Case # 2013.131ph

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 12/08/2013 01:50 AM CT

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 12/08/2013

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 12/09/2013 08:48 AM

First Team Leader Assigned: [redacted] Date/Time 12/09/2013 12:00 AM

First Case Manager [redacted] Date/Time 12/09/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	7 Mos	Abuse Death	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: The child is not in custody.

TFACTS:

Family Case IDs: [redacted]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - Yes - 12/3/13, # [redacted] DEI, CM [redacted], Supervisor [redacted]

Indicated No

Fatality No

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

Screened out No

History (not listed above): No

DUPLICATE REFERRAL: No

County: [redacted]
Notification: None
School/ Daycare: None
Native American Descent: None Reported
Directions: None Given

Reporters name/relationship [redacted]

NOTATION: Demographic information is listed under [redacted]

Reporter states: [redacted] gave birth to her daughter, [redacted] at 31 weeks gestation. At the time of her death, [redacted] was in the Neonatal Intensive Care Unit at [redacted] Hospital, where she had been since birth.

[redacted] is thought to have contracted an infection that caused complications which contributed to her death at 2:05 am on 12-08-13. Reporter states that at this time, there is no medical evidence that shows whether or not [redacted] drug usage contributed to the complications for the infant. This will be determined through the pending autopsy. The reporter is not aware of any other children in the home. No DOB is available for [redacted]

[redacted] tested positive for THC (marijuana) and Oxycodone upon delivery on 11-28-13. She admitted to using Oxycodone and marijuana during her pregnancy. She stated that she did not have a prescription for Oxycodone and was purchasing them illegally. [redacted] admitted that she used THC and Oxycodone on 11-27-13, which was one day before her delivery. A cord blood test was taken at the time of [redacted] birth and the blood results were positive for both THC and Oxycodone.

[redacted] is a "Coroners Case" and an autopsy will be completed. [redacted] will be transported to the [redacted] Coroners Office in the morning hours of 12-08-13.

Law Enforcement has not been notified at this time, but the reporter will be notifying law enforcement.

No information is available on the home situation. [redacted] is currently at the hospital.

No special needs or disabilities are known.

Per SDM: Investigative Track, P1, [redacted] TL on 12-8-13 @ 3:00 am (CST)

Notified Child Death Group: [redacted] was copied on the notification email.

CM [redacted] and Supervisor [redacted] were emailed regarding this report, due to the open case they are assigned to for this child.
The county was paged through MIR3 at 3:02 am

Recipients	Time Issued	Response Received	Devices	Responses
[redacted]	12-08-13 03:03:05 AM CST	12-08-13 03:04:06 AM CST	+ [redacted]	Received
	12-08-13 03:03:06 AM CST	---	[redacted]	Email Sent

Intake is being submitted to the county at 3:04 am

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

Participant(s)

Name: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: 7 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:

Name: [redacted]

Gender: Female | Date of Birth: | Partipant ID: [redacted]

SSN: | Race: Black/African | 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:

Case # 2013.131ph

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: 12/08/2013

Assignment Date: 12/09/2013

Street Adress: [redacted],

City/State/Zip: [redacted]

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 05/28/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: AUPU

D. Case Workers

Case Worker: [redacted]

Date: 05/28/2014

Team Leader: [redacted]

Date: 05/28/2014

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:

Due to the child's death, the child was not interviewed. [redacted] was transported directly from [redacted] to [redacted] after her birth due to her prematurity.

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 consulted with Dr. [redacted] who explained that there was not enough research to say that Ms. [redacted] drug use caused [redacted] to contract intestinal ischemia, which was listed as the primary cause of her death. The autopsy also noted that [redacted] had peritonitis with secondary pancreatitis due to necrotizing enterocolitis.

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

Ms. [redacted] admitted to using THC while she was pregnant to help her with her appetite. She admitted to taking a half of a 30 mg. Roxicodone 3-4 days before giving birth to [redacted] Ms. [redacted] reported that she went into preterm labor twice while she was pregnant and had to be given a shot to stop her from going into labor.

