



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 04/15/2013 10:50 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 04/16/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 04/16/2013 08:09 AM
First Team Leader Assigned: [REDACTED] Date/Time 04/16/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 04/16/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Lack of Supervision	Yes	[REDACTED]	Birth Father

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number:

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS History: No CPS History Found

Open Court Custody/FSS/ FCIP: No

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

Reporters name/relationship: [REDACTED]

Reporter states: [REDACTED] (6 months) resides with his mother, [REDACTED]. The father is [REDACTED] (19 yrs), and he has visitation with [REDACTED]

While [REDACTED] (child) was visiting [REDACTED] (father) this evening, LE and EMS responded to call from



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[REDACTED] (father) home at approximately 8:45pm, because [REDACTED] (child) was not breathing. It is reported that [REDACTED] aspirated some formula during CPR. EMS took [REDACTED] to [REDACTED] hospital. The PICU Doctor advised that [REDACTED] is neurologically devastated. The child will most likely pass away at some point in the morning. In the unlikely event that the child survives, the child will not have any neurological function.

The doctor reported that he strongly believes that the child drank too much formula, vomited and choked on his vomit.

[REDACTED] reported that he gave the child a bottle, and left the room for a few moments, and the child started choking.

There was no one else in the home this evening.

Per SDM: P1/Investigation // [REDACTED] CM3 //04/15/2013 @ 11:54pm.
TL [REDACTED] was notified @ 11:36pm.

CHILD FATALITY GROUP NOTIFIED BY EMAIL: [REDACTED]

[REDACTED] and Child-Fatality-Notification EI-DCS, Regional Administrator, [REDACTED]



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Participant(s)

Name: [REDACTED]
Gender: Male Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Age: 20 Yrs
Address: [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: Yes
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: 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:



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Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 19 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/15/2013

Assignment Date: 04/16/2013

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			
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 09/18/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 09/18/2013

Team Leader: [REDACTED]

Date: 09/18/2013

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:

Child was observed in the PICU

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

Autopsy reported stated tha the child passed away from pneumonia.

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

: The mother and child reside with the maternal grandmother. The child was at his fathers; [REDACTED] house visiting. The father stated that the child had eaten an hour or so prior and that the baby was in the swing in the bedroom. The father stated that he went to the restroom and was gone for about 30 min. He stated that when he came back into the room that he thought the baby was sleeping. He stated that he grabbed the babys hand like he always does and that he baby did not respond. He stated that he got him up and he was no responsive. He stated that he called 911 and that he performed CPR until the ambulance got there.



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

Case Name : ██████████

Investigation ID: ██████████

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

██████████ (6 months) resides with his mother ██████████. The father is ██████████ (19 yrs), and he has visitation with ██████████.

While ██████████ (child) was visiting ██████████ (father) this evening, LE and EMS responded to call from ██████████ (father) home at approximately 8:45pm, because ██████████ (child) was not breathing. It is reported that ██████████ aspirated some formula during CPR. EMS took ██████████ to ██████████ hospital. The PICU Doctor advised that ██████████ is neurologically devastated. The child will most likely pass away at some point in the morning. In the unlikely event that the child survives, the child will not have any neurological function.

The doctor reported that he strongly believes that the child drank too much formula, vomited and choked on his vomit.

██████████ reported that he gave the child a bottle, and left the room for a few moments, and the child started choking.

There was no one else in the home this evening.

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

Case is being classified at AUPU for lack of supervision on the father, ██████████ ██████████. passed away on 4/16/2013. An autopsy was completed by the ██████████ County medical examiner and the cause of death was from pneumonia. There are no other children in the home.

