



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 06/16/2015 03:48 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/16/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/16/2015 09:36 PM
 First Team Leader Assigned: [REDACTED] Date/Time 06/16/2015 09:36 PM
 First Case Manager [REDACTED] Date/Time 06/16/2015 09:36 PM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 1 Mos	Abuse 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: ****THIS CHILD IS NOT IN CUSTODY*****

There wasn't any history found for [REDACTED].*

[REDACTED] Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No
 Closed Court Custody No

Number of Screen Outs: None



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History (not listed above):

1/23/15 ASMT [REDACTED] / PYA/ No Services Needed/ closed- 5/26/15

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: Email

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: None

Note: Address, demographics and applicable phone numbers are listed under the oldest child victim.

The child is not in custody.

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

Reporter states: [REDACTED] (6 months) lives in the home with his birth mother, [REDACTED]. It is unknown if anyone else lives in the home.

At 12:37 p.m. today, dispatch received a call from [REDACTED] reporting that they were on the scene where a "5 -month old" had stopped breathing. LE arrived on the scene to assist with the transport to [REDACTED]. It was reported that the baby, [REDACTED], was pronounced "dead on arrival" at the hospital. Emergency Doctors, (unknown), reported that [REDACTED] appeared healthy and there were no bruises or injuries.

[REDACTED] was in the care of a babysitter, [REDACTED], who does not live in the home [REDACTED] is the one that called 911. It is believed that [REDACTED] has been babysitting [REDACTED] for about 3 weeks. [REDACTED] father works with [REDACTED] and that is how everyone knows each other.

[REDACTED] was not in the home at the time of the incident because she was at work. It was reported that [REDACTED] did respond appropriately to the incident and she has been interviewed by LE.

This is all of the information that was known at the time of the report.

There are no known special needs, disabilities, or developmental delays for neither [REDACTED].

[REDACTED] was assigned to the case, and he can be reached at [REDACTED] and he will have the contact information for [REDACTED].

Per SDM: Investigation P1

[REDACTED] @ 4:45 p.m. on 6/16/15

A copy of this referral was emailed to the [REDACTED] and the [REDACTED] email notification group.

[REDACTED]	06-16-15 05:15:56 PM	[REDACTED]	---	[REDACTED]	Left Message
[REDACTED]	06-16-15 05:15:57 PM	[REDACTED]	---	[REDACTED]	
Email Sent					
[REDACTED]	06-16-15 05:20:57 PM	[REDACTED]	06-16-15 05:21:40 PM	[REDACTED]	received



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 14 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Unable to **Age:** 40 Yrs

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: 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: 06/16/2015

Assignment Date: 06/19/2015

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]	Abuse Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 07/02/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [REDACTED] (6 months) lives in the home with his birth mother, [REDACTED]. It is unknown if anyone else lives in the home. At 12:37 p.m. today, dispatch received a call from [REDACTED] reporting that they were on the scene where a "5 -month old" had stopped breathing. LE arrived on the scene to assist with the transport to [REDACTED]. It was reported that the baby, [REDACTED], was pronounced "dead on arrival" at the hospital. Emergency Doctors reported that [REDACTED] appeared healthy and there were no bruises or injuries. [REDACTED] was in the care of a babysitter, [REDACTED] who does not live in the home. [REDACTED] is the one that called 911. It is believed that [REDACTED] has been babysitting [REDACTED] for about 3 weeks. [REDACTED] father works with [REDACTED] was not in the home at the time of the incident because she was at work. It was reported that [REDACTED] did respond appropriately to the incident and she has been interviewed by LE.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/02/2015

Team Leader: [REDACTED]

Date: 07/05/2015

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:

ACV was not able to be interviewed due to him being pronounced deceased at 1:09 pm on 06/16/2015.

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



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Case Name : ██████████

Investigation ID: ██████████

CPSI interviewed ██████████ (father of ██████████) about his interactions on this day, and he reported that he received a call from his daughter at 12:31 pm as he was leaving the office to go on his lunch break. He stated that he and ██████████ work at ██████████ ██████████ ██████████ and that the job is only 2-3 minutes from her home. He stated that when ██████████ called him she said that the baby was not breathing and that she needed him to come to the house. He stated that he called ██████████ and told her to come home because ██████████ was crying and that there was something wrong with the baby. He stated that he arrived to the home first and that he heard ██████████ crying and calling ██████████ name. He stated that he called 911 and he began to give the baby CPR. He confirmed that he was certified in CPR, but that he followed the instructions on the 911 operator as he continued CPR. He reported that ██████████ was already purple and cold when he arrived to the home, and that he knew that he was dead but he continued to give him CPR because the 911 operator told him not to stop until the paramedics arrived. ██████████ reported that he swept ██████████ mouth and there was not anything in it, and that while he was giving him CPR his chest was expanding but he did not think that it was helping. He stated that when ██████████ arrived he stopped giving the baby CPR because she began to give him CPR. He reported that he began to talk to the 911 operator and that she could not hear him well because ██████████ were crying loudly. He stated that when EMS arrived they immediately took the baby and they did not perform CPR in the home. He was asked if he communicated with ██████████ about what occurred, and he stated that he did not talk to her because she was too upset crying for her baby. After EMS left the home the police questioned them all and asked them to come to the police station for a formal interview so they went to the police station.

CPSI went out to the home of ██████████ (former daycare provider) concerning how things were with ACV when she cared for him. ██████████ reported that she began to care for ACV on 02-04-2015 when he was 6 weeks old. She stated that she met ██████████ through a co-worker when she was having domestic violence issues with ACV father ██████████. She reported that she was also a safe home for anyone who needs it, and that ██████████ and her children stayed at her home for one night for their safety and she offered to care for ACV at her daycare center. The next day ██████████ brought ACV back to the daycare center and she began to care for him. That she cared for him for 6 months for 10-12 hours a day due to ██████████ work schedule. She stated that because of the number of hours that she was caring for ACV, she and ██████████ got into an argument about the money that she owed her so she stopped bringing ACV to the daycare center in March 2015. Three days later she wanted to bring him back so she allowed him to come back. She noticed that ACV smelled like spoiled milk and when she asked ██████████ about this smell she stated that he spits up a lot and that was why he smelled like milk all the time. She confirmed that he did spit up milk a lot, but that she encouraged her to take him to the doctor to be seen for this condition but ██████████ stated that there was nothing wrong with her baby. ██████████ stated that she was concerned that ACV was not digesting his food properly. On 05-12-2015 they had a conversation about camera's being installed in her home so that she could monitor how ACV was being cared for. That this led to another argument, and that she stopped bring ACV to her daycare center again on 05-15-2015. ██████████ stated that when she found out that ACV had died, she thought that someone must have done something to him. That ██████████ loved her baby so much that she stated once that she would kill someone if they did anything to her baby.

