



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

Case # 2014ND.028

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	██████████	
Type: (Please check one)	<input type="checkbox"/> DEATH	<input checked="" type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	10/23/2014		
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:	██████████		Relationship to Victim:	birth father		
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:	N/A					

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

The Department received a referral on 10/23/14 regarding ██████████ and ██████████ alleging lack of supervision against ██████████. It was reported that ██████████ was transported to ██████████ due to almost drowning in a bathtub at home. The father was at home when the incident occurred.

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:

██████████ stated that she had left ██████████ and ██████████ in the care of their ██████████, ██████████, while she attended a doctor's appointment. She reported she left the home around 7:45 AM to walk ██████████ and ██████████ to school and took ██████████ with her. She shared she took ██████████ over her sister's, ██████████, home while she went to the doctor. Investigator asked why she only took ██████████ with her and she stated he was the only one up before she left. She shared that ██████████ and ██████████ were still asleep. ██████████ stated that she woke up ██████████ and told him she was about to leave for the doctor and that ██████████ were in their room sleep. She shared that ██████████ stated "okay".

Investigator inquired how she found out about the incident and she stated she called her mother, ██████████, for a ride from the doctor around 11:30am-11:45 AM and she had told her that someone called and said ██████████ had drowned. ██████████ stated that she was at ██████████ on ██████████. She reported that she began to cry after talking with her mother and the security guard asked what was wrong with her and she told them what happened. She shared that the security guard asked her supervisor if she could transport her to ██████████ and they allowed her to. ██████████ stated that her mother was already at the hospital when she arrived.

Investigator inquired how ██████████ and ██████████ supervise the children and she stated that they usually split the responsibilities. She stated that when she is at home, ██████████ is mostly not there and spends a lot of time at a friend's apartment in the same complex. She shared that when she has things to do or needs a break ██████████ would keep the children. Investigator inquired how the children are bathed and she stated that she never leaves them unattended and has never seen ██████████ leave them unattended. ██████████ stated all of her children are supervised at all times. When asked if she had any concerns before today with ██████████ supervising the children and she stated "no".

Investigator asked ██████████ if ██████████ or ██████████ plays with the faucets in the tub and she stated "yes but she is always there to tell them to stop". Investigator further asked ██████████ to bring ██████████ into the bathroom to see if he could turn the faucets. ██████████ turned the faucets on with any hesitation or any problems.

██████████ shared that she and ██████████ has had domestic violence issues in the past. She further shared that she was going to put a restraining order on ██████████ due to this incident. Investigator provided ██████████ with the ██████████ contact information. When asked who is her support system were she stated her mother, ██████████, and her sister, ██████████.

██████████ stated he got up this morning shortly after ██████████ left the apartment which was around "8ish". He shared

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

he fixed breakfast for him and the children and they ate. He stated he then put them in the tub together. [REDACTED] reported that did not even fill the water in the tub half way because the children like to splash the water. He shared he left out of the bathroom and went to the kitchen and sat at the table. He stated that while sitting at the table their window was open and he noticed his boss, [REDACTED], in the courtyard of the apartments. [REDACTED] stated that he went outside to tell [REDACTED] he was not going to be able to work today because he had the children. He shared as he and [REDACTED] were talking someone said "look at your son" and when he turned around her saw [REDACTED] standing in the door way naked. [REDACTED] stated he immediately ran in the home and into the bathroom to check on [REDACTED]. He further stated that he observed [REDACTED] floating in the tub on his back and the water running everywhere. He shared he grabbed [REDACTED] and ran outside for her help. He stated that a neighbor began to perform CPR on [REDACTED] and someone called 911. He then said that as they were doing CPR on [REDACTED] he went back in the bathroom to cut off the water because it was still running and flooding the apartment. Investigator asked how long he was outside talking before [REDACTED] came to the door and he stated less than 5 minutes.

Investigator inquired how he and [REDACTED] usually supervises the children and he stated this was his first time leaving them unattended. He shared that [REDACTED] does not leave them unattended. [REDACTED] stated that they always supervise all the children at all times. Investigator explained the seriousness of the incident with [REDACTED]. It appeared that [REDACTED] was remorseful and was concerned about [REDACTED].

