Case #2013.009

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 02/11/2013 11:28 AM CT

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 02/11/2013

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 02/11/2013 02:57 PM

First Team Leader Assigned: [redacted] Date/Time 02/11/2013 12:00 AM

First Case Manager [redacted] Date/Time 02/11/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	0 Yrs	Neglect Death	Yes	Unknown Participant [redacted] Unknown	None

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address: [redacted]

Referent Phone Number: [redacted]

Type of Contact: Facsimile

Notification: Letter

Narrative: TFACTS: History search was completed by CM2 [redacted] based on the information documented in this intake. Possible Hit in Person Search for Mom *ID [redacted] but does not state what services or involvement they had with DCS. Unsure if the same person.

Open Court Custody/ FSS/ FCIP: 0

Prior INV/ASMT of Abuse: 0
Prior INV/ASMT of Neglect: 0
Both INV/ASMT Abuse and Neglect: 0
Duplicate Referral: No
Screen outs: 0

NO HITS IN SSMS BASED ON INFORMATION PROVIDED IN THIS REPORT.

County: [redacted]

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

Notification: Letter
School/ Daycare: unknown
Native American Descent: No
Directions: None

Reporters name/relationship: [redacted]

Reporter states: *** FAXED REPORT, TYPED VERBATIM ***

ON 02-09-13, AT APPROX 0249 HRS. I RESPONDED TO [redacted] IN REFRENCE TO A REPORT OF AN UNRESPONSIVE INFANT. UPON MY ARRIVAL, I WAS MET BY [redacted] WHO WAS EXTREMELY UPSET. [redacted] TOOK ME TO A BACK BEDROOM WHERE HER INFANT SON, [redacted], DOB: [redacted] WAS LAYING ON THE FLOOR AT THE FOOT OF THE BED. THE CHILD HAD PALE BLUISH TINT AND WAS NOT BREATHING. HE WAS WARM TO THE TOUCH AND THERE WERE NO SIGNS OF LIVIDITY. I IMMEDIATELY BEGAN RESCUE CPR UNTIL THE ARRIVAL OF THE FIRE DEPARTMENT AND E.M.S. PERSONNEL.

ALSO PRESENT AT THE RESIDENCE WAS [redacted] 14 MONTYH OLD DAUGHTER, [redacted], DOB [redacted]. [redacted] LATER STATED THAT SHE WAS SLEEPING ON THE COUCH WITH HER SON, WHEN SHE AWOKE TO FIND HIM LAYING FACE DOWN AND NOT BREATHING. [redacted] STATED THAT SHE RAN TO A NEIGHBORS APARTMENT, WHO WORKS AT A HOSPITAL OUT OF TOWN, BUT GOT NO ANSWER SO SHE CALLED 911.

[redacted] WAS TAKEN BY RELATIVE [redacted], TO [redacted] AND [redacted] WAS TAKEN TO THE CMC E/R.

THE CHILD WAS TRANSPORTED TO THE CMC E/R WHERE WAS LATER PRONOUCED DECEASED BY [redacted], THE ATTENDING E/R PHYSICIAN. [redacted] WAS CALLED OUT AND RESPONDED TO THE APARTMENT AND LATER TO THE HOSPITAL FOR INVESTIGATION.

NOTE: Family Case [redacted] has history on [redacted], as well as an Indicated: [redacted]/PHA/2-21-04/[redacted]. She has all of her children in custody, as well.

PER SDM: Investigative Track P1 - Child Fatality, [redacted], TL 2-11-13 @ 11:56 am

Notified Child Fatality Group:
[redacted] and the Child-Fatality-Notification EI-DCS.