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]

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

[redacted] gave birth to her daughter, [redacted] [redacted] at 31 weeks gestation. At the time of her death, [redacted] was in the Neonatal Intensive Care Unit at [redacted], where she had been since birth. [redacted] is thought to have contracted an infection that caused complications which contributed to her death at 2:05 am on 12-08-13. Reporter states that at this time, there is no medical evidence that shows whether or not [redacted] drug usage contributed to the complications for the infant. This will be determined through the pending autopsy. The reporter is not aware of any other children in the home. No DOB is available for [redacted] [redacted] tested positive for THC (marijuana) and Oxycodone upon delivery on 11-28-13. She admitted to using Oxycodone and marijuana during her pregnancy. She stated that she did not have a prescription for Oxycodone and was purchasing them illegally. [redacted] admitted that she used THC and Oxycodone on 11-27-13, which was one day before her delivery. A cord blood test was taken at the time of [redacted] birth and the blood results were positive for both THC and Oxycodone. [redacted] is a "Coroners Case" and an autopsy will be completed. [redacted] will be transported to the [redacted] Coroners Office in the morning hours of 12-08-13. Law Enforcement has not been notified at this time, but the reporter will be notifying law enforcement. No information is available on the home situation. [redacted] is currently at the hospital.

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

The child, [redacted], was born premature at 31 weeks. She was immediately transferred to [redacted] from [redacted] Regional. [redacted] never left the hospital. While she was in the hospital, she became septic and died on 12/8/13. The primary cause of death was listed as prematurity related intestinal ischemia. CPSI spoke to Dr. [redacted] regarding the manner of death and was advised that at this time there was not enough studies to link the mothers drug use to the death of the baby. Due to [redacted] being premature, she was not diagnosed with NAS. Ms. [redacted] did test positive for THC during her pregnancy, and the cord blood tested positive for THC and opiates. CPSI [redacted] investigated that case and Substantiated Ms. [redacted] for DEI (non severe). Due to [redacted] death being the result of an infection that was contracted at [redacted] this case is being closed as Allegation and Perpetrator Unsubstantiated.

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:	06/24/2014	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/01/2014
Completed date:	07/01/2014	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2014 10:36 AM Entered By: [redacted]

ADMINISTRATIVE REVIEW/ CASE STAFFING

This case was staffed on this date between Investigator [redacted] and Lead Investigator [redacted]. This case came to the Departments attention on 12/08/13 as a neglect death. The last admin review was held on 05/29/14. This case did go to CPIT on 05/28/14 and the allegations of neglect death were unsubstantiated. The final autopsy was received and has been scanned into TFACTS documents. The final autopsy cause of death reads natural causes. There are no surviving siblings which need to be seen monthly. The case was sent for final closure approval to IC [redacted].

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	05/29/2014	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/03/2014
Completed date:	06/03/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2014 08:50 AM Entered By: [redacted]

ADMINISTRATIVE REVIEW/ CASE STAFFING

This case was staffed on this date between Investigator [redacted] and Lead Investigator [redacted]. This case began on 12/08/13. This is a child fatality case. The final autopsy report was received and stated death was by natural causes.

Investigator follow-up: The case went to CPIT on 05/28/14 and the allegations were unsubstantiated.

Next Steps:
This case has been submitted for closure. There are no surviving siblings in the home. We are now just waiting for IC [redacted] to approve this case to be removed from the investigators tree. The final autopsy needs to be uploaded into TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	05/28/2014	Contact Method:	
Contact Time:	08:15 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/28/2014
Completed date:	05/28/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/28/2014 08:00 AM Entered By: [redacted]

This case came to the Departments attention on 12/8/13 with allegations of Abuse Death .

DCS policy defines Abuse Death as:
1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the childs caretaker or the consequence of the childs caretakers failure to stop another persons direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretakers failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.
4. Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.

Summary and results of the investigation:
The child, [redacted], was born premature at 31 weeks. She was immediately transferred to [redacted] from [redacted] Regional. [redacted] never left the hospital. While she was in the hospital, she became septic and died on 12/8/13. The primary cause of death was listed as prematurity related intestinal ischemia. CPSI spoke to Dr. [redacted] regarding the manner of death and was advised that at this time there was not enough studies to link the mothers drug use to the death of the baby. Due to [redacted] being premature, she was not diagnosed with NAS. Ms. [redacted] did test positive for THC during her pregnancy, and the cord blood tested positive for THC and opiates. CPSI [redacted] investigated that case and Substantiated Ms. [redacted] for DEI (non severe). Due to [redacted] death being the result of an infection that was contracted at [redacted] this case is being closed as Allegation and Perpetrator Unsubstantiated.
.

