



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 01/29/2015 03:01 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 01/29/2015

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 01/29/2015 04:53 PM
First Team Leader Assigned: [REDACTED] Date/Time 01/28/2015 12:00 AM
First Case Manager [REDACTED] Date/Time 01/28/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 3 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother
[REDACTED]	1 Yr 3 Mos	Drug Exposed Infant	No	[REDACTED]	Birth Mother
[REDACTED]	1 Yr 3 Mos	Lack of Supervision	No	[REDACTED]	Birth Mother
Unknown Participant [REDACTED], Unknown	2 Yrs 9 Mos	Drug Exposed Child	No	[REDACTED]	Other Relative
Unknown Participant [REDACTED], Unknown	1 Yr 9 Mos	Drug Exposed Infant	No	[REDACTED]	Other Relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: Family Case IDs: [REDACTED]
Open Court Custody/FSS/FCIP No
Closed Court Custody No
Number of Screen Outs: 1



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

History (not listed above): Yes

12/29/2014 ASMT [REDACTED] / ENN & NUN & PHA / No Services Needed / 01.21.2015

06/11/2014 INV / [REDACTED] DEC & PYA & PHA & DEI / Allegations and Perpetrators Unsubstantiated / 8.25.2014

1/30/2014 INV / [REDACTED] / LOS & DEC & DEI & PHA / Allegations and Perpetrators Unsubstantiated / 5.20.2014

6/26/2007 INV / [REDACTED] / PYA / Allegation and Perpetrator Unsubstantiated / 9.27.2007

10/27/2006 INV / [REDACTED] / Substantial Risk Physical Injury / 1.24.2007

Sex Offender Registry: N/A

County: [REDACTED]

Notification: Letter

School/ Daycare: None

Native American Descent: Unknown

Reporter's name/relationship: [REDACTED] || [REDACTED]

Reporter states:

The child is not in custody.

Faxed Report / Typed Verbatim

This will serve as notification that the [REDACTED] County Medical Examiner's Office is investigating the death of [REDACTED] [REDACTED] DOB [REDACTED]. This 5 month old infant was discovered unresponsive after being put down for a nap by her mother at 1300 hours on 01/28/2015. Emergency 911 responded and confirmed asystole at 1259. Investigator [REDACTED] with the [REDACTED] Tennessee Regional Forensic Center made the scene. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED] (DOB [REDACTED], SSN [REDACTED]). Our case is [REDACTED]. The decedent's address is [REDACTED] but they also stay at [REDACTED] as well. The father's name is [REDACTED].

Additional Information received from [REDACTED] County CPS: There are two other children in the home. They are 1 and 2 years of age. According to [REDACTED] of the medical examiner's office the living conditions in the home were awful. Reportedly, there was clutter all over the home as well as cigarette butts and marijuana blunts laying in clear view.

Special Needs or Disabilities: Unknown

Child's current location/is the child safe at this time: [REDACTED] County Medical Examiner's Office

Perpetrator's location at this time: Unknown

Any other safety concerns for the child(ren) or worker who may respond: Unknown

Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P1

[REDACTED] TL @ 4:08 p.m. on 1/29/15

Submitted to the County at 4:08 p.m. on 1/29/15

A notification was sent to [REDACTED]

The [REDACTED] County Regional Administrator [REDACTED] was notified at 4:08 p.m. on 1/29/15



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Unable to Age: 1 Yr 3 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

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: Unable to

Age: 23 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

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: Unknown Participant [REDACTED], Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

Age: 2 Yrs 9 Mos (Est)

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

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: Unknown Participant [REDACTED], Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

Age:

1 Yr 9 Mos (Est)

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

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]

Investigation ID: [REDACTED]

Referral Date: 01/29/2015

Assignment Date: 01/30/2015

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 07/20/2015
2	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 07/20/2015
3	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 07/20/2015
4	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 07/20/2015
5	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 07/20/2015
6	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 07/20/2015
7	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 07/20/2015
8	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 07/20/2015



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

Case Name : ██████████

Investigation ID: ██████████

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
9	██████████	██████████ ██████████	Environmental Neglect	██████████	██████████ ██████████	Allegation Substantiated / Perpetrator Substantiated	No	██████████ ██████████
10	██████████	██████████ ██████████	Environmental Neglect	██████████	██████████ ██████████	Allegation Substantiated / Perpetrator Substantiated	No	██████████ ██████████
11	██████████	██████████ ██████████	Environmental Neglect	██████████	██████████ ██████████	Allegation Substantiated / Perpetrator Substantiated	No	██████████ ██████████

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Lack of Supervision - AUPU
Drug Exposed Child/Infant - AUPU
Neglect Death - AUPU

D. Case Workers

Case Worker: ██████████

Date: 07/20/2015

Team Leader: ██████████

Date: 07/21/2015

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:

Deceased children are not required to be seen according to DCS policy work aid.

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

The manner of death could not be determined.

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

CPSI ██████████ questioned the mother in regards to the events surrounding the death of ██████████. Ms. ██████████ became emotional. CPSI informed her to take her time and offered his condolences. Ms. ██████████ stated that on Wednesday, 01/28/14, she had given ██████████ a bottle around 9:30 a.m., she burped her and laid her down for a nap. Ms. ██████████ stated that she laid her on her stomach and turned her head to the side. Ms. ██████████ and her other children laid down for a nap as well. Around 1:00 p.m. ██████████ (youngest sibling) woke up and Ms. ██████████ got on up and prepared the ACV a bottle because she reported that she feeds her every 3 to 4 hours, when she picked the ACV up she wasn't breathing. Ms. ██████████ stated that she attempted CPR and called



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

911.