Investigator interviewed [REDACTED]' boss. He shared that he was outside talking with [REDACTED] for about 10 minutes when he first noticed something was wrong. He stated that as he was talking with [REDACTED], [REDACTED] ran really fast into his home. He shared that as he looked up he saw [REDACTED] son, [REDACTED], at the door naked. He stated that he did not think anything was wrong and that he thought [REDACTED] just wanted to go and put his clothes on. He shared that [REDACTED] then ran outside with [REDACTED] in his arms yelling for help. He stated that he and his nephew, [REDACTED], ran towards the apartment. [REDACTED] stated he told [REDACTED] to call 911 and that he would help [REDACTED]. He stated that he got [REDACTED] from [REDACTED] and turned him on stomach and then two ladies who lives in the apartment complex came into the apartment and assisted him. He stated that the lady told him to turn [REDACTED] over on his back and she began to perform CPR on him. Investigator asked if water was flooding the apartment and he stated no. He shared that he did not notice any water but that he did not go into the bathroom.

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

Investigator completed a visit to the hospital on 10/23/14. [REDACTED] was observed in the ICU unit on the [REDACTED] floor in room [REDACTED]. The nurse stated that [REDACTED] was doing better. She reported that a CT scan of the brain was completed and it came back normal. She further reported that he was alert and that he was responding.

Investigator spoke with [REDACTED] on 10/24/14. She reported that [REDACTED] was awake and responding well. She further reported that they were going to complete X-rays to observe his lungs to make sure he was breathing correctly. She stated that if the X-rays were good they would remove the breathing tube. Investigator inquired what the prognosis was regarding [REDACTED] and she stated that it was Near Drowning Episode.

Describe disposition of body (Death): N/A

Name of Medical Examiner/Coroner: N/A 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

Type: [REDACTED] Assessment Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:

The case was assigned to [REDACTED] with law enforcement. [REDACTED] was not arrested at this time.

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):

An Immediate Protection Agreement was approved on 10/23/14 by [REDACTED] at 5:45pm. The IPA allowed the children to stay in the care of the mother, [REDACTED], but restricting the father, [REDACTED], to be around the children.

Name: [REDACTED] Age: [REDACTED]

Intake #:	██████████	Investigation #:	██████████	Date of Report:	1/24/14
Name:	██████████	Age:	█		
Name:	██████████	Age:	█		
Name:	██████████	Age:	█		
Name:	██████████	Age:	█		

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
02/19/2014	██████████	LOS	██████████	██████████	ASPS
03/8/2013	██████████	SA	██████████	██████████	ASPS
10/28/2011	██████████	ENV, DEC, PHA	██████████, ██████████, ██████████	██████████ ██████████	Unable to Complet
08/11/2011	██████████	DEC	██████████, ██████████, ██████████	██████████	No Services Needed
05/24/2011	██████████	DEC, LOS	██████████, ██████████, ██████████	██████████	No Services Needed
02/17/2011	██████████	DEC, Psychological Harm	██████████, ██████████, ██████████	██████████ and ██████████	Services Recommended and Accepted/No Services Needed
04/15/2010	██████████	DEC, PHA, Psychological Harm	██████████, ██████████, ██████████	██████████ and ██████████	Services Required/No services needed

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

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 ██████████ Serious Incident Report to this notice. No Yes

Email to: ██████████
within forty-eight (48) hours of notification
Include subject line (in RED): ██████████] or
██████████]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 10/23/2014 01:19 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 10/23/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 10/23/2014 07:07 PM
First Team Leader Assigned: [REDACTED] Date/Time 10/24/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 10/24/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	[REDACTED]	Lack of Supervision	No	[REDACTED]	Birth Father
[REDACTED]	[REDACTED]	Lack of Supervision	Yes	[REDACTED]	Birth Father

Preliminary Near Death: [REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS:

Family Case ID: [REDACTED]

Open Family Support Services: [REDACTED]

Closed Court Custody None found

Open CPS None found

Death None found

Substantiated: [REDACTED]



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

[REDACTED]

Screened out 4

Pending:

History (not listed above):

[REDACTED]/Unable to Complete

[REDACTED] No Services Needed

[REDACTED] No Services Needed

[REDACTED] Services Recommended and Refused

[REDACTED]/Services Required

[REDACTED] Unsubstantiated

County: [REDACTED]

Notification: Email

School/ Daycare: [REDACTED]

Native American Descent: No

Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states:

The child is not in state custody.

The child, [REDACTED] (age [REDACTED]) lives with his mother, [REDACTED], and father, [REDACTED]. There are four other children in the home, [REDACTED] (age [REDACTED]), [REDACTED] (age [REDACTED]), and [REDACTED].

