



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 02/10/2015 09:08 PM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 02/10/2015

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 02/11/2015 08:04 AM  
First Team Leader Assigned: [REDACTED] Date/Time 02/11/2015 12:00 AM  
First Case Manager [REDACTED] Date/Time 02/11/2015 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
Unknown Participant [REDACTED] Unknown	1 Yr 3 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative
Unknown Participant [REDACTED] Unknown		Environmental Neglect	No	[REDACTED]	Birth Mother
Unknown Participant [REDACTED] Unknown		Environmental Neglect	No	[REDACTED]	Birth Mother

**Referent(s)**

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: [REDACTED]

Notification: None

Narrative: CHILD IS NOT IN DCS CUSTODY  
TFACTS: No history found in TFACTS  
Open Court Custody/FSS/FCIP None  
Closed Court Custody None



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

Open CPS - None

Substantiated None

Fatality None

Screened out None

History (not listed above): None

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: Unknown

Directions:

Reporter's name/relationship: [REDACTED]

Reporter states:

CHILD IS NOT IN DCS CUSTODY

Infant female unknown (4 months) lives with her mother, [REDACTED]

The details for this intake are limited due to the referent acquiring this information secondhand.

LE was contacted on today (02-10-15) by [REDACTED] stating the infant was unresponsive. When LE arrived they immediately began CPR on the baby. It was reported that Officer [REDACTED] was the officer on the scene. While he was performing CPR on the baby she was spitting up formula. Once EMS arrived they began working on the baby as well. The referent stated the baby was transferred to [REDACTED] [REDACTED] where she was pronounced dead upon arrival. There has not been an autopsy completed at this time and the results are pending. The referent is not clear about the specific details of the incident.

[REDACTED] has two other unknown children in the home with her. Those children appeared to be well cared for. The children are currently with their maternal grandfather, but no information is none about him at this time. The children have not been interviewed at this time.

The referent stated the home appeared to be messy with clutter. There were clothes and trash seen on the floors. The referent stated the family lived in public housing and there were no safety hazards seen.

The referent stated the mother has a criminal history of shoplifting. The referent stated the other children are safe at this time. The mother was seen distraught and crying. She is currently at [REDACTED] [REDACTED]

Special Needs or Disabilities: None

Child's current location/is the child safe at this time: Children are safe

Perpetrator's location at this time: Mom is at the hospital

Any other safety concerns for the child(ren) or worker who may respond: None

Domestic Violence present in the home: None

Per SDM: Investigative Track, P-1. [REDACTED] on 02-10-15 at 9:40pm.

[REDACTED] on 02/10/15 @ 10:17 PM.

Received by [REDACTED] on 02/10/15 @ 10:19 PM.



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

Notified Child Death Group: [REDACTED]



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:** Female

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

1 Yr 3 Mos (Est)

**Address** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/10/2015

Assignment Date: 02/11/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			07/08/2015
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			07/08/2015
3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			07/08/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: This case has been assessed and closed as AUPU for ND and ENN. The family moved into the paramours home. The autopsy results were Sudden Unexplained Death in Infancy in association with diarrhea and dehydration.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 07/08/2015

Team Leader: [REDACTED]

Date: 07/08/2015

**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:**

CPSI's [REDACTED] and [REDACTED] traveled to [REDACTED] to meet the twin. CPSI's introduced selves and was invited in to the home by [REDACTED], MGF. [REDACTED] stated the girls fell asleep on the couch and he hadn't moved them yet. CPSI stated understanding. CPSI asked if the girls could be observed. [REDACTED] stated absolutely. CPSI observed [REDACTED] sleeping on one couch and [REDACTED] on the other. [REDACTED] was lying in panties only covered



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

Case Name : ██████████

Investigation ID: ██████████

with a blanket. CPSI observed ██████████ to appear clean and healthy with no visible marks or bruises. CPSI did observe ██████████ to be breathing. CPSI observed ██████████ CPSI observed ██████████ to be in PJ's covered with a blanket. ██████████ MGM, pulled up ██████████ shirt and pant legs to allow CPSI to observe for any marks. CPSI did not observe any marks or bruises. CPSI observed ██████████ to be breathing. CPSI spoke with ██████████ and ██████████ stated they were notified by ██████████ her daughter, by phone stating the baby was not breathing and they were headed to the hospital. ██████████ stated he, ██████████ and his son went to the hospital. ██████████ stated she kept the girls. CPSI asked ██████████ and ██████████ if they knew where ██████████ might be. ██████████ stated she should be at home. CPSI asked if there had been anything going on with the baby the last few days. ██████████ stated ██████████ said the baby had a cold last couple days and when he saw ██████████ on Sunday, she looked fine. ██████████ stated they had kept the twins over the weekend as they get the twins on the weekends they are not with their dad. ██████████ stated he saw ██████████ when he dropped the girls off. ██████████ stated he had no concerns for the baby or the twins as did ██████████ ██████████ reported ██████████ had lived at the ██████████ address since August of 2014. ██████████ and ██████████ stated they were not aware of the doctor visits with ██████████ and ██████████ stated they offered for ██████████ to stay with them but she declined. CPSI asked about ██████████ boyfriend. ██████████ stated ██████████ did not have a boyfriend and he last saw ██████████ when they left the hospital together. ██████████ stated they had not seen or heard from ██████████ since leaving the hospital. CPSI asked if they were aware of ██████████ plan for the girls. ██████████ stated they told ██████████ to grieve and they would keep the girls. ██████████ stated he thinks ██████████ is avoiding the girls because she doesn't know how to explain ██████████ being gone to them. CPSI stated understanding. CPSI left contact information and asked them to contact me if they needed anything. CPSI expressed condolences and ended the visit.

**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 autopsy results were Sudden Unexplained Death in Infancy in association with diarrhea and dehydration.