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

██████████ (babysitter/AP) reported that she arrived to the home at 5:30 am after her father dropped her off. She stated that when she arrived ██████████ was holding ██████████ (ACV) and playing with him so she sat down and ate her breakfast until she brought him in the living room when it was time for her to go to work. She stated that ██████████ laid him down on a blanket on the floor so that he could play with one of his toys, and she showed her how to prepare the new baby food that she purchased for him. She stated that she did not know what it was called but that it looked like grits. She stated that she was given a schedule of when to feed ██████████ his food and milk. She reported that she played with ACV until 10:00 am then she gave him a bottle of milk. That she burped him and then he burped again on his own. She stated that she continued to play with him until 11:00 am when she laid him down for his nap. ██████████ reported that she laid him on his back on the bed where he sleeps with his mother in the bedroom, and that she had two pillows on each side of him so that he would not roll off the bed. After laying him down she went in the living room and took a nap on the couch. She woke up 3 different times to check on him and he was still sleeping. Her friend called her and she talked to her for



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

about 20 minutes when she heard [REDACTED] whimpering so she laid the phone down and went back in the bedroom to check on him again. She stated that this time when she looked at him she noticed that he was purple and having a hard time breathing. There was blood coming out of his nose and he had spit up some milk so she picked him up and wiped his face with a wet wipe and began to pat on his back to help him to breath. She then laid him back on the bed and began to give him CPR by pushing down on his chest with her fingers, then she laid him on the floor and continued to give him CPR by pushing her fingers down on his chest. She stated that he stopped breathing so she called her dad and told him what was happening and for him to come by the house to help her. [REDACTED] reported that she put the phone on speaker so that she could continue to give CPR, and when her father arrived she stopped giving him CPR and her father began to give him CPR. She stated that she was crying and that she went into the kitchen and began to pray when her father called [REDACTED] and 911. She stated that [REDACTED] arrived to the home first and she immediately began to give [REDACTED] CPR until the ambulance arrived and they took him away. She stated that she did not talk to [REDACTED] about what happened because they were both crying and praying.

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

CPSI interviewed [REDACTED] (father of [REDACTED]) about his interactions on this day, and he reported that he received a call from his daughter at 12:31 pm as he was leaving the office to go on his lunch break. He stated that he and [REDACTED] work at [REDACTED] ([REDACTED] [REDACTED]) and that the job is only 2-3 minutes from her home. He stated that when [REDACTED] called him she said that the baby was not breathing and that she needed him to come to the house. He stated that he called [REDACTED] and told her to come home because [REDACTED] was crying and that there was something wrong with the baby. He stated that he arrived to the home first and that he heard [REDACTED] crying and calling [REDACTED] name. He stated that he called 911 and he began to give the baby CPR. He confirmed that he was certified in CPR, but that he followed the instructions on the 911 operator as he continued CPR. He reported that [REDACTED] was already purple and cold when he arrived to the home, and that he knew that he was dead but he continued to give him CPR because the 911 operator told him not to stop until the paramedics arrived [REDACTED] [REDACTED] reported that he swept [REDACTED] mouth and there was not anything in it, and that while he was giving him CPR his chest was expanding but he did not think that it was helping. He stated that when [REDACTED] arrived he stopped giving the baby CPR because she began to give him CPR. He reported that he began to talk to the 911 operator and that she could not hear him well because [REDACTED] were crying loudly. He stated that when EMS arrived they immediately took the baby and they did not perform CPR in the home. He was asked if he communicated with [REDACTED] about what occurred, and he stated that he did not talk to her because she was too upset crying for her baby. After EMS left the home the police questioned them all and asked them to come to the police station for a formal interview so they went to the police station.

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

Autopsy results: Autopsy examination revealed a well-nourished, well-developed six month old baby boy. There was not acute trauma identified during the autopsy. No obvious signs of infection were found. No congenital defects were identified. Histology showed no infection. Microbiology and toxicology show no pertinent results. After a complete autopsy with laboratory studies and review of medical history and circumstances, [REDACTED] [REDACTED] concluded that the best cause and manner of death is undetermined.

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 Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/23/2015	Contact Method:	
Contact Time:	10:54 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/23/2015
Completed date:	11/23/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/23/2015 10:56 AM Entered By: [REDACTED]
 This case has been reviewed and approved for closure by [REDACTED]



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:	11/21/2015	Contact Method:	
Contact Time:	02:32 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/21/2015
Completed date:	11/21/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/21/2015 02:33 AM Entered By: [REDACTED]

[REDACTED] completed the closing Safety Assessment. There are no current immediate harm factors or interventions. The safety decision is: 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.



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: 11/20/2015	Contact Method:
Contact Time: 08:14 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 11/20/2015
Completed date: 11/22/2015	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: 11/20/2015 08:31 AM Entered By: [REDACTED]

The Department of Children's Services (DCS) Special Investigations Unit received a referral on 06/16/2015 with an allegation of Child Neglect Death regarding custodial child [REDACTED]. This CPSI verified the family's history of involvement with DCS through a search of TFACTS and the following history was found: [REDACTED] 01-23-2015, Psychological Harm [REDACTED] (Alleged Child Victim), [REDACTED] (alleged perpetrator), No Services Needed.

On 06/16/2015 at 12:37 p.m. dispatch received a call from [REDACTED] reporting that they were on the scene where a "5 -month old" had stopped breathing. Law enforcement (LE) arrived on the scene to assist with the transport to [REDACTED]. It was reported that the baby, [REDACTED], was pronounced "dead on arrival at 1:09 pm" at the hospital. Emergency Doctors reported that [REDACTED] appeared healthy and there were no bruises or injuries [REDACTED] was in the care of a babysitter, [REDACTED] who does not live in the home. [REDACTED] is the one that called 911. It is believed that [REDACTED] has been babysitting [REDACTED] for about 3 weeks. [REDACTED] father [REDACTED] works with [REDACTED] (mother) [REDACTED] was not in the home at the time of the incident because she was at work. It was reported that [REDACTED] did respond appropriately to the incident and she has been interviewed by law enforcement.

[REDACTED] with [REDACTED] and this [REDACTED] were involved with investigating the death of [REDACTED] (ACV). The alleged perpetrator for the death of ACV is [REDACTED]. Interviews were conducted with alleged perpetrator, mother of ACV, sister of ACV, father of alleged perpetrator, mother of alleged perpetrator, previous babysitter, medical personnel and emergency medical services.

[REDACTED] (babysitter/AP) reported that she arrived to the home at 5:30 am after her father dropped her off. She stated that when she arrived [REDACTED] was holding [REDACTED] (ACV) and playing with him so she sat down and ate her breakfast until she brought him in the living room when it was time for her to go to work. She stated that [REDACTED] laid him down on a blanket on the floor so that he could play with one of his toys, and she showed her how to prepare the new baby food that she purchased for him. She stated that she did not know what it was called but that it looked like grits. She stated that she was given a schedule of when to feed [REDACTED] his food and milk. She reported that she played with ACV until 10:00 am then she gave him a bottle of milk. That she burped him and then he burped again on his own. She stated that she continued to play with him until 11:00 am when she laid him down for his nap. [REDACTED]



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Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

reported that she laid him on his back on the bed where he sleeps with his mother in the bedroom, and that she had two pillows on each side of him so that he would not roll off the bed. After laying him down she went in the living room and took a nap on the couch. She woke up 3 different times to check on him and he was still sleeping. Her friend called her and she talked to her for about 20 minutes when she heard ██████████ whimpering so she laid the phone down and went back in the bedroom to check on him again. She stated that this time when she looked at him she noticed that he was purple and having a hard time breathing. There was blood coming out of his nose and he had spit up some milk so she picked him up and wiped his face with a wet wipe and began to pat on his back to help him to breath. She then laid him back on the bed and began to give him CPR by pushing down on his chest with her fingers, then she laid him on the floor and continued to give him CPR by pushing her fingers down on his chest. She stated that he stopped breathing so she called her dad and told him what was happening and for him to come by the house to help her. ██████████ reported that she put the phone on speaker so that she could continue to give CPR, and when her father arrived she stopped giving him CPR and her father began to give him CPR. She stated that she was crying and that she went into the kitchen and began to pray when her father called ██████████ and 911. She stated that ██████████ arrived to the home first and she immediately began to give ██████████ CPR until the ambulance arrived and they took him away. She stated that she did not talk to ██████████ about what happened because they were both crying and praying.