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

Participant(s)

Name: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: | Age: 1 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [redacted]

Gender: Female | Date of Birth: | Partipant ID: [redacted]

SSN: | Race: | Age:

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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: | Partipant ID: [redacted]

SSN: | Race: | Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [redacted]

Gender: Male | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: White | Age: 0 Yrs

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Case #2013.009

Tennessee Department of Children's Services

Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [redacted]

Investigation ID: [redacted]

Referral Date: 02/11/2013

Assignment Date: 02/11/2013

Street Adress: [redacted]

City/State/Zip: [redacted]

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted] / [redacted]	Neglect Death	Unknown, Unknown		Allegation Unfounded / Perpetrator Unfounded	Yes	[redacted] / 06/06/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The Department received a Referral on 2/11/2013 for the allegation of Neglect Death. Autopsy reported that the cause of death and manner of death could not be determined but an accidental asphyxia cannot be completely ruled out especially with the fact of co-sleeping with an adult. It is recommended to unfound this case due to lack of evidence to substantiate the allegations and case submitted for closure.

D. Case Workers

Case Worker: [redacted]

Date: 06/06/2013

Team Leader: [redacted]

Date: 06/06/2013

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

[redacted] died on 2/09/2013 and DCS was not notified until 2/11/2013. [redacted] body was already transported to ME office in [redacted] [redacted] reported that she was co-sleeping with [redacted]

HOME VISIT
Date: 2/11/2013
Time: 12:00 pm

CM [redacted] observed [redacted] during this visit. [redacted] was dressed appropriate and clean. No medical or mental health concerns reported at this time.

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

Tennessee Department of Children's Services

Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

Case Name : [redacted] **Investigation ID:** [redacted]

Collateral
Date: 5/11/2012
Time: 2:00 pm

On 2/09/2013 Officer [redacted] responded to [redacted], in reference to a report of an unresponsive infant. On arrival [redacted] took Officer [redacted] to the back bedroom where her infant son was lying on the floor at the foot of the bed. The child had a pale bluish tint and was not breathing. He was warm to the touch and there were no signs of lividity. Officer [redacted] immediately began rescue CPR until the arrival of the fire department and E.M.S. personnel.

Officer [redacted] interviewed [redacted] about the incident. [redacted] stated that she was sleeping on the couch with her son, when she awoke to find him lying face down and not breathing. [redacted] ran to a neighbors apartment that works at a hospital out of town, but got no answer, so she called 911.

Collateral: Medical Examiners Office
Date: 4/12/2013
Time: 12:00 pm

CM [redacted] received [redacted] autopsy reported today.

Autopsy Reported summary: Major Autopsy findings include a normally developed white male infant with no evidence of trauma upon external examination. Internal examination reveals bilateral mucoid otitis, probe-patent formen ovale of the heart, petechial hermorrhages on the epicardium, pleural membranes, and thymus gland, no evidence of congenital anomalies and no evidence of trauma.

Postmortem toxicologic studies are unremarkable, Postmortem cultures taken from blood and CSF demonstrate no growth, Nasal swabs for influenza A and B are negative, Microscopic examination of the major organs demonstrate congestion, Postmortem full body x-ray reveal no evidence of apparent skeleton anomalies, The infant is below the 25th percentile in weight for age and is below the 5th percentile in length for age.

Based upon the circumstances surrounding the death, as currently known, especially with the fact of co-sleeping with an adult, an accidental asphyxia cannot be completely ruled out; therefore the cause of death is undetermined. The manner of death is undetermined.

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

Unknown Perpetrator

HOME VISIT
Date: 2/11/2013
Time: 12:00 pm

This CM contacted the family at the following address [redacted]. Present at the home were [redacted] [redacted], [redacted] Step-mother and mother were present.

CM [redacted] spoke with [redacted]. CM asked [redacted] how [redacted] was doing on 2/08/2013. [redacted] stated that [redacted] was playful and happy. [redacted] did get fussy when he had a dirty diaper or hungry. [redacted] said that [redacted] would feed about every 3 to 4 hours about 5 oz. [redacted] last feeding was 11:00 pm on 2/08/2013. [redacted] had 5 oz of formula. After [redacted] feed both [redacted] and [redacted] lay down on the couch. [redacted] reported to CM that she was sleeping with [redacted] on the couch in the living room. [redacted] was lying on his left side facing [redacted] with his back towards the back of the couch. [redacted] was lying beside

Tennessee Department of Children's Services

Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

Case Name : [redacted] **Investigation ID:** [redacted]

[redacted] facing him with her back toward the front of the couch. She woke up around 2:20 or 2:30 am and found [redacted] face down on the couch. [redacted] stated that he was cold to the touch and [redacted] was not breathing. [redacted] went next door to her neighbor's apartment because her neighbor is a nurse but she was not answering her door. [redacted] then stated that she went back into her apartment and called 911 and performed CPR on [redacted] until law enforcement show up.

