



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 04/02/2013 10:50 AM ET
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 04/02/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 04/02/2013 02:59 PM
First Team Leader Assigned: [REDACTED] Date/Time 04/02/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 04/02/2013 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:
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None
Narrative: TFACTS: No history found (based on the demographics provided)

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

NOTATION: Demographic Information listed under the oldest ACV.

Reporters name/relationship: [REDACTED]

Reporter states:
[REDACTED] (1 month) is in the custody of his mother [REDACTED] in [REDACTED] County. The father is [REDACTED]



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

Participant(s)

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **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:

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 26 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:



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

Name: [REDACTED]

Gender: Male

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: 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:



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: 04/02/2013

Assignment Date: 04/02/2013

Street Address:

City/State/Zip:

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] 06/20/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegations of neglect death perpetrated by [REDACTED] against her son [REDACTED] are being unfounded as not enough evidence was found to support the allegations.

D. Case Workers

Case Worker: [REDACTED]

Date: 06/20/2013

Team Leader: [REDACTED]

Date: 06/20/2013

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:

Completed 06/20/2013 - Case Summary

Completed 06/17/2013 - Administrative Review

Completed 05/08/2013 - Face To Face CPIT (Child Protective Investigative Team)

Completed 04/23/2013 - Administrative Review

Completed 04/04/2013 - Face To Face Alleged Perpetrator Interview; Collateral Contact

Completed 04/02/2013 - Administrative Review

Completed 04/02/2013 - Face To Face Alleged Perpetrator Interview; Collateral Contact; Initial ACV Face To Face

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]

Prenatal records, birth records, and pediatrician records were gathered for [REDACTED] and [REDACTED]. No safety concerns were documented. Mother was advised to have child sleep on his back. Child was also documented to be having digestive problems. Preliminary autopsy report lists cause of death as positional asphyxiation. Neighbors were interviewed and reported little to no knowledge of the family.

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

[REDACTED] initially reported that she fell asleep on the family couch around 2:00 a.m. and placed her son on a foam pallet in the living room floor next to her. Mother reported that she awoke and found child unresponsive and cold. Mother admitted to drinking approximately two glasses of Jack Daniels and warm water. During follow up interviews mother was presented with medical evidence at which time mother admitted to falling asleep with the child on the couch and when she awoke child was deceased.

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

The condition of the home is clean. The mother reports that she fed [REDACTED] about 1:30 or 2 a.m. and he went to sleep after he ate. The mother reports she went to sleep at about 3 a.m. and when she woke at 10 a.m., she tried to wake the baby and he was cold to the touch. The mother was lying on the couch and the child was lying on the floor in a baby bed next to the mother. The mother reports that the child did not have any medical complications. The child was sleeping on his side because he doesn't sleep on his back. There were no positioning devices in the bed with the baby but there was a blanket with him. The child was last seen at [REDACTED] 2 weeks ago for his 1 month visit. The child was born at [REDACTED] with no complications. There were no signs of illicit drugs. The mother did not appear impaired. It is reported that in 2006, the mother miscarried at 4 months. This is the mother's first live birth. The mother has no history with police. At this time, the medical examiner investigator is in route to the mother's home. It is possible they will request the baby be transported to [REDACTED] for an autopsy.

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

Allegations of neglect death perpetrated by [REDACTED] against her son [REDACTED] are being classified as allegations unfounded / perpetrator unfounded as department does not feel incident warrants an indication. On 04/02/2013 [REDACTED] awoke and found her son [REDACTED] to be cold and unresponsive. Law Enforcement and DCS met response and mother reported she fell asleep on the couch and child was placed on a foam pallet in the floor. Mother stated she awoke and child was deceased. Mother admitted to drinking two glasses of Jack and Water the night before the child's death. Mother was negative when drug screened. Autopsy ruled child's death due to positional asphyxiation. Mother was re-interviewed regarding the case and admitted to falling asleep with the child on the couch. Medical records were gathered and no evidence of neglect found. Mother had obtained all necessary follow up medical care for her child and no concerns documented in prenatal records.

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: 08/15/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/15/2013

Completed date: 08/15/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2013 02:26 PM Entered By: [REDACTED]

The [REDACTED] County CPIT staffed the [REDACTED] case on 8-14-13. CM [REDACTED] case was closed but was awaiting final autopsy report for final CPIT classification recommendation. There was no CPIT classification because the team would like the case brought back for additional discussion and with CPS definitions of neglect. The case was not indicated by DCS but the CPIT members seemed to be moving towards indication of the mother. LE may be pursuing charges. Next CPIT meeting is scheduled for 9-11-13.