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

CPSI's ██████████ and ██████████ made contact with ██████████ at ██████████ was also present. ██████████ came outside the home to speak with CPSI. CPSI asked ██████████ if she could walk me through her day. ██████████ stated she woke up, "I can't tell you a specific time I would say around 7:30-8:00am". CPSI asked ██████████ if she could go through her daily routine. ██████████ stated they all normally get up between 7-9 am, we go downstairs, have breakfast, and play. ██████████ stated she fed ██████████ ██████████ stated when this incident occurred she had been playing with ██████████ on the bed and she out her in the bassinette. ██████████ stated she then went to check on the girls, they were picking out a movie for bed, and get them a drink. ██████████ stated when she went back to check on ██████████ she was white and unresponsive. ██████████ stated ██████████ was lying on her back in the bassinette, just as she had laid her. ██████████ stated she could not give specific times. ██████████ spoke up and stated he arrived at ██████████ home at 8:34pm. ██████████ stated he heard ██████████ scream and he called 911 at 8:37pm. ██████████ stated she started CPR and a brown liquid started coming out of ██████████ mouth. ██████████ stated "it almost looked like blood." ██████████ stated she had talked to the doctor's office this morning between 9-10am because ██████████ belly button was sticking out. ██████████ stated she scheduled an appointment and she thinks it was for the end of this week or next week that it was written down at home. ██████████ stated after ██████████ ate that night she took a nap. ██████████ stated ██████████ had been taking longer naps the last couple of days. ██████████ spoke up and said it seemed like 6-8 minutes had passed before the ambulance arrived. ██████████ stated when she after starting CPR, ██████████ open her eyes and her color had started to come back. ██████████ stated there had been no issues leading up to the incident. ██████████ stated before they left the hospital (at birth), ██████████ had a rattle in her chest. ██████████ stated sometimes when she ██████████ would lie down she would snore. ██████████ stated the doctor's told her to keep an eye on ██████████ and bring her back if she got a fever. ██████████ stated once she noticed ██████████ she moved her to the corner of her ██████████ bed to do compressions and mouth to mouth then she moved ██████████ to the floor as instructed by 911. ██████████ stated the small mark on the back of ██████████ head was "maybe from putting her in the floor". ██████████ stated ██████████ had diaper rash problems since leaving the hospital (at birth). ██████████ stated this morning, there were bumps on the diaper rash and on the right side the skin was broken. ██████████ stated the last couple of poops had been runny and audy. ██████████ stated ██████████ had been to the doctor one time and her second visit was rescheduled. ██████████



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

stated [REDACTED] was "on Similac or Enfamil, not sure which one but the can is orange and white." [REDACTED] stated there was plenty of it at her house. [REDACTED] stated she stopped by her house to get clothes and lock up but "I can't be there, I'm going to have to move." [REDACTED] stated [REDACTED] and [REDACTED] her twin girls, where home when the incident occurred. [REDACTED] stated she dropped the girls off with her step sister on the way to the hospital and her girls went to their grandmother's from there. [REDACTED] asked if LE found the "stuff" under her sink. CPSI asked [REDACTED] if she could tell me what "stuff". [REDACTED] stated "under the bathroom sink, [REDACTED] tools: an Elvis plate and a tin." [REDACTED] stated "it's not where it's kept; it must have been moved by my step-sister." [REDACTED] stated her step-sisters name was [REDACTED] and she had stayed with her for a couple of weeks after [REDACTED] died and [REDACTED] kicked her out because she had moved the plate and stuff and p laced it under the sink. CPSI asked [REDACTED] what her plan was. [REDACTED] stated "I don't know, I need to go somewhere to get my head together, like check myself in somewhere." CPSI asked her plan for the girls. [REDACTED]

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

Reporter states:

CHILD IS NOT IN DCS CUSTODY

Infant female unknown (4 months) lives with her mother, [REDACTED]

The details for this intake are limited due to the referent acquiring this information secondhand.

LE was contacted on today (02-10-15) by [REDACTED] stating the infant was unresponsive. When LE arrived they immediately began CPR on the baby. It was reported that Officer [REDACTED] was the officer on the scene.

While he was performing CPR on the baby she was spitting up formula. Once EMS arrived they began working on the baby as well. The referent stated the baby was transferred to [REDACTED] [REDACTED] where she was pronounced dead upon arrival. There has not been an autopsy completed at this time and the results are pending. The referent is not clear about the specific details of the incident.

[REDACTED] has two other unknown children in the home with her. Those children appeared to be well cared for. The children are currently with their maternal grandfather, but no information is none about him at this time. The children have not been interviewed at this time.

The referent stated the home appeared to be messy with clutter. There were clothes and trash seen on the floors. The referent stated the family lived in public housing and there were no safety hazards seen.

The referent stated the mother has a criminal history of shoplifting. The referent stated the other children are safe at this time. The mother was seen distraught and crying. She is currently at [REDACTED] [REDACTED]

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

No other evidence to support the allegations.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/19/2015 Contact Method:  
 Contact Time: 02:13 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/19/2015  
 Completed date: 11/19/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 11/19/2015 01:14 PM Entered By: [REDACTED]

The State of Tennessee Child Protective Services received a referral on 2/10/2015 at 9:08pm with the allegations of Neglect Death with [REDACTED] as the Alleged Child Victim and Environmental Neglect with [REDACTED] and [REDACTED] as the Alleged Child Victims. Parents of [REDACTED] and [REDACTED] (deceased). Parents of [REDACTED] and [REDACTED].

Previous history with the Department of Children's Services include an investigation with the allegation of Drug Exposed Infant received on 11/20/2014 with [REDACTED] listed as the Alleged Child Victim and [REDACTED] as the Alleged Perpetrator. The case was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. An assessment case with the allegation of Lack of Supervision received on 04/07/2013 with [REDACTED] and [REDACTED] listed as the Alleged Child Victim and [REDACTED] and [REDACTED] as the Alleged Perpetrator. The case was classified as No Services Needed.

On 2/10/2015 at 8:42pm, Officer [REDACTED] and Officer [REDACTED] of [REDACTED] responded to [REDACTED] in reference to a 3month old infant possibly in respiratory failure. [REDACTED] attempted rescue breathes until Law enforcement arrived to relieve her. [REDACTED] Tennessee Fire Department arrived on scene and took [REDACTED] to [REDACTED] by way of Ambulance [REDACTED] was pronounced deceased on 2/10/2015 at 9:21pm.

