



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: 04/01/2013

Assignment Date: 04/01/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 10/08/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegation of Neglect Death is unable to be substantiated

D. Case Workers

Case Worker: [REDACTED]

Date: 10/08/2013

Team Leader: [REDACTED]

Date: 10/08/2013

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:

On 04/01/2013, the child was attempted to be seen, but he had passed away and his body had been transported to the morgue.

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

The autopsy report was received and the cause of death is undetermined and the manner of death could not be determined.

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

On 04/01/2013, the alleged perpetrator, [REDACTED] was interviewed via an Interpretation service. Ms. [REDACTED] reported she had been baby-sitting [REDACTED] for about two weeks. Ms. [REDACTED] reported that [REDACTED] was a quiet baby. He smiled occasionally. She reported that he appeared to be healthy and that he did not have any pre-existing conditions such as heart problems, diabetes, asthma, etc. According to Ms. [REDACTED] she gave [REDACTED] a bottle, burped (he did burp), and he went to sleep. She placed him in a car seat that had a blue blanket. He slept on his left side. The blanket was underneath him. His mouth was not close to the blanket. Ms. [REDACTED] stated she thought he had had a bowel movement. She went to change him, and when she picked him up; he was limp. The word she used was "soft". His head fell back. Ms. [REDACTED] reported that



Tennessee Department of Children's Services
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Case Name : [REDACTED]

Investigation ID: [REDACTED]

she "sucked" the baby's mouth. I assume that means she attempted CPR. Ms. [REDACTED] called Ms. [REDACTED] Ms. [REDACTED] called 911. Ms. [REDACTED] called another friend, who also called 911. Ms. [REDACTED] then held the [REDACTED] waiting/hoping he would respond and "come back".

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

On 04/01/2013, the Department of Children's Services received a referral with the allegation of Neglect Death. The referral states today, [REDACTED] dropped [REDACTED] off with [REDACTED] at approximately 9:00am. According to [REDACTED] at approximately 11:30am [REDACTED] fed [REDACTED] burped him, and sat [REDACTED] down in his car seat/carrier so that the infant could go to sleep. At approximately 12:00pm, [REDACTED] reported that she smelled what she believed was a dirty diaper; therefore, [REDACTED] picked up [REDACTED] at which point [REDACTED] noted that [REDACTED] was unresponsive. When [REDACTED] discovered that [REDACTED] was unresponsive, [REDACTED] called [REDACTED] and then [REDACTED] called 911. Law enforcement and the fire department made the scene. The child did not respond to CPR on the scene. The fire departments ambulance transported the child to [REDACTED] Hospital. [REDACTED] was in extreme critical condition and then was pronounced deceased. [REDACTED] and a child by the name of [REDACTED] (last name Unknown) were present in the home at the time of the incident. According to the referent, [REDACTED] was being babysat by [REDACTED] also. According to the referent, there were no concerns reported regarding [REDACTED] or [REDACTED] at this time.

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

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



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 04/01/2013 02:28 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 04/01/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 04/01/2013 05:59 PM
First Team Leader Assigned: [REDACTED] Date/Time 04/01/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 04/01/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	[REDACTED]	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address:
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None
Narrative: TFACTS: No history found
Open Court Custody/FSS/FCIP: No
Prior INV/ASMT of Abuse: No
The actual number of priors found 0
Prior INV/ASMT of Neglect: No
The actual number of priors found 0
Screen Outs: No
The actual number of screen outs found 0
DUPLICATE REFERRAL: 0
County: [REDACTED]
Notification: None



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

School/ Daycare: None
Native American Descent: No
Directions: None given

Reporters name/relationship: [REDACTED]

Reporter states:

[REDACTED] (3 months) was residing with his mother, [REDACTED] It is unknown to the referent if [REDACTED] has any additional children.

[REDACTED] babysitter, [REDACTED] has a 4-year-old son by the name of [REDACTED]

Today, [REDACTED] dropped [REDACTED] off with [REDACTED] at approximately 9:00am. According to [REDACTED] at approximately 11:30am [REDACTED] fed [REDACTED] burped him, and sat [REDACTED] down in his car seat/carrier so that the infant could go to sleep. At approximately 12:00pm, [REDACTED] reported that she smelled what she believed was a dirty diaper; therefore, [REDACTED] picked up [REDACTED] at which point [REDACTED] noted that [REDACTED] was unresponsive. When [REDACTED] discovered that [REDACTED] was unresponsive, [REDACTED] called [REDACTED] and then [REDACTED] called 911. Law enforcement and the fire department made the scene. The child did not respond to CPR on the scene. The fire departments ambulance transported the child to [REDACTED] Hospital. [REDACTED] was in extreme critical condition and then was pronounced deceased.

[REDACTED] and a child by the name of [REDACTED] (last name Unknown) were present in the home at the time of the incident. According to the referent, [REDACTED] was being babysat by [REDACTED] also. According to the referent, there were no concerns reported regarding [REDACTED] or [REDACTED] at this time.