██████████ (mother of ACV) reported that on 06/16/2015 she woke up at 5:00 am and she proceeded to the bathroom then she went into the kitchen to fix ██████████ formula for his morning feeding. She stated that this was the first morning that she introduced rice cereal to his milk, and that she fed him and he did not have any problems with eating the cereal. She held him and played with him until the babysitter ██████████ arrived at 5:40 am. She handed ██████████ off to the babysitter and she got dressed for work. She came back in the living room to play with him again before going to work, and she laid him on the floor with his toy and played with him some more. She stated that she showed the babysitter how to fix his cereal with the milk and she gave her a list on when and what to feed him throughout the day. She stated that she text the babysitter at 6:56 am when she arrived at work to let her know that she forgot to take out the trash, and that ██████████ reported that she would take out the trash. She reported that they communicated again via text at 7:44 am when ██████████ stated that she was able to get her ██████████ cell phone working that was at the home, so she told her that she would text her on that phone instead of on ██████████ phone. ██████████ reported that she went back to work, and that at 12:30 pm she went on her lunch break and that at 12:32 pm ██████████ called her on her cell phone and stated that something was wrong and that ██████████ was crying and she needed to get back to the house. She stated that she immediately went to the house and arrived there within 2 minutes and ██████████ was laying on the ottoman and she tried to give him CPR but he was already gone. She stated that she was crying and praying that her baby was not dead, and that ██████████ had called 911. She stated that she observed that he was already purple and cold to the touch when she arrived to the home. She stated that she did not remember if ██████████ or her dad was talking to her because she was focused on saving her baby so she did not hear anything that was going on in the room. She confirmed that the ambulance arrived to the home a few minutes after she arrived to the home, but that she was not sure of the time. That they picked ██████████ up and transported him to the hospital. She stated that they did not perform CPR on him in the home but did in the ambulance. She stated that she was transported to the hospital by the police, and when she arrived they had pronounced him dead after performing CPR on him for 20 minutes and not being able to obtain a pulse.

CPSI interviewed ██████████ about his interactions on this day, and he reported that he received a call from his daughter at 12:31 pm as he was leaving the office to go on his lunch break. He stated that he and ██████████ work at ██████████ and that the job is only 2-3 minutes from her home. He stated that when ██████████ called him she said that the baby was not breathing and that she needed him to come to the house. He stated that he called ██████████ and told her to come home because ██████████ was crying and that there was something wrong with the baby. He stated that he arrived to the home first and that he heard ██████████ crying and calling ██████████ name. He stated that he called 911 and he began to give the baby CPR. He confirmed that he was certified in CPR, but that he followed the instructions on the 911 operator as he continued CPR. He reported that ██████████ was already purple and cold when he arrived to the home, and that he knew that he was dead but he continued to give him CPR because the 911 operator told him not to stop until the paramedics arrived. ██████████ reported that he swept ██████████ mouth and there was not anything in it, and that while he was giving him CPR his chest was expanding but he did not think that it was helping. He stated that when ██████████ arrived he stopped giving the baby CPR because she began to give him CPR. He reported that he began to talk to the 911 operator and that she could not hear him well because ██████████ were crying loudly. He stated that when EMS arrived they immediately took the baby and they did not perform CPR in the home. He was asked if he



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Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

communicated with ██████████ about what occurred, and he stated that he did not talk to her because she was too upset crying for her baby. After EMS left the home the police questioned them all and asked them to come to the police station for a formal interview so they went to the police station.

CPSI met with ██████████ about what happened on this day, and she stated that she was not at the home and that she had never been to the home. She stated that the first time that she met ██████████ was when they were all at the police station. She stated that ██████████ told her that she loved ██████████ and that she did not blame her for what happened because she knows that she did all that she could for him. She stated that ██████████ was crying and that she gave her a hug and told her that she was sorry about what happened to her baby. She reported that on yesterday the air in ██████████ house went out and ██████████ reported that she had to call her to report that the house was warm. She stated that ██████████ said that the air went out about an hour before ██████████ was suppose to come home, and that when she looked at the thermostat in the house it read that it was 90 degrees in the house. That ██████████ stated that she would call her brother and have him to come by and fix it, and when ██████████ went to work today the air was working.

██████████ (sister of ACV) stated that she left to go over to her father's house on 06-12-2015 at 5:00 pm, and that her father lives in ██████████. That she spends time with her father every other weekend, and that she was with him when she found out that her brother had died so she came home. She was asked about how she felt about her brother, and she stated that she played with him and watched him sometimes when her mother was sleeping or cooking. That when her mother was not in the home someone else would be in the home with her and ACV to watch over them. She confirmed that she did not know of any eating issues with her brother, and that she had not noticed any changes with him prior to his death. When asked about what she knew about the babysitter for her brother, she stated that they were close friends and that she did well with caring for ACV. She confirmed that the babysitter ██████████ would feed and burp ACV when she would watch him, and that he was only drinking milk that she new of. She reported that she has seen her mother feed ACV baby food, and that she never noticed a problem with him eating.

When asked if she felt safe in the home she reported that she did, and that she was sad about the death of her brother.

CPSI went out to the home of ██████████ (former daycare provider) concerning how things were with ACV when she cared for him. ██████████ reported that she began to care for ACV on 02-04-2015 when he was 6 weeks old. She stated that she met ██████████ through a co-worker when she was having domestic violence issues with ACV father ██████████). She reported that she was also a safe home for anyone who needs it, and that ██████████ and her children stayed at her home for one night for their safety and she offered to care for ACV at her daycare center. The next day ██████████ brought ACV back to the daycare center and she began to care for him. That she cared for him for 6 months for 10-12 hours a day due to ██████████ work schedule. She stated that because of the number of hours that she was caring for ACV, she and ██████████ got into an argument about the money that she owed her so she stopped bringing ACV to the daycare center in March 2015. Three days later she wanted to bring him back so she allowed him to come back. She noticed that ACV smelled like spoiled milk and when she asked ██████████ about this smell she stated that he spits up a lot and that was why he smelled like milk all the time. She confirmed that he did spit up milk a lot, but that she encouraged her to take him to the doctor to be seen for this condition but ██████████ stated that there was nothing wrong with her baby. ██████████ stated that she was concerned that ACV was not digesting his food properly. On 05-12-2015 they had a conversation about camera's being installed in her home so that she could monitor how ACV was being cared for. That this led to another argument, and that she stopped bring ACV to her daycare center again on 05-15-2015. ██████████ stated that when she found out that ACV had died, she thought that someone must have done something to him. That ██████████ loved her baby so much that she stated once that she would kill someone if they did anything to her baby. That when she was caring for him ██████████ would not allow ACV to be around the older children in the daycare because of the germs that they may have on them. Once she got mad at the assistant that helps her at the daycare center because she propped a bottle up to feed ACV when she went to go and open the door, and she went off because she wanted him to be held when he was fed. ██████████ stated that she felt like ██████████ stopped bringing ACV to her daycare center because of the money that she owed her, and she paid for someone to watch him in the home because it was cheaper. She stated that ██████████ also has cameras in her home that she can pull up on her phone to see what is going on in the home.

During the emergency room doctor's ██████████ follow-up, photographs were taken of the ACV body. It was observed that the skin color was ale all over. There was purple-ish coloring at the ears and fingernails. Clear fluid was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

located on the right cheek running between the mouth and below the right eye. The fingers were stiff and cool to the touch but not cold. There was some redness or discoloration on the upper right arm and on the child's back. The attending physician noted that there were purple marks between the buttocks but it was believed to be [REDACTED]. According to medical personnel ACV appeared to have been in good health and there were no obvious signs of injury. There was no sign of petechiae in either eyes. A small hole was noted on the right shin, however, per [REDACTED] that was due to medical procedures on scene. Also per paramedics, the child had been cold to the touch at the scene and in full rigor upon their arrival.

