



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 03/08/2015 08:03 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 03/08/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 03/09/2015 09:48 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 03/09/2015 09:48 AM  
 First Case Manager [REDACTED] Date/Time 03/09/2015 09:48 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 2 Mos	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number: [REDACTED]  
 Type of Contact: [REDACTED]  
 Notification: E-mail  
 Narrative: Family Case IDs [REDACTED] (History on [REDACTED] as a minor child)

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open: Investigation [REDACTED] //DEC/DEI/12/10/2014, [REDACTED]

Substantiated: [REDACTED] /DEI/DEC, [REDACTED] Substantiated/6/13/2014

History (not listed above): Yes





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

03-08-15 09:51:45 AM [REDACTED]

03-08-15 09:52:18 AM [REDACTED]

Received



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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** Black/African      **Age:** 1 Yr 2 Mos

**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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: UNKNOWN

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participan [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  
Child Protective Service Investigation Summary  
and Classification Decision of Child Abuse/Neglect Referral**

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/08/2015

Assignment Date: 09/25/2015

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			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unk1, unk1	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 03/18/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Allegations unsubstantiated perpetrator unsubstantiated

**D. Case Workers**

Case Worker: [REDACTED]

Date: 12/12/2015

Team Leader: [REDACTED]

Date: 12/12/2015

**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:**

The ACV died and based upon the autopsy report the cause of death could not be determined. The child [REDACTED] born on [REDACTED] died on 03/08/15 at [REDACTED]

**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 child [REDACTED] was discovered unresponsive and after receiving CPR the child dies on 03/08/2015 at [REDACTED]

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

There was no identified perpetrator in reference to the child death neglect.

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

[REDACTED] stated that she last saw [REDACTED] around 1:30 am when she placed [REDACTED] in the middle of



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

Case Name : ██████████

Investigation ID: ██████████

their bed. ██████████ stated that she was tired and she fell asleep on the opposite side of the bed. She stated that ██████████ woke her up screaming that ██████████ was not breathing around 5:00 am.

██████████ stated that he laid down around 11:30 p and ██████████ was with ██████████ stated that he vaguely remembers ██████████ coming and laying ██████████ down in the bed. ██████████ reported that he woke up when he heard ██████████ crying and he went upfront where ██████████ was sleeping to get him. ██████████ reported that when he came back into the bedroom and sat ██████████ down, he noticed mucus and blood around ██████████ nose. ██████████ stated that he grabbed ██████████ and she was cold and still. He then stated that he screamed for ██████████ and dialed 9-1-1 and he delivered CPR.

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

There is no evidence to support the child neglect death of ██████████. The autopsy report does not confirm or deny the effect that co-sleeping had in reference to her death. The autopsy report states that the cause of death was undetermined. This case is being closed AUPU as there was no identified perpetrator that contributed to the death of ██████████

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                               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: 12/12/2015

Contact Method:

Contact Time: 11:54 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/12/2015

Completed date: 12/12/2015

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: 12/12/2015 11:55 AM      Entered By: [REDACTED]

12/12/2015

The case has been approve for closure. The case was transferred for non-custodial services to [REDACTED] Transfer meeting held.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/11/2015 Contact Method:  
 Contact Time: 02:25 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/11/2015  
 Completed date: 12/11/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 12/11/2015 02:31 PM Entered By: [REDACTED]

This Case was received by [REDACTED] on 03/09/15 in reference to a child death. The alleged ACV was [REDACTED] and DOD 3/08/15. The child was never taken into custody, but the remaining siblings were safety placed with family. The children [REDACTED] were placed with their birth father [REDACTED] and the youngest child [REDACTED] was placed with the maternal grandmother [REDACTED].

March 8, 2015 at 11:10 am, [REDACTED] observed an interview with [REDACTED], biological mother, on 03/08/2015 at 11:10 am at [REDACTED]. [REDACTED] reported that she last saw [REDACTED] around 1:30am this morning when she placed [REDACTED] in the middle their bed. [REDACTED] reported that she was tired and she fell asleep on the opposite side of the bed. [REDACTED] stated that [REDACTED] woke her up screaming that [REDACTED] was not breathing around 5:00 am.

