



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 04/29/2013 08:47 PM CT
Track Assigned: Investigation Priority Assigned: 2
Screened By: [REDACTED]
Date Screened: 04/29/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 05/02/2013 10:08 AM
First Team Leader Assigned: [REDACTED] Date/Time 05/01/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 05/01/2013 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	Other Relative

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: Facsimile

Notification: None

Narrative: TFACTS: No history located

Open Court Custody/FSS/FCIP: No

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

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: None
School/ Daycare: Unknown
Native American Descent: None



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

Directions: None

Reporters name/relationship: [REDACTED]
[REDACTED]

FAXED REPORT RECIEVED 4-29-13, TYPED VERBATIM

This will serve as notification that the [REDACTED] County Medical Examiners Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 2 month old infant was found unresponsive in her parents bed at 0400 hrs on the morning of 04/25/13. Paramedics from [REDACTED] Fire Department transported the victim from [REDACTED] to [REDACTED] Hospital where death was pronounced at 0507 hrs by [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department and the decedents remains were transported to this office for autopsy. The cause/ manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED], SSN [REDACTED]) and the father is [REDACTED] (DOB [REDACTED], SSN [REDACTED]). The parents and the deceased are the only occupants of the apartment. Our case is # [REDACTED]

Per SDM: Investigative Track, P1
override Investigation P2, Neglect Death no other children in the home-[REDACTED], Team Leader @ 9:25pm on 04/29/13

Child Fatality Team notified by email, [REDACTED]
[REDACTED] and Child-Fatality-Notification EI-DCS, [REDACTED]

Event [20]Alert Started [REDACTED] Status: [20]Alert Started, [REDACTED]
Event [07]Group Started [REDACTED] Status: [07]Group Started, [REDACTED]
Event [80]Send Started [REDACTED] Status: [80]Message issued, [REDACTED]:

TL [REDACTED] notified @ 9:44pm on 04/29/13 ([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: [REDACTED] **Race:** **Age:** 22 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 24 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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant 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: 04/29/2013

Assignment Date: 05/01/2013

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			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant, Unknown	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 07/17/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegations unable to be substantiated.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/17/2013

Team Leader: [REDACTED]

Date: 07/17/2013

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 05/01/2013, CPSI III [REDACTED] was unable to make face to face contact with [REDACTED] due to the baby passing away on 04/25/2013.

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 results state that the cause of death is Positional asphyxia and the manner of death is accident.

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

The alleged perpetrator is unknown in this case.

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

On 04/29/2013, the Department of Children's Services received a referral with the allegations of Neglect Death. The report states this will serve as notification that the [REDACTED] County Medical Examiners Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 2 month old infant was found unresponsive in her parents bed at 0400 hrs on the morning of 04/25/13. Paramedics from [REDACTED] Fire Department transported the victim from [REDACTED] to [REDACTED] Hospital where death was



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

Case Name : ██████████

Investigation ID: ██████████

pronounced at 0507 hrs by ██████████. A scene investigation was conducted by this office and the ██████████ Police Department and the decedents remains were transported to this office for autopsy. The cause/ manner of death are pending at this time. The mothers name is ██████████ and the father is ██████████. The parents and the deceased are the only occupants of the apartment. Our case is ██████████.

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

On 05/03/2013, ██████████ stated that it was normal day as usual and she went to work about 9:00pm-10:00pm. She stated that when she left the house, ██████████ was awake. She stated that she thinks she may have talked to the father once during the night, but it was just regular talk. She stated that she made it home from work at 4:00am and she went straight to the bedroom to change her pampers as normal. She stated that she was laying on top of the covers and nothing was over her. She stated that she was laying face down and her arms were spread out. She stated that it scared her so she immediately turned her over. She stated that she didn't move and her body just flopped. ██████████ stated that she knew then that her baby was dead because she cold as well. She stated that she had on a white onsie with light gray and pink zebra print. She stated that she picked her up and started screaming and crying and she ran in the front room to call 911 and her parents. She stated that ██████████ jumped up and was saying I didn't do it! She stated that 911 could not understand her so she told him to call. She stated that he was talking to them. She stated that no one did CPR because she didn't know how to do it and he didn't either. ██████████ stated that he last fed her about 12:20 am and everything was fine. He stated that they went to bed as normal, with her on top of the covers and on the mom's side of the bed. He stated that she had two beds, but she always cried so they put her in the bed with them. He stated that he lay her on her stomach. He stated that when he woke up, the mom was screaming and crying. He stated that the mom had her in her arms and went in the front room and called 911 and her parents. He stated that she gave the phone to him when she was talking to 911 and they told him to do CPR, but it didn't work. He stated that the baby was on the floor when they had him to do CPR. He stated that the EMT's arrived about 10 to 15 minutes later and they took over.

