



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 08/11/2013 01:59 PM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 08/11/2013

**Investigation**

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

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	10 Yrs	Lack of Supervision	Yes	[REDACTED]	Birth Father
[REDACTED]	10 Yrs	Neglect Death	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: No history found with the information given.

Duplicate Referral: No

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

Reporters name/relationship: Detective [REDACTED] office

NOTE: Address and any applicable phone numbers are listed under the oldest child victim.

\*\*This child is not in states custody.\*\*





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: [REDACTED]

Age: [REDACTED]

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

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: [REDACTED]

Race: [REDACTED]

Age: 10 Yrs

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

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:** [REDACTED] **Age:** 42 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 08/11/2013

Assignment Date: 08/12/2013

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	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/20/2013
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/20/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Case is closed as unfounded for NGD and LOS.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 11/20/2013

Team Leader: [REDACTED]

Date: 11/22/2013

**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:**

CPS Investigation dated 08/11/2013 alleged the following: [REDACTED] (9) lives in the home with her parents, [REDACTED] and [REDACTED]. [REDACTED] was delivering a lawnmower to the home of [REDACTED] at [REDACTED]. It was reported that [REDACTED] went with [REDACTED] and at some point while at the home, [REDACTED] went missing for a few minutes, but she was later found in a pool. It was reported that [REDACTED] started doing CPR on the child. EMS was called, and when EMS arrived on the scene; the child was taken to the hospital, where she was later pronounced deceased. [REDACTED] responded to the 911 call and took statements from all parties present at the scene as well as pictures of the body and the scene of the accident which will be available to DCS. DCS and LE sat together during the interview of the AP. CM [REDACTED] made the initial response on this case due to being on 24 hour on call. The case was assigned to CM [REDACTED] for follow-up the following day. CM [REDACTED] met with Law Enforcement at the hospital just after the body of the child was transported to the medical examiner. The charge nurse stated she could not understand why an autopsy had been requested by [REDACTED].



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

Case Name : ██████████ ██████████

Investigation ID: ██████████

Detective ██████████ as the staff had pumped pure pool water out of the child's lungs. CM confirmed with law enforcement the plan for forwarding the information to assigned case manager the following day. DCS involvement included communication with on-call TL ██████████ that there were no other children in the home, getting basic information as could be attained via translator and providing information to the English speaking family members.

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

Detective ██████████ ██████████ with the ██████████ ██████████ Sheriff's Department was assigned to this case along with CM ██████████. The case was presented to CPIT on 11/20/2013 and the team recommended the case be closed as unfounded based on the final results of the autopsy showing the child passed away due to an accidental drowning.

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

AP, Mr ██████████ provided a detailed statement to ██████████ ██████████ ██████████ ██████████ via a Spanish translator. Mr ██████████ stated he had told ██████████ several times to stay at his truck and he had turned around when Mr. ██████████ had brought payment to him for the purchase at which time he called for his daughter. Mr. ██████████ and Mr ██████████ searched for the ACV and found her at the bottom of the swimming pool approximately 8 feet in depth. Mr ██████████ was tearful during the interview and was observed by this CM to be afraid that someone would think he was not attentive to his child. Mr ██████████ described his child in very positive terms. The birth mother was present and sobbing quietly. The AP stated that she is very angry with him and is blaming him. Det ██████████ asked Mr ██████████ if he planned on harming himself and if he had any family members that could stay with them for a couple days. He responded that his family was all present at the hospital as well as his preacher.

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

The r/s was contacted upon assignment. (See police report for more details).

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

Case is closed as unfounded for NGD and LOS. The autopsy finding shows that ██████████ died from an accidental drowning and per CPIT recommendation. (See a copy of the autopsy report in the documents section of TFACTS and in the hard file).

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] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/27/2013	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/03/2013
Completed date:	12/03/2013	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/03/2013 01:08 PM      Entered By: [REDACTED] [REDACTED]

TL [REDACTED] reviewed this case and approving for closure AUPU. The Classification summary will be forwarded to the Juvenile Court. The case will be filed under the caregiver, [REDACTED] [REDACTED]

Date of Referral: 08/11/13  
 Initial Notification to Juvenile Court: 08/12/13  
 Notification to DA: 08/12/13  
 Law Enforcement Notification: 08/12/13  
 CAC Notification: 08/12/13  
 SDM Safety Assessment: 08/12/13  
 FAST: n/a  
 CS-0740 Sent to [REDACTED] [REDACTED] Juvenile Court: 11/27/13  
 Case Closure Date: 11/27/13  
 CPIT Date: 11/20/13



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/20/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 11/20/2013

Completed date: 11/20/2013

Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/20/2013 01:48 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] received a copy of the autopsy on this case from Det. [REDACTED]. The case was presented to CPIT and the case will be submitted for closure as unfounded for NGD and LOS. The autopsy finding shows that [REDACTED] died from an accidental drowning. (See a copy of the autopsy report in the documents section of TFACTS and in the hard file).