[REDACTED] explained to CPSI [REDACTED] that [REDACTED] was born premature. Her due date was September 12, 2014, but she arrived on [REDACTED] weighing 5 pounds and 9 ounces at birth. Ms. [REDACTED] stated that [REDACTED] remained in the hospital for 8 days and at discharged she weighed 4 pounds and 12 ounces. Ms. [REDACTED] informed CPSI [REDACTED] that she breast and bottle feed [REDACTED]. Normally, throughout the day she would typically give her about 3 bottles of breast milk and 2 bottles of Simalic formula. It was reported that [REDACTED] was last seen by the doctor at her November WIC appointment.

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

N/A

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

There is not a preponderance of evidence to substantiate the allegation.

The case will be closed and classified as Allegations Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death. The allegations of Drug Exposed Child and Lack of Supervision have also been classified as allegation unsubstantiated 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] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/09/2015

Contact Method:

Contact Time: 10:09 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/09/2015

Completed date: 10/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/09/2015 10:09 AM Entered By: [REDACTED]

This case was reviewed and approved for closure by Director of Investigation [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:	10/08/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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:	10/08/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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:	10/08/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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:	[REDACTED]	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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:	10/08/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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

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Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



**Tennessee Department of Children's Services
Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

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Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]
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Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
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Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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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: 10/08/2015

Contact Method:

Contact Time: 12:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:50 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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: 09/10/2015

Contact Method:

Contact Time: 04:11 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/10/2015

Completed date: 09/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/10/2015 04:15 PM Entered By: [REDACTED]

This case is being reviewed. Upon completion of tasks, reviews and approval the case will be closed.



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: 08/21/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/24/2015

Completed date: 08/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/24/2015 09:49 AM Entered By: [REDACTED]

This case was submitted for review. The 740 has been completed and will be forwarded to Juvenile Court Judge and District Attorney for classification. The case was reviewed by District Attorney [REDACTED] Chief Prosecutor for Special Victims, classification Allegation Unsubstantiated and Perpetrator Unsubstantiated. The case was presented to the Child Protection Investigation Team (CPIT) and signed by District Attorney [REDACTED]. The case will be forwarded for review by the Regional Investigation Director.



**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:	08/18/2015	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/18/2015
Completed date:	08/18/2015	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: 08/18/2015 12:12 PM Entered By: [REDACTED]

On January 29, 2015, the Department of Children's Services, Office of Child Safety, received a priority 1 referral on alleged child victims (ACV) [REDACTED] 5 months, and two unknown participants listed as 2 years and 1 year of age. The allegations are drug exposed infant, lack of supervision, and neglect death on ACV [REDACTED] and Drug Exposed Child and Infant were the allegation on the two unknown participants.

The case is a non-custodial case and the family has history with the Department.

12/29/2014	[REDACTED]	Environmental Neglect, Nutritional Neglect, and Physical Abuse	[REDACTED]
[REDACTED]	[REDACTED]	No Services Needed	[REDACTED]
06/11/2014	[REDACTED]	Drug Exposed Child and Infnat , Psychological Harm, and Physical Abuse	[REDACTED]
[REDACTED]	[REDACTED]	Allegation Unsubstantiated Perpetrator Unsubstantiated	[REDACTED]
01/30/2014	[REDACTED]	Lack of Supervision, Drug Exposed Child/Infant, and Physical Abuse	[REDACTED]
[REDACTED]	[REDACTED]	Allegation Unsubstantiated Perpetrator Unsubstantiated	[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

06/26/2007 [REDACTED] Psychological Harm [REDACTED]
 [REDACTED] Allegation Unsubstantiated Perpetrator Unsubstantiated

10/27/2006 [REDACTED] Substantial Risk Physical Injury [REDACTED]
 [REDACTED] Allegation Unsubstantiated Perpetrator Unsubstantiated

This 5 month infant was discovered unresponsive after being put down for a nap by her mother at 1300 hours on 01/28/2015. Emergency 911 responded and confirmed asystole at 1259. Investigator [REDACTED] with the [REDACTED] Regional Forensic Center made the scene. The decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. There are two other children in the home. They are 1 and 2 years of age. According to [REDACTED] of the medical examiners office the living conditions in the home were awful. Reportedly, there was clutter all over the home as well as cigarette butts and marijuana blunts laying in clear view.

The ACV [REDACTED] death was pronounced on 01/28/2015 at 3:36 pm.

Child Protection Service Investigator (CPSI) [REDACTED] investigated the case. CPSI [REDACTED] administered a drug screen on the mother, [REDACTED], and former CPSI [REDACTED] accompanied CPSI [REDACTED] to the home for an attempted home visit on 01/28/2015.

The alleged perpetrator is listed as the birth mother, [REDACTED]

On 01/29/2015, CPSI [REDACTED] and [REDACTED] went to the home [REDACTED] of Mr. and Mrs. [REDACTED] maternal grandparents. CPSI [REDACTED] and [REDACTED] were invited in and met with [REDACTED] at approximately 9:30 a.m. CPSI [REDACTED] questioned the mother in regards to the events surrounding the death of [REDACTED]. Ms. [REDACTED] became emotional. CPSI informed her to take her time and offered his condolences. Ms. [REDACTED] stated that on Wednesday, 01/28/14, she had given [REDACTED] a bottle around 9:30 a.m., she burped her and laid her down for a nap. Ms. [REDACTED] stated that she laid her on her stomach and turned her head to the side. Ms. [REDACTED] and her other children laid down for a nap as well. Around 1:00 p.m. [REDACTED] (youngest sibling) woke up and Ms. [REDACTED] got on up and prepared the ACV a bottle because she reported that she feeds her every 3 to 4 hours, when she picked the ACV up she wasn't breathing. Ms. [REDACTED] stated that she attempted CPR and called 911. [REDACTED] explained to CPSI [REDACTED] that [REDACTED] was born premature. Her due date was September 12, 2014, but she arrived on [REDACTED], weighing 5 pounds and 9 ounces at birth. Ms. [REDACTED] stated that [REDACTED] remained in the hospital for 8 days and at discharged she weighed 4 pounds and 12 ounces. Ms. [REDACTED] informed CPSI [REDACTED] that she breast and bottle feed [REDACTED]. Normally, throughout the day she would typically give her about 3 bottles of breast milk and 2 bottles of Similac formula. It was reported that [REDACTED] was last seen by the doctor at her November WIC appointment.

