



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

Case # 2013.120ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/02/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	11/30/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown perpetrator			Relationship to Victim:	none	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:						

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

On 12/2/13 the Department received a neglect death referral. The ACV, ██████████ passed away on 11/30/13. The referral states: The child is not in DCS Custody. ██████████ (1 year old) lives with ██████████ (Mother, 25 years old), ██████████ (Father, 32 years old) and ██████████ (Brother, 5 years old). There is an open case with DCS currently with allegations of Medical Maltreatment. It was previously reported that ██████████ did not comply with the doctor's orders all the time. ██████████ was receiving 12 hour nursing care from ██████████ Duty Nursing ██████████. A CFTM took place on 11/18/2013 and a plan was drawn up that the family would comply with the doctor's orders. On 11/19/2013, ██████████ was admitted into the hospital with Pneumonia. ██████████ was discharged from the hospital on 11/27/2013 with orders for 12 hour nursing care. On 11/30/2013, ██████████ pulled his gastric tube out around 10:00 a.m. ██████████ and the nurse (unknown) took ██████████ to ██████████ sent ██████████ to ██████████ Hospital, because they could not put the tube back in. At 3:59 pm ██████████ was in Triage at ██████████ Hospital. ██████████ gastric tube was put back in at ██████████ and he was discharged at 5:14 pm and sent home. While ██████████ was home, he stopped breathing. The time he stopped breathing is unknown currently. ██████████ was taken to ██████████ Hospital in ██████████ at an unknown time. The referent is not sure if the parents took ██████████ to the hospital, or if he was taken by ambulance. The referent reported that all efforts to revive ██████████ failed and he was pronounced dead between 8:30 and 8:45 pm on 11/30/2013 at ██████████ Hospital. It is unknown at this time what caused ██████████ to stop breathing, or what caused his death. A report from the hospital has not been released yet. It was reported on 11/29/2013 that the parents were compliant and following doctor's orders. It has been reported that on 11/19/2013, ██████████ pulse monitor was not on his finger. The referent was told that it was on the couch instead of on his finger. The referent was told that ██████████ oxygen was low at that time. The referent spoke to the parents today and they were on their way to ██████████ because ██████████ is in the military. The referent reported that ██████████ has to go in for a casualty review. The parents are supposed to call the DCS office today. The referent has not gotten any details from the hospital yet. It is unknown if ██████████ had any injuries. It is unknown if law enforcement has been contacted or if the Military Police are involved at this point. The referent does not report a history of fatalities or concerns with ██████████ ██████████ was in and out of the hospital a lot and it was due to his medical condition. It is unknown if an autopsy has been completed, or if one is pending. ██████████ has not been interviewed at this time. The referent does not report any drug and alcohol, domestic violence or mental health issues in the home. The referent has not completed a criminal background check on the family. It is unknown if the family has a history with the police. The referent reported that ██████████ (ACSEFMP, from ██████████ has been working with the family and helping them with services. The referent reported that she is aware of ██████████ death.

Special Needs: ██████████ was born with Chronodordyplsia Punctata (affects the breathing and the heart). He had a tracheotomy tube in his throat and was on a ventilator 24/7. He had a gastro tube (feeding tube), wore a cervical collar 24/7, wore a trunk brace and had continual pulse monitoring.

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:

CPSI ██████████ and CPSA ██████████ went to the family home on 12/2/13 at 7 pm in order to conduct interviews with Mr. and Ms.

[redacted] regarding the events leading up to [redacted] passing. Mr. and Ms. [redacted] reported that on the morning of 11/30/13 at approximately 10:30 am, the in home nurse, [redacted] reported that [redacted] had pulled out his "G-Tube." Mr. and Ms. [redacted] stated that they immediately took [redacted] to [redacted] Hospital. The [redacted] reported that they were not able to successfully replace to "G-Tube" at [redacted] Hospital, and they were referred to [redacted] Children's Hospital. The [redacted] stated that they were admitted to [redacted] Emergency Room, where a new 14 gauge G-Tube kit was completed. The [redacted] reported that other tests were performed as well. CPSI engaged with the [redacted] about the Doctor that was caring for [redacted]. The [redacted] reported that it was an ER doctor that they were not familiar with. The [redacted] reported that the Dr./Team that they typically see for scheduled appointments was not present this day. The [redacted] reported that they were released from the hospital with no new or additional instructions for the care of [redacted]. The [redacted] reported that when they left the hospital it was dark, and estimated the time to be around 6 pm. The [redacted] reported that traffic was backed up and it took them approximately two hours to get home. The [redacted] reported that [redacted] was in stable condition on the way home, and his respirator, oxygen saturation meter, and heart monitor were connected and charged on the way home. Ms. [redacted] reported that when they arrived home they brought [redacted] into the home where he appeared to remain in stable condition. The [redacted] reported that Mr. [redacted] went to the car to get belongings, and Ms. [redacted] setting up equipment for [redacted] in the home. Ms. [redacted] reported that she looked down at [redacted] and observed that he appeared to have some color change to his skin tone. The [redacted] reported that at this time Mr. [redacted] was back in the family home and immediately began to "bag" [redacted] and Ms. [redacted] placed a call to 911. The [redacted] stated that when EMS arrived they were still providing CPR, and they were transported to [redacted] Medical Center.