[REDACTED] does not have any known special needs or disabilities.

According to the referent, all the involved parties will need a Spanish interpreter.

SSMS: No results found for [REDACTED] or [REDACTED]

Per SDM: Investigative Track/ Priority 1

[REDACTED] TL, on 4/1/13 @ 3:17p

Notified Fatality/Near Fatality Notification Group via Email:

Commissioner [REDACTED] and [REDACTED] Region RA [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 36 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: Male

Date of Birth: [REDACTED]

Participant 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: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: Race: Age: 5 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]

Partipant ID: [REDACTED]

SSN: Race: Age: 44 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
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participant [REDACTED] [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 3 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:



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A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/01/2013

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Street Address: [REDACTED]

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B. Allegation

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

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker:

Date:

Team Leader:

Date:

E. Investigation Summary

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

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:



Tennessee Department of Children's Services
Child Protective Service Investigation Summary
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Case Name : [REDACTED]

Investigation ID: [REDACTED]

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: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/01/2013	Contact Method:	
Contact Time:	09:11 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/01/2013
Completed date:	10/01/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/01/2013 10:00 PM Entered By: [REDACTED]

The case file on [REDACTED] was retrieved today by Investigator [REDACTED]. In the file consist of a stamped copy of the referral with the intake date of 4/1/13 presented to morning CPIT on 4/2/13 where the case was coordinated with [REDACTED] PD.

JSSI charges are currently in the file on a [REDACTED] that was pulled on 4/5/13, regarding the aggravated sexual battery charge indicated against Mr. [REDACTED] against victim [REDACTED], sibling to victim [REDACTED] (3/1/11 S/O indicated referral). General and Criminal search results on the mother, [REDACTED] were negative. TN Sex Abuse registry search results on the mother, Ms. [REDACTED] were negative; TN Felony Offender Information results were negative; Meth Offender Registry and Abuse Registry results were negative.

The initial SDM showed conditionally safe due to one or more immediate harm factor presented (Death of a child due to abuse or neglect). A copy of the Notice of Child Fatality/Near Fatality form dated 4/1/13 is located in the case file. A copy of the Protective Investigative Team Review with a Staffing date of 7/18/13 is located in the case file with signatures of agreement with no CPS Classification Decision listed.

A copy of the Police Supplement of the incident dated 4/2/13, where the preliminary on scene investigation did not reveal any evidence of a criminal nature. A copy of the medical exam with the certified "true and original" dated 6/20/13 is located in the case file with the cause of death, undetermined, manner of death, could not be determined. There were no CFTM or FSTM noted in the case file.

A copy of the mother's Client Rights Handbook form, release of information, and HIPPA privacy forms in Spanish were located in the case file as well as authorized services for interpretation, located in the case file.

Prior to Investigator [REDACTED] receiving the case, Investigator [REDACTED] had met with the mother, met with the babysitter and tried talking to the 4 y/o that was in the home. It appears that the mother's daughter [REDACTED] is no longer in the home with the mother, but this was never established, only that she was not enrolled in any public school.

The following must be completed before this case can be closed:

Contact is needed with the mother to establish if [REDACTED] is still in the home as well as any other children in the care of the mother.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Contact CAC to determine the classification of the Review team completed on 7/18/13.
Complete 740 Classification and Decision form.

Staff with Lead Investigator Coordinator, [REDACTED] and or Regional Investigator Director, [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/23/2013

Contact Method:

Contact Time: 09:41 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 09:42 AM Entered By: [REDACTED]

This case is being reassigned to [REDACTED] for assignment to [REDACTED] Ms. [REDACTED] will followup on this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/14/2013

Contact Method:

Contact Time: 12:12 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/14/2013

Completed date: 05/14/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2013 12:12 PM Entered By: [REDACTED]

CPSI contacted [REDACTED] City Schools and asked if [REDACTED] was enrolled in school. She is not enrolled in any [REDACTED] City or [REDACTED] County Schools at this time. She withdrew from [REDACTED] Elementary School in August of 2011. It was noted that [REDACTED] is not in any Tennessee school at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/05/2013

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2013

Completed date: 04/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2013 01:49 PM Entered By: [REDACTED]

CPSI completed and faxed a copy of the Child Fatality Report to the office of Child Safety.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: System Completed

Contact Date: 04/05/2013

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2013

Completed date: 05/06/2013

Completed By: System Completed

Purpose(s):

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time:

Entered By:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/05/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2013

Completed date: 04/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2013 02:34 PM Entered By: [REDACTED]