[REDACTED] stated that her son [REDACTED] was also born at 33 weeks and weighed 4 pounds and 2 ounces and her other two children were full term babies. [REDACTED] weighed 7 pounds and 8 ounces, and [REDACTED] weighed 7 pounds and 3 ounces. The father, [REDACTED] is employed at [REDACTED] (DOB: [REDACTED]). Mr. [REDACTED] resides in the home with the family. During this visit Mr. [REDACTED] was not available because he was at work at that present time. It was reported that [REDACTED] receives \$200 per month in child support and \$474 per month in food stamps.

CPSI [REDACTED] attempted to drug screen [REDACTED] at [REDACTED] but Ms. [REDACTED] stated that she had just used the restroom before the investigators arrived. CPSI [REDACTED] advised Ms. [REDACTED] to drink something and while we wait for her to have to use the restroom we can visit the [REDACTED] address and observe the home. CPSI [REDACTED] and [REDACTED] arrived at the home located at [REDACTED]. The home was observed and there was a concern of the appearance of the home. The home was observed to have a pile of clothing and shoes all over the home, the carpet was dirty, the refrigerator and stove needed to be clean, as well as, the bathroom. There appeared to be a plumbing problem in the home because the bathroom sink was clogged and water was sitting in the sink, but no drain stopper was in the sink. There was sun-room that Ms. [REDACTED] stated used to be her grandmother's hair salon it was filled with clothes and old furniture.



Tennessee Department of Children's Services
Case Recording Summary

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

The floor in the sunroom could not be seen due to the excess clothes on the floor. The family's pit bull dog was located in this room. The dog appeared to be friendly, due to the dog did not bark at CPSI [REDACTED] or [REDACTED]. CPSI [REDACTED] attempted another drug screen on [REDACTED]. Ms. [REDACTED] was not able to produce enough urine in order for the screen to read. CPSI [REDACTED] informed [REDACTED] that she will need to come by the DCS office at 1:30 p.m. to submit to a drug screen. Before leaving the home, CPSI [REDACTED] and [REDACTED] discussed with Ms. [REDACTED] the conditions of the home were a concern and that it wasn't a suitable environment for her to have young children residing in. Ms. [REDACTED] stated that she had cleaned up the day before. Ms. [REDACTED] stated that she has been living in the home for a year now, but goes back and forth to her parents' home. Ms. [REDACTED] was also informed that a Tennessee Early Intervention Services referral will be submitted for [REDACTED] and that all 3 of her children will need to be medically cleared.

CPSI [REDACTED] has met or observed all the members of the home. According to the caretaker there is no one in the home that is of Native American heritage. The family has been provided with the DCS Client's Right Handbook, and CPSI [REDACTED] has received a signature verifying that the caretaker has received the Handbook. They have been informed of the DCS Notification of Equal Access form, HIPPA forms, Authorization for Release of Information to DCS, and the Native American Heritage Veto Verification. CPSI [REDACTED] has received a signature verifying on all required forms.

CPSI [REDACTED] addressed the concerns of the condition of the home. CPSI [REDACTED] and [REDACTED] spoke with the mother in regards to the blankets that were observed in the crib and informed Ms. [REDACTED] that she doesn't need all those blankets and pillows in the crib while the baby is asleep. CPSI [REDACTED] completed a CODE X and SSMS check on the maternal grandparents, [REDACTED] and [REDACTED]. They checks came back with no record found. At 4:24 pm on 01/29/2014, Assistant Regional General Counsel [REDACTED] approved an IPA, for the children to be in the temporary care of the maternal grandparents.

DRUG EXPOSED INFANT/CHILD: (The medical definition of infant is age 0 to 1 year old. Child is over the age of 1 year old.)
 Note: When an infant is born to a mother who is using illegal substances, the infant must test positive or require medical treatment for symptoms of drug dependency to indicate for "Drug Exposed Infant."

DCS Policy defines Drug Exposed Infant/Child as an Infant/child who has been exposed to a drug or chemical substance (e.g., alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, meth, heroin, inhalants or any other illegal substances), as verified by a positive drug screen.

Infant/child who has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes but is not limited to the following situations:

- Drugs or chemical substances are administered to or given to children;
- Children exposed to or living within close physical proximity to where drugs or chemical substances are manufactured (the manufacturing of methamphetamine in a home where children are present, is always considered severe abuse).
- Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities. Impairment of the parent/caretaker's ability to meet childcare responsibilities MUST be supported by evidence, including documented examples.

LACK OF SUPERVISION:

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.

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The Child Protection Investigation Team (CPIT) was initially convened on January 30, 2015 with Assistant District Attorney [REDACTED] present for the staffing. At that time the case was stamped for the Department of Children's Services to handle as appropriate. The investigation was classified on July 20, 2015 during morning CPIT, as Allegations Unsubstantiated Perpetrators Unsubstantiated. [REDACTED] County was responsible for the investigation. The autopsy report was reviewed by Assistant District Attorney [REDACTED] Chief Prosecutor for Special Victims.

The alleged perpetrator [REDACTED] was acting appropriately at the time of the incident.

There is not a preponderance of evidence to substantiate the allegation.

The case will be closed and classified as Allegations Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death. The allegations of Drug Exposed Child and Lack of Supervision have also been classified as allegation unsubstantiated perpetrator unsubstantiated.