The Department of Children's Services (DCS) Employees, Contract Agency Employees and Foster Parents shall comply with State and Federal Statutes and DCS policies, procedures and protocols when child death/preliminary near death occurs. DCS shall utilize an internal rapid response system to notify appropriate Executive Management, appropriate staff, other entities and families of child death or preliminary near death occurrences.

Per Tennessee Code Annotated (TCA) 37-5-107 (c) (4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse as reported by a physician who has examined the child subsequent to the abuse or neglect.

This case was presented at the [REDACTED] Child Protective Investigative Team (CPIT) meeting on 07/01/2015, and everyone agreed to close the case as allegation unsubstantiated perpetrator unsubstantiated (AUPU).

Based on the interviews that were conducted on 06/16/2015 with the mother, babysitter, parents of babysitter, sister, previous babysitter and medical staff, it was determined that the [REDACTED] and the mother [REDACTED] acted appropriately when dealing with ACV in distress. They both attempted CPR on ACV attempting to revive him, and [REDACTED] called her father and 911 when she realized that something was wrong with ACV. [REDACTED] was at work when ACV went into distress, and she immediately returned to the home when she found out that something was wrong with her son. She was transported to the emergency room by [REDACTED] where she was told that ACV was pronounced dead at 1:09 pm on 06/16/2015.

Autopsy examination revealed a well-nourished, well-developed six month old baby boy. There was not acute trauma identified during the autopsy. No obvious signs of infection were found. No congenital defects were identified. Histology showed no infection. Microbiology and toxicology show no pertinent results. After a complete autopsy with laboratory studies and review of medical history and circumstances, [REDACTED] concluded that the best cause and manner of death is undetermined.

Based on the preponderance of evidence there is insufficient evidence to substantiate child abuse.

The case will be closed and classified as allegation unsubstantiated perpetrator unsubstantiated (AUPU) for the allegation of Child Neglect Death.

Narrative Type: Addendum 1 Entry Date/Time: 12/16/2015 10:36 AM Entered By: [REDACTED]

The victim listed [REDACTED] is a non-custodial child not custodial.



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:	11/19/2015	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/20/2015
Completed date:	11/20/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2015 11:28 AM Entered By: [REDACTED]

[REDACTED] met with [REDACTED] to discuss the investigative steps taken in this case in which it was reported that [REDACTED] has received the autopsy report on this child death and this case is ready for closure; there are no additional concerns.



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:	10/23/2015	Contact Method:	
Contact Time:	12:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 10:53 PM Entered By: [REDACTED]

CPSI contacted [REDACTED] with [REDACTED] after not being able to reach [REDACTED] and he was asked to forward information that was needed concerning ACV death. He reported that [REDACTED] was off and that he would look up the information and forward it to this CPSI, or he will leave a message for [REDACTED] to forward the information when he returned to work.



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: 10/08/2015 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 11/22/2015
 Completed date: 11/22/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Medical Exam
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/22/2015 11:27 AM Entered By: [REDACTED]

CPSI received the autopsy results on this day, and the following information was reported:

Autopsy results: Autopsy examination revealed a well-nourished, well-developed six month old baby boy. There was not acute trauma identified during the autopsy. No obvious signs of infection were found. No congenital defects were identified. Histology showed no infection. Microbiology and toxicology show no pertinent results. After a complete autopsy with laboratory studies and review of medical history and circumstances, [REDACTED] concluded that the best cause and manner of death is undetermined.



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:	10/05/2015	Contact Method:	
Contact Time:	08:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 10:47 PM Entered By: [REDACTED]

[REDACTED] contacted this CPSI reporting that he contacted the medical examiners office concerning ACV death, and he was told that the autopsy was still pending. He stated that he would call this CPSI back when he obtains additional information. He was told that this CPSI still has not received the information that he was going to forward, and he confirmed that he would send it over.



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:	09/24/2015	Contact Method:	Attempted Phone Call
Contact Time:	05:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 10:13 PM Entered By: [REDACTED]
 CPSI attempted to reach [REDACTED] at the last known telephone number [REDACTED] for her, but the recording stated that this number was no longer in service.



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: 09/24/2015 Contact Method:
 Contact Time: 01:19 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/19/2015
 Completed date: 11/19/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 10:41 PM Entered By: [REDACTED]

CPSI made contact with [REDACTED] and he reported that he has not received any information from the medical examiner concerning ACV death. He stated that he will call tomorrow to follow-up on the autopsy because usually when he calls he will receive something soon after. CPSI reminded him of the information that he was going to send this CPSI from what he was able to obtain the day of ACV death (06-16-2015). He stated that he would get this information together and send it to this CPSI.



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: 08/24/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/19/2015
 Completed date: 11/19/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 10:34 PM Entered By: [REDACTED]
 CPSI contacted [REDACTED] to follow-up on the information that he was going to send concerning ACV death that has not been received by CPSI. There was not an answer to his phone so CPSI left him a message to call back as soon as he was available concerning information that was still needed concerning ACV death on 06-16-2015.



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: 08/12/2015 Contact Method:
 Contact Time: 10:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/21/2015
 Completed date: 11/21/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/21/2015 02:23 AM Entered By: [REDACTED]

[REDACTED] received the records check from the [REDACTED] and completed SSMS checks on all perpetrators. There was not SSMS history.

This CPSI completed checks on all perpetrators at the following websites:

TN Sex Offender - negative
 National Sex Offender - negative
 TN Felony Offender - negative
 Out of State Probation Registry - negative
 TN Meth Offender negative
 Abuse Registry negative

[REDACTED] received the records check from The National Sex Offender Registry, and there were not any records listed for all adults living in the home.



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:	07/20/2015	Contact Method:	
Contact Time:	12:06 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 10:27 PM Entered By: [REDACTED]

CPSI contacted [REDACTED] with [REDACTED] seeking pictures, hospital staff, reports from the first responders on the scene of ACV death or any additional information he was able to obtain. He stated that he would send what he had to this CPSI, but that he still has not received any information from the medical examiner but he will follow-up with this CPSI when he does.



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:	07/20/2015	Contact Method:	Phone Call
Contact Time:	12:02 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 10:05 PM Entered By: [REDACTED]

CPSI contacted [REDACTED] by phone to follow-up with how she was doing since the death of ACV. She reported that today was her first day back at work, and that she was hanging in there. She stated that she just wanted her baby back so she tries to stay busy so that she doesn't have to think about him. She reported that her daughter was doing the best that she can, and that they continue to communicate with each other. She was asked if she has received any information from the medical examiners office concerning ACV death, and she stated that she has not received anything and that it will be difficult finding out what the cause of her son's death was. CPSI communicated with her about making monthly contact with her until the case was closed, and she was encouraged to call this CPSI if she needed anything. She thanked this CPSI for calling, but she reported that she did not want to have monthly calls reminding her of the death of her son.



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:	07/02/2015	Contact Method:	Correspondence
Contact Time:	09:23 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/02/2015
Completed date:	07/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notification of Classification		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2015 10:30 PM Entered By: [REDACTED]
 [REDACTED] entered the classification into the classification tab in TFACTS.



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:	06/30/2015	Contact Method:	
Contact Time:	02:22 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 10:19 PM Entered By: [REDACTED]

CPSI contacted [REDACTED] with [REDACTED] concerning initial information that he obtained during his investigation of ACV death. He reported that he was still putting his information together, and that he would send it to this CPSI upon completion.