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: 07/25/2013

Contact Method:

Contact Time: 03:34 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/25/2013

Completed date: 07/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/25/2013 03:53 PM Entered By: [REDACTED]

The allegation of Neglect Death was Classified as AUPU. The referral was received on 4/29/13 and convene with CPIT on 5/3/13. The referral was Coordinated with [REDACTED] PD by DA [REDACTED]. DA [REDACTED] was notified as well as CAC. The child fatality report was completed on 4/29/13. Contact was made with reference regarding the nature of their parenthood. There are no other children involved with this family. Both parents were interviewed. The medical report is placed in the case file with cause of death, Positional Asphyxia, manner of death, accident. The CPIT review was completed on 7/18/13 with the majority in agreement with AUPU, no prosecution. All background checks were completed as well as all DCS forms. The 740 Classification and Decision form will be forwarded to Juvenile Court upon the closure of this case.



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: 07/25/2013

Contact Method:

Contact Time: 01:36 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/25/2013

Completed date: 07/25/2013

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: 07/25/2013 01:59 PM Entered By: [REDACTED]

On 04/29/2013, the Department of Children's Services received a referral with the allegations of Neglect Death. The victim, [REDACTED] was found unresponsive in her parents bed on the morning of 04/25/2013. The father, [REDACTED] was interviewed and stated that he last fed his daughter around 12:20 am and everything was fine. He stated that he lay her on her stomach, in the bed with him on mom's side, when he put her back to sleep. He stated that he always lay her on top of the blanket. He stated that she had a bed, but she always cried when they put her in it, so they started putting her in the bed with them. He stated that when he woke up, the mom was screaming and she had the baby in her hands. He stated that the mom called 911, but ended up giving the phone to him. He stated that they told him to do CPR, but it didn't work. He stated that the EMT's arrived about 10-15 minutes later and took over from there. He stated that she was healthy baby. The mother, [REDACTED], was interviewed and stated that she works at night. She stated that everything was normal and fine when she left for work that night. She stated that when she arrived home at 4:00 am, her baby was on top of the cover, with nothing over her. She stated that she was laying face down on the bed with her arms spread out. She stated that it scared her so she immediately turned her over and when she did that, her body just flopped. She stated that her body was cold and she knew then that her baby was dead. She stated that she picked her up and started screaming and crying and then she ran in the front room to call 911 and her parents. She stated that 911 could not understand her so she had the father to call them. She stated that they wanted them to do CPR, but neither one of them knew how to do it. She stated that she held her baby in her arms until the EMT's arrived. Collateral references for mom and dad were checked and both stated that they were good parents and loved their daughter. The autopsy results were received and stated cause of death is Positional asphyxia and the manner of death is accident. This case was presented at CPIT Review and the majority agreed with the classification and no prosecution by Law Enforcement. After investigating the allegations of Neglect Death, the allegations are unable to be substantiated. All necessary investigative tasks have been completed. This case is being submitted to TL for review.

740 has been completed and placed in the case file

SDM has been completed and placed in the case file

Background checks have been completed and placed in the case file



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: 07/18/2013

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/25/2013

Completed date: 07/25/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/25/2013 01:36 PM Entered By: [REDACTED]

Date: July 18, 2013

Time: 2:30 pm

Location: [REDACTED] Police Station

On 07/18/2013, this case was presented at Thursday CPIT Review. The CPS Classification Decision is Allegations Unfounded/ Perpetrator Unfounded and the CPIT team did not refer for Prosecution. The CPIT Classification Majority Agreement was yes.