Based on the summary and the results of the investigation, each allegation this case does not meet the criteria as outlined by policy. This case is being classified as Unsubstantiated . This case is being submitted to Lead Investigator [redacted] for review and closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Narrative Type: Addendum 1 Entry Date/Time: 06/02/2014 11:20 AM Entered By: [redacted]

The autopsy reflects that [redacted] "died of peritonitis with secondary pancreatitis due to necrotizing entercolitis, which was a consequence of the prematurity related intestinal ischemia." It was also noted that "This premature neonate was exposed to drugs during pregnancy and the mom admitted to taking to taking marijuana and oxycodone. The cord blood at the time of delivery tested positive for opiates and marijuana with metabolites." The final report states that the manner of death is natural.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	05/28/2014	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/28/2014
Completed date:	05/28/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/28/2014 07:59 AM Entered By: [redacted]

This case was presented to the [redacted] Child Protective Investigative Team on 5/18/14. All required CPIT members were present.
A recommendation was made to Unsubstantiate the allegations, and the CPIT members did agree. The hard copy of the CPIT form was signed and that hard copy is located in the case 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:	05/21/2014	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/27/2014
Completed date:	05/27/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/27/2014 10:51 AM Entered By: [redacted]

5/21/14 CPSI provided the final autopsy report to [redacted], DCS legal. CPSI was advised to check with Dr. [redacted] to see if there was anyway to link Ms. [redacted] drug use to [redacted] being born premature, causing the

5/21/14 CPSI consulted Dr. [redacted] about the findings of the autopsy. According to Dr. [redacted] there was not enough information available to say that Ms. [redacted] drug use caused the

Narrative Type: Addendum 1 Entry Date/Time: 07/01/2014 07:21 AM Entered By: [redacted]

5/21/14 CPSI provided the final autopsy report to [redacted], DCS legal. CPSI was advised to check with Dr. [redacted] to see if there was anyway to link Ms. [redacted] drug use to [redacted] being born premature, which was a contributing factor to the cause of death which was peritonitis with secondary pancreatitis due to necrotizing entercolitis.

5/21/14 CPSI consulted Dr. [redacted] about the findings of the autopsy. According to Dr. [redacted] there was not enough information available to say that Ms. [redacted] drug use caused the prematurity which was a contributing factor to the cause of death which was peritonitis with secondary pancreatitis due to necrotizing entercolitis.

peritonitis with secondary pancreatitis due to necrotizing entercolitis

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:	03/13/2014	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/13/2014
Completed date:	03/14/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/13/2014 09:10 PM Entered By: [redacted]

ADMINISTRATIVE REVIEW/ CASE STAFFING

This case was staffed on this date by Lead Investigator [redacted] and Investigator [redacted].

The child involved is [redacted] (deceased). The alleged perpetrator is [redacted] (birth mother). The allegation is abuse death.

The referral states that [redacted] gave birth to her daughter, [redacted] at 31 weeks gestation. At the time of her death, [redacted] was in the Neonatal Intensive Care Unit at [redacted] Hospital, where she had been since birth.

[redacted] is thought to have contracted an infection that caused complications which contributed to her death at 2:05 am on 12-08-13. Reporter states that at this time, there is no medical evidence that shows whether or not [redacted] drug usage contributed to the complications for the infant. This will be determined through the pending autopsy.

[redacted] tested positive for THC (marijuana) and Oxycodone upon delivery on 11-28-13. She admitted to using Oxycodone and marijuana during her pregnancy. She stated that she did not have a prescription for Oxycodone and was purchasing them illegally. [redacted] admitted that she used THC and Oxycodone on 11-27-13, which was one day before her delivery. A cord blood test was taken at the time of [redacted] birth and the blood results were positive for both THC and Oxycodone.

Investigator follow-up:
[redacted] was interviewed and was very combative. The DEI case has been handled by Investigator [redacted]. The mother did admit to the DEI worker she used drugs during her pregnancy, but denied it to the current worker. Autopsy results are pending. Mom has no other children.

NEXT STEPS:
Wait for autopsy results. Some medical records have been received and those will read to see if there is a cause of death listed.

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:	12/30/2013	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/10/2014
Completed date:	01/10/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/10/2014 10:30 AM Entered By: [redacted]

12/30/13 3:58 p.m. message from [redacted]
Ms. [redacted] asked that CM contact her at [redacted]. Ms. [redacted] stated that she wanted to know if CM received the medical records yet.