Narrative Type: Addendum 1 Entry Date/Time: 10/08/2015 11:51 AM Entered By: [REDACTED]

ENVIRONMENTAL NEGLECT:

DCS Policy defines a living situation either inside or outside the residence that is dangerous or unhealthy. The situation described can cause harm or significant risk of harm to the child(ren) in the home. The child's age and developmental status must be considered when evaluating the impact of the environmental condition of the child. The following are some examples of environmental situations as they relate to the child's age and developmental status: Leaking gas from stove or heating unit; Substances or objects accessible to the child that may endanger health/safety; Open/broken/missing windows; Structural hazards such as caving roof, holes in floor or walls; Exposed electrical wires; Children that lack clothing so that they are dangerously exposed to the elements, i.e., not having shoes or warm clothes for winter, etc.; Excessive garbage or rotted or spoiled food, which threatens health; Evidence of human or animal waste in the living quarters; and Insect or rodent infestation

The Department has substantiated the allegation of environmental neglect due to the conditions of the family home located at [REDACTED]. The home was observed and there was a concern of the appearance of the home. The home was observed to have a pile of clothing and shoes all over the home, the carpet was dirty, the refrigerator and stove needed to be clean, as well as, the bathroom. There appeared to be a plumbing problem in the home because the bathroom sink was clogged and water was sitting in the sink, but no drain stopper was in the sink. There was sun-room that Ms. [REDACTED] stated used to be her grandmother's hair salon it was filled with clothes and old furniture. There was rotten raw hamburger meat that was leaking inside of the refrigerator in the family home and 3 gallon jugs of milk that were expired inside the refrigerator as well.

The floor in the sun-room could not be seen due to the excess clothes on the floor. The family's pit bull dog was located in this room. The dog appeared to be friendly, due to the dog did not bark at CPSI [REDACTED] or [REDACTED]. Before leaving the home, CPSI [REDACTED] and [REDACTED] discussed with Ms. [REDACTED] the conditions of the home were a concern and that it wasn't a suitable environment for her to have young children residing in. Ms. [REDACTED] stated that she had cleaned up the day before. Ms. [REDACTED] stated that she has been living in the home for a year now, but goes back and forth to her parents' home. Pictures were taken of the home and placed in the file.



**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: 08/18/2015 Contact Method:
 Contact Time: 11:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/18/2015
 Completed date: 08/18/2015 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: 08/18/2015 11:54 AM Entered By: [REDACTED]

Child Protection Service Investigator (CPSI) [REDACTED] completed a Department of Children's Services (DCS) check on the [REDACTED] family.

Date:	Case #	Allegations	Classification	Alleged Child
12/29/2014	[REDACTED]	Alleged Perpetrators Environmental Neglect, Nutritional Neglect, and Physical Abuse	No Services Needed	[REDACTED]
06/11/2014	[REDACTED]	Drug Exposed Child and Infnat , Psychological Harm, and Physical Abuse		[REDACTED]
[REDACTED]	[REDACTED]	Allegation Unsubstantiated Perpetrator Unsubstantiated		[REDACTED]
01/30/2014	[REDACTED]	Lack of Supervision, Drug Exposed Child/Infant, and Physical Abuse	Allegation Unsubstantiated Perpetrator Unsubstantiated	[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

06/26/2007 [REDACTED]	Psychological Harm	[REDACTED]
[REDACTED]	Allegation Unsubstantiated Perpetrator Unsubstantiated	[REDACTED]
10/27/2006 [REDACTED]	Substantial Risk Physical Injury	[REDACTED]
[REDACTED]	Allegation Unsubstantiated Perpetrator Unsubstantiated	[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: 08/18/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2015

Completed date: 08/18/2015

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: 08/18/2015 12:40 PM Entered By: [REDACTED]

Summary of Autopsy Report:

The decedent was found in a portable crib with abundant bedding and heavily dressed in warm clothing. The decedent was reportedly placed face down and found face down. Autopsy showed no lethal findings. Autopsy showed a contusion of the right orbit and an abrasion of the right side of the forehead. The significance of these injuries is uncertain. Testing for drugs and alcohol was negative. Testing for viral and bacterial infection was negative or non-contributory. Death was caused by sudden unexplained infatn death associated with unsafe sleep conditions. The manner of death cannot be determined.



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: 08/07/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/17/2015

Completed date: 08/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/17/2015 10:42 AM Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [REDACTED] and feedback has been given to the team via email.



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: 07/27/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/24/2015

Completed date: 08/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/24/2015 02:32 PM Entered By: [REDACTED]

The closing Safety Decision Making tool was utilized on the [REDACTED]. The assessment scored the children as safe in the family 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: 07/27/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/10/2015

Completed date: 08/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/10/2015 03:39 PM Entered By: [REDACTED]

This case was submitted for review. The 740 has been completed and will be forwarded to Juvenile Court and District Attorney for classification. The case has been reviewed by Chief District Attorney [REDACTED], classification Allegation Unsubstantiated and Perpetrator Unsubstantiated. The case was reviewed as a handle and return and signed off by District Attorney [REDACTED]. The case will be submitted for review and closure.



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: 07/26/2015

Contact Method:

Contact Time: 07:18 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/26/2015

Completed date: 07/26/2015

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: 07/26/2015 07:18 PM Entered By: [REDACTED]

The case remains open awaiting the autopsy report to be reviewed by AAG [REDACTED]. A copy of the report has been uploaded in to TFACTS. There are no concerns for the remaining children residing in the family's 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: 07/20/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/26/2015

Completed date: 07/26/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/26/2015 07:21 PM Entered By: [REDACTED]

The investigation was presented to the morning Child Protection Investigative Team. The autopsy report was reviewed by Chief Prosecutor [REDACTED] with the [REDACTED] County District Attorney's Office. The investigation was approved for a classification of allegation unsubstantiated perpetrator unsubstantiated. The CPIT form CS-0561 was signed by AAG [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: 06/30/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/10/2015

Completed date: 08/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/10/2015 03:31 PM Entered By: [REDACTED]

This case was staff for updates. Follow up with District Attorney [REDACTED] on status of review.