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: 07/17/2013

Contact Method:

Contact Time: 09:15 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/17/2013

Completed date: 07/17/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2013 11:15 AM Entered By: [REDACTED]

Date: July 17, 2013

Time: 9:15am

Location: [REDACTED] Medical Office [REDACTED]

On 07/17/2013, the autopsy results were picked up for [REDACTED]. The results state that the cause of death is Positional asphyxia and the manner of death is accident.



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: 06/07/2013

Contact Method:

Contact Time: 10:41 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/14/2013

Completed date: 06/14/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/14/2013 03:54 PM Entered By: [REDACTED]

Date: June 7, 2013

Time: 10:41 am

On 06/07/2013, a request for the autopsy results on [REDACTED] was faxed to the Medical Examiner's Office.



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: 05/03/2013

Contact Method:

Contact Time: 03:15 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/14/2013

Completed date: 06/14/2013

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: 06/14/2013 03:17 PM Entered By: [REDACTED]

Date: May 3, 2013

Time: 3:15 pm

On 05/03/2013, a previous history search was conducted in TFACTS but no history was found for this family.



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: 05/03/2013

Contact Method: Face To Face

Contact Time: 02:45 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/17/2013

Completed date: 07/17/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2013 11:29 AM Entered By: [REDACTED]

Date: May 3, 2013

Time: 2:45pm

Location: DCS Office [REDACTED]

On 05/03/2013, CPSI III [REDACTED], spoke with [REDACTED], the stepmother of [REDACTED]. [REDACTED] stated that [REDACTED] was a great mom. She stated that she loved that baby with all her heart and took very good care of her. She stated that she was a support system for them and saw them very often. She stated that [REDACTED] was a good baby and she was loved by all. She stated that the baby was always fed and dressed properly. She stated that this has been hard for all of them.



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:	05/03/2013	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/14/2013
Completed date:	06/14/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Notation, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/14/2013 03:47 PM Entered By: [REDACTED]
 Date: May 3, 2013
 Time: 2:30 pm

On 05/03/2013, the following forms were explained to and signed by the mother:

Notification of Equal Access to Programs and Services and Grievance Procedures

Acknowledgement of Receipt of Client Rights Handbook

Authorization for Release of Information and HIPAA Protected Health Information to the Department of Children's Services and Notification of Release

Authorization for Release of Child-Specific Information and HIPAA Protected Health Information to the Department of Children's Services and Notification of Release

HIPAA Notice of Privacy Practices- Client Acknowledgment

Native American Heritage Veto Verification

Authorization for Release of Information to the Department of Children's Services: TennCare Eligibility



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: 05/03/2013 Contact Method: Face To Face
 Contact Time: 01:48 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/14/2013
 Completed date: 06/14/2013 Completed By: [REDACTED]
 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: 06/14/2013 03:15 PM Entered By: [REDACTED]

Date: May 3, 2013

Time: 1:48 pm

Location: DCS Office [REDACTED]

On 05/03/13, CPSI III, [REDACTED], spoke with the mother, [REDACTED], face to face at the DCS office. [REDACTED] stated that her baby was full term and there were no complications. She stated that she had to have a C-Section because the Potossin lowered the baby's heart rate. She stated that the baby had to stay in ICU for 2 days because she had a low temperature. She stated that other than that, everything was fine. She stated that she was a healthy baby and was not sick at all. She stated that she would drink 5 bottles a day and at least 8 oz of milk each bottle. She stated that the baby slept during the night. [REDACTED] stated that it was normal day as usual and she went to work about 9:00pm-10:00pm. She stated that when she left the house, [REDACTED] was awake. She stated that she thinks she may have talked to the father once during the night, but it was just regular talk. She stated that she made it home from work at 4:00am and she went straight to the bedroom to change her pampers as normal. She stated that she was laying on top of the covers and nothing was over her. She stated that she was laying face down and her arms were spread out. She stated that it scared her so she immediately turned her over. She stated that she didn't move and her body just flopped. [REDACTED] stated that she knew then that her baby was dead because she cold as well. She stated that she had on a white onsie with light gray and pink zebra print. She stated that she picked her up and started screaming and crying and she ran in the front room to call 911 and her parents. She stated that [REDACTED] jumped up and was saying I didn't do it! She stated that 911 could not understand her so she told him to call. She stated that he was talking to them. She stated that no one did CPR because she didn't know how to do it and he didn't either. She stated that she held her baby in her arms until the EMT's got there and took her out of her arms. [REDACTED] stated that she and [REDACTED] are no longer together because they could not get along. She stated that they have had a couple of domestic violence issues and had one about 3 days prior to the baby passing. She stated that he was upset because the baby had peed and it leaked out of her diaper and he was calling her pissy. She stated that then he got upset because she threw up on the couch and said that she is always messing up stuff and began calling the baby nigga, mutherf****, and pissy baby. She stated that she got upset and told him they were leaving. She stated that he was in her way, so she moved him out of the way. She stated that he did something behind her back and ended up hitting the baby. She stated she is not sure where he hit her, but she was crying. She stated that she put the baby down on