This [REDACTED] observed an interview between [REDACTED] and [REDACTED], biological father, on 03/08/2015 at 12:10 pm at [REDACTED]. [REDACTED] reported that he lay down around 11:30pm and [REDACTED] was with [REDACTED]. [REDACTED] reported that he vaguely remembers [REDACTED] coming and laying [REDACTED] down in the bed. [REDACTED] reported that he woke up when he heard [REDACTED] crying and he went upfront where [REDACTED] was sleeping to get him [REDACTED] reported that when he came back into the bedroom and sat [REDACTED] down that he noticed mucus and blood around [REDACTED] nose. [REDACTED] stated that he grabbed [REDACTED] and she was cold and stiff. [REDACTED] stated he screamed for [REDACTED] reported that [REDACTED] dialed 9-1-1 and he proceeded with CPR. According to [REDACTED] [REDACTED] was pronounced dead at 7:37 am on March 8, 2015 at [REDACTED].

[REDACTED] was the Department of Children Services investigator and was assisted by [REDACTED] of [REDACTED]. There was no identified perpetrator.

According to policy a child death is 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



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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This case is closed and classified as AUPU. There was a lack of evidence to support the allegations of child death with an unidentified perpetrator. There was also a lack of evidence to support the allegations of neglect death per policy. This case will be transferred for ongoing services to due to the risk of imminent harm or danger as [REDACTED] has a history of becoming involved in relationships with domestic violence which can present harmful to her children.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.

[REDACTED] Child Protection Investigation Team (CPIT) review was completed on October 29, 2015. [REDACTED] presented the case at CPIT and the team agreed with the classification of AUPU. This case will not be prosecuted and services will be recommended. CPIT form is attached to file.

This case will be closed and classified as allegations unsubstantiated perpetrator unsubstantiated for the allegations of Child Neglect Death based upon the results of the autopsy report. The findings of the autopsy report listed the cause of death as could not be determined with no contributing cause of death but there was a concern with co-sleeping.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/08/2015	Contact Method:	
Contact Time:	12:45 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/09/2015
Completed date:	12/09/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/09/2015 10:27 AM      Entered By: [REDACTED]

This CPSI arrived at the home of [REDACTED] the maternal grandmother of the children. This CPSI was able to speak with [REDACTED] in reference to the new IPA [REDACTED] was in agreement with ensuring the safety of the child in her care right now and abiding by the terms of the IPA agreement.

This CPSI was also able to visit with [REDACTED] at the home of [REDACTED]. Due to the age of the child this CPSI was unable to interview the child but was able to observe the child as he made his way to the toddler pot. At this time [REDACTED] stated that they are in the process of potty training and [REDACTED] is doing a little better but he still has accidents. This CPSI observed [REDACTED] and he did not appear to have any visible marks present on his person.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/08/2015

Contact Method:

Contact Time: 10:35 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/09/2015

Completed date: 12/09/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/09/2015 10:22 AM Entered By: [REDACTED]

This CPSI was present for the Transfer CFTM for [REDACTED]. During this meeting the IPA for [REDACTED] was updated with some new corrections. This CPSI, the mother, the [REDACTED] and [REDACTED] for the on going case manager were present and in agreement with the IPA. [REDACTED] signed the new IPA and the agreed to not have any contact with [REDACTED] the father of her youngest child. All documentation is current and has been forwarded to the FSW worker who will be [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/04/2015

Contact Method: Face To Face

Contact Time: 07:15 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/09/2015

Completed date: 12/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/09/2015 10:13 AM      Entered By: [REDACTED]

This CPSI was able to speak with [REDACTED] in person at the DCS office.. During the interview this CPSI went back over the NCPP, along with the IPA for [REDACTED] for the case file. This CPSI also addressed the allegations of drug abuse at which time [REDACTED] stated that she has smoked marijuana recently but stated that the last time she smoked marijuana was around Thanksgiving. This CPSI completed the drug screen consent form with [REDACTED] where she completed the section where she admitted to her substance use. This CPSI informed her of the importance of not doing any type of drug and she express her understanding. [REDACTED] stated that she is willing to stop smoking marijuana. This CPSI then reminded [REDACTED] of the transfer CFTM to be held on December 8, 2015 at 10:00 am. [REDACTED] confirmed the meeting time and left the DCS Office.