[REDACTED] arrived at [REDACTED] Hospital due to drowning in a bathtub at home. The father was at the home and he is the one who called the police. The mother was not at home at the time.

The father said he was bathing the 3 year old son ([REDACTED]) and [REDACTED]. The father went outside to talk to his boss who stopped by the home. The father said he was outside for about five minutes. The father said when he came back to the bathroom he found [REDACTED] unresponsive and he was not breathing. The father called 911. EMS took the child to the hospital. It is unknown how long the child went without breathing. It is unknown if EMS had to do CPR on the child on the way to the hospital. The child was intubated.

The child will be kept overnight for observation. He will be taken to [REDACTED]. The child is currently getting a CT scan completed. The child is conscious. The child was heard crying. It is unknown if there is going to be any swelling on the brain, the CT will determine how the hospital proceeds with treatment. The current prognosis is not known.

A trauma alert went out to the hospital at 12:14 P.M. The incident at home must have happened soon before then.

The child was intubated at the hospital. It is unknown if he was intubated to better assess his condition or if because the child wasn't breathing.

The mother is currently at the hospital. The father is currently speaking with Law Enforcement at home. It is unknown if the father is being charged or arrested.



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

The other children should be at school. It is unknown if [REDACTED] is currently with the father or with another family member. The mother's family said they were going to pick the other children up from school.

Law Enforcement said the mother had a DCS case opened on her in February, 2014. It is unknown what that was for.

Per SDM: [REDACTED]
Email notification sent to [REDACTED]
[REDACTED], and the [REDACTED] Email Notification Group.



**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:

Race:

Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: [REDACTED]

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

Contact Comments: Mother shares phone with her mother

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted]
Referral Date: [Redacted]
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: [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. Contains two rows of allegations regarding 'Lack of Supervision'.

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is sufficient evidence to support the opinion that a harmful situation exist. Investigator completed all investigative tasks.

D. Case Workers

Case Worker: [Redacted] Date: [Redacted]
Team Leader: [Redacted] Date: [Redacted]

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:

[Redacted] and [Redacted] were not interviewed due to their ages. [Redacted] was admitted to [Redacted] Hospital with a near drowning episode prognosis.

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

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

[Redacted] reported he pu [Redacted] and [Redacted] in the bathtub unattended and supervisor for a certain period of time which resulted in [Redacted] near drowning episode.



**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:

The dept received a referral on 10/23/14 regarding [REDACTED] and [REDACTED] alleging lack of supervision against [REDACTED]. It was reported that [REDACTED] was transported to [REDACTED] due to drowning in a bathtub at home. The father was at home when the incident occurred.

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

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/12/2015 Contact Method:
 Contact Time: 11:45 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/12/2015
 Completed date: 01/12/2015 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: 01/12/2015 11:46 AM Entered By: [REDACTED]

This case has been read and approved by [REDACTED], [REDACTED].
 A classified CS-740 will be sent to Juvenile Court for notification to the Judge and the DA.



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: 12/07/2014

Contact Method:

Contact Time: 05:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/07/2014

Completed date: 12/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/07/2014 05:24 PM Entered By: [REDACTED]

DCS Policy defines Lack of Supervision as a failure to provide adequate supervision by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that the child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or the Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills). Lack of Supervision is also defined as any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

Investigator [REDACTED] is submitting this case for review. The dept received a referral on 10/23/14 regarding [REDACTED] and [REDACTED] alleging lack of supervision against [REDACTED]. It was reported that [REDACTED] was transported to [REDACTED] due to drowning in a bathtub at home. The father was at home when the incident occurred. [REDACTED] and [REDACTED] were not interviewed due to their ages. [REDACTED] was admitted to [REDACTED] Hospital with a near drowning episode prognosis. [REDACTED] reported he put [REDACTED] and [REDACTED] in the bathtub unattended and supervisor for a certain period of time which resulted in [REDACTED] near drowning episode. There is sufficient evidence to support the opinion that a harmful situation exist. All required forms are signed. All investigation tasks have been completed. This case has been submitted for review.

Narrative Type: Addendum 1 Entry Date/Time: 01/12/2015 10:57 AM Entered By: [REDACTED]

This case was classified as ASPS regarding [REDACTED] and [REDACTED] against [REDACTED].



