013
2	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/31/2013
3	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 10/31/2013
4	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 10/31/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Unfounded.

D. Case Workers

Case Worker: [REDACTED]

Date: 10/31/2013

Team Leader: [REDACTED]

Date: 10/31/2013

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

There was a miscarriage and the mother tested positive for prescribed methadone. [REDACTED] had taken the painkiller once it was determined that the baby would not survive. Drugs were not a cause in the 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)?

[REDACTED] Social worker report that drugs were not a concern in the death.

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

[REDACTED] reported that the OBGYN gave her permission to take her medication as she is allergic to opiates.

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

[REDACTED] Social worker report that drugs were not a concern in the death.

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

[REDACTED] Social worker report that drugs were not a concern in the death.

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: 10/31/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/31/2013

Completed date: 10/31/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/31/2013 12:15 PM Entered By: [REDACTED]

Date of Referral: 10/18/13

Victim(s): [REDACTED], [REDACTED], premature child

Victims Mother: [REDACTED]

Victims Father: [REDACTED], [REDACTED] father deceased

Caretaker (if applicable):

Allegations and Presenting Problems: Miscarriage at 22 weeks, current open case

CPS/DCS History: one environmental and drug exposed, no services

Criminal Background checks: in concurrent case

Signed acceptance of Client Rights handbook, Native American Heritage Veto, Notification of Equal Access, and Hippa

Information form in concurrent case

Family Composition: The girls live with their mother and stepfather. [REDACTED] has some visitation with her father, which is non-court ordered. [REDACTED] was pregnant with her third child.

Family Story: [REDACTED] had moved the family to [REDACTED]

Safety Assessment Score: in concurrent case

Initial- Conditional

Ending-

Fast Assessment Score: low, in concurrent case

Permanency: the family has moved to [REDACTED]

Family Support: The mother has support from both maternal and paternal grandparents. Both [REDACTED] and her husband work.

Well being:

Medical: no concerns

Mental/Behavior Health: no concerns for the children. [REDACTED] will be court ordered to attend anger management.

Substance Abuse: no concerns

Education: no concerns

Developmental: no concerns

Worker Observation: CM [REDACTED] has already confirmed [REDACTED] prescription of methadone; a pill count indicated that [REDACTED] was not taking medication out of concern for the baby.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Summary:

[REDACTED] had gone to the hospital because of concern for her pregnancy. The baby died at 22 weeks because of a ruptured membrane and there only a 3% chance of survival.

There was no autopsy required and Social workers and medical notes indicate that drugs were not a concern. [REDACTED] was allowed by the OBGYN on staff. to take her prescribed methadone due to pain. [REDACTED] only took the medication due to the pain and the fact that the baby would not survive.



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:	10/22/2013	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/31/2013
Completed date:	10/31/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/31/2013 11:59 AM Entered By: [REDACTED]

Notice of child fatality was submitted to TC [REDACTED] No autopsy was 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: 10/21/2013

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/31/2013

Completed date: 10/31/2013

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: 10/31/2013 11:33 AM Entered By: [REDACTED]

CM [REDACTED] spoke with [REDACTED], [REDACTED] Social worker. Ms. [REDACTED] reported that she was the worker involved in the case. Ms. [REDACTED] reported that drugs were not a concern in this case, but the mother tested positive for methadone and reported to have a prescription. Ms. [REDACTED] reported that towards the end of the pregnancy, [REDACTED] had been in so much pain, and reported to be allergic to opiates, that the OBGYN on call had allowed her to take her medication.

Ms. [REDACTED] reported that the baby died because of a rupture of the membrane and that an autopsy had not been required. Ms. [REDACTED] reported that drugs were not involved in the death.

Ms [REDACTED] faxed the doctors report from [REDACTED] and it will be included in the file



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/19/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/31/2013

Completed date: 10/31/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview, 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: 10/31/2013 11:44 AM Entered By: [REDACTED]

CM [REDACTED] met with, [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. [REDACTED] reported that the social worker had assured her that nothing would come of the death.