CPSI [redacted] asked Mr. and Ms. [redacted] if they would be willing to submit to a drug screening. Mr. and Ms. [redacted] were cooperative and readily agreed to the drug screening. Both Mr. and Ms. [redacted] tested negative for all substances.

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

On 11/8/13, a referral was received for Medical Maltreatment. The Intake number was [redacted]. The AP's were the mother, [redacted] and father, [redacted]. ACV was [redacted]. [redacted] is diagnosed with Chondrodysplasia Punctata, failure to thrive and chronic respiratory distress syndrome.

On 11/12/13, CPSA [redacted] met response with the family. After speaking with the parents, social worker at [redacted] Mrs. [redacted] and Clinical RN Supervisor, Ms. [redacted] their appeared to be some conflict between the parents and nursing agency.

A CFTM was held at DCS on 11/18/13. Ms. [redacted] reported that Mr. and Mrs. [redacted] love their child and they are not abusing him intentionally. Her agency feels that the parents have a lack of willingness to follow the doctor's recommendations or to cooperate with [redacted] nursing staff. Parents reported that [redacted] would not release the child to them unless they were able to demonstrate the ability to care for the child. Parents reported that [redacted] staff always compliment them on how good they are taking care of [redacted]. Parents reported that they were confused because [redacted] nurses wanted them to do things differently than they were taught by [redacted] and they only wanted to accept the training from [redacted] staff. We discussed the importance of the family complying with doctors' orders and Maxium nursing staff by presenting [redacted] to the nursing staff when they come to the home, following doctors' orders and cooperating and participating in ongoing training from [redacted] and [redacted] nursing staff. A Family Permanency Plan was put in place and the family agreed to the following tasks:

- 1) Parents will follow all doctors' orders when providing medical care for [redacted]
- 2) Parents will participate and accept ongoing training from [redacted] nursing staff or any home health care agency and [redacted] Children's Hospital staff.
- 3) Parents will comply with the health care agency medical care recommendations for [redacted] care.

Ms. [redacted] reported with [redacted] medical problems he can stop breathing at any time. She discussed the importance of the child being in his cervical collar and the trunk brace at all times because that assists in keeping his head elevated appropriately and ensures the child's airway is not blocked and he keeps breathing. She discussed he also had to be on the ventilator at all times to ensure [redacted] is receiving the appropriate amount of oxygen. Ms. [redacted] stated she wanted DCS to require 24 hour nursing care for [redacted]

TL [redacted] staffed with Attorney [redacted] on what the agency would do in regards to [redacted] if the parents don't comply with the FPP. Attorney [redacted] reported that the agency couldn't do anything unless we have something from the doctor stating that the child has to have 24 hour care.

11/19/13, [redacted] called and reported that [redacted] was admitted to [redacted] with pneumonia.

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TL called [redacted] and spoke with SW [redacted] SW [redacted] reported that [redacted] was admitted for Pneumonia. [redacted] trach is normal. SW [redacted] reported that [redacted] is only in ICU because he has a trach. SW [redacted] reported that [redacted] nursing staff reported that they went to see [redacted] and the mother did not have [redacted] oxygen monitor on his finger. The nurse put it on his finger and [redacted] oxygen saturation level was low (72%). [redacted] was taken to the hospital for respiratory problems and blood tests showed his blood sugar was low. [redacted] nurse reported that [redacted] was in his body brace and he was on the ventilator. It was unknown how long the oxygen monitor was not on the child's finger.

TL staffed case with [redacted] [redacted] and we discussed reassessing the case and having another CFTM adding additional tasks to FPP:

- 1.) Clinical assessment to determine the psychological intelligence of the mother since she is the primary caretaker.
- 2.) Parenting assessment with a focus on her ability to care for a medically fragile child and follow recommendations.
- 3.) Find out who her support system is.
- 4.) Be included in Care team meetings.
- 5.) Nursing care 24 hrs.

TL [redacted] spoke with CPSA [redacted] and advised that she needed to make contact with the family and set up a CFTM today or as soon as possible.