**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: 11/25/2015

Contact Method:

Contact Time: 10:01 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/25/2015

Completed date: 11/25/2015

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: 11/25/2015 10:01 AM      Entered By: [REDACTED]

11/25/2015

Administrative Review:

The case is pending transfer to non-custodial services. The case has been assigned to [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: 11/10/2015

Contact Method:

Contact Time: 07:17 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/10/2015

Completed date: 11/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/10/2015 07:18 PM      Entered By: [REDACTED]

11/10/2015 7:17 pm

This case has been reviewed by [REDACTED] and feedback has been given to [REDACTED] 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: 11/10/2015

Contact Method:

Contact Time: 02:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/12/2015

Completed date: 11/12/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/12/2015 10:34 AM      Entered By: [REDACTED]

CPSI requested the medical records for the deceased child and upon receipt of the medical records once a physician has been identified this CPSI will make contact with the physician to ensure the safety of the children.



**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: 11/07/2015 Contact Method: Face To Face  
 Contact Time: 01:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 11/10/2015  
 Completed date: 11/10/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Well Being  
 Contact Type(s): Collateral Contact, Parent/Caretaker Interview, Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/10/2015 07:52 AM Entered By: [REDACTED]

[REDACTED]  
 This CPSI arrived at the home of [REDACTED] the birth father for [REDACTED]. This CPSI inquired as to how everything was going and he stated that everything is going well. He stated that his children are doing well and they are being well taken care of. [REDACTED] stated that [REDACTED] is currently enrolled at [REDACTED] [REDACTED] attends the [REDACTED] during the day. [REDACTED] did not state any issues or areas of concern at this time.

[REDACTED] stated that he has seen [REDACTED] around the neighborhood and he has even followed him when he has been with his children. This CPSI asked [REDACTED] if he currently has an order of protection out against [REDACTED] and he stated that he does. He stated that he believes that [REDACTED] is afraid of [REDACTED] and she just does not know how to get rid of him. [REDACTED] stated that his main concern is for the safety of his children. He is protective of his children and he stated that he only wants what is best for his children and the mother of his children.

[REDACTED] was asked about what happened when [REDACTED] was taken to the hospital and he stated that he was at the hospital when he got the call that she was at the hospital. [REDACTED] stated that he was supportive of [REDACTED] and he stated that [REDACTED] was not present at the hospital. He stated that he is not sure what went on that caused the death of [REDACTED] but he stated that the previous day [REDACTED] was at his home and then [REDACTED] made a big fuss over coming to get her because [REDACTED] was upset. [REDACTED] stated that he did not want to send the child home with [REDACTED] but he did anyway. He stated that his children [REDACTED] were at home with him and not with their mother. He also stated that at the time that [REDACTED] dies [REDACTED] informed him that he was the father of [REDACTED] and she apologized for not telling him earlier. [REDACTED] then stated that he and [REDACTED] have a good relationship but he just wants her to leave [REDACTED] alone because he does not mean her any good. This CPSI thanked him for his time and ended the interview.

[REDACTED]  
 This CPSI arrived at the home and was able to speak with [REDACTED] in reference to how he was doing. During the interview [REDACTED] stated that he was doing well. This CPSI asked the last time that he saw his mother and he stated that he saw her the previous weekend. This CPSI asked [REDACTED] what he had been doing lately and he stated that they have been to the [REDACTED], they went to a [REDACTED] and went to the park and played for a while. He also stated that he has been playing his video game with his father and they have just been hanging.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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This CPSI asked [REDACTED] how he likes being at his dad's home and he stated that it cool. He stated that he has been having fun but he stated that he has more fun when he is at [REDACTED]. This CPSI asked why he has fun at [REDACTED] and he stated because he has cousins over there they he is able to play football with in the mud. They play catch and chase each other all over the yard.