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: 06/30/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/26/2015

Completed date: 07/26/2015

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: 07/26/2015 07:18 PM Entered By: [REDACTED]

The case remains open awaiting the autopsy report to be reviewed by AAG [REDACTED]. A copy of the report has been uploaded in to TFACTS. There are no concerns for the remaining children residing in the family's 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: 05/18/2015

Contact Method:

Contact Time: 04:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/26/2015

Completed date: 07/26/2015

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: 07/26/2015 07:17 PM Entered By: [REDACTED]

CPSI [REDACTED] made several attempts to receive medical records from Dr. [REDACTED] office. Dr. [REDACTED] is the primary care physician for the [REDACTED] children. The only medical records received were the medical records of the the ACV, [REDACTED] III. CPSI called to inquiry about only receiving medical records on one child. It was reported that the records were sent.

CPSI received medical records for all the [REDACTED] children from the [REDACTED] County Health Department. The records have been placed in the file.



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:	05/18/2015	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/18/2015
Completed date:	05/18/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/18/2015 03:12 PM Entered By: [REDACTED]

The case has been reviewed by District Attorney [REDACTED], Supervising Prosecutor for Special Victims Unit. DA [REDACTED] requested information from the coroner's office. Follow up with the coroner's office via email on request of pictures. Follow up with Dr. [REDACTED] on request for medical records for [REDACTED], [REDACTED] and [REDACTED]. Note that only medical records were received on [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: 05/07/2015

Contact Method:

Contact Time: 10:53 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/07/2015

Completed date: 05/07/2015

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: 05/07/2015 10:55 AM Entered By: [REDACTED]

The case remains open awaiting the autopsy report to be reviewed by AAG [REDACTED]. A copy of the report has been uploaded in to TFACTS. There are no concerns for the remaining children residing in the family's 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: 04/10/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/11/2015

Completed date: 04/11/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/11/2015 12:27 PM Entered By: [REDACTED]

This case was staff for updates. Children medical appointments were completed on 4-8-15. Medicals records have been requested. Re-submit hair follicle request for the mother, she is now home. Have Ms. [REDACTED] to sign release for [REDACTED] Follow up on status of autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/27/2015	Contact Method: Face To Face
Contact Time: 03:00 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 04/14/2015
Completed date: 04/14/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/14/2015 03:03 PM Entered By: [REDACTED]

CPSI [REDACTED] made contact with the [REDACTED] family at the family home located at [REDACTED]. The home is the home of the maternal grandparents, Mr. and Mrs. [REDACTED]. Present at the home were Ms. [REDACTED] mother, [REDACTED] father, ACVs, [REDACTED], [REDACTED] and [REDACTED]. All of the children appeared to be healthy and were dressed in clean weather appropriate clothing. [REDACTED] was sitting in her mother's lap during the meeting. The family stated that everything was going well in the home and Ms. [REDACTED] stated that her stay at [REDACTED] helped her learn coping skills and that it was okay for her to grieve. Ms. [REDACTED] stated that when [REDACTED] passed she was worried about staying strong for her other children and not letting them see her cry. Ms. [REDACTED] stated that her counselor stated that it was okay for her to cry.

CPSI [REDACTED] informed Ms. [REDACTED] that referrals had been made for her during the month of February, but due to her admittance at [REDACTED] the services had to be resubmitted. CPSI [REDACTED] informed Ms. [REDACTED] that she will still need to complete a hair follicle and that the Department will be submitting another case service to have that completed. Ms. [REDACTED] informed CPSI that the children have a doctor's appointment for April 8th. Ms. [REDACTED] stated that she wanted to be the one to take her children to the doctor because her father had done enough for her already and she didn't want to put that burden on him. Ms. [REDACTED] stated April 8th is the soonest the children's primary care physician could see them.

CPSI [REDACTED] asked Ms. [REDACTED] if she would sign a release of information for [REDACTED] to release her information to the Department. Ms. [REDACTED] stated that she would.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/26/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/18/2015

Completed date: 05/18/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/18/2015 03:23 PM Entered By: [REDACTED]

Follow up on status of autopsy report and make a home visit to see the [REDACTED] family. Request [REDACTED] record once release is signed by Ms. [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: 02/26/2015

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/14/2015

Completed date: 04/14/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/14/2015 02:53 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with maternal grandfather, [REDACTED]. Mr. [REDACTED] informed CPSI [REDACTED] that his daughter had been admitted to [REDACTED] for depression and that he and his wife are looking after the children. CPSI [REDACTED] asked Mr. [REDACTED] would the family be willing to take custody of the children? Mr. [REDACTED] stated that the family is just fine handling the case the way it is currently being handled. Mr. [REDACTED] stated that he was not going to put any extra stress on his daughter by dragging her to court. Mr. [REDACTED] stated that he and his wife are retired and that they will keep the children at the home until the mother is able to become mentally strong for her children. Mr. [REDACTED] stated to CPSI [REDACTED] that there is no reason for a change in custody.



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: 02/24/2015

Contact Method: Phone Call

Contact Time: 10:18 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/14/2015

Completed date: 04/14/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/14/2015 02:49 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with the intake worker for [REDACTED]. CPSI referred the family to [REDACTED] for counseling. Ms. [REDACTED] informed CPSI that she was unable to complete the assessment on the family. Ms. [REDACTED] stated that the maternal grandfather, [REDACTED] stated that his daughter had been admitted to [REDACTED] and has been there since the funeral of [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: 02/19/2015

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/14/2015

Completed date: 04/14/2015

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: 04/14/2015 02:47 PM Entered By: [REDACTED]

Child Protection Service Investigator (CPSI) [REDACTED] received a phone call from the [REDACTED] Drug testing company stating that they have been unable to make contact with Ms. [REDACTED]. CPSI [REDACTED] provided [REDACTED] [REDACTED] with an alternate number for the mother.