The investigation was completed by [REDACTED], Child Protective Services Investigator, Detective [REDACTED]. The case was supervised by [REDACTED] Lead Investigators. [REDACTED] is listed as the Alleged Perpetrator.

The [REDACTED] (mother) and [REDACTED] (mother's paramour) were interviewed by [REDACTED], Child Protective Services Investigator (CPSI) on 2/11/2015 at both the family home and [REDACTED] home. Both [REDACTED] and [REDACTED] provided the same information as to the timeline leading up to the infant's death. The alleged child victim (ACV) [REDACTED] was found not breathing in her bassinette. Emergency Medical Services were contacted immediately by family members in the home and the ACV was transported to the emergency room of [REDACTED] and pronounced deceased. [REDACTED] stated she was playing on the bed with [REDACTED] and placed her in the bassinette and went to tuck the girls in.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated [REDACTED] normally slept with a boppy. [REDACTED] stated [REDACTED] arrived at 8:34 pm and at 8:37pm [REDACTED] called 9-1-1. [REDACTED] stated he had known [REDACTED] since high school and that she was his high school sweet heart. [REDACTED] stated [REDACTED] was in the bassinette before 8pm. [REDACTED] stated she only left [REDACTED] unattended for less than 15 minutes to tuck in the twins, say prayers with them, and give them good night kisses. [REDACTED] stated everyone had had colds and she was getting a cough. [REDACTED] stated she was taking cough medicine from Walgreens and showed it to CPSI and Detective [REDACTED] stated the twins were taking Children's cough and cold medicine and [REDACTED] was taking children's Musinex. [REDACTED] stated [REDACTED] was taking gas drops and last took it between 6 and 8pm. [REDACTED] stated she gave [REDACTED] the smallest dose allowed on the dropper and could say how much it was because the gas drops had been collected by LE. [REDACTED] stated the twins were only allowed to hold [REDACTED] if they were sitting on the couch. [REDACTED] stated everyone went to the doctor around Christmas and explained everyone to be her mother, sister, etc. [REDACTED] stated [REDACTED] went to the doctor for a rash "down there" and the entire family had been sick around Christmas. [REDACTED] stated when she started CPR she did 10-15 breathes with 2 fingers between the sternum. [REDACTED] stated [REDACTED] did not have a Passy clipped on her clothing and only had a diaper on. [REDACTED] stated [REDACTED] had not been given any immunizations and her PCP was [REDACTED] [REDACTED] stated [REDACTED] also went to the health department for WIC in [REDACTED] [REDACTED] stated [REDACTED] sometimes took a Passy.

Statements from family members were taken by Child Protective Services Investigator ([REDACTED]) and are located in the file. The SUIDI (Sudden Unexplained Infant Death Investigation) Report form was also completed by Det. [REDACTED] CPSI [REDACTED] interviewed [REDACTED] and [REDACTED] on 2/11/2015, the father and step mother of [REDACTED] and [REDACTED]. [REDACTED] stated he was sad for [REDACTED] but was concerned as [REDACTED] was not in the condition to be caring for the twins. CPSI explained the IPA to [REDACTED] and went over the IPA with him. [REDACTED] signed in agreement and stated he and [REDACTED] would make the twins available as much as [REDACTED] needed. [REDACTED] stated they all had a good relationship and they wanted to help and support [REDACTED] [REDACTED] stated he wanted her to grieve [REDACTED] and he knew this was hard as she had just lost [REDACTED] in December. CPSI stated she would need support from everyone during this time.

20.27 Child Death/Near-Death Rapid Response  
 Child Death Policy and Work Aid 1/ Section E  
 Child death is defined as:

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- c) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

The case was presented to the [REDACTED] [REDACTED] Child Protective Investigation Team on 05/13/2015. The autopsy results were Sudden Unexplained Death in Infancy in association with diarrhea and dehydration. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

[REDACTED] was grief stricken as evidenced by her emotional state during interviews. [REDACTED] was provided with information about bereavement services for herself and her twin daughters who are 4. [REDACTED] and [REDACTED] stated while the girls miss their sister, they do not understand what happened.

[REDACTED] was grief stricken as evidenced by his statement of being in shock about the entire incident.

There was no preponderance of evidence to substantiate the allegation of child neglect death.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 01:23 PM      Entered By: [REDACTED]

This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/06/2015

Contact Method:

Contact Time: 01:18 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/06/2015

Completed date: 11/06/2015

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: 11/06/2015 01:23 PM      Entered By: [REDACTED]

SDM Safety assessment and FAST were assessed and initiated on 2/12/15 however not completed until this date. FAST uploaded to TFACTS.

Results of SDM safety assessment= conditionally safe as [REDACTED] appeared very distraught over the death of her daughter and the death was suspicious.

Results of the FAST= moderate need/ risk.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]  
 This case has been reviewed by [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]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:14 AM      Entered By: [REDACTED]

This case has been reviewed by [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] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/10/2015

Contact Method: Face To Face

Contact Time: 04:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/06/2015

Completed date: 10/06/2015

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/06/2015 10:26 AM Entered By: [REDACTED]

CPSI made contact with [REDACTED] and [REDACTED] in the parking lot of the DCS office as [REDACTED] was headed into the adjoining building. [REDACTED] stated hi to CPSI in passing. CPSI was able to observe [REDACTED] and [REDACTED] from the backseat of [REDACTED] vehicle. Both appeared clean and healthy and were sitting buckled in their child restraints in the backseat.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/13/2015

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/06/2015

Completed date: 10/06/2015

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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/06/2015 10:19 AM Entered By: [REDACTED]

Case presented at CPIT the above date. Present were LI [REDACTED] CPSI [REDACTED]; [REDACTED]  
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Classification decision is AUPU due to autopsy findings of Sudden Unexplained Death in infancy in association with diarrhea and dehydration.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/12/2015

Contact Method:

Contact Time: 11:51 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/06/2015

Completed date: 11/06/2015

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: 11/06/2015 01:44 PM Entered By: [REDACTED]

On 5/12/2015 CPSI sent referral to [REDACTED] for Alcohol and Drug assessment to be completed on [REDACTED] and recommendations from the assessment to be completed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/12/2015 Contact Method:  
 Contact Time: 11:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 05/12/2015  
 Completed date: 05/12/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/12/2015 10:37 AM Entered By: [REDACTED]

Case staffed with CPSI [REDACTED]. A home visit was completed yesterday, 5/11/15. The mother continues to be positive for THC. She did not appear to be under the influence of anything per CPSI. The mother will be referred for an A&D assessment and ask to follow the recommendations. CPSI observed both children. [REDACTED] was eating a honey bun and macaroni and cheese. [REDACTED] was watching cartoons. The mother has moved into the home with her paramour. The home appeared appropriate with no safety concerns.