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: 12/07/2014

Contact Method:

Contact Time: 05:13 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/07/2014

Completed date: 12/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/07/2014 05:15 PM Entered By: [REDACTED]

Investigator completed the Closing Safety Assessment. There are no current immediate harm factors and interventions. The safety decision is: Safe



**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:	12/07/2014	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/07/2014
Completed date:	12/07/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/07/2014 05:22 PM Entered By: [REDACTED]

There is still currently a [REDACTED] case with this family with Case Manager, [REDACTED] for further monitoring. [REDACTED] will start her parent aid sessions this month and will monitored by FSS case manager along with Investigator due to another investigation ([REDACTED]) being open with the family with new allegations.



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: 12/05/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/09/2014

Completed date: 12/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 12/09/2014 09:49 AM

Entered By: [REDACTED]

Investigator received the medical records for [REDACTED]. A copy will be placed in the chart. The prognosis was a near drowning episode.



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:	12/05/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/09/2014
Completed date:	12/09/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/09/2014 09:44 AM Entered By: [REDACTED]

Investigator completed a referral for [REDACTED] for Parenting Classes at [REDACTED].



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: 12/04/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/10/2014

Completed date: 12/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2014 12:32 PM Entered By: [REDACTED]

Investigator spoke with [REDACTED], representative from [REDACTED], and she shared [REDACTED] has made some progress. She stated she has attended 3 sessions so far. She further stated [REDACTED] has missed some sessions due to her not having a babysitter. She shared she will continue to work with [REDACTED]



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:	12/02/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/07/2014
Completed date:	12/07/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/07/2014 05:19 PM Entered By: [REDACTED]
 Investigator filed the Order of Protection regarding all of the children against [REDACTED]. Court is set for [REDACTED]



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: 10/27/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 01/12/2015

Completed date: 01/12/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/12/2015 11:01 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] and she stated [REDACTED] was a good mother. She shared she assists [REDACTED] with her children. She further shared [REDACTED] takes good care of the children and supervises them properly in her presence. She stated she would continue to be a helping hand with the children.



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: 10/27/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 12/07/2014

Completed date: 12/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 12/07/2014 05:17 PM

Entered By: [REDACTED]

A CFTM was held today at [REDACTED] Hospital. The family was present except [REDACTED].



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: 10/24/2014

Contact Method:

Contact Time: 12:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 10/24/2014 12:56 PM

Entered By: [REDACTED]

Investigator completed the Initial Safety Assessment. There are no current immediate harm factors and interventions. The safety decision is: Conditionally Safe. 1:



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: 10/24/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 12:46 PM Entered By: [REDACTED]

Investigator interviewed [REDACTED]. He shared that he was outside talking with [REDACTED] for about 10 minutes when he first noticed something was wrong. He stated that as he was talking with [REDACTED], [REDACTED] ran really fast into his home. He shared that as he looked up he saw [REDACTED]' son, [REDACTED], at the door naked. He stated that he did not think anything was wrong and that he thought [REDACTED] just wanted to go and put his clothes on. He shared that [REDACTED] then ran outside with [REDACTED] in his arms yelling for help. He stated that he and his nephew, [REDACTED], ran towards the apartment. [REDACTED] stated that he told [REDACTED] to call 911 and that he would help [REDACTED]. He stated that he got [REDACTED] from [REDACTED] and turned him on stomach and then two ladies who lives in the apartment complex came into the apartment and assisted him. He stated that the lady told him to turn [REDACTED] over on his back and she began to perform CPR on him. Investigator asked if water was flooding the apartment and he stated no. He shared that he did not notice any water but that he did not go into the bathroom.



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: 10/23/2014

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 12:45 PM Entered By: [REDACTED]

Investigator spoke with both [REDACTED] and [REDACTED] and explained the Immediate Protection Agreement. It was agreed that [REDACTED] will continue to care for all of the children and will not allow [REDACTED] to reside with them or be around the children at all. Investigator explained that a Child and Family Team Meeting will be scheduled within the 72 business hours.



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: 10/23/2014 Contact Method: Face To Face
 Contact Time: 05:25 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/24/2014
 Completed date: 10/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2014 12:44 PM Entered By: [REDACTED]

Investigator interviewed [REDACTED] outside of [REDACTED] Apartments.