This worker completed another Departmental History Check on Ms. [REDACTED]. Initially, a check was completed on the mother, [REDACTED], as that is how the mother's name was listed in the referral. However, after meeting the mother yesterday, it was discovered that both the mother's and the child's name was different. Mom's name is [REDACTED]. The child's name is [REDACTED] instead of [REDACTED]. CPSI used the last name [REDACTED] and found that Ms. [REDACTED] does have history with the Department. On 3/1/11, the Department received a referral concerning the allegation of Sex Abuse. The alleged victim was listed as [REDACTED]. The alleged perpetrator was listed as [REDACTED] mom's boyfriend. On 4/19/11, another referral was received with the same allegation of sex abuse and the alleged victim again was listed as [REDACTED]. The alleged perpetrator was listed as unknown, however, according to the referral, he was identified as mom's boyfriend. The allegation of sex abuse was indicated on both cases.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	04/04/2013	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	04/05/2013
Completed date:	05/05/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/05/2013 12:08 PM Entered By: [REDACTED]

fjd



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/02/2013

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/03/2013

Completed date: 04/03/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/03/2013 11:23 AM Entered By: [REDACTED]

CPSI completed background checks on [REDACTED] and [REDACTED]. Neither had any history with the Department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/01/2013

Contact Method: Attempted Face To Face

Contact Time: 07:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/03/2013

Completed date: 04/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/03/2013 11:35 AM Entered By: [REDACTED]

CPSI returned to [REDACTED] see if Ms. [REDACTED] had returned home. She had not. This worker's card was still in the door.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/01/2013 Contact Method: Face To Face
 Contact Time: 06:39 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 04/03/2013
 Completed date: 04/03/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Other Child Living in the Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/03/2013 11:30 AM Entered By: [REDACTED]

CPSI went to [REDACTED] to meet with Ms. [REDACTED]. Ms. [REDACTED] met this worker at the door. She smiled and initially spoke in english. When this worker introduced herself and who she worked for, she stated; "No comprendo". CPSI contacted the phone interpreter to translate our conversation. Ms. [REDACTED] reported she had been baby-sitting [REDACTED] for about two weeks. Ms. [REDACTED] reported that [REDACTED] was a quiet baby. He smiled occasionally. She reported that he appeared to be healthy and that he did not have any pre-existing conditions such as heart problems, diabetes, asthma, etc. According to Ms. [REDACTED] she gave [REDACTED] a bottle, burped (he did burp), and he went to sleep. She placed him in a car seat that had a blue blanket. He slept on his left side. The blanket was underneath him. His mouth was not close to the blanket. Ms. [REDACTED] stated she thought he had had a bowel movement. She went to change him, and when she picked him up; he was limp. The word she used was "soft". His head fell back. [REDACTED] reported that she "sucked" the baby's mouth. I assume that means she attempted CPR. Ms. [REDACTED] called Ms. [REDACTED]. Ms. [REDACTED] called 911. Ms. [REDACTED] called another friend, who also called 911. Ms. [REDACTED] then held the [REDACTED] waiting/hoping he would respond and "come back". Present at the time of the incident was Ms. [REDACTED] and [REDACTED] (a three year old that Ms. [REDACTED] baby-sits). Ms. [REDACTED] stated she did not know what [REDACTED] last name is. He is the son of a friend.

Narrative Type: Addendum 1 Entry Date/Time: 04/03/2013 11:33 AM Entered By: [REDACTED]

CPSI attempted to speak with [REDACTED]. He is four years old. He did not want to talk. The interpreter was asked to introduce this worker, but he refused to talk. He appeared to be shy. CPSI was unable to build a rapport with him due to using the phone interpreter.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/01/2013

Contact Method: Attempted Face To Face

Contact Time: 06:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/03/2013

Completed date: 04/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/03/2013 11:32 AM Entered By: [REDACTED]

CPSI went to [REDACTED] meet with Ms. [REDACTED]. However, she was not at home. CPSI left her card with a note requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	04/01/2013	Contact Method:	Face To Face
Contact Time:	04:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	04/03/2013
Completed date:	05/02/2013	Completed By:	System Completed
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact, Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED] ; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/03/2013 11:20 AM Entered By: [REDACTED]

TL [REDACTED] went to [REDACTED] Hospital) to meet with the child, family, and medical staff. The child, [REDACTED] had been transferred to the morgue. Ms. [REDACTED] was not present. However, Ms. [REDACTED] Medical Social Worker, noted the mother had the support of her Pastor and church. TL [REDACTED] spoke with Dr. [REDACTED]. He reported that there was no trauma noted to [REDACTED] body and he assumed that [REDACTED] had died of Pulmonary Failure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/01/2013

Contact Method:

Contact Time: 02:28 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/03/2013

Completed date: 04/03/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/03/2013 10:42 AM Entered By: [REDACTED]

The Department received a referral today concerning the allegation of Neglect Death. The alleged victim is [REDACTED] and the alleged perpetrator is a non-relative, [REDACTED].



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Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 4/1/13 2:28 PM

Date of Assessment: 4/1/13 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

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): child died

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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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: _____