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: 09/19/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/19/2013

Completed date: 09/19/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2013 08:18 AM Entered By: [REDACTED]

TL reviewed case as submitted by assigned CM. CM has completed her investigation and is recommending an Unfounded classification. Classification was presented to, and accepted by the CPIT panel. TL also concurs. Case can be closed. Notification of Classification will be sent to [REDACTED] Co. Juvenile Court and the District Attorney's Office via 740 forms.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/18/2013 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/18/2013
 Completed date: 09/18/2013 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: 09/18/2013 12:18 PM Entered By: [REDACTED]

Case Name: [REDACTED]

Initial Contact Date: 04/16/2013

Location of Contact: [REDACTED] Hospital

Referral #: [REDACTED]

DOCUMENTATION/CASE RECORDINGS FORM

Date of Referral: 04/15/2013 @ 10:50pm

Referral: [REDACTED] (6 months) resides with his mother, [REDACTED]. The father is [REDACTED] (19 yrs), and he has visitation with [REDACTED].

While [REDACTED] (child) was visiting [REDACTED] (father) this evening, LE and EMS responded to call from [REDACTED] (father) home at approximately 8:45pm, because [REDACTED] (child) was not breathing. It is reported that [REDACTED] aspirated some formula during CPR. EMS took [REDACTED] to [REDACTED] hospital. The PICU Doctor advised that [REDACTED] is neurologically devastated. The child will most likely pass away at some point in the morning. In the unlikely event that the child survives, the child will not have any neurological function.

The doctor reported that he strongly believes that the child drank too much formula, vomited and choked on his vomit.

[REDACTED] reported that he gave the child a bottle, and left the room for a few moments, and the child started choking.

There was no one else in the home this evening.

Notification of Referral: 4/2013

[REDACTED] County District Attorneys office and [REDACTED] County Juvenile Court were notified of referral.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Victim(s) Initial Face to Face: Cm visited the child in the PICU.
 Date of Contact: 04/16/2013

Victims Mother: [REDACTED]

Date of Contact: 4/16/2013

CM explained MRS. Pamphlet, Clients Rights Handbook to include the Parents Bill of Rights and HIPPA and Notification of Equal Access and provided the family with copies of each and kept copies of signature pages. CM asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification.

Victims Father: [REDACTED]

Date of Contact: 4/16/2013

Allegations and Presenting Problems: The current allegations is Lack of supervision on the father, [REDACTED] the child, [REDACTED] did pass away on 4/16/2013

CPS/DCS History: There is no CPS history on the family.

Criminal Background checks: No criminal history was found on the mother or the father.

Family Composition/ Demographics: The mother resides at [REDACTED] [REDACTED] resided at that residence with the mother. The father, [REDACTED] resides at [REDACTED]. The paternal grandmother, [REDACTED] and paternal great grandmother, [REDACTED] resides at the residence.

Family Story: The mother and child reside with the maternal grandmother. The child was at his fathers; [REDACTED] s house visiting. The father stated that the child had eaten an hour or so prior and that the baby was in the swing in the bedroom. The father stated that he went to the restroom and was gone for about 30 min. He stated that when he came back into the room that he thought the baby was sleeping. He stated that he grabbed the babys hand like he always does and that he baby did not respond. He stated that he got him up and he was no responsive. He stated that he called 911 and that he performed CPR until the ambulance got there.

Alleged Perpetrator Contact: 4/16/2013

Safety Assessment Score:

Initial-No immediate harm factors were identified.

Convene CPIT Team (if applicable): Case was presented to CPIT on 9/18/2013 and panel agreed with classification of AUPU.

Worker Observation of the Child(ren) (i.e. Marks, Bruises, Appearance and Environment): Child was observed in the PICU

Case Summary:

Case is being classified at AUPU for lack of supervision on the father, [REDACTED] [REDACTED] passed away on 4/16/2013. An autopsy was completed by the [REDACTED] County medical examiner and the cause of death was from pneumonia. There are no other children in the home.