On 11/22/13, TL [redacted] called SW [redacted] to check on [redacted] SW [redacted] reported that the vent settings had to be turned up to get air circulation to [redacted] was in ICU due to him being on a vent. SW [redacted] reported that the doctor will be ordering 24 hour nursing care for [redacted] upon releasing him from the hospital.

CPSA [redacted] made various attempts to contact the family but she was unsuccessful. [redacted] [redacted] made contact with CPSA [redacted] on 11/22/13 and advised her [redacted] was no longer the nursing agency for [redacted] and his doctor had approved the [redacted] request for a different nursing agency. Ms. [redacted] said the family had chosen [redacted] Nursing.

CPSA [redacted] made contact with the family on 11/22/13 and advised the mother that DCS wanted-d to have another CFTM on Monday to reassess her case. Mrs. [redacted] advised [redacted] had approved their request to change nursing agencies.

[redacted] was ready to release [redacted] on Sunday, 11/24/13, but were unable to reach the parents. On Monday they contacted the parents and they arrived at the hospital late that morning to pick him up. DCS advised [redacted] that 24 hour nursing was supposed to be in place before the child was allowed to be released and that the family had hired a different nursing agency. SW [redacted] said this was news to her and she would have to let [redacted] medical team know. CPSA [redacted] advised SW [redacted] DCS would not approve the child being released to the parents without 24 hour nursing in place. SW [redacted] said [redacted] doctors were ready to release him and she wanted to stress that to DCS. She said [redacted] doctors did not think he required 24 hour nursing care. SW [redacted] said [redacted] would check with [redacted] and find out if they would approve 24 hour nursing care for [redacted] She stated [redacted] needed to be released by Wednesday because there was no medical reason to keep him in the hospital. [redacted] did not release the child. [redacted] called DCS on Tuesday 11/26/13. CPSA [redacted] advised that the DCS maintained their position that the child has 24 hr. nursing care before released to the parents. SW [redacted] said [redacted] refused to pay for 24 hr. nursing care for [redacted] CPSA [redacted] left a voice message for [redacted] [redacted] for direction on what to do. [redacted] [redacted] responded and CPSA [redacted] sent her an email with the information on [redacted] and she referred CPSA [redacted] to [redacted] [redacted] CPSA [redacted] consulted with Mr. [redacted] and he said the child was not in DCS custody and if the doctor didn't order 12 hour nursing care TennCare would not approve it. Dr. [redacted] at [redacted] advised that [redacted] didn't need 24 hr. nursing care. He ordered 12 hr. nursing service. The parents signed a contract with [redacted] that they would keep the child on the ventilator 24 hours and in his body brace 24 hours a day. [redacted] was released from [redacted] on 11/27/13 to the parents.

On 11/29/2013 CPSA [redacted] went to the family's home and checked on [redacted] CPSA [redacted] spoke with the parents and the nurse, [redacted] [redacted] Ms. [redacted] said [redacted] was fussy but doing well. She stated the parents were complying with all the doctors' orders regarding [redacted] Mrs. [redacted] agreed to allow the nurse to provide the care for [redacted] during her shift and she would take over when the nurse left. CPSA [redacted] left the home with no concerns about the care [redacted] was receiving.

Describe disposition of body (Death):

Name of Medical Examiner/Coroner:

Was autopsy requested?

No

Yes

Did CPS open an investigation on this Death/Near Death?

No

Yes

Was there DCS involvement at the time of Death/Near Death?

No

Yes

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

Distribution: Child's Case File

RDA 2993

CS-0635, Rev. 08/13

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Intake #:	██████████	Investigation #:	██████████	Date of Report:	12/27/2013
Type:	Medical Maltreatment		Case #:	██████████	

Describe law enforcement or court involvement, if applicable:

CPSI ██████ contacted Detective ██████ with the ██████ Police Department, on 12/2/13 at 6pm. Det. ██████ reported that he had made contact with Mr. and Ms. ██████ earlier that day. It was reported to him that when the family returned from ██████ on 11/30/13 they had noticed a change of color in ██████. It was reported that they began CPR and called 911 at approximately 8pm and ██████ was transported to ██████ Medical Center. Det. ██████ stated that he has no concerns for the family at this time. Det. ██████ stated that the autopsy will be held on 12/3/13 at 8 am, and he would be in attendance.

Detective ██████ contacted CPSI ██████ on 12/3/13 at noon. Det. ██████ reported that nothing abnormal was found during the autopsy, and there were no signs of trauma. Det. ██████ stated that the report has not been finalized and more details would follow.