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: 02/06/2015 Contact Method: Face To Face
 Contact Time: 09:48 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 04/14/2015
 Completed date: 04/14/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/14/2015 02:43 PM Entered By: [REDACTED]

A Child and Family Team meeting was held on February 6, 2015 to discuss the safety of the remaining three siblings that are in the home with the mother, [REDACTED] and father, [REDACTED]. Mr. [REDACTED] submitted to a drug screen and the results were negative for drug use. The maternal grandparents were also present for the CFTM and stated that they will continue to be a support system to the family. Ms. [REDACTED] was informed that the children will need to be seen by their primary care physician. Ms. [REDACTED] stated that she would work on that.



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: 02/04/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/04/2015

Completed date: 02/04/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/04/2015 11:31 AM Entered By: [REDACTED]

This case was staffed and case directions given. A medical visit with the children's [REDACTED] and [REDACTED] Primary Care Physician (PCP) need to be schedule. Request medical records for all four the children to include [REDACTED] from the Primary Care Physician. The father, [REDACTED], need to be interviewed once contact is made. It was learned that the father, Mr. [REDACTED], was also living in the home at time of the child's passing complete a drug screen on Mr. [REDACTED] Follow up on status of CFTM and confirm with the parents and the grandparents, [REDACTED] and [REDACTED] the time and date. Follow up with the mother, Ms. [REDACTED] on progress being made toward cleaning up the home and clutter.



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: 02/03/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/14/2015

Completed date: 04/14/2015

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: 04/14/2015 02:45 PM Entered By: [REDACTED]

The case services for Ms. [REDACTED] to submit to a hair follicle was approved.



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:	02/03/2015	Contact Method:	
Contact Time:	01:45 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/03/2015
Completed date:	02/04/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/03/2015 02:00 PM Entered By: [REDACTED]

A P (1) referral was called in to Central Intake on (1-29-15), at (3:01) p.m. Case assigned to Team 45 on (1-29-15) with the allegation of (DEI, LOS, DEC, Neglect Death) in regard to [REDACTED] Unknown 2 year old and Unknown 1 year old), age () years. The alleged perpetrator is [REDACTED], mother and Unknown relative.

Response is due on (1-30-15); (3:01) p.m. The referent letter was mail on (1-29-15). Juvenile Court (Judge) and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.



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: 02/03/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/03/2015

Completed date: 02/03/2015

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: 02/03/2015 11:23 AM Entered By: [REDACTED]

CPSI [REDACTED] submitted case service request for a Hair Follicle test to be administered on the mother, [REDACTED]

CPSI [REDACTED] submitted a case service request for Home Maker Services for the [REDACTED] Family.

CPSI [REDACTED] submitted a TEIS referral for ACV, [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: 01/30/2015

Contact Method: Correspondence

Contact Time: 03:01 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2015

Completed date: 08/18/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2015 11:37 AM Entered By: [REDACTED]

The investigation was presented to the Child Protection Investigation Team (CPIT). The team stamped the case Department of Children's Services (DCS) to handle as appropriate. Assistant District Attorney [REDACTED] was present.



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: 01/30/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2015

Completed date: 08/18/2015

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: 08/18/2015 12:04 PM Entered By: [REDACTED]

Child Protection Services Investigator (CPSI) [REDACTED] completed the Notice of Child Death/Preliminary Near Death form CS-0635. The form has been emailed to the appropriate parties.



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: 01/30/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 02/03/2015
Completed date: 02/03/2015	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: 02/03/2015 11:41 AM Entered By: [REDACTED]

CPSI [REDACTED] completed a SDM assessment on the [REDACTED] family. The assessment included the following information listed below. The assessment scored the ACVs as being Conditionally safe in the home. CPSI [REDACTED] was granted an IPA for the children to be temporarily in the maternal grandparents care [REDACTED] and [REDACTED]. The IPA was granted by Assistant Regional General Counsel [REDACTED].

1. The mother [REDACTED] is listed as an Alleged Perpetrator for Neglect Death of [REDACTED] (5 mos old)
7. The family had a previous case for Environmental Neglect that was closed on 01/21/2105. The case was submitted for closure on 01/12/2015. The Department received the case on 12/29/2014. CPSI [REDACTED] went to the home 1300 [REDACTED] and the home was unkempt and was not suitable living arrangements for the small children. CPSI [REDACTED] has added the allegation of Environmental Neglect.
9. The father, [REDACTED] has history of domestic assault-bodily harm from 2014. He is listed as the aggressor and the abuse was towards the birth mother, [REDACTED].
10. The family has history of drug exposed child/infant case and environmental neglect. The previous cases have all been closed as AUPU or No Services Needed.



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: Created In Error

Contact Date: 01/30/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2015

Completed date: 08/18/2015

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: 08/18/2015 11:44 AM Entered By: [REDACTED]

Household Composition:

Mother: [REDACTED]
 Father: [REDACTED]
 Siblings: [REDACTED]

The family reside between the maternal grandparents home located at [REDACTED] and a second home that the maternal grandparents own [REDACTED].

Narrative Type: Created In Error Entry Date/Time: 10/08/2015 12:22 PM Entered By: [REDACTED]

Wrong date of birth entered for [REDACTED] [REDACTED] date of birth is [REDACTED] not [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: 01/30/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2015

Completed date: 10/08/2015

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: 10/08/2015 12:22 PM Entered By: [REDACTED]

Household Composition:

Mother: [REDACTED]
 Father: [REDACTED]
 Siblings: [REDACTED]

The family reside between the maternal grandparents home located at [REDACTED] and a second home that the maternal grandparents own [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: 01/30/2015	Contact Method: Face To Face
Contact Time: 09:30 AM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/30/2015
Completed date: 01/30/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 01/30/2015 05:55 PM Entered By: [REDACTED]