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

the couch and hit him. She stated that he pushed her and she tripped over the car seat and fell into the patio door. She stated that after that, she called her cousin to come over and watch the baby while she packed up their stuff and then they left. She stated that she stayed gone for about 3 days and came back because she wanted the baby to have both of her parents. She stated that the next day he started telling her all about how he had been cheating on her, but she still decided to stay for the baby's sake. She stated that she thinks he was jealous of the baby because he would say that she never cries with her or her family, just with him. She stated that he would said the baby is fake. She stated that she feels that he loved the baby, but was jealous of her. She stated that when she found the baby, his back was to her. She stated that he would complain about her always crying. [REDACTED] stated that he has not shown any remorse and has not cried. She stated that he told her that the baby died a good death. [REDACTED] stated that [REDACTED] was a good baby and rarely cried unless she was hungry or wet.



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: 05/03/2013

Contact Method: Face To Face

Contact Time: 01:40 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/14/2013

Completed date: 06/14/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/14/2013 03:10 PM Entered By: [REDACTED]

Date: May 3, 2013

Time: 1:40 pm

Location: DCS Office [REDACTED]

On 05/03/2013, CPSI III [REDACTED], spoke with [REDACTED], the brother of [REDACTED]. He stated that his brother is a good father and he loved his daughter very much. He stated that everywhere his brother went, the baby was right there with him. He stated that he would see them at least once a week. He stated that he took good care of her. He stated that for it to be his first child, he did a good job with her.



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: 05/03/2013

Contact Method: Face To Face

Contact Time: 01:32 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/14/2013

Completed date: 06/14/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/14/2013 03:51 PM Entered By: [REDACTED]

Date: May 3, 2013

Time: 1:32 pm

On 05/03/2013, the following forms were explained to and signed by the father:

Notification of Equal Access to Programs and Services and Grievance Procedures

Acknowledgement of Receipt of Client Rights Handbook

Authorization for Release of Information and HIPAA Protected Health Information to the Department of Children's Services and Notification of Release

HIPAA Notice of Privacy Practices- Client Acknowledgment



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: 05/03/2013 Contact Method: Face To Face
 Contact Time: 01:12 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/14/2013
 Completed date: 06/14/2013 Completed By: [REDACTED]
 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: 06/14/2013 02:55 PM Entered By: [REDACTED]

Date: May 3, 2013

Time: 1:12 pm

Location: DCS Office [REDACTED]

On 05/03/2013, CPSI III [REDACTED], spoke with the father, [REDACTED], face to face at the DCS Office. He stated that he and the mother have been living together for about 2 1/2 months but they have been dating for about 3 years. He stated that the baby was healthy at birth. He stated that her water broke and she did not go to the hospital until 2 days later. He stated that when she did go, they told her everything was fine and sent her home. He stated that when she went back, they admitted her and had to do a C-Section because the baby's heart rate was dropping. He stated the baby was healthy but she did have to go in the glass case for a couple of days. He stated that when she would cry, she would shake a little, but the doctor said it was normal. [REDACTED] stated that the mom works at night at [REDACTED] from 10:00pm-4:00am and he works in the daytime at [REDACTED] from 7:30am-5:00pm. He stated that he last fed her about 12:20 am and everything was fine. He stated that they went to bed as normal, with her on top of the covers and on the mom's side of the bed. He stated that she had two beds, but she always cried so they put her in the bed with them. He stated that he lay her on her stomach. He stated that when he woke up, the mom was screaming and crying. He stated that the mom had her in her arms and went in the front room and called 911 and her parents. He stated that she gave the phone to him when she was talking to 911 and they told him to do CPR, but it didn't work. He stated that the baby was on the floor when they had him to do CPR. He stated that the EMT's arrived about 10 to 15 minutes later and they took over. [REDACTED] stated that she ate regularly and she would eat about 7 oz each feeding. He stated that he and the mother have not decided what to do about the apartment yet.