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: 06/24/2015 Contact Method: Face To Face
Contact Time: 10:30 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 11/19/2015
Completed date: 11/19/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being
Contact Type(s): Collateral Contact
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2015 11:37 PM Entered By: [REDACTED]

CPSI went out to the home of [REDACTED] (former daycare provider) concerning how things were with ACV when she cared for him. [REDACTED] reported that she began to care for ACV on 02-04-2015 when he was 6 weeks old. She stated that she met [REDACTED] through a co-worker when she was having domestic violence issues with ACV [REDACTED]. She reported that she was also a safe home for anyone who needs it, and that [REDACTED] and her children stayed at her home for one night for their safety and she offered to care for ACV at her daycare center. The next day [REDACTED] brought ACV back to the daycare center and she began to care for him. That she cared for him for 6 months for 10-12 hours a day due to [REDACTED] work schedule. She stated that because of the number of hours that she was caring for ACV, she and [REDACTED] got into an argument about the money that she owed her so she stopped bringing ACV to the daycare center in March 2015. Three days later she wanted to bring him back so she allowed him to come back. She noticed that ACV smelled like spoiled milk and when she asked [REDACTED] about this smell she stated that he spits up a lot and that was why he smelled like milk all the time. She confirmed that he did spit up milk a lot, but that she encouraged her to take him to the doctor to be seen for this condition but [REDACTED] stated that there was nothing wrong with her baby. [REDACTED] stated that she was concerned that ACV was not digesting his food properly. She stated that [REDACTED] was picking up ACV around 7:47 pm and that she would complain about everything when she would pick him up. That she was overly protective of ACV especially when it came to animals being around him, but she noticed that she would allow her dog to lick ACV in the mouth. [REDACTED] reported that she even offered to watch her daughter for her so that she did not have to be home alone but [REDACTED] declined the offer. On 05-12-2015 they had a conversation about camera's being installed in her home so that she could monitor how ACV was being cared for. That this led to another argument, and that she stopped bring ACV to her daycare center again on 05-15-2015. [REDACTED] stated that when she found out that ACV had died, she thought that someone must have done something to him. That [REDACTED] loved her baby so much that she stated once that she would kill someone if they did anything to her baby. That when she was caring for him [REDACTED] would not allow ACV to be around the older children in the daycare because of the germs that they may have on them. Once she got mad at the assistant that she has at her daycare center because she propped a bottle up to feed ACV, and she went off because she wanted him to be held when he was fed. [REDACTED] stated that she felt like [REDACTED] stopped bringing ACV to her daycare center because of the money that she owed her, and she paid for someone to watch him in the home because it was cheaper. She stated that [REDACTED] also has cameras in her home that she can pull up on her phone to see what is going on in the home. She confirmed that she has not seen or spoken with [REDACTED] since the last day that she brought ACV to her daycare center, and she asked for this CPSI to give her condolences to [REDACTED]. CPSI thanked [REDACTED] for meeting with this CPSI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

and she was given a business card in case she remembered anything else that she would like to report.



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: 06/22/2015 Contact Method:
 Contact Time: 03:52 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/19/2015
 Completed date: 11/19/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 11:01 PM Entered By: [REDACTED]
 CPSI wrote and faxed over a letter to the medical examiners office requesting autopsy results for [REDACTED].



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:	06/21/2015	Contact Method:	
Contact Time:	11:27 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/21/2015
Completed date:	06/21/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/21/2015 11:39 PM Entered By: [REDACTED]

[REDACTED] completed the initial Safety Assessment. The safety decision is: 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.



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:	06/19/2015	Contact Method:	Face To Face
Contact Time:	06:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/22/2015
Completed date:	06/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/22/2015 01:55 AM Entered By: [REDACTED]

CPSI went back out to the home to meet with [REDACTED] to complete initial paperwork and to ask a couple of more questions. [REDACTED] was sitting in the living room with family and friends when this CPSI arrived. CPSI took her into her bedroom to meet with her in private. Initial paperwork was done and she was asked a couple of more questions. [REDACTED] was asked about [REDACTED] birth, and she reported that he was a full term baby with no medical conditions. She stated that he was due to have his 6 months shots today, and when they called to confirm his appointment she was not able to talk to them so she had her best friend to let them know that he was deceased. She stated that his last doctor appointment was in April, and that he weighed 22 lbs at that appointment. She reported that she has never been married, and that [REDACTED] father was not paying child support. She stated that he would deny that he was the father of her son, and that he was not an active part of his life. Sh reported that he was born in [REDACTED] and that he was a very sweet and happy baby. She cried when talking about her baby, and she continued to say that she wanted to know what happened to her baby. She informed this CPSI that the funeral will be tomorrow at 3:00 pm, and she gave this CPSI a copy of a death notice that was given to her from the funeral home. When asked if she has communicated with the babysitter, she stated that she could not talk to her right now because she was angry with her because her baby was fine when she left him with her. She stated that the medical examine office told her that it will take up to 6 months to get the autopsy results back. She stated that it has been hard for her over the last couple of days, and that she was not sure if she will be returning to work. She was thanked for meeting with this CPSI again, and condolences were given to her again for the loss of her son. She was urged to keep help when needed, and she was given a list of counseling services for herself and her daughter. She was told that she would be contacted again as needed while the case is open, and for her to call if she had any questions or concerns.



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: 06/19/2015 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/20/2015
 Completed date: 11/20/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2015 12:32 AM Entered By: [REDACTED]

CPSI went out to the home to meet with [REDACTED] and this CPSI was told that she was not home because she was out taking care of funeral arrangements for ACV. [REDACTED] mother opened the door and she reported that she had just arrived in town to be with her daughter. She stated that she lived in [REDACTED], and that she received a call from the nurse at the hospital telling her that her grandson (ACV) had died. She stated that she did not get a chance to see him while he was alive, so this was the first time that she was able to see him today at the funeral home. She stated that she and her daughter communicated with each other through texting or phone calls every other day, and that they have a good relationship with each other. She stated that she was still raising two boys so she did not get to spend that much time with her granddaughter as well due to the distance from where they lived. When asked about [REDACTED] parenting skills, she stated that her daughter was very nurturing and she spoiled her children, and that she likes spending a lot of time with her children. That she was a hard worker and that the [REDACTED] community come together to raise their children. She reported that her daughter was not married to either of the father's of [REDACTED] (ACV), but that she was still close with [REDACTED] and they raise their daughter well. She confirmed that the funeral will be tomorrow at 3:00 pm, and that the wake will be at 1:00 pm. CPSI thanked her for meeting with this CPSI, and she was given a card in case she needed to contact this CPSI.



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:	06/19/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/21/2015
Completed date:	06/21/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/21/2015 12:23 AM Entered By: [REDACTED]
 Notification of the referral was e-mailed to the referent.



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: 06/18/2015 Contact Method: Face To Face
Contact Time: 10:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 11/19/2015
Completed date: 11/20/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being
Contact Type(s): Collateral Contact, Sibling Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2015 12:11 AM Entered By: [REDACTED]

CPSI went back to the home to follow-up with [REDACTED] concerning ACV death. CPSI was told by ACV [REDACTED] that her mother was out making funeral arrangements with her best friend, and that she was home with family and friends who came over. CPSI asked if she could be interviewed in more detail, and she consented to being interviewed. She took this CPSI to her bedroom, and she confirmed that she was 12 years old and in the 7th grade. She was asked about what she knew about what happened on the day that ACV died. She stated that she left to go over to her father's house on 06-12-2015 at 5:00 pm, and that he lives in [REDACTED]. That she spends time with her father every other weekend, and that she was with him when she found out that her brother had died so she came home. CPSI asked her about her relationship with her mother, and she stated that they go shopping together on the weekends and that they have a good relationship even though they may fuss sometimes when she does not do her chores. When asked about how she is disciplined when she does not follow directions, she stated that she is not allowed to use her cell phone or her mother gives her extra chores to do. She was asked about how she felt about her brother, and she stated that she played with him and watched him sometimes when her mother was sleeping or cooking. That when her mother was not in the home someone else would be in the home with her and ACV to watch over them. She confirmed that she did not know of any eating issues with her brother, and that she had not noticed any changes with him prior to his death. When asked about what she knew about the babysitter for CV, she stated that they were close friends and that she did well with caring for ACV. She confirmed that the babysitter [REDACTED] would feed and burp ACV when she would watch him, and that he was only drinking milk that she new of. She reported that she has seen her mother feed ACV baby food, and that she never noticed a problem with him eating. When asked if she felt safe in the home she reported that she did, and that she was sad about the death of her brother. CPSI thanked her for meeting with this CPSI, and she was encouraged to communicate her needs to someone that she feels comfortable with.



