



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 03/28/2013 09:12 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 03/28/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 03/29/2013 11:18 AM
First Team Leader Assigned: [REDACTED] Date/Time 03/29/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 03/29/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None
Narrative: TFACTS:

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: 0
Prior INV/ASMT of Neglect: 0
Prior INV/ASMT of both Abuse & Neglect: 0

Screen Outs: 0

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: None
School/ Daycare: None given
Native American Descent: No
Directions: None given



**Tennessee Department of Children's Services
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Reporters name/relationship: [REDACTED]

Reporter states: [REDACTED] age 2 months lives with his mother [REDACTED] in [REDACTED]

On March 28, 2013 at about 7:35pm [REDACTED] was brought to [REDACTED] Emergency Room. CPR was in progress when [REDACTED] arrived at the hospital by ambulance. [REDACTED] had fallen asleep and rolled over on [REDACTED] [REDACTED] reported she woke up and found [REDACTED] not breathing and called 911.

[REDACTED] received prolonged CPR. [REDACTED] was just informed efforts are futile. Life support has been removed. [REDACTED] has been given a chance to hold [REDACTED] Dr. [REDACTED] will return shortly to pronounce [REDACTED] dead.

Law enforcement is on the scene.

Per SDM: Investigative Track, P1 (FatalityNeglect Death)- [REDACTED] Team Leader @ 9:45pm on 03/28/13

[REDACTED] responded @ 9:54pm on 3/28/13, Ms. [REDACTED] reported that she observed the report in the pool and already had a worker in route ([REDACTED])

The reporter was paged for an update on the status of the child; the reporter returned page and stated the doctor officially announced [REDACTED] deceased at 9:58pm on March 28, 2013. The reporter stated DCS had just arrived on the scene. ([REDACTED] Team Leader)

Child Fatality Team notified by email, [REDACTED]
[REDACTED]
[REDACTED] and Child-Fatality-Notification EI-DCS, Regional Administrator, [REDACTED] also notified
CC-Commissioner, [REDACTED]



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Participant(s)

Name: [REDACTED]
Gender: Male Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Black/African 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:

Name: [REDACTED]
Gender: Female Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Age: 19 Yrs
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:



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

A. Investigation

Case Name: [REDACTED]
 Referral Date: 03/28/2013
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 03/29/2013

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 08/14/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed
 Comments: Not enough evidence to support allegations

D. Case Workers

Case Worker: [REDACTED] Date: 08/14/2013
 Team Leader: [REDACTED] Date: 08/14/2013

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:

CM observed [REDACTED] at [REDACTED] Hospital on 2/28/13. Child had already been pronounced dead. He appeared to be age appropriate 1 month old with nothing in his outer appearance to suggest abuse (marks or bruises)

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

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

Mother [REDACTED] was interviewed by CM, Det. [REDACTED], and Det. [REDACTED] at [REDACTED] Hospital on 3/28. Mother [REDACTED] reports she woke up at 7 in the morning on 3/28/13. She reports her son, [REDACTED] woke up around 8 or 9 and had a 5.5 oz bottle. Mother changed his diaper at that time. Ms. [REDACTED] reports she laid back down in her bed with [REDACTED] around 10 and slept until 2 in the afternoon. At that time, Ms. [REDACTED] fed [REDACTED] another 5.5 oz bottle and changed his diaper. Ms. [REDACTED] then gave child a bath and placed him in a Boppie pillow on a twin size bed where child fell asleep. Ms. [REDACTED] then took a shower and her son woke up so she played with him a little and laid down with him in her bed around 5:30-6. Ms. [REDACTED] states she took a picture of him sleeping. Child was placed on a pillow laying on his back. Ms. [REDACTED] reports she awoke and was



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]

laying on her side and [REDACTED] was under her, still on his back. Ms. [REDACTED] went to use the bathroom and to warm up a bottle. Ms. [REDACTED] then returned to the bedroom and tried to wake [REDACTED] but he was unresponsive. Ms. [REDACTED] called 911 and laid child in the floor and started CPR as instructed by 911 dispatch. Ms. [REDACTED] reports there was blood and formula coming out of her son's nose.