[REDACTED] reported that she had not taken any methadone until the event of the miscarriage because of the pain. She was told that the baby would not live because she was only 22 weeks old.

[REDACTED] reported that her mother was encouraging her to tie the death to the beating she suffered from [REDACTED]. [REDACTED] reported that she was not going to do that because it was too difficult to prove. [REDACTED] reported that she was told that a detached membrane just happens in some cases and that she will report this to the doctor when she becomes pregnant again.

CM talked with [REDACTED] and [REDACTED]. [REDACTED] reported that she loved her new school and liked where she lived. [REDACTED] reported that she had been able to get into cheerleading at the new school. Both girls were tired because [REDACTED] had come to pick up [REDACTED] in [REDACTED] and meet with CM rather than wait until later in the day to meet in [REDACTED] where the family resided.

[REDACTED] reported that the situation was upsetting and that they had buried the baby the day before and had named her [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: 10/18/2013

Contact Method: Phone Call

Contact Time: 07:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/31/2013

Completed date: 10/31/2013

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: 10/31/2013 11:24 AM Entered By: [REDACTED]

CM [REDACTED] spoke with [REDACTED] Social worker, [REDACTED]. Ms. [REDACTED] was the worker on call. Ms. [REDACTED] reported that [REDACTED] had come to the hospital on 10/12/13 and 10/13/13 reporting a concern with her pregnancy and been sent home. Ms. [REDACTED] reported that [REDACTED] had come back the following day and then had given birth on 10/15/13. Ms. [REDACTED] reported that the baby was at 22 weeks and been diagnosed with PTRON, Premature rupture of membrane. Ms. [REDACTED] reported that drugs were not an issue in the death, and that methadone would be the least harmful substance to the baby.



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: 10/18/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/31/2013

Completed date: 10/31/2013

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: 10/31/2013 11:14 AM Entered By: [REDACTED]

CM [REDACTED] received a new referral on [REDACTED] involving a child death. The case is concurrent with an open assessment # [REDACTED]

Signed releases, background checks and assessments are included in the case file under that case.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: _____
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

10/08/2013 - _____ - FFA - Family - there were allgations that _____ beat up on _____ causing her to go to the hospital for bruising and bumpb on her head. The children tried to stop _____ and were witness

B. Family Story:

10/08/2013 - _____ - FFA - Family - There is no custody agreement between _____ and _____ for custody or visitation of _____ wants to see her father. there are ongoing harrassment issues between _____ and _____

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

10/08/2013 - _____ - FFA - Family - both parent work, Although _____ works irregularly
 There is transportation
 both families have suitable homea
 _____ wants to spend time with both parents

B. Family Significant Needs/Risks/Concerns:

10/08/2013 - _____ - FFA - Family - There is currently no visitation in place. There was a vistration or shared custody in place before _____ and _____ moved back in together. Both parties report that the lawyers told them that custody was dissolved. _____ recently reported that Judge _____ told _____ that this was not the case. The parents accuse each otgher of harrassment.
 Both _____ and her sister have witnessed physical abuse of their mother by _____

III. Person Information:

A. Children:

10/07/2013 - _____ - FAST - _____ - _____ wants to visit with her father but is disappointed in his actions towards her mothetr

10/07/2013 - _____ - FAST - _____ - Although _____ helped to raise _____ She has no obligation to visit and she does not wish to

B. Adults:

10/07/2013 - _____ - FAST - _____ - _____ reports that _____ stalks and harrasses her and is in need of mental health help.
 _____ denies this

C. Family Together History:



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 9/9/13 10:46 AM

Date of Assessment: 9/11/13 12:00 AM

Assessment Type: [X] Initial [] Closing [] Other

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 10/23/13 3:17 PM

Date of Assessment: 10/31/13 12:00 AM

Assessment Type: [X] 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: _____