CM asked [redacted] if she was on top of [redacted] when she woke up. [redacted] denied lying on top of [redacted] CM asked [redacted] if she is prescribed any medications. [redacted] denied being on any medications. CM asked [redacted] is she is using any drugs or if she was high caring for her children. [redacted] denied using any drugs or being high. CM asked [redacted] if she could submit to a urine drug screen. [redacted] agreed to take a urine drug screen but was unable to produce a sample for CM and she had to go to the funeral home to have the arrangements setup. CM asked [redacted] to call CM tomorrow when she is free to take a urine drug screen.

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

No Witnesses

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

AUPU

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

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	06/18/2013	Contact Method:	Face To Face
Contact Time:	12:30 PM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/01/2013
Completed date:	07/01/2013	Completed By:	[redacted]

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

Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]; [redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2013 02:22 PM Entered By: [redacted]

HOME VISIT
Date: 6/18/2013
Time: 12:30 pm

This CM contacted the family at the following address [redacted]. Present at the home were [redacted] and [redacted].

CM [redacted] spoke with [redacted] and observed [redacted] during this visit. CM asked [redacted] how she had been doing. [redacted] stated that she is doing a little better but still has depression. CM asked [redacted] if she had went to see [redacted] for counseling. [redacted] said no because she does not have the extra money at this time. CM asked [redacted] if she feels like she needs one on one counseling right now. [redacted] said yes. CM told [redacted] to talk with [redacted] about payments and let CM know if she needs help. CM observed the home and the house was clean and free of debris. [redacted] has plenty of food, running water and electricity in the home. CM observed [redacted] and she was dressed appropriate and clean.

CM 2 [redacted] B.S.

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:	06/06/2013	Contact Method:	
Contact Time:	04:59 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/06/2013
Completed date:	06/06/2013	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2013 04:59 PM Entered By: [redacted]

Closing Summary

The Department received a Referral on 2/11/2013 for the allegation of Neglect Death. Autopsy reported that the cause of death and manner of death could not be determined but an accidental asphyxia cannot be completely ruled out especially with the fact of co-sleeping with an adult. It is recommended to unfound this case due to lack of evidence to substantiate the allegations and case submitted for closure.

CM 2 [redacted] B.S.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	05/20/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	06/06/2013
Completed date:	06/06/2013	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]; [redacted]; [redacted]; [redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2013 05:18 PM Entered By: [redacted]

CPIT
Date: 5/20/2013
Time: 9:00 am

CM [redacted] presented [redacted] case today. CPIT agreed to unfound the allegations due to lack of evidence. Autopsy Report cause of death and manner of death was could not be determined.

CM 2 [redacted] B.S.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	05/10/2013	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/01/2013
Completed date:	07/01/2013	Completed By:	[redacted]

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

Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2013 02:03 PM Entered By: [redacted]

HOME VISIT
Date: 5/10/2013
Time: 2:30 pm

This CM contacted the family at the following address [redacted]. Present at the home were [redacted] and [redacted]

CM [redacted] spoke with [redacted] today. CM asked [redacted] if she was having trouble with depression. [redacted] said yes. CM asked [redacted] if she has had thoughts of harming herself. [redacted] said no. CM asked [redacted] if she is having any bad thoughts today. [redacted] told CM that she just cannot quit thinking about what happen to [redacted] CM told [redacted] that CM is going to help her get setup with a counselor today. CM called [redacted] [redacted]. [redacted] told CM that she will take [redacted] and she will need to file out paperwork and bring it with her on 5/16/2013. CM gave [redacted] a copy of [redacted] autopsy report and told her if she had any questions to call. CM observed [redacted] and did not have any concerns. [redacted] was dressed appropriate and clean. CM observed the home and it was still cluttered with toys and clothes. [redacted] has plenty of food, electricity and running water.