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):

After CPSI ██████ interviewed Mr. and Ms. ██████ and CPSA ██████ interviewed ██████ ██████ (5) the case was staffed with CPS TL ██████ TL ██████ staffed the case with her supervisors and DCS legal, and it was determined that no safety interventions would be put in place at this time.

Name: ██████ ██████	Age: 5
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
11/08/2013	██████████	Medical Maltreatment	██████ ██████	██████████ ██████ / ██████ ██████	not yet classified
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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: ██████ ██████	Telephone Number: ██████████
Team Leader: ██████ ██████	Telephone Number: ██████████
Team Coordinator: ██████ ██████	Telephone Number: ██████████

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

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Report:	2/27/2013	Case #	2013-120ph
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: 12/02/2013 12:28 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 12/02/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 12/02/2013 05:03 PM
First Team Leader Assigned: [REDACTED] Date/Time 12/03/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 12/03/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 4 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-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 ID: [REDACTED]
Open Court Custody/FSS/FCIP: No
Closed Court Custody: No
Open CPS: Assessment # [REDACTED] Allegation: MDM/Date: 11-8-2013/Case Manager: [REDACTED]
Indicated: No
Fatality: No



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

Screened out Yes: 1
Awaiting Screening (Screen Out): [REDACTED] NGD/12-2-13

History (not listed above): No

DUPLICATE REFERRAL: No

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

Reporters name/relationship: [REDACTED]

Reporter states: The child is not in DCS Custody.

[REDACTED] (1 year old) lives with [REDACTED] (Mother, 25 years old), [REDACTED] (Father, 32 years old) and [REDACTED] (Brother, 5 years old).

There is an open case with DCS currently with allegations of Medical Maltreatment. It was previously reported that [REDACTED] did not comply with the doctors orders all the time. [REDACTED] was receiving 12 hour nursing care from [REDACTED] Duty Nursing ([REDACTED]). A CFTM took place on 11/18/2013 and a plan was drawn up that the family would comply with the doctors orders.

On 11/19/2013, [REDACTED] was admitted into the hospital with Pneumonia. [REDACTED] was discharged from the hospital on 11/27/2013 with orders for 12 hour nursing care.

On 11/30/2013, [REDACTED] pulled his gastric tube out around 10:00 a.m. [REDACTED] and the nurse (unknown) took [REDACTED] to [REDACTED] sent [REDACTED] to [REDACTED] Hospital, because they could not put the tube back in.

At 3:59 pm [REDACTED] was in Triage at [REDACTED] Hospital. [REDACTED] gastric tube was put back in at [REDACTED] and he was discharged at 5:14 pm and sent home. While [REDACTED] was home, he stopped breathing. The time he stopped breathing is unknown currently. [REDACTED] was taken to [REDACTED] Hospital in [REDACTED] at an unknown time. The referent is not sure if the parents took [REDACTED] to the hospital, or if he was taken by ambulance.

The referent reported that all efforts to revive [REDACTED] failed and he was pronounced dead between 8:30 and 8:45 pm on 11/30/2013 at [REDACTED] Hospital.

It is unknown at this time what caused [REDACTED] to stop breathing, or what caused his death. A report from the hospital has not been released yet.

It was reported on 11/29/2013 that the parents were compliant and following doctors orders. It has been reported that on 11/19/2013, [REDACTED] pulse monitor was not on his finger. The referent was told that it was on the couch instead of on his finger. The referent was told that [REDACTED] oxygen was low at that time.

The referent spoke to the parents today and they were on their way to [REDACTED] because [REDACTED] is in the military. The referent reported that [REDACTED] has to go in for a casualty review. The parents are supposed to call the DCS office today.

The referent has not gotten any details from the hospital yet. It is unknown if [REDACTED] had any injuries. It is unknown if law enforcement has been contacted or if the Military Police are involved at this point.

The referent does not report a history of fatalities or concerns with [REDACTED] [REDACTED] was in and out of



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 6 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: [REDACTED] **Race:** Black/African **Age:** 1 Yr 4 Mos

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: [REDACTED] Race: Black/African Age: 32 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: Black/African Age: 25 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**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: Unable to

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: 12/02/2013

Assignment Date: 12/03/2013

Street Address: [Redacted]

City/State/Zip: [Redacted]

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, [Redacted], [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted], 03/12/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being classified as (Allegation Unsubstantiated/Perpetrator Unsubstantiated) due to policy 14.7 this classification is appropriate due to there being insufficient information and evidence to support the opinion that the child died as a result of abuse or neglect and the alleged perpetrator named in the report was not found to be responsible for the reported maltreatment.