Detective [REDACTED] with [REDACTED] [REDACTED] contacted CPSI and advised she had received the autopsy report which indicates SIDS as the cause of death. This case will be reviewed at CPIT on 5/13/15 since the autopsy has now been received.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/11/2015 Contact Method: Correspondence  
 Contact Time: 03:45 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/06/2015  
 Completed date: 11/06/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Collateral Contact, Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/06/2015 01:41 PM Entered By: [REDACTED]

On 5/11/15 CPSI received copy of Autopsy after learning Detective [REDACTED] had received a copy. Autopsy findings were Sudden Unexplained Death in Infancy in association with diarrhea and dehydration. Autopsy is uploaded into TFACTS.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/11/2015 Contact Method: Face To Face  
 Contact Time: 01:10 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/08/2015  
 Completed date: 07/08/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2015 02:29 PM Entered By: [REDACTED]

CPSI traveled to the family home. [REDACTED] and the girls have moved into [REDACTED] home. [REDACTED] was upstairs eating a honey bun and macaroni and cheese. [REDACTED] was downstairs watching cartoons. Both appeared clean, healthy, and appropriately dressed with no visible marks or bruises. [REDACTED] reported they had went to [REDACTED] this past weekend and had a good time. [REDACTED] asked about the autopsy report as she declined a copy. [REDACTED] stated Detective [REDACTED] had contacted her and gave her the results. [REDACTED] stated [REDACTED] gets the girls every other weekend and has filed for custody. [REDACTED] stated the girls were adjusting well to the new home and seemed to like it. [REDACTED] stated she was coming off of all her medication as she was done with it. CPSI asked [REDACTED] to consent to a drug screen. [REDACTED] consented. [REDACTED] was positive for THC, Benzodiazepines, and Buprenorphine. [REDACTED] has valid prescriptions for Buprenorphine and Benzodiazepines. [REDACTED] stated sge last smoked THC 2 weeks ago. CPSI stated a referral for an Alcohol and Drug assessment would be sent this date and [REDACTED] agreed to participate. CPSI was given a walkthrough of the home and it was observed to appear of appropriate size for the family with ample food, appropriate furnishings, and working utilities. CPSI thanked the family for their time and ended the visit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2015

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/06/2015

Completed date: 11/06/2015

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: 11/06/2015 01:48 PM      Entered By: [REDACTED]

Case reviewed at CPIT. Leave open as awaiting autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/31/2015

Contact Method: Face To Face

Contact Time: 11:16 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/08/2015

Completed date: 07/08/2015

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/08/2015 01:27 PM Entered By: [REDACTED]

CPSI made contact with [REDACTED] and [REDACTED] at their father's home. CPSI observed the girls to appear clean, healthy, and appropriately dressed with no visible marks or bruises. [REDACTED] stated the girls were doing good and there hadn't been much contact with [REDACTED] stated the grandparents had picked up the girls twice for visitation and [REDACTED] had visited a couple of hours while the girls were there. [REDACTED] stated [REDACTED] had made plans a few times to get the girls but canceled at the last minute. [REDACTED] stated [REDACTED] has made one 5 minute call to the girls. [REDACTED] stated [REDACTED] "seemed out of it" when over at his home. [REDACTED] stated she was with [REDACTED] and made jokes about losing her meds. [REDACTED] stated he was totally happy [REDACTED] had left the girls with him. [REDACTED] paramour) was also present. [REDACTED] stated she had been with [REDACTED] since the girls were 10 months old and [REDACTED] had always been with "junkies". [REDACTED] stated the girls went to the doctor on 3/6/15 and received 5 shots. [REDACTED] stated the doctor told him the girls needed to go to the dentist. [REDACTED] stated he had consulted with an attorney in reference to seeking custody. CPSI asked the family if they needed anything. [REDACTED] stated they were good. CPSI thanked the family and ended the visit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/30/2015

Contact Method: Phone Call

Contact Time: 01:28 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/30/2015

Completed date: 03/30/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/30/2015 12:38 PM      Entered By: [REDACTED]

CPSI called and spoke with [REDACTED], father of the twins. [REDACTED] stated he still has the girls. [REDACTED] stated the maternal grandparents have been keeping the girls on the weekend as always and [REDACTED] has visited with the girls a couple of times since the meeting. [REDACTED] stated she has not called to check on them or ask for them to come over and stay the night. CPSI scheduled a home visit for 3/31/15 at 11:30. CPSI thanked [REDACTED] for his time and ended the call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2015

Contact Method:

Contact Time: 12:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/25/2015

Completed date: 03/25/2015

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: 03/25/2015 11:07 AM      Entered By: [REDACTED]

LI [REDACTED] reviewed this case and its progress on this date. The autopsy is still pending at this time. The case will remain open until the autopsy is received and the case is presented to CPIT. CPSI will continue to make face to face contact with the surviving siblings.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2015

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/06/2015

Completed date: 11/06/2015

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: 11/06/2015 01:47 PM      Entered By: [REDACTED]

Case reviewed at CPIT. Leave open as awaiting autopsy.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 03/04/2015 Contact Method: Face To Face  
 Contact Time: 03:40 PM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 03/27/2015  
 Completed date: 03/27/2015 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: 03/27/2015 11:29 AM Entered By: [REDACTED]