CM 2 [redacted] B.S.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/17/2013	Contact Method:	Attempted Face To Face
Contact Time:	03:30 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/01/2013
Completed date:	07/01/2013	Completed By:	[redacted]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]; [redacted]; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2013 12:00 PM Entered By: [redacted]

Attempted Home Visit
Date: 4/17/2013
Time: 3:30 pm

CM [redacted] went to [redacted] to visit with [redacted] and [redacted] Nobody was home. CM left a card for [redacted] to call CM back. CM also called the landlord and [redacted] is still occupying her apartment.

CM 2 [redacted] B.S.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/17/2013	Contact Method:	Attempted Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/01/2013
Completed date:	07/01/2013	Completed By:	[redacted]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]; [redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2013 11:57 AM Entered By: [redacted]

Attempted Home Visit
Date: 4/17/2013
Time: 9:00 am

CM [redacted] went to [redacted] to visit with [redacted] and [redacted] Nobody was home.

CM 2 [redacted] B.S.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/12/2013	Contact Method:	Correspondence
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/06/2013
Completed date:	06/06/2013	Completed By:	[redacted]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2013 09:33 AM Entered By: [redacted]

Collateral: Medical Examiners Office
Date: 4/12/2013
Time: 12:00 pm

CM [redacted] received [redacted] autopsy reported today.

Autopsy Reported summary: Major Autopsy findings include a normally developed white male infant with no evidence of trauma upon external examination. Internal examination reveals bilateral mucoid otitis, probe-patent formen ovale of the heart, petechial hermorrhages on the epicardium, pleural membranes, and thymus gland, no evidence of congenital anomalies and no evidence of trauma.

Postmortem toxicologic studies are unremarkable, Postmortem cultures taken from blood and CSF demonstrate no growth, Nasal swabs for influenza A and B are negative, Microscopic examination of the major organs demonstrate congestion, Postmortem full body x-ray reveal no evidence of apparent skeleton anomalies, The infant is below the 25th percentile in weight for age and is below the 5th percentile in length for age.

Based upon the circumstances surrounding the death, as currently known, especially with the fact of co-sleeping with an adult, an accidental asphyxia cannot be completely ruled out; therefore the cause of death is undetermined. The manner of death is undetermined.

CM 2 [redacted] B.S.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/11/2013	Contact Method:	Attempted Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/01/2013
Completed date:	07/01/2013	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2013 11:54 AM Entered By: [redacted]

Attempted Home Visit
Date: 4/11/2013
Time: 10:30 am

CM [redacted] went to [redacted] to visit with [redacted] and [redacted] Nobody was home.

CM 2 [redacted] B.S.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	03/11/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/01/2013
Completed date:	07/01/2013	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]; [redacted]; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2013 11:50 AM Entered By: [redacted]

HOME VISIT
Date: 3/11/2013
Time: 9:00 am

This CM contacted the family at the following address [redacted]. Present at the home were [redacted] and [redacted]

CM [redacted] spoke with [redacted]. CM asked [redacted] how she has been doing. [redacted] told CM that she has been doing okay and that she was still depressed. CM asked [redacted] if she was seeing anybody for counseling. [redacted] stated that she has been to [redacted] Mental Health for medication management. CM told [redacted] if she needed any help to contact CM. CM observed [redacted] and she was dressed appropriate and clean. CM did a walkthrough of the home and the house was a little cluttered but overall clean. [redacted] had a pile of clothes and toys in the living room floor. [redacted] had plenty of food, running water and electricity in the home.