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: 05/03/2013

Contact Method: Phone Call

Contact Time: 09:17 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/14/2013

Completed date: 06/14/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/14/2013 02:48 PM Entered By: [REDACTED]

Date: May 3, 2013

Time: 9:17 am

On 05/03/2013, CPSI III [REDACTED] placed a telephone call to the number given by the father. CPSI III thought it was the father on the phone, but it was actually the paternal grandfather. CPSI III explained to the grandfather that the father and the mother were supposed to come to the office on yesterday to meet with CPSI III, but did not show up. He stated that they were probably still making funeral arrangements and did not get to make it. He stated that the funeral is on Monday. He stated that he would have the father to make it by the office today.



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: 05/03/2013

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/14/2013

Completed date: 06/14/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/14/2013 02:41 PM Entered By: [REDACTED]

Date: May 3, 2013

Time: 9:00am

Location: [REDACTED] Child Advocacy Center

On 05/03/2013, this case was presented at Morning CPIT. The CPIT disposition is Coordinate with Law Enforcement. Present to CPIT Review May 16, 2013.



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: 05/01/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/02/2013

Completed date: 05/02/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/02/2013 10:25 AM Entered By: [REDACTED]

The referral on infant [REDACTED] was assessed and assigned by Team Leader, [REDACTED], on 5/1/2013, to CPSI 3 [REDACTED]. Priority response was given as a P-2 due to no other children in the home. The referent letter was mailed on 5/1/2013. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy. Documentation of face to face contact should be entered within 24 hours of face to face contact with the family. The Fatality report is to be completed and entered upon first contact with the family. Due to this case being a fatality/ Neglect Death Investigation, the case must be classified at the point of receiving the autopsy or the Classification of CPIT review. The case will reach fifteen days on 5/15/2013, thirty days on 5/30/2013, and sixty days on 6/30/13.



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: 05/01/2013

Contact Method: Phone Call

Contact Time: 03:11 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/14/2013

Completed date: 06/14/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/14/2013 02:35 PM Entered By: [REDACTED]

Date: May 1, 2013

Time: 3:11 pm

On 05/01/2013, CPSI III [REDACTED], received a telephone call from the father, [REDACTED]. He stated that he and the mother have not been staying at the apartment since the incident with their daughter happened. He stated that he is currently staying with his mom and she is staying at her mom's. He stated that they could meet at 2:00pm on tomorrow.



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: 05/01/2013

Contact Method: Attempted Face To Face

Contact Time: 08:31 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/14/2013

Completed date: 06/14/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/14/2013 02:23 PM Entered By: [REDACTED]

Date: May 1, 2013

Time: 8:31 am

Location: [REDACTED]

On 05/01/2013, CPSI III [REDACTED] attempted to make face to face contact with the mother and father of [REDACTED], but no one was home. CPSI III left a contact letter on the door.



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: 05/01/2013

Contact Method: Attempted Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/14/2013

Completed date: 06/14/2013

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/14/2013 02:08 PM Entered By: [REDACTED]

Date: May 1, 2013

Time: 8:30 am

Location: [REDACTED]

On 05/01/2013, CPSI III [REDACTED] was unable to make face to face contact with [REDACTED] due to the baby passing away on 04/25/2013. The referral was received on 04/29/2013.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 4/29/13 8:47 PM

Date of Assessment: 5/3/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
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: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 4/29/13 8:47 PM

Date of Assessment: 7/17/13 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: _____