Family Support Team Meeting held the above date. Present for the meeting were [REDACTED] Father of [REDACTED] and [REDACTED] [REDACTED]: stepmother to [REDACTED] and [REDACTED]: Birth mother, [REDACTED] Aunt, LI [REDACTED] and CPSI [REDACTED] CPSI stated the biggest concern moving forward was her over medicating to cope. [REDACTED] stated after [REDACTED] passed she was over medicating but has since started keeping her medication elsewhere and has been doing much better. [REDACTED] stated she had been working with her doctor to find the best solution for the grief. [REDACTED] stated she had been placed on an anxiety medication and would provide CPSI with copies of her pharmacy print outs. [REDACTED] stated she was reorganizing her house and would be spending the night there starting this date as she felt she was ready to start moving forward. [REDACTED] stated she was working with her doctor on counseling. CPSI provided [REDACTED] with more information on grief counseling. [REDACTED] stated she wanted the girls to be able to come and spend a few hours with her during the week to help integrate them back into the home. [REDACTED] stated she was also working with her doctor to come off her Xanax as she really wanted that for herself. [REDACTED] and [REDACTED] stated they have a great relationship with [REDACTED] and are very supportive of her role with the girls. [REDACTED] stated she had a great relationship with [REDACTED] and [REDACTED] and they have always been supportive of her. [REDACTED] stated he felt the girls were safe with [REDACTED] he just wanted to make sure she was ready to go back to the normal schedule. [REDACTED] stated she wanted to take it slow. CPSI asked how the girls were doing. [REDACTED] stated the girls were doing good and were healthy. [REDACTED] stated the girls were scheduled for a check up on Friday (3/6/15) with the PCP. LI [REDACTED] stated the IPA would be dissolved with no restrictions for [REDACTED] and all agreed that would be in the best interest of the children. [REDACTED] reiterated it was her plan to take it slow. [REDACTED] and [REDACTED] stated they would support [REDACTED] and go at her pace with the girls. [REDACTED] and [REDACTED] stated [REDACTED] parents were also very involved with the girls and they all just wanted [REDACTED] to grieve as long as she needed too. CPSI stated how much healthier [REDACTED] was looking and encouraged her to continue her grieving process and take all the support she could get. [REDACTED] and [REDACTED] stated they would call CPSI with any concerns. CPSI informed the family I would need to follow up with the girls and would make arrangements with them to do that. [REDACTED] and [REDACTED] stated that was fine. CPSI thanked the family for their time and ended the meeting.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/26/2015

Completed date: 02/26/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/26/2015 10:41 AM      Entered By: [REDACTED]

LI [REDACTED] reviewed this case. The autopsy is pending. The case will be presented to CPIT monthly until autopsy is received for guidance and request of any tasks from team members. The surviving siblings will be seen in March by CPSI. All medical records for the deceased child will be requested. A CFTM will be scheduled to discuss the current IPA. Inclement weather has prevented the meeting from taking place to date.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/17/2015

Contact Method:

Contact Time: 04:36 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/06/2015

Completed date: 11/06/2015

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: 11/06/2015 01:36 PM Entered By: [REDACTED]

According to medical records for [REDACTED] received on 2/17/15, [REDACTED] was born on [REDACTED] at 11:58am and discharged from [REDACTED] on 11/27/2014 at 5:45pm after being treated in the NICU for NAS.

According to medical records received on 2/17/15, [REDACTED] was seen at the [REDACTED] on 1/8/2015 with no concerns noted.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/13/2015	Contact Method:	
Contact Time:	09:40 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/06/2015
Completed date:	11/06/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/06/2015 01:32 PM      Entered By: [REDACTED]

CPSI [REDACTED] requested medical records from [REDACTED] and [REDACTED] [REDACTED] [REDACTED]

According to medical records received on 2/13/15, [REDACTED] was seen at [REDACTED] [REDACTED] on 12/9/14 with no concerns noted.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/11/2015 Contact Method: Face To Face  
 Contact Time: 07:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Caretaker Home Created Date: 03/27/2015  
 Completed date: 03/27/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/27/2015 03:19 PM Entered By: [REDACTED]

CPSI [REDACTED] traveled to [REDACTED] to meet with [REDACTED] and [REDACTED] as well as [REDACTED] and [REDACTED]. [REDACTED] invited CPSI into the home and gave CPSI a tour of the home. CPSI found the home to be well maintained with appropriate furnishing, utilities, and food. No observable safety hazards or unsanitary conditions present. [REDACTED] stated he was sad for [REDACTED] but was concerned as [REDACTED] was not in the condition to be caring for the twins. CPSI explained the IPA to [REDACTED] and went over the IPA with him. [REDACTED] signed in agreement and stated he and [REDACTED] would make the twins available as much as [REDACTED] needed. [REDACTED] stated they all had a good relationship and they wanted to help and support [REDACTED]. [REDACTED] stated he wanted her to grieve [REDACTED] and he knew this was hard as she had just lost [REDACTED] in December. CPSI stated she would need support from everyone during this time. CPSI observed the twins playing in their room. [REDACTED] and [REDACTED] came over to CPSI and said hello and went back to playing. CPSI observed the twins to appear healthy, clean, and appropriately dressed with no visible marks or bruises. CPSI thanked the family for allowing CPSI into their home and stated I would be in contact with them about the meeting date. [REDACTED] and [REDACTED] thanked CPSI and the visit ended.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/11/2015 Contact Method: Face To Face  
 Contact Time: 04:00 PM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/27/2015  
 Completed date: 03/27/2015 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: 03/27/2015 03:10 PM Entered By: [REDACTED]