CM 2 [redacted] B.S.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/15/2013	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/06/2013
Completed date:	06/06/2013	Completed By:	[redacted]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2013 05:26 PM Entered By: [redacted]

Parent Interview
Date: 2/15/2013
Time: 10:00 am

[redacted] met CM [redacted] at the office to do a drug screen. CM asked [redacted] why she not contacted CM on 2/12/2013. [redacted] stated that she has been struggling with the death of her baby and wanted to meet with CM after the funeral. CM asked [redacted] if she is on any medications. [redacted] said no. CM asked [redacted] if she has been using any drugs. [redacted] told CM that she did smoke marijuana on 2/12/2013. [redacted] told CM that she was having a very hard time with the death of [redacted] CM asked if she had smoked marijuana with [redacted] present. [redacted] denied smoking or being high around [redacted] [redacted] stated that her mother was caring for [redacted] when she smoked marijuana. CM asked [redacted] if she was willing to seek counseling. [redacted] said yes. CM provided [redacted] with several local counselors contact information. CM told [redacted] if she had any problems get set up with a counselor to let CM know. CM asked [redacted] if she was willing to take a urine drug screen. [redacted] said yes. [redacted] was only positive for Marijuana.

CM 2 [redacted] B.S.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/11/2013	Contact Method:	Correspondence
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/06/2013
Completed date:	06/06/2013	Completed By:	[redacted]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2013 09:43 AM Entered By: [redacted]

Collateral
Date: 5/11/2012
Time: 2:00 pm

On 2/09/2013 [redacted] responded to [redacted], in reference to a report of an unresponsive infant. On arrival [redacted] took Officer [redacted] to the back bedroom where her infant son was lying on the floor at the foot of the bed. The child had a pale bluish tint and was not breathing. He was warm to the touch and there were no signs of lividity. Officer [redacted] immediately began rescue CPR until the arrival of the fire department and E.M.S. personnel.

Officer [redacted] interviewed [redacted] about the incident. [redacted] stated that she was sleeping on the couch with her son, when she awoke to find him lying face down and not breathing. [redacted] ran to a neighbors apartment that works at a hospital out of town, but got no answer, so she called 911.

CM 2 [redacted] B.S.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/11/2013	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/12/2013
Completed date:	02/12/2013	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/12/2013 01:02 PM Entered By: [redacted]

Referral states: ON 02-09-13, AT APPROX 0249 HRS. I RESPONDED TO [redacted] IN REFRENCE TO A REPORT OF AN UNRESPONSIVE INFANT. UPON MY ARRIVAL, I WAS MET BY [redacted] WHO WAS EXTREMELY UPSET. [redacted] TOOK ME TO A BACK BEDROOM WHERE HER INFANT SON, [redacted], DOB [redacted], WAS LAYING ON THE FLOOR AT THE FOOT OF THE BED. THE CHILD HAD PALE BLUISH TINT AND WAS NOT BREATHING. HE WAS WARM TO THE TOUCH AND THERE WERE NO SIGNS OF LIVIDITY. I IMMEDIATELY BEGAN RESCUE CPR UNTIL THE ARRIVAL OF THE FIRE DEPARTMENT AND E.M.S. PERSONNEL.

ALSO PRESENT AT THE RESIDENCE WAS [redacted] 14 MONTYH OLD DAUGHTER [redacted], DOB [redacted]. [redacted] LATER STATED THAT SHE WAS SLEEPING ON THE COUCH WITH HER SON, WHEN SHE AWOKE TO FIND HIM LAYING FACE DOWN AND NOT BREATHING. [redacted] STATED THAT SHE RAN TO A NEIGHBORS APARTMENT, WHO WORKS AT A HOSPITAL OUT OF TOWN, BUT GOT NO ANSWER SO SHE CALLED 911.

[redacted] WAS TAKEN BY RELATIVE , [redacted], TO [redacted] AND [redacted] WAS TAKEN TO THE CMC E/R.

THE CHILD WAS TRANSPORTED TO THE CMC E/R WHERE WAS LATER PRONOUCED DECEASED BY [redacted], THE ATTENDING E/R PHYSICIAN. [redacted] WAS CALLED OUT AND RESPONDED TO THE APARTMENT AND LATER TO THE HOSPITAL FOR INVESTIGATION.

Child Protective Services Central Intake received this report on 2/11/2013 and assigned a P-1 response. The case was assigned to this CM on 2/11/2013 with the response due on 1/12/2013.