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Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/16/2013 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/22/2013
 Completed date: 04/22/2013 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

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/22/2013 03:08 PM Entered By: [REDACTED]

4/16/2013 @ 12:45am- Cm [REDACTED] received a call from on call supervisor [REDACTED]. She reported that there was a child fatality or near child fatality. She reported that Detective [REDACTED] called the referral in and that there were no other children in the home. She gave this cm the detail of the incident. Cm [REDACTED] called and spoke to investigator [REDACTED] with the [REDACTED] PD to verify that there were no other children in the home. He stated that there were not any other children and that it was being reported by the ER doctor at childrens hospital that the child had choked on his vomit. He stated that he went to the scene but that everyone was already gone. He reported that the child was being admitted to the PICU at [REDACTED].
 9:30am Cm called and verified that [REDACTED] was still in the PICU. The hospital reported that he was still alive and in the PICU.

10:25 Cm responded to [REDACTED] and met with the social worker [REDACTED]. She advised this cm that the child had been to the hospital on 1/28/2013 and was admitted for failure to thrive. She reported that the child was having issues with his formula and very bad reflux. She reported that the child was seen again on 3/8/2013 for a suspected skull fracture. She reported that the child was reported to having fallen off the bed while in the mothers care. She reported that she did not think that CPS was notified. She stated that baby was still alive but that he had no brain activity and that the parents had signed the do not resuscitate order. She reported that the baby would pass away soon.

Cm spoke to the parents, [REDACTED], and [REDACTED]. Mr. [REDACTED] reported that he had left the baby for about 30 minutes while he was in the bathroom. He reported that when he came back that he went to get the baby to squeeze his finger and that the baby did not squeeze his finger. He stated that the baby always did that so he got worried and picked him up. He stated that he screamed for his mother to call 911 when he realized that the baby was not breathing. He stated that he went into the living room and started CPR on the baby. He stated that his mother was on the phone with the 911 operator and that they were instructing him what to do. He stated that he did CPR till the paramedics arrived. He stated that the baby was then rushed to the hospital. He reported that the baby was in his baby swing when he found him. The mother, Ms. [REDACTED] reported that she was at the residence but was in the other part of the house. She reported that the baby had eaten 2 hours prior to being put in the swing. She reported that the baby was not having any more health problems. The mother reported that the child had been healthy and that he had not been sick. She reported that CPS had not been involved with her or the baby before. The mother reported that the baby had been at the hospital in March because he had fallen off the bed while she was caring for him. She reported



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

that he rolled over and landed on his back. She reported that she took him to the hospital and that he did have a skull fracture. She reported that the child was current on his shots and that he saw the doctors at [REDACTED] Pediatric a [REDACTED]. Cm got contact information from the family and reported that she would be in touch. CM saw the baby while he was in the PICU.

12:30pm Cm called and spoke to investigator [REDACTED] regarding the baby and his previous visits to the hospital. [REDACTED] stated that he would let the homicide detective know about the prior injuries. He advised that the detective was [REDACTED].
 12:45 Cm called and spoke to Dr. [REDACTED] regarding the baby. Dr. [REDACTED] had not been contacted regarding the baby. Cm advised her of the situation that was currently going on and the previous injury to the child. Dr. [REDACTED] stated that she was not familiar with the child but that she would look into it and get back with the cm.

2:00pm Cm received a call from the PICU that [REDACTED] had passed away.
 2:10 Cm received a call back from Dr. [REDACTED]. She reported that the child was seen in the ER at [REDACTED] on 3/8/2013 and that he did have a skull fracture. She reported that she did not see the child nor was she called in for a consult on the child. She reported that the ER did not call CPS either regarding the injury. She reported that the child was seen at the pediatricians office in late march of 2013 for his healthy child checkup and no concerns were noted by the doctor. She reported that the mother reported that the baby was eating well and that he was not spitting up as much. This cm informed her that the child had passed away.

3:30 Cm called and spoke to Sergeant [REDACTED] concerning the child dying. Cm informed him that there were some concerns regarding the incident and the previous incident. He stated that Detective [REDACTED] had made sure that a thorough autopsy was performed on the child. He stated that the body was being sent to [REDACTED] because the medical examiner in [REDACTED] County was gone on vacation.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 4/15/13 10:50 PM Date of Assessment: 4/16/13 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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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.



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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: _____