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: 06/17/2015 Contact Method:
 Contact Time: 05:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/20/2015
 Completed date: 06/21/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/20/2015 11:45 PM Entered By: [REDACTED]

[REDACTED] (CPSI) was assigned this case alleging abuse death of [REDACTED] by an unknown perpetrator. It was assigned as a P1, Investigative case. The referral was assessed and assigned by [REDACTED]. Response is due on 06-16-2015.

Referral Summary [REDACTED] (6 months) lives in the home with his birth mother, [REDACTED]. It is unknown if anyone else lives in the home. At 12:37 p.m. today, dispatch received a call from [REDACTED] reporting that they were on the scene where a "5-month old" had stopped breathing. LE arrived on the scene to assist with the transport to [REDACTED]. It was reported that the baby, [REDACTED], was pronounced "dead on arrival" at the hospital. Emergency Doctors reported that [REDACTED] appeared healthy and there were no bruises or injuries. [REDACTED] was in the care of a babysitter, [REDACTED] who does not live in the home. [REDACTED] is the one that called 911. It is believed that [REDACTED] has been babysitting [REDACTED] for about 3 weeks. [REDACTED] father works with [REDACTED] was not in the home at the time of the incident because she was at work. It was reported that [REDACTED] did respond appropriately to the incident and she has been interviewed by LE.

This CPSI verified the family's history of involvement with DCS through a search of TFACTS and the following history was found: [REDACTED], 01-23-2015, Psychological Harm, [REDACTED] ACV), [REDACTED] (alleged perp), No Services Needed

Initial Family Composition:

Notification of referral was sent to the Judge. Notification of this referral was sent to the District Attorney



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:	06/17/2015	Contact Method:	Phone Call
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/21/2015
Completed date:	06/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/22/2015 12:46 AM Entered By: [REDACTED]

CPSI called the medical examiner's office to see if a preliminary autopsy was completed on ACV. CPSI was told that they had 15 bodies in the morgue today, and that ACV autopsy has not been completed. She stated that this CPSI could send in a request for the autopsy results. She stated that it was noted that there were not any physical injuries observed on ACV body, but that his lab results will have to come in before they will know the cause of death.

CPSI contacted [REDACTED] to go back out to the home to complete initial paperwork and to ask a couple of more questions. She reported that she was trying to take care of business, and that she would contact this CPSI when she returned to the home. CPSI contacted her two more times to schedule another home visit, but she was not available.

CPSI met with [REDACTED] at the [REDACTED] to obtain information that he completed on yesterday when they received the call concerning ACV death. He stated that he was involved with the case from the beginning, but that he has not completed his report or received information from the first responder or hospital. He stated that he will get the information together and forward it to this CPSI. He confirmed that the call came in at 12:30 pm, and that he interviewed the mother, babysitter and the father of the babysitter. He was asked how he felt about the testimony of the babysitter, and he stated that he believed her story and that he did not believe that she did anything intentionally wrong to the baby. He stated that the one thing that stood out to him was that yesterday was the first day that cereal was introduced to the baby. He stated that the babysitter stated that ACV had a hard time eating the cereal, and that he believed that this may have had something to do with his death. CPSI told him that the babysitter stated to this CPSI that she did not give the baby any cereal on this day, and that she was asked this question more than once. He stated that she must have been confused about what was being asked of her. That he did not have any concerns with what she did while watching ACV. CPSI asked him why the referral was called in 5 hours after it happened, and he stated that the referral was called in earlier, but that initially they were responding to an ambulance assistance call. He reported that he would forward the information when it was completed.



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:	06/16/2015	Contact Method:	Face To Face
Contact Time:	10:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	06/21/2015
Completed date:	06/21/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/21/2015 11:54 PM Entered By: [REDACTED]

CPSI went to [REDACTED] to obtain information concerning [REDACTED] death. CPSI spoke to the receptionist and she contacted the nurse who was on duty. CPSI met with the nurse and she reported that the medical examiner picked up the body at 4:15 pm this evening, and that ACV was pronounced dead at 1:09 pm. She reported that the medical examiner picked up the medical records and she gave the name and telephone number for the medical examiner to contact.



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: 06/16/2015 Contact Method: Attempted Face To Face
Contact Time: 10:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 06/22/2015
Completed date: 06/22/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being
Contact Type(s): Good Faith Effort
Contact Sub Type: Collateral Contact

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/22/2015 08:33 AM Entered By: [REDACTED]

CPSI went to [REDACTED] following up on the referral that was called in on ACV, and CPSI was told that he was pronounced dead at 1:09 pm and his body was picked up by the medical examiner at 4:15 pm.



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: 06/16/2015 Contact Method: Face To Face
 Contact Time: 09:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/20/2015
 Completed date: 06/20/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Other Persons Living in Home
 Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]; Unknown Participant [REDACTED], Unknown Participant [REDACTED], [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/20/2015 06:41 PM Entered By: [REDACTED]

CPSI contacted [REDACTED] to obtain permission to interview his [REDACTED] concerning the death of [REDACTED]. He stated that his daughter was tired and that she has been interviewed 5 different times today, and that she has been crying all day. He stated that he had just been able to calm her down an hour ago, and that he does not want her upset again and having nightmares. CPSI apologized for what she has had to go through so far on this day, but that this CPSI needed to interview her as a part of the investigation. He agreed to allow this CPSI to come to their home and interview her. When this CPSI arrived to the home [REDACTED] was sitting in the living room on the couch, and she was told why this CPSI was in the home. She agreed to be interviewed and she was asked to report what happened from the time she entered the home till the EMS was called out. [REDACTED] reported that she arrived to the home at 5:30 am after her father dropped her off. She stated that when she arrived [REDACTED] was holding [REDACTED] and playing with him so she sat down and ate her breakfast until she brought him in the living room when it was time for her to go to work. She stated that [REDACTED] laid him down on a blanket on the floor so that he could play with one of his toys, and she showed her how to prepare the new baby food that she purchased for him. She stated that she did not know what it was called but that it looked like grits. She stated that she was given a schedule of when to feed [REDACTED] his food and milk. She stated that she played with him until 10:00 am when she gave him a bottle of milk. She burped him and then he burped again on his own. She stated that she continued to play with him until 11:00 am when she laid him down for his nap. [REDACTED] reported that she laid him on his back on the bed where he sleeps with his mother in the bedroom, and that she had two pillows on each side of him so that he would not roll off the bed. After laying him down she went in the living room and took a nap on the couch. She woke up 3 different times to check up on him and he was still sleeping. Her friend called her and she talked to her for about 20 minutes when she heard [REDACTED] whimpering so she laid the phone down and went back in the bedroom to check on him. She stated that this time when she looked at him she noticed that he was purple and having a hard time breathing. There was blood coming out of his nose and he had spit up some milk so she picked him up and wiped his face with a wet wipe and began to pat on his back to help him to breath. She then laid him back on the bed and began to give him CPR by pushing down on his chest with her fingers, then she laid him on the floor and continued to give him CPR by pushing her fingers down on his chest. She stated that he stopped breathing so she called her dad and told him what was happening and for him to come by the house to help her. She stated that she put the phone on speaker so that she could continue to give CPR, and when her father arrived she stopped giving him



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

CPR and her father began to give him CPR. [REDACTED] stated that she was crying and that she went into the kitchen and began to pray when her father called [REDACTED] and 911. She stated that [REDACTED] arrived to the home first and she immediately began to give [REDACTED] CPS until the ambulance arrived and they took him away. She stated that she did not talk to [REDACTED] about what happened because they were both crying and praying.