CPSI [REDACTED] and Detective [REDACTED] traveled separately to the family home to meet with [REDACTED] and [REDACTED] for the reenactment. Detective [REDACTED] took photographs and [REDACTED] and [REDACTED] version of what occurred the previous day/evening. CPSI [REDACTED] is awaiting full summary and photographs taken by Detective [REDACTED] stated she was playing on the bed with [REDACTED] and placed her in the bassinette and went to tuck the girls in. [REDACTED] stated [REDACTED] normally slept with a boppy. [REDACTED] stated [REDACTED] arrived at 8:34 pm and at 8:37pm [REDACTED] called 9-1-1. [REDACTED] stated he had known [REDACTED] since high school and that she was his high school sweet heart. [REDACTED] stated [REDACTED] was in the bassinette before 8pm. [REDACTED] stated she only left [REDACTED] unattended for less than 15 minutes to tuck in the twins, say prayers with them, and give them good night kisses. [REDACTED] stated everyone had had colds and she was getting a cough. [REDACTED] stated she was taking cough medicine from Walgreens and showed it to CPSI and Detective [REDACTED] stated the twins were taking Children's cough and cold medicine and [REDACTED] was taking children's Musinex. [REDACTED] stated [REDACTED] was taking gas drops and last took it between 6 and 8pm. [REDACTED] stated she gave [REDACTED] the smallest dose allowed on the dropper and could say how much it was because the gas drops had been collected by LE. [REDACTED] stated the twins were only allowed to hold [REDACTED] if they were sitting on the couch. [REDACTED] stated everyone went to the doctor around Christmas and explained everyone to be her mother, sister, etc. [REDACTED] stated [REDACTED] went to the doctor for a rash "down there" and the entire family had been sick around Christmas. [REDACTED] stated when she started CPR she did 10-15 breathes with 2 fingers between the sternum. [REDACTED] stated [REDACTED] did not have a Passy clipped on her clothing and only had a diaper on. [REDACTED] stated [REDACTED] had not been given any immunizations and her PCP was [REDACTED] [REDACTED] stated [REDACTED] also went to the health department for WIC in [REDACTED] [REDACTED] stated [REDACTED] sometimes took a Passy. Detective [REDACTED] photographed reenactment and [REDACTED] clothing. [REDACTED] was encouraged to attend counseling. [REDACTED] stated she was willing to attend counseling and would speak with her doctor about whom to go through. CPSI provided [REDACTED] with resources available to provide counseling. [REDACTED] was asked about the tin found under her sink. [REDACTED] stated her sister had put it there and that's why she was no longer at her home. [REDACTED] stated she would like to have it back as it was [REDACTED] Detective [REDACTED] stated it was evidence and she would most likely not be getting it back due to the contents. CPSI observed cans of Similac sensitive formula in the bathroom. CPSI observed the twins room to appear messy however no hazards were observed. The hallway had laundry piled up in it. The upstairs bathroom appeared clean. [REDACTED] room appeared cluttered and had an ashtray full of smoked cigarette butts in it and [REDACTED] stated she did smoke in the home. [REDACTED] had a bedroom however it was currently being used for storage and [REDACTED] shared a room with [REDACTED] Downstairs, the family room and kitchen were clean and organized. The home had appropriate furnishings, utilities,



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

and food. [REDACTED] stated [REDACTED] was all she had left of [REDACTED] as he was buried 12/24/14. [REDACTED] stated she had smoked pot last night to be able to sleep. CPSI asked about [REDACTED] criminal history. [REDACTED] stated she had received a DUI in 2008 or 2009 and received a shoplifting charge after [REDACTED] was born. [REDACTED] stated she was given community service and probation for a year with [REDACTED] stated she had stolen Christmas presents for the girls. [REDACTED] stated she did have history with the department in reference to the twins. [REDACTED] stated the twins visit with their dad every other weekend and Thursday and Friday the opposite week. [REDACTED] stated she had a prescription for suboxone and Xanax through [REDACTED] [REDACTED] [REDACTED] stated she was in [REDACTED] and had been since 2010. [REDACTED] stated she had been diagnosed with anxiety and post-partum. [REDACTED] stated she had previously been in [REDACTED] twice years ago. [REDACTED] stated all the children's PCP was [REDACTED] and [REDACTED] was on Loratadine for allergies. CPSI [REDACTED] explained and presented [REDACTED] with the Client's Rights Handbook, MRS Guidelines, HIPAA Notification information, Medical Release Form as well as the Native American Form per policy. The necessary forms were signed and dated by the client and will be maintained in the hard file. A genogram was also completed. CPSI explained I would be obtaining medical records for [REDACTED] and her. [REDACTED] stated understanding. CPSI asked [REDACTED] if she would consent to a drug screen as it had been reported she was over medicating. [REDACTED] stated no problem. CPSI drug screened [REDACTED] was positive for Buprenorphine, Benzodiazepines, and THC. CPSI was able to verify the prescription for Buprenorphine that was filled on 2/7/15 with a count of 40/44 and instructed to take 1 ½ film under the tongue daily. [REDACTED] stated she did not have her Xanax prescription with her as it was at [REDACTED] and as reported earlier she had smoked pot to sleep the previous day. CPSI addressed the concerns currently with [REDACTED] being seen over medicating and with [REDACTED] death being suspicious as well as [REDACTED] current mental stability. [REDACTED] stated understanding. CPSI asked [REDACTED] if she would agree to an Immediate Protection Agreement (IPA) allowing the twins to stay with their dad until a Child and Family Team Meeting could be held. [REDACTED] stated she had no problem with the girls staying with their dad as she was in no position to care for them right now. CPSI stated her contact would be supervised by [REDACTED] and [REDACTED] signed the IPA in agreement. CPSI asked [REDACTED] if there were any services in her home. [REDACTED] stated she had never had any services in her home. CPSI [REDACTED] and Detective [REDACTED] thanked [REDACTED] for her time and ended the visit.

Narrative Type: Addendum 1 Entry Date/Time: 03/27/2015 03:55 PM Entered By: [REDACTED]

CPSI received approval for IPA from DCS [REDACTED] LI [REDACTED] IC [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/11/2015

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/11/2015

Completed date: 02/11/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/11/2015 08:11 PM Entered By: [REDACTED]

A [REDACTED] review was held today via poly com and the case will be restaffed after the reenactment that is to be completed by law enforcement. Participants included: [REDACTED] [REDACTED] [REDACTED] CPSI [REDACTED] and LI [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/11/2015

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/06/2015

Completed date: 11/06/2015

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: 11/06/2015 01:49 PM Entered By: [REDACTED]

Notification was given to the [REDACTED] [REDACTED] Juvenile Court, [REDACTED] and District Attorney's office as CPIT was held this morning.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/11/2015 Contact Method:  
 Contact Time: 08:04 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/06/2015  
 Completed date: 11/06/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type: Opening

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

Narrative Type: Original Entry Date/Time: 11/06/2015 11:56 AM Entered By: [REDACTED]

CPSI [REDACTED] was assigned this case on: 2/11/2015  
 Priority Response Code: P1  
 Allegations Assessed and Assigned by Central Intake: ENN/ND  
 ACV: [REDACTED] and [REDACTED]  
 AP: [REDACTED]

## Reporter states:

CHILD IS NOT IN DCS CUSTODY

Infant female unknown (4 months) lives with her mother [REDACTED].