On 01/29/2015, CPSI [REDACTED] and [REDACTED] went to the home [REDACTED] of Mr. and Mrs. [REDACTED] maternal grandparents. CPSI [REDACTED] and [REDACTED] were invited in and met with [REDACTED] at approximately 9:30 a.m. CPSI [REDACTED] questioned the mother in regards to the events surrounding the death of [REDACTED]. Ms. [REDACTED] became emotional. CPSI informed her to take her time and offered his condolences. Ms. [REDACTED] stated that on Wednesday, 01/28/14, she had given [REDACTED] a bottle around 9:30 a.m., she burped her and laid her down for a nap. Ms. [REDACTED] stated that she laid her on her stomach and turned her head to the side. Ms. [REDACTED] and her other children laid down for a nap as well. Around 1:00 p.m., [REDACTED] (youngest sibling) woke up and Ms. [REDACTED] got on up and prepared the ACV a bottle because she reported that she feeds her every 3 to 4 hours, when she picked the ACV up she wasn't breathing. Ms. [REDACTED] stated that she attempted CPR and called 911. [REDACTED] explained to CPSI [REDACTED] that [REDACTED] was born premature. Her due date was September 12, 2014, but she arrived on August 6, 2014, weighing 5 pounds and 9 ounces at birth. Ms. [REDACTED] stated that [REDACTED] remained in the hospital for 8 days and at discharged she weighed 4 pounds and 12 ounces. Ms. [REDACTED] informed CPSI [REDACTED] that she breast and bottle feed [REDACTED]. Normally, throughout the day she would typically give her about 3 bottles of breast milk and 2 bottles of Similac formula. It was reported that [REDACTED] was last seen by the doctor at her November WIC appointment.

[REDACTED] stated that her son [REDACTED] was also born at 33 weeks and weighed 4 pounds and 2 ounces and her other two children were full term babies. [REDACTED] weighed 7 pounds and 8 ounces, and [REDACTED] weighed 7 pounds and 3 ounces. The father, [REDACTED], is employed at [REDACTED] (DOB: [REDACTED]). Mr. [REDACTED] resides in the home with the family. During this visit Mr. [REDACTED] was not available because he was at work at that present time. It was reported that [REDACTED] receives \$200 per month in child support and \$474 per month in food stamps.

CPSI [REDACTED] attempted to drug screen [REDACTED] at [REDACTED] but Ms. [REDACTED] stated that she had just used the restroom before the investigators arrived. CPSI [REDACTED] advised Ms. [REDACTED] to drink something and while we wait for her to have to use the restroom we can visit the [REDACTED] address and observe the home. CPSI [REDACTED] and [REDACTED] arrived at the home located at [REDACTED]. The home was observed and there was a concern of the appearance of the home. The home was observed to have a pile of clothing and shoes all over the home, the carpet was dirty, the refrigerator and stove needed to be clean, as well as, the bathroom. There appeared to be a plumbing problem in the home because the bathroom sink was clogged and water was sitting in the sink, but no drain stopper



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

was in the sink. There was sunroom that Ms. [REDACTED] stated used to be her grandmother's hair salon it was filled with clothes and old furniture. The floor in the sunroom could not be seen due to the excess clothes on the floor. The family's pit bull dog was located in this room. The dog appeared to be friendly, due to the dog did not bark at CPSI [REDACTED] or [REDACTED]. CPSI [REDACTED] attempted another drug screen on [REDACTED]. Ms. [REDACTED] was not able to produce enough urine in order for the screen to read. CPSI [REDACTED] informed [REDACTED] that she will need to come by the DCS office at 1:30 p.m. to submit to a drug screen. Before leaving the home, CPSI [REDACTED] and [REDACTED] discussed with Ms. [REDACTED] the conditions of the home were a concern and that it wasn't a suitable environment for her to have young children residing in. Ms. [REDACTED] stated that she had cleaned up the day before. Ms. [REDACTED] stated that she has been living in the home for a year now, but goes back and forth to her parents' home. Ms. [REDACTED] was also informed that a TEIS referral will be submitted for [REDACTED] and that all 3 of her children will need to be medically cleared.

CPSI [REDACTED] has met or observed all the members of the home. According to the caretaker there is no one in the home that is of Native American heritage. The family has been provided with the DCS Client's Right Handbook, and CPSI [REDACTED] has received a signature verifying that the caretaker has received the Handbook. They have been informed of the DCS Notification of Equal Access form, HIPPA forms, Authorization for Release of Information to DCS, and the Native American Heritage Veto Verification. CPSI [REDACTED] has received a signature verifying on all required forms.



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: 01/30/2015

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2015

Completed date: 08/18/2015

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: 08/18/2015 11:39 AM Entered By: [REDACTED]

Child Protection Service Investigator (CPSI) [REDACTED] made contact with the referent. The referent had no 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: 01/30/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/24/2015

Completed date: 08/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/24/2015 02:31 PM Entered By: [REDACTED]

The initial Safety Decision Making tool was utilized on the [REDACTED] children. The assessment scored the children as safe in the family 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: 01/29/2015

Contact Method:

Contact Time: 03:01 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/30/2015

Completed date: 01/30/2015

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: 01/30/2015 05:49 PM Entered By: [REDACTED]

The Department received a priority 1 referral on ACV [REDACTED] and 2 unknown ACVs. The allegations are Lack of Supervision, Drug Exposed Infant and Child, and Neglect Death. The alleged perpetrator is [REDACTED] mother.

The referent states:

This will serve as notification that the [REDACTED] County Medical Examiners Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 5 month infant was discovered unresponsive after being put down for a nap by her mother at 1300 hours on 01/28/2015. Emergency 911 responded and confirmed asystole at 1259. Investigator [REDACTED] with the [REDACTED] Regional Forensic Center made the scene. The decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. There are two other children in the home. They are 1 and 2 years of age. According to [REDACTED] of the medical examiners office the living conditions in the home were awful. Reportedly, there was clutter all over the home as well as cigarette butts and marijuana blunts laying in clear view.