CPSI asked [REDACTED] the following questions about her statement: She was asked if she could remember the feeding schedule that [REDACTED] gave her, and she stated that she could not but that she fed him according to the schedule. She was asked what [REDACTED] was given at his 10:00 am feeding, and she reported milk only. She reported that she held his bottle while she was feeding him, and that he did not have any problems with drinking the entire bottle. She described the bottle as being a tall bottle not short, and that she changed his diaper twice before laying him down for his nap. One diaper was wet and the other diaper was a bowel movement. She stated that she did not notice anything different about his bowel movement, and that he has regular bowel movements during the day. She was asked if she fed him any rice cereal at all on this day, and she stated that she did not. She reported that she did not notice anything different about him today, and that he was happy and smiling like he usually does. She was asked if he had his pacifier when she laid him down for his nap, and she stated that he did have it until he fell asleep then she took it out of his mouth. She was asked if he made any noises when he slept, and she stated that he did not make noises when he slept. She was asked if [REDACTED] was breathing when she went in the room to check on him the last time when she noticed that he was purple. She stated that he was breathing but that he was having a hard time trying to breath so she began to pat him on the back then he stopped breathing. [REDACTED] was asked about her communication with [REDACTED] usually after she leaves the home, and she stated that she would usually text her or call to see how the baby was doing. She reported that [REDACTED] did text her that she forgot to take the trash out, and she told her that she would take it out for her. She stated that they did not have a conversation about the baby today, and that she would not pop up to the home unannounced. She was asked about the humidifier in the bedroom, and she stated that she did not use it during the day. That [REDACTED] told her that she would use it with him at night when he goes to bed. She was asked if she gave him any pedialite today, and she stated that she has given him some yesterday but not today. She confirmed again that she noticed the spit up on his face and the covers, and that he had blood coming out of his nose. She confirmed that the blood and throw up was on the bed when she picked him up. She was asked if he cried a lot when she watches him, and she stated that he only cried when he is hungry or needs a diaper change. That he would laugh and giggle a lot. She was asked if he was cold to touch when she picked him up and began to give his CPR, and she reported that she could not remember. She was asked about the air going out in the home on yesterday, and she stated that when she looked at the temperature it was 90 degrees so she called [REDACTED]. She stated that she turned on all of the fans in the house, and that she took [REDACTED] clothes off except for a t-shirt. She stated that she took some ice and rubbed it on a rag to wipe him down because she was sweating. He was gasping for air so she put him in front of the humidifier and it helped him. He was okay by the time [REDACTED] arrived home, and when she got to work today the air was fixed.

CPRI asked [REDACTED] about the family dynamics in the home with [REDACTED] and her children. She stated that they were really kind to her and that she loves he children. She stated that her and [REDACTED] became good friends, and that she was not in the home on today because she was at her father's house. She stated that [REDACTED] visits with her father for one week and then she is home for a week. She reported that they go out and do things as a family, and that the only time that she has heard [REDACTED] yell at her is when she does not do her chores but that she has never seen her spank her. That they joke a lot with each other and they spend a lot of time together. She confirmed that [REDACTED] loved her brother, and that when she was in the home during the week she would help her with caring for him by holding him, burping him and changing his diaper. She would kiss on him a lot and that she was very good with him. She stated that [REDACTED] kissed on her son all the time, and that when she was in the home he would be with her unless she was cooking then she would look after him. She stated that [REDACTED] would play with him a lot and she liked to hold him when she was home. She stated that overall they were a good family who loved each other and were caring towards her.

CPSI interviewed [REDACTED] about his interactions on this day, and he reported that he received a call from his daughter at 12:31 as he was leaving the office to go on his lunch break. He stated that him and [REDACTED] work at [REDACTED] [REDACTED] and that the job is only 2-3 minutes from her home. He stated that when [REDACTED] called him she said that the baby was not breathing and that she needed him to come to the house. He stated that he called [REDACTED] and told her to come home because [REDACTED] was crying and that there was something wrong with the baby. He stated that he arrived to the home first and that he heard [REDACTED] crying and calling [REDACTED] name. He stated that he called 911 and he began to give the baby CPR. He confirmed that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

he was certified in CPR, but that he followed the instructions on the 911 operator as he continued CPR. He reported that ██████████ was already purple and cold when he arrived to the home, and that he knew that he was dead but he continued to give him CPR because the 911 operator told him not to stop until the paramedics arrived. He reported that he swept his mouth and there was not anything in it, and that while he was giving him CPR his chest was expanding but he did not think that it was helping. He stated that when ██████████ arrived he stopped giving the baby CPR because she began to give him CPR. He stated that he began to talk to the 911 operator and that she could not hear him well because ██████████ were crying loudly. He stated that when EMS arrived they immediately took the baby and they did not perform CPR in the home. He was asked if he communicated with ██████████ about what occurred, and he stated that he did not talk to her because she was too upset crying for her baby. After EMS left the home the police questioned them all and asked them to come to the police station for a formal interview so they went. The police took ██████████ to the hospital and they saw her again at the police station later that day. CPSI asked ██████████ how ██████████ began to be ██████████ baby sitter, and he stated that ██████████ was not happy with the baby sitter that she had so she asked him if his daughter could watch her son. He stated that they have to work 6 days a week now so she wanted someone that she she could trust to watch her son. He stated that he talked to ██████████ about doing it and when she found out how much she was willing to pay her she stated that she wanted to do it. He confirmed that ██████████ had only been watching ██████████ for about 3 weeks, and that sometimes she would spend the night at the house to help ██████████ out when she needed it. He reported that ██████████ has been watching their grandchildren since they were 4-5 months old, and that they are now 5 and 2 years old. He stated that she did well with them and that they did not have any concerns with her babysitting for ██████████. CPSI thanked him for meeting with this CPSI, and he was given a business card to call if he needed to. He was told that this CPSI may have to call them back if additional information was needed, and he reported that would be okay.

CPSI met with ██████████ about what happened on this day, and she stated that she was not at the home and that she had never been to the home. She stated that the first time that she met ██████████ was when they were all at the police station. She stated that ██████████ told her that she loved ██████████ and that she did not blame her for what happened because she knows that she did all that she could for him. She stated that ██████████ was crying and that she gave her a hug and told her that she was sorry about what happened to her baby. She reported that on yesterday the air in ██████████ house went out and ██████████ reported that she had to call her to report that the house was warm. She stated that ██████████ said that the air went out about an hour before ██████████ was suppose to come home, and that when she looked at the thermostat in the house it read that it was 90 degrees in the house. That ██████████ stated that she would call her brother and have him to come by and fix it, and when ██████████ went to work today the air was working. She was thanked for her time and for reporting what she knew about the situation.



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: 06/16/2015 Contact Method: Face To Face
 Contact Time: 08:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/20/2015
 Completed date: 06/20/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/20/2015 03:51 PM Entered By: [REDACTED]

[REDACTED] made a home visit to initiate the investigation.

[REDACTED] were present during this visit.

*Section I: Interview with the child: CPSI was unable to observe ACV due to him being deceased and at the hospital when this CPSI arrived to the home.