D. Case Workers

Case Worker: [Redacted]

Date: 03/12/2014

Team Leader: [Redacted]

Date: 03/12/2014

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:

N/A

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 [Redacted] received a certified copy of the Medical Examiners autopsy report on 2/20/14. CPSI reviewed the report, and noted no concerns for neglect or abuse. The summary of the case states that: Autopsy revealed a small but well cared for infant with dysmorphic features consistent with chondrodysplasia. His weight was at the 25th percentile compared to age related norms for short statured males. An occlusive mucus plug was present within the tracheostomy tube and mucus was also present within the right bronchus. The lungs appeared grossly mottled and firm and a small effusion was present on the right pleural cavity. Other findings at autopsy included a patent foramen ovale of the heart, vasculature congestion of the cerebral blood vessels, thinning of the cervical spinal cord, and a large thymus gland. Histology revealed ischemia and necrosis of the



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

Case Name : ██████████ ██████████ ██████████

Investigation ID: ██████████

tracheal mucosa secondary to tracheostomy, splenic congestion, and anoxic changes of the brain. Specimens were submitted for toxicologic analysis. The blood was positive for therapeutic levels of levetiracetam and metabolite of clonazepam. Vitreous electrolytes were remarkable for a decreased sodium concentration. The nasopharyngeal viral cultures were negative for organisms. Blood, lung, and cerebrospinal fluid cultures were negative for bacterial organisms.

In my opinion, this infant died from complications of chondrodysplasia punctate. The manner of death is natural.

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

CPSI ██████████ and CPSA ██████████ went to the family home on 12/2/13 at 7 pm in order to conduct interviews with Mr. and Ms. ██████████ regarding the events leading up to ██████████ passing. Mr. and Ms. ██████████ reported that on the morning of 11/30/13 at approximately 10:30 am, the in home nurse, ██████████ reported that ██████████ had pulled out his G-Tube. Mr. and Ms. ██████████ stated that they immediately took ██████████ to ██████████ Community Hospital. The ██████████ reported that they were not able to successfully replace to G-Tube at ██████████ Hospital, and they were referred to ██████████ Childrens Hospital. The ██████████ stated that they were admitted to ██████████ Emergency Room, were a new 14 gauge G-Tube kit was completed. The ██████████ reported that other tests were performed as well. CPSI engaged with the ██████████ about the Doctor that was caring for ██████████. The ██████████ reported that it was an ER doctor that they were not familiar with. The ██████████ reported that the Dr./Team that they typically see for scheduled appointments was not present this day. The ██████████ reported that they were released from the hospital with no new or additional instructions for the care of ██████████. The ██████████ reported that when they left the hospital it was dark, and estimated the time to be around 6 pm. The ██████████ reported that traffic was backed up and it took them approximately two hours to get home. The ██████████ reported that ██████████ was in stable condition on the way home, and his respirator, oxygen saturation meter, and heart monitor were connected and charged on the way home. Ms. ██████████ reported that when they arrived home they brought ██████████ into the home where he appeared to remain in stable condition. The ██████████ reported that Mr. ██████████ went to the car to get belongings, and Ms. ██████████ setting up equipment for ██████████ in the home. Ms. ██████████ reported that she looked down at ██████████ and observed that he appeared to have some color change to his skin tone. The ██████████ reported that at this time Mr. ██████████ was back in the family home and immediately began to bag ██████████ and Ms. ██████████ placed a call to 911. The ██████████ stated that when EMS arrived they were still providing CPR, and they were transported to ██████████ Medical Center. CPSI ██████████ asked Mr. and Ms. ██████████ if they would be willing to submit to a drug screening. Mr. and Ms. ██████████ were cooperative and readily agreed to the drug screening. Both Mr. and Ms. ██████████ tested negative for all substances.

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

CPSI ██████████ contacted Detective ██████████ with the ██████████ Police Department, on 12/2/13 at 6pm. Det. ██████████ reported that he had made contact with Mr. and Ms. ██████████ earlier that day. It was reported to him that when the family returned from ██████████ on 11/30/13 they had noticed a change of color in ██████████. It was reported that they began CPR and called 911 at approximately 8pm and ██████████ was transported to ██████████ Medical Center. Det. ██████████ stated that he has no concerns for the family at this time. Det. ██████████ stated that the autopsy will be held on 12/3/13 at 8 am, and he would be in attendance.

Detective ██████████ contacted CPSI ██████████ on 12/3/13 at noon. Det. ██████████ reported that nothing abnormal was found during the autopsy, and there were no signs of trauma. Det. ██████████ stated that the report has not been finalized and more details would follow.

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

The Child Protective Investigative Team met on 3/12/14 to discuss the ██████████ ██████████ case. After review of the autopsy report the team decided to classify the case as AU / PU.