[REDACTED]

This CPSI was able to speak with [REDACTED] in private in the living room of the home. During the visit [REDACTED] stated that she was good and everything was good at home. This CPSI asked her how school was and she stated that it was fun. This CPSI asked [REDACTED] how old she is and she stated that she is 4 years old. [REDACTED] then stated that the cat scratched her and later stated that the cat tried to bit her but she moved. This CPSI observed that [REDACTED] was dressed in a pink and white dress and she was dressed appropriately for the weather. This CPSI did not observe any visible marks present on [REDACTED] and she was neat and clean.



**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:	11/06/2015	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/10/2015
Completed date:	11/10/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation, Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/10/2015 07:48 AM Entered By: [REDACTED]

This CPSI went to the home of [REDACTED] the safety placement for the children and was able to speak with [REDACTED] as well. During the visit this CPSI went over the new IPA for the family and asked if there were any additional questions. [REDACTED] asked this CPSI about the death certificate for her daughter and this CPSI informed her that it was unknown how she would go about obtaining the death certificate but [REDACTED] will let [REDACTED] know something on Monday during normal business hours. [REDACTED] also obtained the phone number for her attorney as she did not think she had the correct number. [REDACTED] also completed a release of information for this CPSI so that the medical records for her daughter could be obtained. This CPSI thanked [REDACTED] for her time and ended the visit and left the home.

This CPSI was able to observe [REDACTED] as he was eating his chicken nuggets in his high chair. Due to the age of [REDACTED] this CPSI was not able to interview him but was able to observe that he was dressed appropriately for the weather. This CPSI also observed that [REDACTED] did not have any visible marks present and appeared to have a health appetite.



**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: 11/02/2015

Contact Method:

Contact Time: 01:29 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/02/2015

Completed date: 11/02/2015

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: 11/02/2015 01:39 PM      Entered By: [REDACTED]

11/02/2015

Administrative Review:

The Autopsy results pertaining to [REDACTED] cause of death was unable to be determine. The case was presented to CPIT and agreed to classify as unsubstantiated. [REDACTED] is preparing the case for transfer and closure.

Next Steps:

Interview siblings

Contact the ACV's Pediatrician and the surviving siblings in regards to possible concerns.

Scan the medical records and autopsy results in TFACTS

Final f2f with the ACV's (Please update the IPA during this time).

Prepare the case transfer and closure

13. Complete the 740

14. Document the drug screens completed by the former worker

15. Document the autopsy results



**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: 10/16/2015

Contact Method:

Contact Time: 07:27 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/16/2015

Completed date: 10/16/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/16/2015 07:28 PM      Entered By: [REDACTED]

10/16/2015 7:27 pm

[REDACTED] reviewed the case for closure and transfer. The case was returned to [REDACTED] for additional tasks.



**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: 10/15/2015

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/10/2015

Completed date: 11/10/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/10/2015 07:48 AM      Entered By: [REDACTED]

This CPSI was able to meet with [REDACTED] in the DCS office. While in the office this CPSI went over the Non-custodial Permanency Plan with her and obtained her signature on the form [REDACTED] was thanked for coming to the office and remaining compliant with the request of the Department.



**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: 10/12/2015

Contact Method: Attempted Phone Call

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/12/2015

Completed date: 10/12/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

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

This CPSI attempted to contact the phone number for [REDACTED] provided by [REDACTED] and the message stated the phone number was not in service. This CPSI was unable to leave a message for [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: 10/06/2015

Contact Method: Attempted Phone Call

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/12/2015

Completed date: 10/12/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/12/2015 12:16 PM      Entered By: [REDACTED]

This CPSI attempted to contact the phone number for [REDACTED] provided by [REDACTED] and the message received was that the phone number was not in service. This CPSI was unable to leave a message for [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: 10/05/2015