People present: CPS [REDACTED] LE [REDACTED], [REDACTED], [REDACTED] Juvenile Court member [REDACTED] Child Advocacy Center staff members [REDACTED] and other law enforcement and DCS staff members.



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: 06/24/2013

Contact Method:

Contact Time: 05:33 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2013

Completed date: 06/24/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2013 04:34 PM Entered By: [REDACTED]

Case is closed but toxicology report is still outstanding. If significant new information is received in this report, the case will be re-staffed to determine if the case classification needs to be adjusted.



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: 06/20/2013 Contact Method:
 Contact Time: 07:38 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/20/2013
 Completed date: 06/20/2013 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/20/2013 06:41 AM Entered By: [REDACTED]

This case has been staffed between CMIII [REDACTED] TL [REDACTED] TC [REDACTED] and DCS medical staff [REDACTED] and after all facts of the case have been discussed allegations of neglect death perpetrated by [REDACTED] against her son [REDACTED] are being unfounded.

The department became involved with this family on 04/02/2013 when this referral was received stating that [REDACTED] had died while in the care of his mother [REDACTED] Initial contact with the mother was documented in the child fatality report and stated as follows.

On 04/02/2013 at 10:30 a.m. [REDACTED] DCS was notified by the [REDACTED] Sheriff's Office regarding a child fatality. Response was met by law enforcement and DCS. Upon arrival mother, [REDACTED] reported she had fed her child, [REDACTED] between 1:30 and 2:00 a.m. the previous night. [REDACTED] reported that she had placed [REDACTED] in a foam pallet next to the couch in the living room and she fell asleep on the couch at approximately 2:00 a.m. [REDACTED] reported that when she awoke at 10:00 a.m. she found [REDACTED] to be cold and unresponsive. At that time [REDACTED] reported notifying law enforcement. [REDACTED] further reported that [REDACTED] was found laying on his right side and stated they child usually slept on it side and had done so since birth. Also in the foam pallet was a blanket underneath the child as well as another blanket found at his feet. The child was wearing a onesie and a diaper. The child's right facial cheek, right ear, and most of the right side of the body was found to be reddish due to blood pooling on that side of the body. The family home was found to be clean and appropriate with no noticeable safety concerns. Three additional cribs were found in the home as well as formula, wipes, bottles, diapers, and children's clothing. Mother was also found with numerous parenting books throughout the home. Mother was drug screened at which time she was found to be negative for all substances tested for. A half empty glass of alcohol and water was found on the kitchen table and mother reported that the previous night she had drank two glasses of Jack Daniels and water. Mother further reported she drank approximately 2 to 3 times a week and beer was usually her drink of choice. Mother also reported that the child's last doctors visit was for his 1 month check up at [REDACTED] and no concerns were found with the child's health. Mother also reports undergoing prenatal care at [REDACTED] Mother reported child was induced at 39 weeks of pregnancy. Mother further reported smoking during pregnancy but stated she quit at approximately 4 months. Neighbors were interviewed and reported not much information regarding the mother and child stating that the family kept mostly to themselves. Mother reports that she lives alone in the home with the child and the father is not involved. Preliminary opinions of the child's death are reported to be due to



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

positional asphyxia. Investigation will continue both through the [REDACTED] DCS office and [REDACTED] Law enforcement. Child has been taken to [REDACTED] in [REDACTED] to be autopsied.

Autopsy was completed and secondary interviews of the mother performed. Information gathered was reported to CM [REDACTED] supervisors and other pertinent DCS staff via email. The email stated the following.

The autopsy of [REDACTED] was completed today(4/4/2013). Reason of death has been classified as positional asphyxia and time of death is being placed between 3:30 a.m. and 4:00 a.m. the morning of April 2nd. It was also determined that the sleeping arrangement reported by the mother did not coincide with the evidence found. [REDACTED] and myself interviewed the mother [REDACTED] today(4/4/2013) at the [REDACTED] Sheriff's Office. After confronting mother with the evidence mother admits to falling asleep with the child on the couch of the family home. Mother also reaffirmed her preliminary report that she had drank approximately two Jack and hot waters between 8:00 p.m. and falling asleep at 2:00 a.m. Mother admits falsifying initial report of child's death due to fear and remorse. [REDACTED] will be presenting case to the DA but feels the incident to be a tragic accident and does not feel mother will be prosecuted. I will continue to gather child's medical records and records from the mother's pregnancy. We can schedule to staff this case to determine what the department's next steps will be.