**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]

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] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/12/2014 Contact Method:
 Contact Time: 03:55 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/12/2014
 Completed date: 03/12/2014 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: 03/12/2014 04:00 PM Entered By: [REDACTED]

Case Summary
 Date: 3/12/14
 Time:

On 12/2/2013 at 12:28 pm, a P(1) referral was called into Central Intake. The referral was screened into [REDACTED] with allegations of neglect Death. The alleged perpetrator is unknown. The alleged victim is [REDACTED]. The referral was assessed and assigned by TL [REDACTED] on 12/2/2013 to CPSI [REDACTED]. Response is due 12/3/13 at 12:28 pm CT. According to the referral, [REDACTED] (1 year old) lives with [REDACTED] (Mother, 25 years old), [REDACTED] (Father, 32 years old) and [REDACTED] (Brother, 5 years old). There is an open case with DCS currently with allegations of Medical Maltreatment. It was previously reported that [REDACTED] did not comply with the doctors orders all the time. [REDACTED] was receiving 12 hour nursing care from [REDACTED] Duty Nursing [REDACTED]. A CFTM took place on 11/18/2013 and a plan was drawn up that the family would comply with the doctors orders. On 11/19/2013, [REDACTED] was admitted into the hospital with Pneumonia. [REDACTED] was discharged from the hospital on 11/27/2013 with orders for 12 hour nursing care. On 11/30/2013, [REDACTED] pulled his gastric tube out around 10:00 a.m. [REDACTED] and the nurse (unknown) took [REDACTED] to [REDACTED] sent [REDACTED] to [REDACTED] Hospital, because they could not put the tube back in. At 3:59 pm [REDACTED] was in Triage at [REDACTED] Hospital. [REDACTED] gastric tube was put back in at [REDACTED] and he was discharged at 5:14 pm and sent home. While [REDACTED] was home, he stopped breathing. The time he stopped breathing is unknown currently. [REDACTED] was taken to [REDACTED] Hospital in [REDACTED] at an unknown time. The referent is not sure if the parents took [REDACTED] to the hospital, or if he was taken by ambulance. The referent reported that all efforts to revive [REDACTED] failed and he was pronounced dead between 8:30 and 8:45 pm on 11/30/2013 at [REDACTED] Hospital. It is unknown at this time what caused [REDACTED] to stop breathing, or what caused his death. A report from the hospital has not been released yet. It was reported on 11/29/2013 that the parents were compliant and following doctors orders. It has been reported that on 11/19/2013, [REDACTED] pulse monitor was not on his finger. The referent was told that it was on the couch instead of on his finger. The referent was told that [REDACTED] oxygen was low at that time. The referent spoke to the parents today and they were on their way to [REDACTED] because [REDACTED] is in the military. The referent reported that [REDACTED] has to go in for a casualty review. The parents are supposed to call the DCS office today. The referent has not gotten any details from the hospital yet. It is unknown if [REDACTED] had any injuries. It is unknown if law enforcement has been contacted or if the Military Police are involved at this point. The referent does not report a history of fatalities or concerns with [REDACTED] [REDACTED] was in



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

and out of the hospital a lot and it was due to his medical condition. It is unknown if an autopsy has been completed, or if one is pending. [REDACTED] has not been interviewed at this time. The referent does not report any drug and alcohol, domestic violence or mental health issues in the home. The referent has not completed a criminal background check on the family. It is unknown if the family has a history with the police. The referent reported that [REDACTED] [REDACTED] from [REDACTED] has been working with the family and helping them with services. The referent reported that she is aware of [REDACTED] death. It is unknown if [REDACTED] is of Native American decent. [REDACTED] Juvenile Court and the DA are notified of referrals and classification per local protocol and policy. The CPSI will contact the referent to seek additional information.

Case History

The following TNKIDS/TFACTS search revealed the following for [REDACTED] [REDACTED] and [REDACTED] [REDACTED] HERE:

11/10/13 Medical Maltreatment APs [REDACTED] & [REDACTED] [REDACTED] services recommended and accepted.

Internet Check

The following internet checks were completed on [REDACTED] [REDACTED] and [REDACTED] [REDACTED]

Methamphetamine Offender Registry Clearance. The Internet Website address is:

<http://www.tennesseeanytime.org/methor>

Sexual Offender Registry Clearance. The Website address for a TN search is:

http://www.ticic.state.tn.us/SEX_ofndr/search_short.asp

National Sexual Offender Registry Clearance. The Internet Web site address for a national search is:

<http://www.tennesseeanytime.org/foil/search.jsp>

Abuse Registry Clearance. The website address is:

<http://health.state.tn.us/AbuseRegistry/default.aspx>

Search revealed no results.