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:	12/17/2013	Contact Method:	Attempted Phone Call
Contact Time:	04:32 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/10/2014
Completed date:	01/10/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/10/2014 10:29 AM Entered By: [redacted]

12/17/13 4:32 p.m. message from [redacted]
Ms. [redacted] left the contact number [redacted] CM returned the call at 4:16 p.m. on 12/18/13. Ms. [redacted] stated that she just wanted to know if CM had the records yet. CM advised Ms. [redacted] that she had not obtained the records yet.

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:	12/16/2013	Contact Method:	Attempted Phone Call
Contact Time:	01:20 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/23/2013
Completed date:	12/23/2013	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 02:39 PM Entered By: [redacted]

12/16/13 1:22 p.m. message from [redacted]
Ms. [redacted] stated that she had been trying to reach CM for 3 days and that she had a question. Ms. [redacted] speech sounded as if it was slurred. Ms. [redacted] left the contact number [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:	12/09/2013	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/11/2013
Completed date:	12/11/2013	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: 12/11/2013 03:09 PM Entered By: [redacted]

12/9/13 11:43 a.m. CM [redacted] and Inv. [redacted] spoke to [redacted] at [redacted]. Ms. [redacted] stated that she was [redacted] mother. Ms. [redacted] stated that her daughter has been staying with a friend, [redacted] at [redacted]. Ms. [redacted] stated that her daughter was staying there because it was closer to [redacted] and [redacted] could walk to the hospital to be with the baby. Ms. [redacted] stated that she does not know [redacted] real name or last name, but that [redacted] mothers name is [redacted] She stated that they used to be neighbors. She stated that the number she has for [redacted] is [redacted] and that she does not have numbers for [redacted] or [redacted]
Ms. [redacted] stated that [redacted] reported to her that the doctor stated [redacted] was septic because of the ventilators and different IVs she was hooked to, plus she was premature.
Ms. [redacted] stated that as far as she knows, the only criminal history [redacted] has is driving without a license. Ms. [redacted] stated that she knows that [redacted] has smoked marijuana about 2 years ago, but she is not sure about now. She stated that she does not think that [redacted] used drugs while she was pregnant because [redacted] was excited about her pregnancy. Ms. [redacted] stated that [redacted] was not supposed to be able to have children. Ms. [redacted] stated that [redacted] found out that she was pregnant at 3 months. Ms. [redacted] stated that [redacted] went to a doctors appointment on 11/26/13 and was admitted to the hospital that day. She stated that [redacted] had the baby on 11/28/13. She stated that [redacted] stayed at the house on [redacted] the night before she was admitted.

12/9/13 12:05 p.m. neg. HV [redacted]
CM [redacted] and Inv. [redacted] went to the home at [redacted] There was no answer at the door. CM left a card with contact information.

12/9/13 12:08 p.m. TC to Ms. [redacted]
The number was no longer in service.

12/9/13 3:15 p.m. CM [redacted] received a text from CM [redacted] stating that Ms. [redacted] had contacted CM [redacted] and that Ms. [redacted] was on her way to the DCS office.

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted]