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/12/2015

Completed date: 10/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/12/2015 11:42 AM Entered By: [REDACTED]

This CPSI was able to speak with [REDACTED] by phone and was able to a contact phone number for [REDACTED] of [REDACTED]. This CPSI also addressed the question of [REDACTED] as to who she needed to contact in order to obtain a copy of the autopsy for her daughter. This CPSI referred her to the office of the Corner's Office. This CPSI also gave [REDACTED] the resource information for the [REDACTED] in order to participate in a victims of domestic violence class. [REDACTED] accepted the referral and this CPSI thanked [REDACTED] for her time and ended the phone call.



**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:	10/05/2015	Contact Method:	Face To Face
Contact Time:	12:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/10/2015
Completed date:	11/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/10/2015 07:46 AM      Entered By: [REDACTED]

This CPSI arrived at the home of [REDACTED] the safety placement for [REDACTED] located at [REDACTED]. Upon arrival this CPSI was invited into the home and was able to observe [REDACTED] as he played in the living room of the home. Due to his age this CPSI was unable to interview him but was able to observe him as he had on a white tee shirt and khaki shorts and he was dressed appropriately for the weather. This CPSI also did not observe any visible marks on him while at the home.

[REDACTED] was able to speak with [REDACTED] the birth mother of the children. This CPSI went over all of the information contained in the Immediate Protective Agreement as it relates to what she must do while her children are safety placed. [REDACTED] stated that she understood and she was willing to comply with the terms of the IPA. Once the IPA was signed by [REDACTED] and her mother [REDACTED] the safety placement this CPSI asked if the family had any additional questions and they did not. This CPSI tanked the for their time, ended the interview and left the residence.



## 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: 09/30/2015

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/12/2015

Completed date: 10/12/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/12/2015 11:38 AM Entered By: [REDACTED]

This CPSI arrived at the home of [REDACTED] was present. this CPSI made a proper introduction to [REDACTED] and explained that her case had been reassigned to this CPSI at which time this CPSI re addressed the IPA which had been in place and updated the IPA. This CPSI also explained that a new NCPP would need to be completed as some things or requirements might have changed [REDACTED] was willing to sign and update the IPA and she also was willing to participate in services recommended by this CPSI.



**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: 09/28/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/10/2015

Completed date: 11/10/2015

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/10/2015 07:44 AM Entered By: [REDACTED]

[REDACTED] received the case as a transfer and below is an overview of the case prior to the transfer.

After a review of the case file this CPSI was able to see that the results of the autopsy were in the file based upon the certified copy of the autopsy report the cause of death for [REDACTED] could not be determined and the manner of death also could not be determined ([REDACTED]), the circumstances of death stated found unresponsive while co-sleeping with adults in adult bed.

[REDACTED] also reviewed the case file and was able to see that [REDACTED] did complete a urine drug screen for [REDACTED] on 03/08/15 which yielded positive results for Benzodiazepines, and THC. [REDACTED] also administered a urine drug screen to the paramour of [REDACTED] on 03/08/15 and his UDS yielded positive results for THC.

September 30, 2015

There was also the implementation of a Non-Custodial Permanency Plan as of 04/10/2015 in which [REDACTED] agreed to complete an A&D assessment and follow their recommendation, Complete a mental health evaluation and follow their recommendation, participate in random drug screens and she would seek domestic violence counseling. On 10/06/2015 [REDACTED] was able to update the NCPP to ensure that [REDACTED] completed her A&D assessment and she followed up with [REDACTED] to obtain counseling to address history of domestic violence. [REDACTED] also recommended that [REDACTED] participate in grief counseling through [REDACTED] to help deal with her loss.