The details for this intake are limited due to the referent acquiring this information secondhand.

LE was contacted on today (02-10-15) by [REDACTED] stating the infant was unresponsive. When LE arrived they immediately began CPR on the baby. It was reported that Officer [REDACTED] was the officer on the scene. While he was performing CPR on the baby she was spitting up formula. Once EMS arrived they began working on the baby as well. The referent stated the baby was transferred to [REDACTED] where she was pronounced dead upon arrival. There has not been an autopsy completed at this time and the results are pending. The referent is not clear about the specific details of the incident.

[REDACTED] has two other unknown children in the home with her. Those children appeared to be well cared for. The children are currently with their maternal grandfather, but no information is none about him at this time. The children have not been interviewed at this time.

The referent stated the home appeared to be messy with clutter. There were clothes and trash seen on the floors. The referent stated the family lived in public housing and there were no safety hazards seen.

The referent stated the mother has a criminal history of shoplifting. The referent stated the other children are safe at this time. The mother was seen distraught and crying. She is currently at [REDACTED]

## TFACTS HISTORY:

4/7/2013: ASMT:LOS: NSN  
 11/20/2014: INV: DEI: AUPU

Notification was given to the [REDACTED] Juvenile Court, [REDACTED] and District Attorney's office as CPIT was



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

---

held this morning.



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ ██████████

**Case Recording Details**

Recording ID: ██████████ Status: Completed  
 Contact Date: 02/11/2015 Contact Method: Face To Face  
 Contact Time: 04:23 AM Contact Duration: Less than 01 Hour  
 Entered By: ██████████ Recorded For:  
 Location: Other Community Site Created Date: 02/16/2015  
 Completed date: 02/16/2015 Completed By: ██████████  
 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: 02/16/2015 10:07 AM Entered By: ██████████

CPSI's ██████████ and ██████████ made contact with ██████████ at ██████████. ██████████ was also present. ██████████ came outside the home to speak with CPSI. CPSI asked ██████████ if she could walk me through her day. ██████████ stated she woke up, "I can't tell you a specific time I would say around 7:30-8:00am". CPSI asked ██████████ if she could go through her daily routine. ██████████ stated they all normally get up between 7-9 am, we go downstairs, have breakfast, and play. ██████████ stated she fed ██████████ stated when this incident occurred she had been playing with ██████████ on the bed and she out her in the bassinette. ██████████ stated she then went to check on the girls, they were picking out a movie for bed, and get them a drink. ██████████ stated when she went back to check on ██████████ she was white and unresponsive. ██████████ stated ██████████ was lying on her back in the bassinette, just as she had laid her. ██████████ stated she could not give specific times. ██████████ spoke up and stated he arrived at ██████████ home at 8:34pm. ██████████ stated he heard ██████████ scream and he called 911 at 8:37pm. ██████████ stated she started CPR and a brown liquid started coming out of ██████████ mouth. ██████████ stated "it almost looked like blood." ██████████ stated she had talked to the doctor's office this morning between 9-10am because ██████████ belly button was sticking out. ██████████ stated she scheduled an appointment and she thinks it was for the end of this week or next week that it was written down at home. ██████████ stated after ██████████ ate that night she took a nap. ██████████ stated ██████████ had been taking longer naps the last couple of days. ██████████ spoke up and said it seemed like 6-8 minutes had passed before the ambulance arrived. ██████████ stated when she after starting CPR, ██████████ open her eyes and her color had started to come back. ██████████ stated there had been no issues leading up to the incident. ██████████ stated before they left the hospital (at birth), ██████████ had a rattle in her chest. ██████████ stated sometimes when she ██████████ would lie down she would snore. ██████████ stated the doctor's told her to keep an eye on ██████████ and bring her back if she got a fever. ██████████ stated once she noticed ██████████ she moved her to the corner of her ██████████ bed to do compressions and mouth to mouth then she moved ██████████ to the floor as instructed by 911. ██████████ stated the small mark on the back of ██████████ head was "maybe from putting her in the floor". ██████████ stated ██████████ had diaper rash problems since leaving the hospital (at birth). ██████████ stated this morning, there were bumps on the diaper rash and on the right side the skin was broken. ██████████ stated the last couple of poops had been runny and audy. ██████████ stated ██████████ had been to the doctor one time and her second visit was rescheduled. ██████████ stated ██████████ was "on Similac or Enfamil, not sure which one but the can is orange and white." ██████████ stated there was plenty of it at her house. ██████████ stated she stopped by her house to get clothes and lock up but "I can't be there, I'm going to have to move." ██████████ stated ██████████ and ██████████ her twin girls, where home when the incident occurred. ██████████ stated she dropped the girls off with her step sister on the way to the hospital and her girls went to their grandmother's from there. ██████████ asked



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

if LE found the "stuff" under her sink. CPSI asked [REDACTED] if she could tell me what "stuff". [REDACTED] stated "under the bathroom sink, [REDACTED] tools: an Elvis plate and a tin." [REDACTED] stated "it's not where it's kept; it must have been moved by my step-sister." [REDACTED] stated her step-sisters name was [REDACTED] and she had stayed with her for a couple of weeks after [REDACTED] died and [REDACTED] kicked her out because she had moved the plate and stuff and placed it under the sink. CPSI asked [REDACTED] what her plan was. [REDACTED] stated "I don't know, I need to go somewhere to get my head together, like check myself in somewhere." CPSI asked her plan for the girls. [REDACTED] stated "the girls have a father who is involved." [REDACTED] then asked CPSI if there was "stuff in that tin?" CPSI replied yes. CPSI asked [REDACTED] if there was anything she needed right now. [REDACTED] stated no, she just wanted to try and get some rest. CPSI expressed condolences. CPSI left contact information and stated this CPSI would contact her later this date. [REDACTED] thanked CPSI and the visit ended.