Referent notification was made by mail on this date. A copy of such notification is contained within the file. (If not referent address is provided document such)Unable to notify referent as no contact information was provided).

Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff/or Supervisors) as requested per Juvenile Court Judge.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Inv: [redacted] Severe Abuse Notification is made to the District Attorneys Office by [redacted] Childrens Advocacy Center, Executive Director, and [redacted]. A copy of such notification is contained within the file.

TL [redacted] made notification by phone to TC [redacted], RA [redacted] and TL [redacted].

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/11/2013	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 45
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	06/06/2013
Completed date:	06/06/2013	Completed By:	[redacted]

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

Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]; [redacted]; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2013 04:47 PM Entered By: [redacted]

HOME VISIT
Date: 2/11/2013
Time: 12:00 pm

This CM contacted the family at the following address [redacted]. Present at the home were [redacted], [redacted], [redacted] Step-mother and mother were present.

CM [redacted] spoke with [redacted]. CM asked [redacted] how [redacted] was doing on 2/08/2013. [redacted] stated that [redacted] was playful and happy. [redacted] did get fussy when he had a dirty diaper or hungry. [redacted] said that [redacted] would feed about every 3 to 4 hours about 5 oz. [redacted] last feeding was 11:00 pm on 2/08/2013. [redacted] had 5 oz of formula. After [redacted] feed both [redacted] and [redacted] lay down on the couch. [redacted] reported to CM that she was sleeping with [redacted] on the couch in the living room. [redacted] was lying on his left side facing [redacted] with his back towards the back of the couch. [redacted] was lying beside [redacted] facing him with her back toward the front of the couch. She woke up around 2:20 or 2:30 am and found [redacted] face down on the couch. [redacted] stated that he was cold to the touch and [redacted] was not breathing. [redacted] went next door to her neighbor's apartment because her neighbor is a nurse but she was not answering her door. [redacted] then stated that she went back into her apartment and called 911 and performed CPR on [redacted] until law enforcement show up.

CM asked [redacted] if she was on top of [redacted] when she woke up. [redacted] denied lying on top of [redacted] CM asked [redacted] if she is prescribed any medications. [redacted] denied being on any medications. CM asked [redacted] is she is using any drugs or if she was high caring for her children. [redacted] denied using any drugs or being high. CM asked [redacted] if she could submit to a urine drug screen. [redacted] agreed to take a urine drug screen but was unable to produce a sample for CM and she had to go to the funeral home to have the arrangements setup. CM asked [redacted] to call CM tomorrow when she is free to take a urine drug screen.

CM [redacted] observed [redacted] during this visit. [redacted] was dressed appropriate and clean. No medical or mental health concerns reported at this time.

In order to engage the family, this CM [redacted] explained the current report made to the Tennessee Department of

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Childrens Services and the MRS/Investigative/Assessment process. CM also provided the family with a brochure describing the Multiple Response Approach. This CM provided [redacted] with a copy of the Parents Bill of Rights, Notice of Privacy Practices, and Native American Veto Heritage on this date. CM obtained signed acknowledgements of such and copies have been placed in the file.

CM 2 [redacted], (BS)

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Assessment

Family Name: [redacted]

TN DCS Intake ID #: [redacted]

County: [redacted]

Worker:

Date of Referral: 2/11/13 11:28 AM

Date of Assessment: 2/11/13 12:00 AM

Assessment Type: [X] Iinitial [ ] Closing [ ] Other

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		
[X]	[ ]	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. [X] 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.
[ ]	[X]	2.	Child sexual abuse is suspected,and circumstances suggest that the child's safety may be of immediate concern.
[ ]	[X]	3.	Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
[ ]	[X]	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.
[ ]	[X]	5.	The family refuses access to the child, or there is reason to believe that the family is about to flee.
[ ]	[X]	6.	Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
[ ]	[X]	7.	The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
[ ]	[X]	8.	Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
[ ]	[X]	9.	Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.

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SDM ™ Safety Assessment

- [ ] [X] 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.
- [ ] [X] 11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
- [ ] [X] 12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
- [ ] [X] 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 umber 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.
- [X] 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:** _____