CPSI met with ACV [REDACTED], and she reported that she was at her father's home when this incident occurred. She stated that she went to her father's house on 06-12-15, and she came back after finding out that her brother died. She stated that she just arrived home at 4:30 pm on this day, and that she does not know anything about what happened. She stated that she loves her brother, and that she was sad and will miss him.

*Section II: Interview with the mother: CPSI went out to the home to interview [REDACTED] after receiving the referral concerning the death of her son. She was lying on the couch in a fetal position crying when this CPSI arrived. She was told why this CPSI was at her home, and she was asked if she would be able to answer some questions. She reported that she would try, and she was asked to report what she knew about her son's death. [REDACTED] reported that on 06/16/2015 she woke up at 5:00 am and she proceeded to the rest room then went into the kitchen to fix [REDACTED] formula for his morning feeding. She stated that this was the first morning that she introduced rice cereal to his milk, and that she fed him and he did not have any problems with eating the cereal. She held him and played with him until the [REDACTED] arrived at 5:40 am. She handed [REDACTED] off to the babysitter and she got dressed for work. She came back in the living room to play with [REDACTED] again before going to work, and she laid him on the floor with his toy and played with him some more. She stated that she showed the babysitter how to fix his cereal with the milk and she gave her a list on when and what to feed the baby throughout the day. [REDACTED] stated that she has to be at work at 7:00 am so she left the house around 6:45 am. She reported that her job [REDACTED] [REDACTED] was located near her home, and that it only takes her 2-3 minutes to get to work. She stated that she text the babysitter at 6:56 when she arrived at work to let her know that she forgot to take out the trash, and that [REDACTED] reported that she would take out the trash. She reported that they communicated again via text at 7:44 when [REDACTED] stated that she was able to get [REDACTED] cell phone working that was at the home, so she told her that she would text her on that phone instead of on [REDACTED] phone. She reported that she



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

went back to work, and that at 12:30 she went on her lunch break and that at 2:32 ██████████ called her on her cell phone and stated that something was wrong and that ██████████ was crying and she needed to get back to the house. She stated that she immediately went to the house and arrived there within 2 minutes and ██████████ was laying on the ottoman and she tried to give him CPR but he was already gone. She stated that she was crying and praying that her baby was not dead, and that ██████████ had called 911. She stated that she observed that he was already purple and cold to the touch when she arrived to the home. She stated that she did not remember if ██████████ or her dad was talking to her because she was focused on saving her baby so she did not hear anything that was going on in the room. She confirmed that the ambulance arrived to the home a few minutes after she arrived to the home, but that she was not sure of the time. That they picked ██████████ up and transported him to the hospital. She stated that they did not perform CPR on him in the home but did in the ambulance. She stated that she was transported to the hospital by the police, and when she arrived they had pronounced him dead after performing CPR on him for 20 minutes and not being able to obtain a pulse. ██████████ reported that she has not spoken to ██████████ yet about the incident, and that she just wanted to see her baby again. She confirmed that she would be going to the hospital in the morning to see her baby. She was lying on the couch in a fetal position during the interview with this CPSI, and she cried for her baby throughout the interview. She allowed this CPSI to see the room where she and ██████████ sleep, and she stated that ██████████ slept in the bed with her every night. CPSI observed a Humidifier in the bedroom and when asked about it ██████████ reported that she obtained it on 06/07/2015 after being instructed by the doctor at ██████████. She stated that she took him to the hospital on Sunday 06/07/2015 because he was having a hard time breathing and was coughing. The doctor examined him and she was told that he had Bronchitis and for her to give him some Pedialite and run a humidifier in the room at night. She stated that she was instructed to watch him for 5 days, and if he does not improve to contact them and bring him back in to be seen. ██████████ stated that she called his ██████████ on 06/08/2015 concerning the emergency room visit, and they told her to bring him in on Tuesday 06/09/2015 to be seen. She stated that when she took him in they told her the same information as the ██████████, so she continued to give him the pedialite and use the humidifier in the room. He began to do better so she did not have to contact his doctor again.

CPSI asked ██████████ to go over her routine schedule on 06-15-2015 when she returned home from work on that evening. She stated that she got home around 6:05 pm, and that when she comes in the home she gets her son from the babysitter and she plays with him until the babysitters father picks her up. That ██████████ father picked her up about 20-30 minutes after she got home, and then she gave her son 4 oz of milk to drink and they continued to play. She gave him his bath at 7:30 pm, and they went into the bedroom and laid on the bed until they both fell asleep. She stated that she is so excited to see her son everyday that she barely eats anything because she wants to spend all her time with him. She stated that all of her children have slept with her, and that ██████████ also slept with her. She confirmed that he fell asleep while hugging on her leg in the bed, and she went to bed also during this time. She reported that he usually goes to bed between 8:30 pm and 9:00 pm ██████████ stated that she has a 21 year old son and a 12 year old daughter, and that ██████████ was going to be her last child. She reported that ██████████ slept through the night on that evening, but that sometimes he would wake up in the middle of the night for a bottle. She stated that her son was a very happy child who likes to play, smile and laugh all the time, and that everyone loved him like she loved him. That he would only cry when he is hungry, wet or wants to be held. CPSI asked her about the schedule that she gave the babysitter concerning his feeding time, and she stated that she was to give him his baby food at 8:00 am and then his rice cereal with his bottle at 10:00 am, and continue this every 2 hours. She reported that ██████████ has been eating baby food for about 3 weeks now, and that there have not been any problems with his feedings. She stated that he did not have a set time for his afternoon nap, but that he would usually fall asleep around 10:00 am and that he would sleep for 30 minutes to one hour. He would usually take another nap at 2 or 3:00 pm, and that he would sleep another 30 minutes to one hour. When asked about his bowel movements she stated that he will have 1 or 2 bowel movements per day, and that he has to have his diaper changed every 2-3 hours for wet diapers. She stated that he was a healthy baby and that she doesn't understand what happened to him because he was healthy when she left to go to work. She stated that she would be going to the hospital tomorrow to see her baby, and she began to cry and pull the blanket over her head. CPSI thanked her for communicating, and she was given a business card in case she needed to call. She was told that this CPSI will probably have to contact her again for additional information as needed, and for her to try and get some rest.



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: 06/16/2015 Contact Method: Attempted Face To Face
 Contact Time: 08:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/22/2015
 Completed date: 06/22/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Good Faith Effort
 Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/22/2015 08:27 AM Entered By: [REDACTED]

CPSI went out to the home concerning the referral that was called in on ACV, and he had already been transported to the hospital.



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: 06/16/2015 Contact Method: Attempted Face To Face
 Contact Time: 08:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/03/2015
 Completed date: 11/03/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/03/2015 01:43 PM Entered By: [REDACTED]
 ACV [REDACTED] was not observed by [REDACTED] on this date due to being deceased.



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:	06/16/2015	Contact Method:	Phone Call
Contact Time:	06:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/21/2015
Completed date:	06/21/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/21/2015 12:30 AM Entered By: [REDACTED]
 CPSI contacted referent and no additional information was given from what was listed in the referral.



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:	06/16/2015	Contact Method:	Correspondence
Contact Time:	05:45 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/21/2015
Completed date:	06/21/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, 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: 06/21/2015 12:19 AM Entered By: [REDACTED]
 [REDACTED] faxed the referral to [REDACTED] in order to convene the Child Protective Investigative Team (CPIT). [REDACTED] was assigned to this investigation.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 1/23/15 4:31 AM Date of Assessment: 1/27/15 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- 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: 1/23/15 4:31 AM

Date of Assessment: 5/13/15 12:00 AM

Assessment Type: Closing

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.



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: 6/16/15 3:48 PM Date of Assessment: 6/16/15 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 2

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence or 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): grief counseling offered to the family

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: _____