All pertinent medical records including mother's prenatal records, child's birth record, and child's pediatrician records were obtained by CM [REDACTED] and reviewed by DCS medical professional [REDACTED]. In review of the records no concerns with the child nor the mother were documented. Child was reported to be having digestive problems through his pediatrician. Mother was also advised that child should be placed on back for sleeping as documented in the child's birth records.

CM [REDACTED] has maintained contact with lead detective on this case [REDACTED] of the [REDACTED] Sheriff's Office. Final toxicology reports for the child have not yet been completed and Det. reports he will provide them to the CM as soon as they are made available.

After all of these facts were staffed with DCS supervisors and other personnel it was decided to close case and unfound allegations. Case will be represented to the [REDACTED] CPIT team. If CPIT members do not agreed with classification or if toxicology report comes back with further concerns allegations can be looked at again and possible change of classification can be completed.



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: 06/17/2013

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/17/2013

Completed date: 06/17/2013

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: 06/17/2013 09:31 AM Entered By: [REDACTED]

CM and supervisor staffed this case on 6-17-13. There are allegations of neglect death. CM awaits final toxicology report on the child. DCS medical consultant is reviewing the prenatal medical records. There are questions as to whether or not the mother had been educated about safe sleep. Medical report indicates that the mother had been directed to put the infant on his back to sleep. Supervisor needs to talk to TC about keeping case open pending the toxicology report being received. If it is decided to keep the case open, a case extension will be requested. CM needs to put in updated dictation.



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: 05/08/2013

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/12/2013

Completed date: 05/12/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/12/2013 05:13 PM Entered By: [REDACTED]

On 5-8-13 the CPIT staffed the [REDACTED] case. CM is requesting medical records for the mother in an attempt to determine if the mother received safe sleep education.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/23/2013	Contact Method:	
Contact Time:	10:22 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/23/2013
Completed date:	04/23/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/23/2013 09:23 AM Entered By: [REDACTED]

CM [REDACTED] and CMIII staffed this case on 4-23-13.

The autopsy of [REDACTED] was completed on 4-3-13. Reason of death has been classified as positional asphyxia and time of death is being placed between 3:30 a.m. and 4:00 a.m. on the morning of April 2nd. It was also determined that the sleeping arrangement reported by the mother did not coincide with the evidence found. [REDACTED] and [REDACTED] interviewed the mother [REDACTED] today at the [REDACTED] Sheriff's Office. After confronting mother with the evidence mother admits to falling asleep with the child on the couch of the family home. Mother also reaffirmed her preliminary report that she had drank approximately two Jack and hot waters between 8:00 p.m. and falling asleep at 2:00 a.m. Mother admits falsifying initial report of child's death due to fear and remorse. [REDACTED] will be presenting case to the DA but feels the incident to be a tragic accident and does not feel mother will be prosecuted. [REDACTED] will continue to gather child's medical records and records from the mother's pregnancy. CM has talked to parent about grief counseling. Paternity was not established and the mother has been reluctant to share fathers information with the department.

Next Step: Get medical records. Ask parent to participate in an A&D assessment to determine if the mother has alcohol abuse issues. CM will talk to the parent about the need for grief counseling. CM will attempt to get putative fathers contact information and CM will send him a letter asking for contact to discuss [REDACTED] Present case at severe abuse triage and at May CPIT meeting.



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: 04/04/2013

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/20/2013

Completed date: 06/20/2013

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/20/2013 06:56 AM Entered By: [REDACTED]

The autopsy of [REDACTED] was completed today. Reason of death has been classified as positional asphyxia and time of death is being placed between 3:30 a.m. and 4:00 a.m. the morning of April 2nd. It was also determined that the sleeping arrangement reported by the mother did not coincide with the evidence found. [REDACTED] and [REDACTED] interviewed the mother [REDACTED] today at the [REDACTED] Sheriff's Office. After confronting mother with the evidence mother admits to falling asleep with the child on the couch of the family home. Mother also reaffirmed her preliminary report that she had drank approximately two Jack and hot waters between 8:00 p.m. and falling asleep at 2:00 a.m. Mother admits falsifying initial report of child's death due to fear and remorse. [REDACTED] will be presenting case to the DA but feels the incident to be a tragic accident and does not feel mother will be prosecuted. I will continue to gather child's medical records and records from the mother's pregnancy. We can schedule to staff this case to determine what the department's next steps will be.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/02/2013 Contact Method:
 Contact Time: 04:00 PM 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): Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 03:00 PM Entered By: [REDACTED]

This referral was received by Central Intake on 4/2/2013 at 10:56am. It was assigned to CM [REDACTED] on 4/2/2013. The response priority was assigned as P-1 and the response is due on 4/2/2013 at 11:56am.