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: 01/29/2015	Contact Method: Attempted Face To Face
Contact Time: 11:00 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/30/2015
Completed date: 01/30/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 01/30/2015 05:53 PM Entered By: [REDACTED]

CPSI [REDACTED] and [REDACTED] went to [REDACTED] to make contact with the mother, [REDACTED] Ms. [REDACTED] was not present at the home at that time. CPSI [REDACTED] left a card on the door and called Mr. [REDACTED] in order to locate his daughter. Mr. [REDACTED] provided CPSI [REDACTED] with a contact number for the mother. CPSI [REDACTED] called [REDACTED] and she stated that she was out in [REDACTED] and would call CPSI [REDACTED] when she makes it back to the home in order to complete paperwork and discuss the case. At approximately, 2:30 pm, CPSI [REDACTED] contacted the mother to check on her whereabouts so that CPSI [REDACTED] could meet with her. [REDACTED] stated that she and her dad were in route to [REDACTED] funeral home. [REDACTED] stated that the Medical Examiner were releasing the body and they were going to make arrangements. [REDACTED] asked if CPSI [REDACTED] could come out in the morning and meet with her at her parent's home. CPSI [REDACTED] stated that he could meet her at her parent's home ([REDACTED]), but once they complete the paperwork, the Department has to see the home located at [REDACTED] Ms. [REDACTED] stated that was fine.



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: Created In Error
 Contact Date: 01/29/2015 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/30/2015
 Completed date: 01/30/2015 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: 01/30/2015 05:51 PM Entered By: [REDACTED]

On 01/28/2015, CPSI [REDACTED] and [REDACTED] arrived at [REDACTED] at approximately 10:00 am. The home is the home of the maternal grandparents, Mr. and Mrs. [REDACTED]. The home was appropriate. At the home during the visit, the ACV's siblings were present. [REDACTED] (12/21/2010), [REDACTED] (11/23/2001), and [REDACTED] (08/05/2013) all appeared to be healthy and dressed in clean, weather appropriate clothing. The mother, [REDACTED] was not present at the time. No serious safety concerns were observed at that time. CPSI explain to Mr. and Mrs. [REDACTED] the process of the case. CPSI [REDACTED] asked the family if the investigation shows that the mother is unable to keep custody of the children at this time, will their home be available? Both grandparents stated, yes. Mr. [REDACTED] stated that the children go back and forth between the two homes. CPSI [REDACTED] took pictures of all 3 children. CPSI [REDACTED] obtained information on Mr. and Mrs. [REDACTED] in order to complete a background check in the event an IPA is needed.

Narrative Type: Created In Error Entry Date/Time: 02/05/2015 10:59 AM Entered By: [REDACTED]

New note includes ACV, [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: Created In Error
Contact Date: 01/29/2015 Contact Method: Face To Face
Contact Time: 09:30 AM Contact Duration: Less than 45
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 02/05/2015
Completed date: 02/05/2015 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

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2015 11:14 AM Entered By: [REDACTED]
On 01/28/2015, CPSI [REDACTED] and [REDACTED] arrived at [REDACTED] at approximately 10:00 am. The home is the home of the maternal grandparents, Mr. and Mrs. [REDACTED]. The home was appropriate. At the home during the visit, the ACV's siblings were present. [REDACTED] (12/21/2010), [REDACTED] (11/23/2001), and [REDACTED] (08/05/2013) all appeared to be healthy and dressed in clean, weather appropriate clothing. The mother, [REDACTED] was not present at the time. No serious safety concerns were observed at that time. CPSI explain to Mr. and Mrs. [REDACTED] the process of the case. CPSI [REDACTED] asked the family if the investigation shows that the mother is unable to keep custody of the children at this time, will their home be available? Both grandparents stated, yes. Mr. [REDACTED] stated that the children go back and forth between the two homes. CPSI [REDACTED] took pictures of all 3 children. CPSI [REDACTED] obtained information on Mr. and Mrs. [REDACTED] in order to complete a background check in the event an IPA is needed.

ACV, [REDACTED] is unable to be interviewed due to her being deceased. [REDACTED] passed away on 01/28/2015

Narrative Type: Created In Error Entry Date/Time: 10/08/2015 12:15 PM Entered By: [REDACTED]
Incorrect Date of Birth for [REDACTED] His date birth is [REDACTED] not [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: 01/29/2015 Contact Method: Face To Face
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/08/2015
 Completed date: 10/08/2015 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**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/08/2015 12:17 PM Entered By: [REDACTED]

On 01/28/2015, CPSI [REDACTED] and [REDACTED] arrived at [REDACTED] at approximately 10:00 am. The home is the home of the maternal grandparents, Mr. and Mrs. [REDACTED]. The home was appropriate. At the home during the visit, the ACV's siblings were present. [REDACTED], [REDACTED], and [REDACTED] all appeared to be healthy and dressed in clean, weather appropriate clothing. The mother, [REDACTED] was not present at the time. No serious safety concerns were observed at that time. CPSI explain to Mr. and Mrs. [REDACTED] the process of the case. CPSI [REDACTED] asked the family if the investigation shows that the mother is unable to keep custody of the children at this time, will their home be available? Both grandparents stated, yes. Mr. [REDACTED] stated that the children go back and forth between the two homes. CPSI [REDACTED] took pictures of all 3 children. CPSI [REDACTED] obtained information on Mr. and Mrs. [REDACTED] in order to complete a background check in the event an IPA is needed.

ACV [REDACTED] is unable to be interviewed due to her being deceased. [REDACTED] passed away on 01/28/2015



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 12/29/14 9:14 AM Date of Assessment: 1/6/15 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 4

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 12/29/14 9:14 AM Date of Assessment: 1/2/15 12:00 AM
 Assessment Type: Closing Number of Children in the Household: 4

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 1/29/15 3:01 PM Date of Assessment: 1/30/15 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 3

Section 1: Immediate Harm Factors

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

Yes No

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



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

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): An IPA was granted by Atty. ██████████

Protective Custody Interventions:

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



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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: _____