**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:	09/28/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/10/2015
Completed date:	11/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:	Closing		

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/10/2015 08:01 AM      Entered By: [REDACTED]

The Department of Children's Services received the referral on March 8, 2015 and [REDACTED] received the referral as a response priority P1 regarding allegations of neglect death. The alleged perpetrator is unknown and the victim is listed as [REDACTED]

**TFACTS History**

[REDACTED]	01/05/15	LOS	[REDACTED]
[REDACTED]	12/03/14	DEC/DEI	[REDACTED] (DEI)
[REDACTED]	07/15/14	DEI/PYA	[REDACTED]
[REDACTED]	02/23/14	DEI/DEC	[REDACTED] (DEI)
[REDACTED]	01/27/13	DEI/DEC	[REDACTED] - No Services needed

**HH Composition**

[REDACTED] lives with her [REDACTED] and her four children [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: 09/25/2015

Contact Method:

Contact Time: 10:02 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

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 10:02 AM      Entered By: [REDACTED]

09/25/2015 10:02 am

This case is being reassigned to [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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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: 09/10/2015 Contact Method:  
 Contact Time: 09:55 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 08:50 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: 09/10/2015 Contact Method:  
 Contact Time: 09:55 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 08:50 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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:50 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: 09/10/2015

Contact Method:

Contact Time: 09:55 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 08:50 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:	04/10/2015	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/04/2015
Completed date:	09/04/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/04/2015 01:02 PM      Entered By: [REDACTED]

A CTFM was held on 4/10/15 at 10:00am at The Department of Children Service's office [REDACTED] The following individuals were present at the meeting:

[REDACTED]

The department requested a CFTM with these family members due to [REDACTED] bringing it to the department's attention that she has been getting verbal threats from [REDACTED] that he is going to kill her. Due to the history of domestic violence between [REDACTED] it was imperative that the department meet with the family to ensure the safety of the children in the safety placement.

The department informed the family that they needed to develop a safety plan in order to ensure the safety of the children and [REDACTED]. The family as a whole came up with a safe place among themselves, filing an order of protection against [REDACTED] and the possibility of installing an alarm. [REDACTED] reported that he already has a restraining order on [REDACTED]. All parties agreed and this plan was implemented onto the non-custodial permanency plan.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/08/2015	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	09/04/2015
Completed date:	09/04/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/04/2015 12:51 PM Entered By: [REDACTED]

On 3/8/15 at 4:30pm [REDACTED] After discussing the information obtained in the investigation with [REDACTED] it was determined that due to the Unknown identity of the Offender and the ACV's death there was a risk to the children's safety.

Accordingly, [REDACTED] explained to the parents that an Immediate Protection Agreement would need to be utilized to ensure the safety of the children ([REDACTED]). [REDACTED] asked [REDACTED] if there was anyone they could suggest who would be willing to take care of children while the department continues the investigation. The parents offered [REDACTED] as a potential placement for children. [REDACTED] explained that if the Immediate Protection Agreement was approved, while the child was placed with [REDACTED] the following would apply [REDACTED] will be placed in the care of [REDACTED] will supervise visits between the children and their parents, [REDACTED] will not stay overnight with the children. [REDACTED] will provide the children with a nurturing and safe environment. [REDACTED] agreed to comply with the terms of the Immediate Protection Agreement. [REDACTED] agreed to comply with the terms of the Immediate Protection Agreement.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/08/2015

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/08/2015

Completed date: 04/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2015 10:56 PM Entered By: [REDACTED]

Sibling(s) Observations 3/8/15 at 4:00 pm

This CPSI observed with [REDACTED], at his [REDACTED] home residence of [REDACTED]. This CPSI observed [REDACTED] was dressed appropriately in jeans and a t-shirt. [REDACTED] was not observed with any visible marks or bruises at the time of the visit.

This CPSI observed with [REDACTED], at her [REDACTED] home residence of [REDACTED]. This CPSI observed [REDACTED] was dressed appropriately in blue jeans and a pink shirt. [REDACTED] was not observed with any visible marks or bruises at the time of the visit.