The referral states the following:

Reporter states:

[REDACTED] (1 month) is in the custody of his mother, [REDACTED] in [REDACTED]. The father is [REDACTED] and he does not reside in the home. There are no other children in the home.

IMPORTANT NOTATION: A DCS worker, [REDACTED] responded 10:50 a.m. [REDACTED]

The condition of the home is clean. The mother reports that she fed [REDACTED] about 1:30 or 2 a.m. and he went to sleep after he ate. The mother reports she went to sleep at about 3 a.m. and when she woke at 10 a.m., she tried to wake the baby and he was cold to the touch. The mother was lying on the couch and the child was lying on the floor in a baby bed next to the mother. The mother reports that the child did not have any medical complications. The child was sleeping on his side because he doesn't sleep on his back. There were no positioning devices in the bed with the baby but there was a blanket with him. The child was last seen at [REDACTED] 2 weeks ago for his 1 month visit. The child was born at [REDACTED] with no complications.

There were no signs of illicit drugs. The mother did not appear impaired.

It is reported that in 2006, the mother miscarried at 4 months. This is the mother's first live birth.

The mother has no history with police.

At this time, the medical examiner investigator is in route to the mother's home. It is possible they will request the baby be transported to [REDACTED] for an autopsy.

Per SDM: Investigative P 1 - Child Fatality
 [REDACTED] TL, on 4/2/13 @ 11:16a



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Notified Fatality/Near Fatality Notification Group via Email:

[REDACTED]

The next step is: Make contact with the family and assess for safety in the home for the child(ren).

Juvenile Court is notified of all cases on a monthly basis in accordance with local protocol. At the conclusion of the case, a 740 is submitted to the supervisor for review and signature, and then submitted to Juvenile Court on a monthly basis in accordance with local protocol.

For all Severe Abuse, CPIT Team (the DA and CAC) is notified on this date via fax.



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: Face To Face
 Contact Time: 12:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/29/2013
 Completed date: 04/29/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2013 01:21 PM Entered By: [REDACTED]

On 04/02/2013 at 10:30 a.m. [REDACTED] DCS was notified by the [REDACTED] Sheriff's Office regarding a child fatality. Response was met by law enforcement and DCS. Upon arrival mother, [REDACTED] reported she had fed her child, [REDACTED] between 1:30 and 2:00 a.m. the previous night. [REDACTED] reported that she had placed [REDACTED] in a foam pallett next to the couch in the living room and she fell asleep on the couch at approximately 2:00 a.m. [REDACTED] reported that when she awoke at 10:00 a.m. she found [REDACTED] to be cold and unresponsive. At that time [REDACTED] reported notifying law enforcement. [REDACTED] further reported that [REDACTED] was found laying on his right side and stated they child usually slept on it side and had done so since birth. Also in the foam pallett was a blanket underneath the child as well as another blanket found at his feet. The child was wearing a onesie and a diaper. The child's right facial cheek, right ear, and most of the right side of the body was found to be reddish due to blood pooling on that side of the body. The family home was found to be clean and appropriate with no noticeable safety concerns. Three additional cribs were found in the home as well as formula, wipes, bottles, diapers, and children's clothing. Mother was also found with numerous parenting books throughout the home. Mother was drug screened at which time she was found to be negative for all substances tested for. A half empty glass of alcohol and water was found on the kitchen table and mother reported that the previous night she had drank two glasses of Jack Daniels and water. Mother further reported she drank approximately 2 to 3 times a week and beer was usually her drink of choice. Mother also reported that the child's last doctors visit was for his 1 month check up at [REDACTED] and no concerns were found with the child's health. Mother also reports undergoing prenatal care at [REDACTED]. Mother reported child was induced at 39 weeks of pregnancy. Mother further reported smoking during pregnancy but stated she quit at approximately 4 months. Neighbors were interviewed and reported not much information regarding the mother and child stating that the family kept mostly to themselves. Mother reports that she lives alone in the home with the child and the father is not involved. Preliminary opinions of the child's death are reported to be due to positional asphyxia. Investigation will continue both through the [REDACTED] DCS office and [REDACTED] Law Enforcement. Child has been taken to [REDACTED] in [REDACTED] to be autopsied.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 4/2/13 10:50 AM

Date of Assessment: 4/2/13 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

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: _____