12/9/13 4:00 p.m. [redacted] (DCS office)
CM [redacted] and Inv. [redacted] spoke to Ms. [redacted] at this time. Ms. [redacted] stated that she was staying with [redacted] on [redacted] Ms. [redacted] stated that she received her prenatal care from Dr. [redacted] at Ft. [redacted] Center. She stated that she went to a doctors appointment on Tuesday 11/26/13 and was admitted to the hospital after her appointment. She stated that she was induced on 11/28/13. Ms. [redacted] stated that [redacted] was 13 inches long and weighed 2 lbs 4.6 oz. Ms. [redacted] stated that she was hospitalized because she did not have enough oxygen or blood flow. She stated that she had a cesarean section on Thursday.
Ms. [redacted] stated that she took a home pregnancy test on 5/31/13 and it was positive. She stated that she went to the Health Department on 6/19/13 and they told her that she was 10 weeks pregnant. She stated that she made an appointment with Dr. [redacted] for 6/20/13. She stated that she was told at that time that she was 8 weeks pregnant. Ms. [redacted] stated that she did not have her period, so she thought that she might be pregnant. Ms. [redacted] stated that she had 2 miscarriages in the past. She stated that the first one was 3 years ago. She stated that she went to Dr. [redacted] after that. She stated that her next miscarriage was 2 years ago. She stated that she went to Ft. [redacted] after that.
Ms. [redacted] stated that [redacted] father is [redacted]. She stated that [redacted] resides in [redacted] She stated that she was living in [redacted] at the time of conception. Ms. [redacted] stated that she knew Mr. [redacted] for a few months, but that they just had a one night stand. Ms. [redacted] stated that Mr. [redacted] knows about [redacted] being born, but he does not know about her death. She stated that once she told Mr. [redacted] about [redacted] he has not had much contact with her. She stated that he first did not say much, but then he acted like he wanted to be involved. She stated that he has not been very involved since find out [redacted] was born. Ms. [redacted] stated that she moved back to [redacted] around 4/7/13.
Ms. [redacted] stated that she took vitamin D, Vinate, and Daily Vite prenatal vitamins while she was pregnant. She stated that she smoked marijuana while she was pregnant because she was nauseas the whole time and could not eat. She stated that she had a stomach virus 4-5 times while she was pregnant. Ms. [redacted] first stated that she smoke marijuana every 3 days, and then she stated that she hit 2 blunts every few days. She stated that once she started getting sick, she reduced the amount of times she smoked marijuana. Ms. [redacted] stated that the first time she had the virus, she went to [redacted] and they gave her a flu shot.
Ms. [redacted] stated that she went into pre term labor twice and went to [redacted] both times. Ms. [redacted] stated that the first time she went into pre labor was when she was 4 months pregnant. She stated that she was hit by a car on [redacted] She stated that she called the police and after they left, she went to [redacted]. Ms. [redacted] stated that this was in August. She stated that the second time was at the end of August or first of September. She stated that her stomach was hurting bad, so she went to the ER. She stated that the staff told her she was in pre labor then. Ms. [redacted] stated that she went to Dr. [redacted] the next day, and was given a shot to stop labor. She stated that she was never dilated, but they told her that she had too much fluid on her neck. She stated that went away with time.
Ms. [redacted] stated that she never had problems with her pregnancy until last Tuesday. She stated that she went to all of her pre natal appointments and had ultrasounds. Ms. [redacted] stated that after she was admitted to the hospital on 11/26/13, she had to lie on her side on a pillow because they could not find the babys heartbeat. She stated that was on Wednesday 11/27/13. Ms. [redacted] stated that she was told that there would be a possibility of a sill birth if she was not induced, and that there was a 90% survival rate if she was induced. She stated that [redacted] was born at 9:57 a.m. on 11/28/13. She stated that she was in the hospital 2 days before giving birth.
Ms. [redacted] stated that she smoked a blunt Tuesday morning before going to the doctor, but she does not remember when. She stated that she only took a half of a Roxycodone 3-4 days before being admitted to the hospital. Ms. [redacted] stated that she only took 15 mgs of it. She stated that she does not remember the girls name she got it from, but she did not have to pay for it. She stated that she told the girl that she had back and tooth pain, so the girl felt sorry for her and gave her the pill. Ms. [redacted] stated that she knew what the pill was that she was given. Ms. [redacted] stated that it stopped the pain.
Ms. [redacted] stated that she had back and tooth pain during her pregnancy. She stated that she had low calcium throughout her pregnancy, so she knows that her tooth was hurting because of her pregnancy. She stated that she also had low iron, so her prenatals were infused with iron. Ms. [redacted] stated that she failed all of her drug screens for marijuana. She stated that she never failed a drug screen for any opiate. She stated that [redacted] was born healthy.
Ms. [redacted] stated that [redacted] was fed donation breast milk at first because she had smoked cigarettes and marijuana. She stated that she was also prescribed Percocet at this time due to the cesarean section. Ms. [redacted] stated that she was at [redacted] until Monday 12/2/13. She stated that [redacted] was transported to [redacted] as soon as she was born. Ms. [redacted] stated that she spent as much time with [redacted] as possible.
Ms. [redacted] stated that she did not get to hold [redacted] until either Thursday or Friday (12/5/13 or 12/6/13) because she was in an incubator the entire time. She stated that they just turned the light off the incubator a few days