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

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

CM received a neglect death referral on 3/28 for [REDACTED] by birth mother [REDACTED]. Child observed and mother interviewed. Mother submitted to a drug screen and was negative. There were no other children in the home and family was offered services. Autopsy ruled cause of death could not be determined. At this time, investigation is being submitted as unfounded.

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: 08/14/2013

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2013

Completed date: 08/14/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/14/2013 08:56 AM Entered By: [REDACTED]

CM received a neglect death referral on 3/28 for [REDACTED] by birth mother [REDACTED]. Child observed and mother interviewed. Mother submitted to a drug screen and was negative. There were no other children in the home and family was offered services. Autopsy ruled cause of death could not be determined. At this time, investigation is being submitted as unfounded



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: 08/14/2013

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2013

Completed date: 08/14/2013

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 08/14/2013 08:53 AM Entered By: [REDACTED]

CM contated medical examiner's office- autopsy is ready and completed. Cause of death could not be determined. Release sent for official copy



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: 04/02/2013

Contact Method:

Contact Time: 09:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 09:29 AM Entered By: [REDACTED]

CM completed background checks on both parents. Mother has no local criminal history. Father has been previously charged with controlled delinquency of a minor as well as criminal trespassing and drug charges as recently as March 20 of 2013. Family has no history with the Department



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/28/2013

Contact Method: Face To Face

Contact Time: 10:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/02/2013

Completed date: 04/02/2013

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 09:16 AM Entered By: [REDACTED]

CM observed [REDACTED] at [REDACTED] Hospital on 2/28/13. Child had already been pronounced dead. He appeared to be age appropriate 1 month old with nothing in his outer appearance to suggest abuse (marks or bruises)



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: 03/28/2013 Contact Method: Face To Face
 Contact Time: 10:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/02/2013
 Completed date: 04/02/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED] Det. [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 09:22 AM Entered By: [REDACTED]

Mother [REDACTED] was interviewed by CM, Det. [REDACTED] and Det. [REDACTED] at [REDACTED] Hospital on 3/28. Mother [REDACTED] reports she woke up at 7 in the morning on 3/28/13. She reports her son, [REDACTED] woke up around 8 or 9 and had a 5.5 oz bottle. Mother changed his diaper at that time. Ms. [REDACTED] reports she laid back down in her bed with [REDACTED] around 10 and slept until 2 in the afternoon. At that time, Ms. [REDACTED] fed [REDACTED] another 5.5 oz bottle and changed his diaper. Ms. [REDACTED] then gave child a bath and placed him in a Boppy pillow on a twin size bed where child fell asleep. Ms. [REDACTED] then took a shower and her son woke up so she played with him a little and laid down with him in her bed around 5:30-6. Ms. [REDACTED] states she took a picture of him sleeping. Child was placed on a pillow laying on his back. Ms. [REDACTED] reports she awoke and was laying on her side and [REDACTED] was under her, still on his back. Ms. [REDACTED] went to use the bathroom and to warm up a bottle. Ms. [REDACTED] then returned to the bedroom and tried to wake [REDACTED] but he was unresponsive. Ms. [REDACTED] called 911 and laid child in the floor and started CPR as instructed by 911 dispatch. Ms. [REDACTED] reports there was blood and formula coming out of her son's nose.

Mother submitted to a urine drug screen and was negative for all substances. She reported a vaginal delivery with no problems. Child was born 2 days early and mother received prenatal care through [REDACTED] [REDACTED]. She had no drug or alcohol abuse during pregnancy and no domestic violence. Mother reported she missed some prenatal appointments due to problems with transportation or work but took prenatal vitamins. Child is on Gerber Good Start formula. Child weighed 7 lb, 12 oz at birth and was born at [REDACTED].



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 3/28/13 9:12 PM

Date of Assessment: 4/3/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 3/28/13 9:12 PM

Date of Assessment: 8/14/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

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Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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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.

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- 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.
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Case Manager: _____

Date: _____

Team Leader: _____

Date: _____