This CPSI observed with [REDACTED], at his [REDACTED] home residence of [REDACTED]. This CPSI observed [REDACTED] was dressed appropriately in a onsie and jogging pants. [REDACTED] was not observed with any visible marks or bruises at the time of the visit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/08/2015	Contact Method:	Face To Face
Contact Time:	02:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/09/2015
Completed date:	04/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 04/09/2015 12:00 AM      Entered By: [REDACTED]  
 Parent/Guardian Statement:

[REDACTED] at 2:15pm on 3/8/15 met [REDACTED] [REDACTED] apologized for any convenience; however, explained the purpose of this visit. [REDACTED] engaged [REDACTED] (ACV's biological mother) in conversation while discussing the initial paperwork and the MRS/ Assessment approach. CPSI continued to engage [REDACTED] in conversation as she signed the Acknowledgment of Receipt of the Clients' Rights Handbook, Notification of Equal Access to Programs and Services and Grievance Procedures, Native American Heritage Veto Verification, Authorization for Release of Information and HIPAA Protected Health Information to the Department of Children's Services and Notification of Release, HIPAA Notice of Privacy Practices-Client Acknowledgement and Authorization for release of Medical Information. She also provided the family composition information.

[REDACTED] asked [REDACTED] to give a time line of events that occurred the previous day until this moment. [REDACTED] reported that they picked up [REDACTED] around 6:00am or 7:00 am. [REDACTED] reported that they did not pick up [REDACTED] until around 1:30pm. [REDACTED] reported that her mother, [REDACTED] was fussing about [REDACTED] had a cold and she did not sleep well. [REDACTED] stated that they went home after they picked up the kids because it was too cold to be outside. [REDACTED] reported that she did go up to Kroger (around 7:30pm) to get some milk and her neighbor [REDACTED] watched the kids while she went to the store. [REDACTED] reported [REDACTED] was with her [REDACTED] stated that they were only gone for 30 to 40 minutes and the kids were sleep while they were gone and when they returned home. [REDACTED] stated that she attempted to cook some chicken; however, burnt the food. [REDACTED] stated that [REDACTED] went to sleep after eating some ravioli and [REDACTED] was still up. [REDACTED] stated that [REDACTED] ate when they got back from the store and that she gave [REDACTED] her medicine. [REDACTED] reported that she gave [REDACTED] and he burped her and they just sat on the couch for a while. [REDACTED] reported that she made pallets on the floor for the kids in the living room. [REDACTED] reported that she doze off to sleep on the couch and [REDACTED] was in the back bedroom [REDACTED] stated she made the pallets around 8 something. [REDACTED] stated that [REDACTED] was in her rocker. [REDACTED] stated that [REDACTED] began whining so she took her to [REDACTED] stated that [REDACTED] was just laying in the bed so she gave him [REDACTED]. [REDACTED] stated that she fell asleep on the opposite side of the bed around 1:30am. [REDACTED] stated that [REDACTED] woke her up screaming that [REDACTED] was not breathing around 5:00 am. [REDACTED] reported that she called attempted to call 911 and her cell phone was not getting service so she ran to her neighbors while [REDACTED] began CPR.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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[REDACTED] asked [REDACTED] if she would submit to a drug screen due to her previous history and she stated yes. [REDACTED] tested positive for THC and Benzo's. [REDACTED] reported that she took one of her mother's Lortab's due to her pain in her jaw. [REDACTED] reported that her jaw had been broken twice in the past from a domestic altercation with [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:	03/08/2015	Contact Method:	Face To Face
Contact Time:	11:10 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	04/08/2015
Completed date:	04/08/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/08/2015 10:59 PM      Entered By: [REDACTED]  
 Parent/Guardian Interview 3/8/15 at 11:10am

[REDACTED] observed an interview with [REDACTED], biological mother, on 03/08/2015 at 11:10 am at [REDACTED]. [REDACTED] reported that she last saw [REDACTED] around 1:30am this morning when she placed [REDACTED] in the middle their bed. [REDACTED] reported that she was tired and she fell asleep on the opposite side of the bed. [REDACTED] stated that [REDACTED] woke her up screaming that [REDACTED] was not breathing around 5:00 am.