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted]

ago. Ms. [redacted] stated that she could not hold [redacted] until after she was released from the hospital due to concerns about germs, but that she could hold [redacted] as long as she wanted to once she was cleared. Ms. [redacted] stated that once [redacted] started getting sick, she only visited for a few hours at a time because she did not want to bring germs into the NICU. Ms. [redacted] stated that she notices that [redacted] stomach was swelling and she was spitting up too much. She stated that she also noticed that [redacted] was grey in color. She stated that when [redacted] was first born, her coloring was a light chocolate color. Ms. [redacted] stated that [redacted] had not had a bowel movement. She stated that [redacted] had tests and X rays ran on her while she was at the hospital which is how they found the infection. Ms. [redacted] stated that as soon as they found the infection, the hospital stopped the breast milk and started [redacted] on antibiotics and IV nutrients.

Ms. [redacted] stated that [redacted] was fine the first few days after they found the infection. She stated that she called the hospital on Saturday (12/7/13) to check on [redacted] and she was told then that [redacted] had been placed on a ventilator. She stated that the hospital did not notify her of this before putting her on the ventilator. Ms. [redacted] stated that she went to the hospital and the doctors told her that [redacted] was not doing well, so she left the get an over night bag. She stated that when she got back to the hospital, [redacted] received a blood transfusion around 1:00 a.m. Ms. [redacted] stated that she went to the lobby during this time to charge her phone. She stated that about 20 minutes later, a nurse came out and spoke to her about the measures that they had taken to save [redacted] Ms. [redacted] stated that [redacted] was not breathing on the ventilator at this time. She stated that staff let her hold [redacted] until her heart completely stopped. Ms. [redacted] stated that after that, she went into another room and the doctor brought [redacted] to her. She stated that she rocked [redacted] for a few hours after her death.

Ms. [redacted] stated that while [redacted] was in the incubator, she was on her back. She stated she never witnessed [redacted] hitting her head or anything being dropped on her head. She stated that on Saturday, [redacted] was sleeping almost the entire day because they had given her sedatives. She stated that [redacted] had been pulling at her IVs. She stated that because of this, [redacted] eyes were mainly closed while she was at the hospital. Ms. [redacted] stated that [redacted] was in the incubator with a diaper only and that she was not swaddled.

Ms. [redacted] stated that [redacted] was diagnosed as NEC and septic. She stated that she does not remember the incubator temperature. Ms. [redacted] stated that the only reason [redacted] was taken to [redacted] was because she was premature. She stated that [redacted] was fine when she went to [redacted] and that she only started having problems 3 days after they realized she was sick. Ms. [redacted] stated that she did not have any other birth problems with [redacted] and that [redacted] did not have any birth complications or defects. She stated that [redacted] did not have any allergies that she knew of.

Ms. [redacted] stated that [redacted] started out taking 1.5 ml of milk, then was increased to 4.5 ml, then to 5 ml, then 10.5 ml., and was at 11.5 ml when they stopped feeding her. She stated that [redacted] was eating every 3 hours. Ms. [redacted] stated that [redacted] was last fed on Thursday (12/5/13) because of the IV. Ms. [redacted] stated that she did not have any complications after being hit by the car. She stated that she had a few bruises on her back, but nothing major. Ms. [redacted] stated that she smoked half a pack of cigarettes a day when she was first pregnant and then reduced it to a fourth of a pack a day. She stated that she did not consume any alcohol during her pregnancy and that she did not use any other drugs. She stated that she has used cocaine years ago, but not while pregnant. Ms. [redacted] stated that she is just staying with Ms. [redacted] for now and that she still lives at her mothers home. She stated that she has never been married. Ms. [redacted] stated that [redacted] heart rate kept dropping and medical staff could not bring that up.

CM provided Ms. [redacted] with a copy of the Clients Rights Handbook, HIPPA, Notification of Equal Access, and the Native American Heritage Veto Act. Ms. [redacted] signed the appropriate paper work. Ms. [redacted] also signed releases for CM.

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:	12/08/2013	Contact Method:	Face To Face
Contact Time:	04:30 AM	Contact Duration:	More than 5 Hours
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	12/11/2013
Completed date:	12/11/2013	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact,Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/11/2013 03:08 PM Entered By: [redacted]

12/8/13 4:15 p.m. CM [redacted] received a phone call from TL [redacted] notifying of the fatality.

12/8/13 4:25 a.m. TC to CM [redacted]
CM [redacted] agreed to meet CM [redacted] at [redacted]

12/8/13 4:30 a.m. TC to Inv. [redacted]
CM advised Inv. [redacted] of the case.