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/20/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 11/20/2013

Completed date: 11/20/2013

Completed By: [REDACTED] [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: 11/20/2013 01:50 PM      Entered By: [REDACTED] [REDACTED]

Closing Case Summary

The case is being submitted for closure as unfounded for NGD and LOS. The autopsy finding shows that [REDACTED] died from an accidental drowning. (See a copy of the autopsy report in the documents section of TFACTS and in the hard file).



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 10:34 AM Entered By: [REDACTED] [REDACTED]

[REDACTED] was born in [REDACTED] at [REDACTED] on [REDACTED]  
 Pediatrician= Dr. [REDACTED]  
 Last visit= August 6 2013

Once the medical release is obtained; the medical records will be requested from above.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 10:13 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] had the family sign the required medical release to obtain medical records for the child. CM [REDACTED] was unable to provide the family with the required CPS paperwork on the day of the incident so CM [REDACTED] has mailed a copy to the parents for them to review, sign and return. Those forms will be maintained in the hard file once they are received.

Narrative Type: Addendum 1 Entry Date/Time: 08/13/2013 10:19 AM Entered By: [REDACTED] [REDACTED]

The paperwork that CM [REDACTED] provided to the family was the Spanish Version.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/12/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 10:01 AM Entered By: [REDACTED] [REDACTED]

Notification of Child Death Form scanned into the documents section of TFACTS. The form will be maintained in the hard file.

24 hour on call notes requested from CM [REDACTED] [REDACTED] Once those notes are received, they will be entered into the case recordings.

An initial medical release was signed by the parent to access medical records.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/11/2013

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 04 Hour

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/25/2013 11:17 AM Entered By: [REDACTED] [REDACTED]

See previous case recording for initial face to face for details.



**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: 08/11/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 04 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 10:06 AM Entered By: [REDACTED]

## Circumstances of Death:

ACV accompanied AP to deliver a mower that was sold to [REDACTED] in [REDACTED] earlier in the day. During the exchange of money the child wandered through a closed gated area around the [REDACTED] residence pool and fell in and drowned. Mr. [REDACTED] attempted CPR while his son, [REDACTED] called 911. EMS arrived and was able to resuscitate the child once. However, the child was pronounced DOA at [REDACTED] in [REDACTED]. [REDACTED] was a special needs child, in that; she had Down's Syndrome and had a hole in her heart. At this time there is no suspicion of any criminal act as stated by Det [REDACTED].

## Family Interview:

AP, Mr [REDACTED] provided a detailed statement to [REDACTED] via a Spanish translator. Mr [REDACTED] stated he had told [REDACTED] several times to stay at his truck and he had turned around when Mr. [REDACTED] had brought payment to him for the purchase at which time he called for his daughter. Mr. [REDACTED] and Mr [REDACTED] searched for the ACV and found her at the bottom of the swimming pool approximately 8 feet in depth. Mr [REDACTED] was tearful during the interview and was observed by this CM to be afraid that someone would think he was not attentive to his child. Mr [REDACTED] described his child in very positive terms. The birth mother was present and sobbing quietly. The AP stated that she is very angry with him and is blaming him. Det [REDACTED] asked Mr [REDACTED] if he planned on harming himself and if he had any family members that could stay with them for a couple days. He responded that his family was all present at the hospital as well as his preacher.

## Hospital/DCS history:

CM [REDACTED] met with Law Enforcement at the hospital just after the body of the child was transported to the medical examiner. The charge nurse stated she could not understand why an autopsy had been requested by Detective [REDACTED] as the staff had pumped pure pool water out of the child's lungs. CM confirmed with law enforcement the plan for forwarding the information to assigned case manager the following day. DCS involvement included communication with on-call TL [REDACTED] that there were no other children in the home, getting basic information as could be attained via translator and providing information to the English speaking family members. \*\*\*No previous interaction with DCS\*\*\*

## Law enforcement involvement:

[REDACTED] responded to the 911 call and took statements from all parties present at the



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

---

scene as well as pictures of the body and the scene of the accident which will be available to DCS. DCS and LE sat together during the interview of the AP.

No action taken by DCS. No other children in the home.