Household Composition

The family address is: [REDACTED]

Phone number: [REDACTED]

[REDACTED] (father)

[REDACTED] (mother)

[REDACTED] (brother)

Income and Employment

Mr. [REDACTED] is active duty army..

SDM

The initial SDM Safety Assessment was completed on (11/12/13). The Safety assessment score is safe.

The closing SDM Safety Assessment was completed on (1/25//14). The Safety assessment score is safe.

Classification

This case is being classified as (Allegation Unsubstantiated/Perpetrator Unsubstantiated) due to policy 14.7 this classification is appropriate due to there being insufficient information and evidence to support the opinion that the child died of abuse or neglect and the alleged perpetrator named in the report was not found to be responsible for the reported maltreatment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/12/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/12/2014

Completed date: 03/12/2014

Completed By: [REDACTED] [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: 03/12/2014 03:30 PM Entered By: [REDACTED] [REDACTED]

The Child Protective Investigative Team met on 3/12/14 to discuss the [REDACTED] [REDACTED] case. After review of the autopsy report the team decided to classify the case as AU / PU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/28/2014	Contact Method:	Attempted Face To Face
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/05/2014
Completed date:	03/05/2014	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/05/2014 08:37 AM Entered By: [REDACTED] [REDACTED]

A face to face with [REDACTED] [REDACTED] was not completed for February due to him being deceased.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	████████	Case Name:	████████ ██████████ ██████████
Case Status:	Close	Organization:	████████████████████ Region

Case Recording Details

Recording ID:	████████	Status:	Completed
Contact Date:	02/20/2014	Contact Method:	Correspondence
Contact Time:	12:00 PM	Contact Duration:	Less than 30
Entered By:	████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	02/21/2014
Completed date:	02/21/2014	Completed By:	████████ ██████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Medical Exam,Collateral Contact		
Contact Sub Type:			

Children Concerning

████████ ██████████ ██████████

Participant(s)

████████ ██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 02/21/2014 08:18 AM Entered By: ██████████ ██████████

CPSI ██████████ received a certified copy of the Medical Examiners autopsy report on 2/20/14. CPSI reviewed the report, and noted no concerns for neglect or abuse. The summary of the case states that: Autopsy revealed a small but well cared for infant with dysmorphic features consistent with chondrodysplasia. His weight was at the 25th percentile compared to age related norms for short statured males. An occlusive mucus plug was present within the tracheostomy tube and mucus was also present within the right bronchus. The lungs appeared grossly mottled and firm and a small effusion was present on the right pleural cavity. Other findings at autopsy included a patent foramen ovale of the heart, vasculature congestion of the cerebral blood vessels, thinning of the cervical spinal cord, and a large thymus gland. Histology revealed ischemia and necrosis of the tracheal mucosa secondary to tracheostomy, splenic congestion, and anoxic changes of the brain.

Specimens were submitted for toxicologic analysis. The blood was positive for therapeutic levels of levetiracetam and metabolite of clonazepam. Vitreous electrolytes were remarkable for a decreased sodium concentration. The nasopharyngeal viral cultures were negative for organisms. Blood, lung, and cerebrospinal fluid cultures were negative for bacterial organisms.

In my opinion, this infant died from complications of chondrodysplasia punctate. The manner of death is natural.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/03/2013

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/04/2013

Completed date: 12/04/2013

Completed By: [REDACTED] [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: 12/04/2013 04:28 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] contacted Detective [REDACTED] with the [REDACTED] Police Department, on 12/2/13 at 6pm. Det. [REDACTED] reported that he had made contact with Mr. and Ms. [REDACTED] earlier that day. It was reported to him that when the family returned from [REDACTED] on 11/30/13 they had noticed a change of color in [REDACTED]. It was reported that they began CPR and called 911 at approximately 8pm and [REDACTED] was transported to [REDACTED] Medical Center. Det. [REDACTED] stated that he has no concerns for the family at this time. Det. [REDACTED] stated that the autopsy will be held on 12/3/13 at 8 am, and he would be in attendance.

Detective [REDACTED] contacted CPSI [REDACTED] on 12/3/13 at noon. Det. [REDACTED] reported that nothing abnormal was found during the autopsy, and there were no signs of trauma. Det. [REDACTED] stated that the report has not been finalized and more details would follow.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/02/2013	Contact Method:	
Contact Time:	09:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/04/2013
Completed date:	12/04/2013	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/04/2013 04:38 PM Entered By: [REDACTED] [REDACTED]

After CPSI [REDACTED] interviewed Mr. and Ms. [REDACTED] and CPSA [REDACTED] interviewed [REDACTED] [REDACTED] (5) the case was staffed with CPS TL [REDACTED] TL [REDACTED] staffed the case with her supervisors and DCS legal, and it was determined that no safety interventions would be put in place at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [redacted] Case Name: [redacted]
Case Status: Close Organization: [redacted] Region