12/8/13 5:30 a.m. TC to [redacted] (Charge Nurse)
According to Ms. [redacted] was transported to the medical examiner around 4:00 a.m. Also according to Ms. [redacted] Ms. [redacted] left the hospital around 4:00 a.m. Ms. [redacted] reported that Dr. [redacted] was still present and available to speak to CMs and [redacted]PD once they arrived.

12/8/13 6:39 a.m. [redacted]
CMs [redacted] and [redacted] along with [redacted]PD Investigator [redacted] and Investigator [redacted] spoke to Dr. [redacted].
According to Dr. [redacted] [redacted] was born at 31 weeks and only weighed 2 pounds. He stated that [redacted] became septic while at the hospital. He stated that she probably died of overwhelming sepsis. Dr. [redacted] stated that [redacted] was born at [redacted] then transported to [redacted] Hospital because she was born premature. He reported that she became septic on 12/4/13. He stated that she had a bacterial infection in her blood stream. He stated that babies that are born premature are at a high risk for such an infection. He stated that the mothers drug use did not have an effect on the situation. Dr. [redacted] reported that he does not believe that Ms. [redacted] drug use did not cause her to go into labor early. Dr. [redacted] stated that [redacted] was in the 80-90% survival range if she was born at 31 weeks. He reported that [redacted] was very small for her age and projected dates. He stated that Ms. [redacted] received her pre natal care at [redacted] Center. Dr. [redacted] stated that [redacted] was born hypoglycemic, which was a transient diagnosis due to her prematurity and weight. He stated that she also had respiratory distress. Dr. [redacted] stated that he only saw [redacted] this morning when she passed away.
Dr. [redacted] stated that [redacted] did not have a diagnosis of NAS. He stated that babys with this degree of prematurity does not exhibit signs of NAS.

Tennessee Department of Children's Services

Case Recording Summary

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

12/8/13 9:30 a.m. CMs [redacted] and [redacted] along with [redacted] PD Inv. [redacted] attended the autopsy for [redacted]. CMs and Inv. [redacted] were advised of the following:
It was reported that [redacted] had discarded the umbilical cord, so there was no tissue or blood samples taken. The hypoglycemia was due to [redacted] being born premature. [redacted] entire bowels were septic, instead of just a section. A sample of [redacted] bile was sent of for testing to see if Oxycodone was present. Oxycodone affects circulation.
It was reported that [redacted] lungs never had a chance to expand and that there was some extent of heart failure. It was reported that [redacted] suffered from necrotizing enterocolitis (NEC), which is an infection or inflammation that affects the intestines and/or bowels. It was reported that [redacted] was on a ventilator, but that her lungs had barely expanded.

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:	12/08/2013	Contact Method:	
Contact Time:	03:30 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/11/2013
Completed date:	12/11/2013	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/11/2013 03:07 PM Entered By: [redacted]

Child: [redacted] 11/28/13 12/8/13 NA
Mother: [redacted] 2/11/92 [redacted]
Father: [redacted]
Addresses: [redacted]
Phone: [redacted]
[redacted] MGM [redacted])
Schools:

REFERRAL AND REFERRANT:
The child is not in custody.

TFACTS:

Family Case IDs: [redacted]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - Yes - 12/3/13, # [redacted] DEI, CM [redacted], Supervisor [redacted]

Indicated No

Fatality No

Screened out No

History (not listed above): No

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted]

DUPLICATE REFERRAL: No

County: [redacted]
Notification: None
School/ Daycare: None
Native American Descent: None Reported
Directions: None Given

Reporters name/relationship: [redacted]

NOTATION: Demographic information is listed under [redacted]

Reporter states: [redacted] gave birth to her daughter, [redacted] at 31 weeks gestation. At the time of her death, [redacted] was in the Neonatal Intensive Care Unit at [redacted] Hospital, where she had been since birth.

[redacted] is thought to have contracted an infection that caused complications which contributed to her death at 2:05 am on 12-08-13. Reporter states that at this time, there is no medical evidence that shows whether or not [redacted] drug usage contributed to the complications for the infant. This will be determined through the pending autopsy. The reporter is not aware of any other children in the home. No DOB is available for [redacted]

[redacted] tested positive for THC (marijuana) and Oxycodone upon delivery on 11-28-13. She admitted to using Oxycodone and marijuana during her pregnancy. She stated that she did not have a prescription for Oxycodone and was purchasing them illegally. [redacted] admitted that she used THC and Oxycodone on 11-27-13, which was one day before her delivery. A cord blood test was taken at the time of [redacted] birth and the blood results were positive for both THC and Oxycodone.