**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: 08/11/2013

Contact Method:

Contact Time: 01:59 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

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: 08/13/2013 09:37 AM Entered By: [REDACTED]

CASE ASSIGNMENT  
INVESTIGATION SUMMARY

This investigation came into central intake on 08/11/2013; at 1:59 pm CT as a P1 with the allegations being; LOS and NGD. The victim/s = [REDACTED] [REDACTED]. The alleged perpetrator/s = [REDACTED] [REDACTED] (father). The initial response was met by CM [REDACTED] while being on 24 hour call. The investigation was assigned to CM [REDACTED] for follow-up on 08/12/2013 at 8:12 am CT by TL [REDACTED]. Notification was sent to the [REDACTED] [REDACTED] [REDACTED] KPD/SCSD; CAC, and District Attorneys office per local protocol.

\*\*\*Detective [REDACTED] [REDACTED] with the [REDACTED] [REDACTED] [REDACTED] has been assigned to this case\*\*\*\*\*

TN Kids/TFACTS History check was completed and it showed the following information on this family; N/A

CPIT convened per CPS policies #14.3 Section G # 6 as well as 14.6. and per local protocol for [REDACTED] [REDACTED]

The following records were checked on each adult in the household:

Sex Offender Registry  
Meth Offender Registry  
Adult Abuse Registry  
National Sex Offender Registry  
Felony Offender Registry  
Results=Negative

Reporter was contacted upon assignment. See case recordings for more detail. Reporter was also mailed a letter of notification of assignment per CPS policy 14.1.

Background checks were requested per local policy and will be located in the hard file.

SDM form completed.

The following Immediate Harm Factor was identified and the following interventions were made to address this factor:



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

---

N/A safe. No other minor children.

Genogram initiated. A copy can be located in the hard file.

The DCS Practice Wheel was utilized throughout this investigation.

**HOUSEHOLD COMPOSITION:**

[REDACTED]

Parents: [REDACTED] and [REDACTED] (Note: The parents are reported to be married but the mother kept her last name).

\*\*\*CASE WILL BE FILED UNDER THE NAME\*\* [REDACTED] [REDACTED]



**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: 08/11/2013 Contact Method: Face To Face  
 Contact Time: 02:00 AM Contact Duration: Less than 05 Hour  
 Entered By: [REDACTED] Recorded For: [REDACTED]  
 Location: Hospital Created Date: 08/14/2013  
 Completed date: 08/14/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/14/2013 12:08 PM Entered By: [REDACTED]  
 24 hour on call notes from CM [REDACTED]

08/11/2013

At approximately 2:00 CM [REDACTED] was responding to another intake when she was informed by [REDACTED] Sheriff [REDACTED] Detective [REDACTED] via phone call that there had just been a 9 year old female that drowned in the vicinity where CM [REDACTED] was. CM [REDACTED] was also informed that Det [REDACTED] was currently calling in the referral to the DCS Child Abuse Hotline. CM [REDACTED] got the address of the alleged incident from the patrol officer that was assisting CM [REDACTED] on the case at the initial response.

CM [REDACTED] proceeded to the location of the child fatality and began working with Det [REDACTED] and [REDACTED] on gathering information around the scene of the incident. CM took the names and phone numbers of the home owners and those present during the incident.

The home owners address where the incident occurred is [REDACTED]

**Household Composition:**

[REDACTED] has worked at [REDACTED] for 32 years. She arrived at approximately 1:30 at which time she observed her husband attempting CPR on the victim and her step-son on the phone.

[REDACTED] bought the mower from the AP and had the AP bring the mower to his home in [REDACTED] from the [REDACTED] in [REDACTED] called 911 while his father attempted CPR on the child.

Det [REDACTED] and Det [REDACTED] took measurements, water temp and depth of the pool and surrounding area. Detectives took statements from all involved parties. Detectives took pictures of the area and of the victims body. All pictures, statements and details are available to DCS.

CM then went to [REDACTED] to assist Det [REDACTED] Det [REDACTED] and Det [REDACTED] with the family interviews. When CM [REDACTED] arrived she was informed that the victims body had been transported to [REDACTED] for



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

---

autopsy at the request of Det [REDACTED]. Results are pending. However, charge nurse stated that the ER staffed had pumped pure pool water out of the child's lungs. CM is uncertain how the Nurse would know that it was pool water without testing. CM [REDACTED] and LE waited for a translator from the SCSD so that Det [REDACTED] could get the birth father's statement. CM [REDACTED] was able to get the father to sign an Authorization for Release of Information.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 8/11/13 1:59 PM

Date of Assessment: 8/11/13 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 or absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

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



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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### 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:** \_\_\_\_\_