Case Recording Details

Recording ID: [redacted] Status: Completed
Contact Date: 12/02/2013 Contact Method: Face To Face
Contact Time: 07:00 PM Contact Duration: Less than 02 Hour
Entered By: [redacted] Recorded For:
Location: Family Home Created Date: 12/04/2013
Completed date: 12/04/2013 Completed By: [redacted]
Purpose(s): Safety - Child/Community
Contact Type(s): Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/04/2013 03:30 PM Entered By: [redacted]

Child Protective Services Investigator [redacted] (CPSI) had a face to face interview to initiate the investigation to insure safety, well-being and permanency.

People present during this visit:

[redacted] (father) DOB [redacted]
[redacted] (mother) DOE [redacted]

In order to engage the family, CPSI [redacted] explained the current report made to the Tennessee Department of Childrens Services and the MRS/Assessment process. CPSA [redacted] had previously provided the family with a brochure describing the Multiple Response Approach. CPSA [redacted] explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI [redacted] obtained signed acknowledgements of such and copies have been placed into the file.

*Section I: Interview with the child

N/A

*Section II: Interview with the mother / guardian

CPSI [redacted] and CPSA [redacted] went to the family home on 12/2/13 at 7 pm in order to conduct interviews with Mr. and Ms. [redacted] regarding the events leading up to [redacted] passing. Mr. and Ms. [redacted] reported that on the morning of 11/30/13 at approximately 10:30 am, the in home nurse, [redacted] reported that [redacted] had pulled out his G-Tube. Mr. and Ms. [redacted] stated that they immediately took [redacted] to [redacted] Community Hospital. The [redacted] reported that they were not able to successfully replace to G-Tube at [redacted] Hospital, and they were referred to [redacted] Childrens Hospital. The [redacted] stated that they were admitted to [redacted]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Emergency Room, where a new 14 gauge G-Tube kit was completed. The [REDACTED] reported that other tests were performed as well. CPSI engaged with the [REDACTED] about the Doctor that was caring for [REDACTED]. The [REDACTED] reported that it was an ER doctor that they were not familiar with. The [REDACTED] reported that the Dr./Team that they typically see for scheduled appointments was not present this day. The [REDACTED] reported that they were released from the hospital with no new or additional instructions for the care of [REDACTED]. The [REDACTED] reported that when they left the hospital it was dark, and estimated the time to be around 6 pm. The [REDACTED] reported that traffic was backed up and it took them approximately two hours to get home. The [REDACTED] reported that [REDACTED] was in stable condition on the way home, and his respirator, oxygen saturation meter, and heart monitor were connected and charged on the way home. Ms. [REDACTED] reported that when they arrived home they brought [REDACTED] into the home where he appeared to remain in stable condition. The [REDACTED] reported that Mr. [REDACTED] went to the car to get belongings, and Ms. [REDACTED] setting up equipment for [REDACTED] in the home. Ms. [REDACTED] reported that she looked down at [REDACTED] and observed that he appeared to have some color change to his skin tone. The [REDACTED] reported that at this time Mr. [REDACTED] was back in the family home and immediately began to bag [REDACTED] and Ms. [REDACTED] placed a call to 911. The [REDACTED] stated that when EMS arrived they were still providing CPR, and they were transported to [REDACTED] Medical Center. CPSI [REDACTED] asked Mr. and Ms. [REDACTED] if they would be willing to submit to a drug screening. Mr. and Ms. [REDACTED] were cooperative and readily agreed to the drug screening. Both Mr. and Ms. [REDACTED] tested negative for all substances.

*Section III: Interview with the father / guardian

N/A

*Section IV: Interview with other household members

N/A

*Notation:

N/A

Section V: CPSI observed:

Document:

1. Interactions between mother/father and child: N/A
2. Observation and presentation: N/A
3. Observation of interactions between mother/father and other children in home: N/A
4. Observation of physical environment (inside and outside): The family home was well kept.

Section VI: Next Steps:

CPSI [REDACTED] will contact collaterals.

*Section VII: NCPP/FSTM (if applicable)

N/A

Strengths:

Needs:

Action Steps:

Decisions:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/02/2013	Contact Method:	Attempted Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/12/2014
Completed date:	03/12/2014	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/12/2014 03:27 PM Entered By: [REDACTED] [REDACTED]

The child was deceased at the time the report was made to the Department, thus a face to face was not able to be completed. This note is to satisfy TFACTS requirement.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 11/8/13 11:35 AM

Date of Assessment: 11/12/13 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: _____