[redacted] is a "Coroners Case" and an autopsy will be completed. [redacted] will be transported to the [redacted] Coroners Office in the morning hours of 12-08-13.

Law Enforcement has not been notified at this time, but the reporter will be notifying law enforcement.

No information is available on the home situation. [redacted] is currently at the hospital.

No special needs or disabilities are known.

Per SDM: Investigative Track, P1, [redacted] TL on 12-8-13 @ 3:00 am (CST)

Notified Child Death Group: [redacted]
[redacted] RA [redacted] was copied on the notification email.

CM [redacted] and Supervisor [redacted] were emailed regarding this report, due to the open case they are assigned to for this child.
The county was paged through MIR3 at 3:02 am

Recipients Time Issued Response Received Devices Responses
[redacted] 12-08-13 03:03:05 AM CST 12-08-13 03:04:06 AM CST + [redacted] Received
12-08-13 03:03:06 AM CST --- [redacted] Email Sent
Intake is being submitted to the county at 3:04 am

CASE ASSIGNMENT:

This case came to the attention of the Department on 12/8/13 at 1:50 a.m. (CST) and was assigned to CM [redacted] on 12/8/13 at 3:15 a.m. (CST) as a P1 with the response due on 12/9/13 .Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification

Tennessee Department of Children's Services

Case Recording Summary

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

is made to the District Attorneys Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff) as requested per Juvenile Court Judge [redacted]

DATE TIME CPIT: Child Protective Investigation Team was convened with [redacted] PD Investigator [redacted]. It was determined that CM would meet Inv. [redacted] at [redacted]

8/12/13: CM conducted a TFACTS history search on this family. CM found the following:
12/3/13, #[redacted] DEI, CM [redacted] (open)

Family Functional Assessment

Case Name:	[redacted]	**Case ID:**	[redacted]
Primary Case Worker:		**Begin Date:**	12/04/2013
Last Review By:		**Last Review Date:**	

I. Current Circumstances:

A. Reason For Involvement:

12/04/2013 - [redacted] E - FFA - Family - [redacted] IS A NEWBORN WHO HAS BEEN ADMITTED TO THE NEONATAL INTENSIVE CARE UNIT AT [redacted] HOSPITAL DUE TO PREMATURITY (AT 31 WEEKS), RESPIRATORY DISTRESS SYNDROME, HYPOGLYCEMIA, AND INTRAUTERINE DRUG EXPOSURE. MOTHER HAS A HISTORY OF THC AND OXYCODONE USE (AS RECENTLY AS 11/27).

B. Family Story:

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

B. Family Significant Needs/Risks/Concerns:

III. Person Information:

A. Children:

B. Adults:

C. Family Together History:

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[redacted]		CPS	[redacted]
[redacted]		CPS	[redacted]

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info

IV. Assessment of Safety:

12/04/2013 - [redacted] - Safety - [redacted], [redacted] - Mother allegedly used drugs while pregnant and the infant died on 12.8.13 at [redacted] NICU. This infant never went home.

V. Assessment of Well Being:

VI. Assessment of Permanence:

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date

Worker's Signature	Date	Supervisor's Signature	Date

Case # 2013.131ph

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Assessment

Family Name:	[redacted]	TN DCS Intake ID #:	[redacted]
County:	[redacted]	Worker:	
Date of Referral:	12/3/13 4:23 PM	Date of Assessment:	12/4/13 12:00 AM
Assessment Type:	Initial	Number of Children in the Household:	1

Section 1: Immediate Harm Factors

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

Yes	No		
[X]	[ ]	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.
			[X] Drug-affected infant/child.
			[ ] Methamphetamine lab exposure.
[ ]	[X]	2.	Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
[ ]	[X]	3.	Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
[ ]	[X]	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.
[ ]	[X]	5.	The family refuses access to the child, or there is reason to believe that the family is about to flee.
[ ]	[X]	6.	Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
[ ]	[X]	7.	The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
[ ]	[X]	8.	Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
[ ]	[X]	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): Child safe in NICU

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:** _____