[REDACTED] stated that he got up this morning shortly after [REDACTED] left the apartment which was around 8ish. He shared that he fixed breakfast for him and the children and then they ate. He stated that he then put them in the tub together. [REDACTED] reported that did not even fill the water in the tub half way because the children like to splash the water. He shared that he left out of the bathroom and went in the kitchen and sat at the table. He stated that while sitting at the table their window was open and he noticed his boss [REDACTED], in the courtyard of the apartments. [REDACTED] stated that he went outside to tell [REDACTED] he was not going to be able to work today because he had the children. He shared that as he and [REDACTED] was talking [REDACTED] said look at your son and when he turned around her saw [REDACTED] standing in the door naked. [REDACTED] stated that he immediately ran in the home and into the bathroom to check on [REDACTED]. He further stated that he observed [REDACTED] floating in the tub on his back and the water running everywhere. He shared that he grabbed [REDACTED] and ran outside for her help. He stated that a neighbor began to perform CPR on [REDACTED] and someone called 911. He then said that as they were doing CPR on [REDACTED] he went back in the bathroom to cut off the water because it was still running and flooding the apartment. Investigator asked how long he was outside talking before [REDACTED] came to the door and he stated less than 5 minutes.

Investigator inquired how he and [REDACTED] usually supervises the children and he stated that was his first time leaving them unattended. He shared that [REDACTED] does not leave them unattended. [REDACTED] stated that they always supervise all the children at all times. Investigator explained the seriousness of the incident with [REDACTED]. It appeared that [REDACTED] was remorseful and was concerned about [REDACTED].

Investigator inquired if he noticed a mark on [REDACTED] and he stated no.



**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:	10/23/2014	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	10/24/2014
Completed date:	10/24/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2014 12:40 PM Entered By: [REDACTED]

Investigator arrived at [REDACTED] Hospital located at [REDACTED]
 [REDACTED] was observed in the ICU unit on the [REDACTED] floor in room [REDACTED]. The nurse stated that [REDACTED] was doing better. She reported that a CT scan was completed and it came back normal. She further reported that he was alert and that he was responding. Investigator was informed that [REDACTED] had left the hospital to go and pick up [REDACTED] and [REDACTED] from her home.



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: 10/23/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/24/2014
 Completed date: 10/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2014 12:35 PM Entered By: [REDACTED]

Investigator along with [REDACTED] worker [REDACTED] arrived to the home of [REDACTED]. Investigator spoke with [REDACTED] who informed Investigator that the father, [REDACTED], was downtown with law enforcement and the mother, [REDACTED], was at the hospital with [REDACTED]. A neighbor was keeping [REDACTED] and [REDACTED] until DCS arrived.

[REDACTED] explained the incident to Investigator stating the father said he put [REDACTED] and [REDACTED] in the bathtub and left out of the home for less than 5 minutes to talk to his boss, [REDACTED], and then noticed [REDACTED] at the door naked. He then ran back in the house and saw [REDACTED] floating in the tub on his back and the water was running. [REDACTED] stated that the father then called for help and a neighbor did CPR on [REDACTED] while he called 911.

[REDACTED] also informed Investigator that [REDACTED] was brought to the home by a family member which was [REDACTED] sister. [REDACTED] sister attempted to pick up [REDACTED]; however, law enforcement would not allow her to get [REDACTED] and also made her leave [REDACTED] at the home.

Investigator attempted to interview [REDACTED]; however, was not successful due to his age. He was not able to comprehend. Investigator interviewed [REDACTED]. He shared that he was 4 years old. When asked if he attends school, he stated no. He shared that he feels safe at home. Investigator asked [REDACTED] who is at home with him every day and he stated his mother. Investigator inquired who bathes him and he stated his mother.

Investigator will go to hospital [REDACTED] worker [REDACTED] will stay with the other children while Investigator is gone.



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:	10/23/2014	Contact Method:	Phone Call
Contact Time:	02:15 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/24/2014
Completed date:	10/24/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/24/2014 12:32 PM Entered By: [REDACTED]

Investigator spoke with the referent and the referent did not have additional information.



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: 10/23/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 12:31 PM Entered By: [REDACTED]

Investigator was assigned this case on 10/23/14. The dept received a referral on 10/23/14 regarding [REDACTED] and [REDACTED] [REDACTED] alleging lack of supervision against [REDACTED]. It was reported that [REDACTED] was transported to [REDACTED] due to drowning in a bathtub at home. The father was at home when the incident occurred.

Referent notification was sent on 10/23/14 by [REDACTED] system along with notification to the judge and DA.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker: [Redacted]

Date of Referral: 10/23/14 1:19 PM

Date of Assessment: 10/24/14 12:00 AM

Assessment Type: Initial

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):
[X] 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: _____