This CPSI observed an interview between [REDACTED] biological father, on 03/08/2015 at 12:10 pm at [REDACTED]. [REDACTED] reported that he laid down around 11:30pm and [REDACTED] was with [REDACTED]. [REDACTED] reported that he vaguely remembers [REDACTED] coming and laying [REDACTED] down in the bed. [REDACTED] reported that he woke up when he heard [REDACTED] crying and he went upfront where [REDACTED] was sleeping to get him. [REDACTED] reported that when he came back into the bedroom and sat [REDACTED] down that he noticed mucus and blood around [REDACTED] nose. [REDACTED] stated that he grabbed [REDACTED] and she was cold and stiff. [REDACTED] stated he screamed for [REDACTED] reported that [REDACTED] dialed 9-1-1 and he proceeded with CPR. &#8194;&#8194;&#8194;&#8194;



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/08/2015

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/15/2015

Completed date: 03/15/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/15/2015 11:13 PM Entered By: [REDACTED]

Alleged Victim Statement:

Child Protective Service Investigator ([REDACTED]) on 3/8/15 at 11:00am made an unannounced visit to [REDACTED].  
 The child [REDACTED] were in the care of their parents, [REDACTED].  
 [REDACTED] passed away this morning, March 8, 2015

[REDACTED] was not able to observe ACV [REDACTED] due to her body being transported to the medical examiner's office.  
 [REDACTED] was pronounced deceased at 7:37am.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/08/2015

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/08/2015

Completed date: 04/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/08/2015 10:46 PM      Entered By: [REDACTED]

Referent Statement:

Child Protective Service Investigator [REDACTED] on 3/8/15 at 11:00 am contacted the referent via telephone and informed the referent that the department had received the referral and will investigate the allegations. Additional information was provided by the referent.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/08/2015

Contact Method:

Contact Time: 09:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/08/2015

Completed date: 04/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2015 10:42 PM Entered By: [REDACTED]

**INITIAL CASE SUMMARY:**

[REDACTED] is assigned the following P1 # [REDACTED] referral on 3/8/15 at 9:55 am

**Alleged victim(s):**

[REDACTED] African American female DOB [REDACTED]

**Alleged Perpetrator:**

Unknown

At the time the referral was received there were four prior DCS referrals for this family.

Substantiated: 2/21/14 [REDACTED], DEI, perp: [REDACTED]; 12/3/14 [REDACTED], DEI, perp [REDACTED].

No Services Required: 1/25/13 [REDACTED], DEI, DEC, perp [REDACTED]. Unsubstantiated: 7/15/14, [REDACTED], DEI, Psychological Harm, perp: [REDACTED]

On 3/8/15 at 8:03am the department received a referral with the allegation of neglect death with alleged victim listed as [REDACTED] and alleged perpetrator unknown.

It is reported that [REDACTED] was taken to the emergency room at [REDACTED] with her mother, grandmother and an aunt. It was reported [REDACTED] was found unresponsive at home the morning of March 8, 2015. It is unknown at this time who found [REDACTED] unresponsive. It is unknown what time [REDACTED] was found unresponsive. [REDACTED] arrived at [REDACTED] at 7:21 a.m. by ambulance on March 8, 2015 [REDACTED] was pronounced dead at 7:37 a.m. on March 8, 2015. There is no information known about the cause of [REDACTED] death at this time.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/08/2015

Contact Method: Correspondence

Contact Time: 09:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/08/2015

Completed date: 04/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/08/2015 10:43 PM      Entered By: [REDACTED]

CPIT

The Child Protective Investigative Team (CPIT) convened on 3/8/15 and determined that the department would handle accordingly. [REDACTED] was assigned to this case.



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 12/3/14 8:41 AM

Date of Assessment: 12/3/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 4

**Section 1: Immediate Harm Factors**

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

Yes No

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



## 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]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 12/3/14 8:41 AM

Date of Assessment: 3/30/15 12:00 AM

Assessment Type: Closing

Number of Children in the Household: 3

**Section 1: Immediate Harm Factors**

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

Yes    No

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



## 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:** \_\_\_\_\_