Narrative Type: Addendum 1    Entry Date/Time: 02/16/2015 10:09 AM    Entered By: [REDACTED]

CPSI did ask [REDACTED] about her current prescriptions. [REDACTED] stated she was prescribed Suboxone film and Xanax through [REDACTED] [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/11/2015 Contact Method: Face To Face  
 Contact Time: 03:06 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Caretaker Home Created Date: 02/16/2015  
 Completed date: 02/16/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Initial ACV Face To Face  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/16/2015 11:21 AM Entered By: [REDACTED]

CPSI's [REDACTED] and [REDACTED] traveled to [REDACTED] to meet the twin. CPSI's introduced selves and was invited in to the home by [REDACTED] MGF. [REDACTED] stated the girls fell asleep on the couch and he hadn't moved them yet. CPSI stated understanding. CPSI asked if the girls could be observed. [REDACTED] stated absolutely. CPSI observed [REDACTED] sleeping on one couch and [REDACTED] on the other. [REDACTED] was lying in panties only covered with a blanket. CPSI observed [REDACTED] to appear clean and healthy with no visible marks or bruises. CPSI did observe [REDACTED] to be breathing. CPSI observed [REDACTED] CPSI observed [REDACTED] to be in PJ's covered with a blanket. [REDACTED] MGM, pulled up [REDACTED] shirt and pant legs to allow CPSI to observe for any marks. CPSI did not observe any marks or bruises. CPSI observed [REDACTED] to be breathing. CPSI spoke with [REDACTED] and [REDACTED] stated they were notified by [REDACTED] her daughter, by phone stating the baby was not breathing and they were headed to the hospital. [REDACTED] stated he, [REDACTED] and his son went to the hospital. [REDACTED] stated she kept the girls. CPSI asked [REDACTED] and [REDACTED] if they knew where [REDACTED] might be. [REDACTED] stated she should be at home. CPSI asked if there had been anything going on with the baby the last few days. [REDACTED] stated [REDACTED] said the baby had a cold last couple days and when he saw [REDACTED] on Sunday, she looked fine. [REDACTED] stated they had kept the twins over the weekend as they get the twins on the weekends they are not with their dad. [REDACTED] stated he saw [REDACTED] when he dropped the girls off. [REDACTED] stated he had no concerns for the baby or the twins as did [REDACTED] [REDACTED] reported [REDACTED] had lived at the [REDACTED] address since August of 2014. [REDACTED] and [REDACTED] stated they were not aware of the doctor visits with [REDACTED] and [REDACTED] stated they offered for [REDACTED] to stay with them but she declined. CPSI asked about [REDACTED] boyfriend. [REDACTED] stated [REDACTED] did not have a boyfriend and he last saw [REDACTED] when they left the hospital together. [REDACTED] stated they had not seen or heard from [REDACTED] since leaving the hospital. CPSI asked if they were aware of [REDACTED] plan for the girls. [REDACTED] stated they told [REDACTED] to grieve and they would keep the girls. [REDACTED] stated he thinks [REDACTED] is avoiding the girls because she doesn't know how to explain [REDACTED] being gone to them. CPSI stated understanding. CPSI left contact information and asked them to contact me if they needed anything. CPSI expressed condolences and ended the visit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/11/2015 Contact Method: Face To Face  
 Contact Time: 12:30 AM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 02/16/2015  
 Completed date: 02/16/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/16/2015 10:43 AM Entered By: [REDACTED]

CPSI's [REDACTED] and [REDACTED] arrived at [REDACTED] in response to a child fatality. CPSI's made contact with Detectives [REDACTED] [REDACTED] and [REDACTED] along with [REDACTED]. CPSI was informed the mother had left the hospital. CPSI collected a copy of the SUIDI report and asked for an update. Detective [REDACTED] stated the mother reported she laid the baby down in her bassinette to check on her other two girls and when she returned the baby was unresponsive. CPSI observed [REDACTED] [REDACTED] had a small red mark on the back of her head that was approximately ¼ inch long and what appeared to be petechiae (small red spots on the skin), diaper rash. [REDACTED] appeared clean. CPSI also observed [REDACTED] belly button to be protruded outwards. Detective [REDACTED] reported the mother said [REDACTED] had had constant diarrhea. Detective [REDACTED] stated the doctor told them the anus appeared relaxed and it shouldn't be that way. Detective [REDACTED] stated [REDACTED] feels the anus appears too big and this death is suspicious. Detective [REDACTED] reported, per [REDACTED] the belly button to be herniated and severe diaper rash. Detective [REDACTED] reported per [REDACTED] the child had not been vaccinated and there was an appointment next week but the mother could not remember when. Detective [REDACTED] reported [REDACTED] to be a suspect in a Klonopin theft case and when spoken with by vice detectives on February 3, 2015, they reported the baby was crying and croupy. CPSI spoke with the nursing staff who stated time/date of death was 2-10-2015@21:21 (9:21pm). Staff reported an autopsy had been ordered. CPSI collected names and addresses of family members to make contact with the twins and thanked all parties.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]  
 County: [REDACTED]  
 Date of Referral: 11/20/14 10:32 AM  
 Assessment Type: Initial

TN DCS Intake ID #: [REDACTED]  
 Worker:  
 Date of Assessment: 11/24/14 12:00 AM  
 Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



Tennessee Department of Children's Services  
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]  
 County: [REDACTED]  
 Date of Referral: 2/10/15 9:08 PM  
 Assessment Type: Initial

TN DCS Intake ID #: [REDACTED]  
 Worker:  
 Date of Assessment: 2/11/15 12:00 AM  
 Number of Children in the Household: 2

**Section 1: Immediate Harm Factors**

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

Yes      No

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



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### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



Tennessee Department of Children's Services  
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_