



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 07/09/2013 11:09 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 07/09/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 07/09/2013 11:53 AM
 First Team Leader Assigned: [REDACTED] Date/Time 07/09/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 07/09/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED] Police Department, [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: [REDACTED]
 Notification: None
 Narrative: TFACTS: No History Found (based on the demographics provided)

County: [REDACTED]
 Notification: None
 School/ Daycare: No
 Native American Descent: Not provided
 Directions: None given

Reporters name/relationship: [REDACTED]

FAX REPORT TYPED VERBATIM AS PROVIDED TO THE TN CHILD ABUSE HOTLINE

On Monday 07/03/2013 around 1034 hours, Officers responded to [REDACTED] in reference to a 11 week old baby not breathing and CPR was in progress. Upon arrival, Sgt. [REDACTED] took over and



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continued CPR until EMS and Fire Personnel took over CPR. The [REDACTED] identified to be [REDACTED] [REDACTED] stated that she heard the baby cry between the hours of 0700 and 0730 this date while she was doing other things. [REDACTED] stated that she checked on the child identified to be [REDACTED] and he was going back to sleep laying on his stomach.

[REDACTED] stated that the child sleeps on his stomach all the time and when she went into his room around 1030 to check on him he was laying on his stomach in his crib so she rolled him over and realized he was not breathing and started CPR. [REDACTED] stated that she did CPR around 10 minutes until the police arrived.

Officer [REDACTED] and Officer [REDACTED] photographed the scene and collected evidence which was tagged and placed into evidence at the police department I went to the emergency room and stood by until being released by Sgt. [REDACTED] C.I.D. responded to the scene and to the emergency room to assist with the investigation. Sgt. [REDACTED] went to the hospital and Investigator [REDACTED] to the scene. For more information see C.I.D. report.

On July 8th, 2013, I, Officer [REDACTED] and Officer [REDACTED] responded along with Officer [REDACTED] to a infant who was not breathing. Upon my arrival, I photographed the scene to include the infants room, crib, and adjoining bathroom. I also tagged the cribs sheets, the crib bumper, a bead necklace found alongside the crib, and the childs blanket. I turned over the memory card containing the photographs to Inv. [REDACTED] for processing.

On 07/08/2013 at approximately 11:14 AM, I, Investigator [REDACTED] arrived at [REDACTED] to investigate an infant death. Upon my arrival, I spoke with Officer [REDACTED] and Sgt. [REDACTED] Officer [REDACTED] briefed me in regards to the scene and the call. He advised me that the victim was a [REDACTED] an approximately eleven week old male child. He also stated that the victim was found unresponsive by his mother. Officer [REDACTED] then showed me the house and the childs room, where he was found in his crib. I briefly spoke with the parents of the victim, [REDACTED] and [REDACTED] [REDACTED] and [REDACTED] were about to go to the Emergency Room at [REDACTED] so I introduced myself and allowed them to leave. The maternal grandfather, Mr. [REDACTED] stayed at the residence while myself and officers completed working at the scene.

While at [REDACTED] I used the Sudden Unexplained Infant Death Investigation (SUIDI) form and I completed the portions of it that can be filled out at the scene. Sgt. [REDACTED] then took that form to the ER, where [REDACTED] Assistant County Coroner, filled out the portion that applies to asking the mother, since she found the deceased, questions. Officer [REDACTED] was taking digital photographs of the scene. I then consulted with Officer [REDACTED] and [REDACTED] about what evidence was to be collected. See their supplement for a complete list. I collected the memory card from Officer [REDACTED] that contained the digital photographs he had taken. When I returned to my office, I emailed those photographs, along with the original report, to [REDACTED], medicolegal death investigator with the Medical Examiner-s Office in [REDACTED] [REDACTED] advised that her office would perform the autopsy of the child on 07/09/2013, sometime after 9:00 AM. [REDACTED] compiled the information from the SUIDI form that I began at the scene and the one she did at the Hospital for a complete form. [REDACTED] emailed [REDACTED] the SUIDI form and other relevant paperwork.

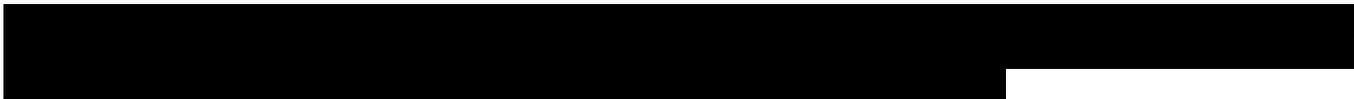
CM [REDACTED] completed a SSMS check for [REDACTED] and did not find any matches for this search.

Per SDM: Investigative Track - P1 - Child Fatality
[REDACTED] TC, on 7/9/13 @ 11:42am

Notified Fatality/Near Fatality Notification Group via Email:
[REDACTED]



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Tennessee Child Abuse Hotline Summary**





**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:** 30 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:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 0 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 07/09/2013

Assignment Date: 07/09/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/28/2013

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 08/28/2013

Team Leader: [REDACTED]

Date: 08/29/2013

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:

Infant died 7/8/13 with the case being received 7/9/13; therefore the infant had already been sent for an autopsy.

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

The infant was seen at [REDACTED] [REDACTED] 5/2013 for poor feeding and fever. He was also seen at [REDACTED] [REDACTED] 6/2013 for a heart murmur. He was taken to his pediatrician in a timely manner with reports of weight gain as normal. He received vaccinations as scheduled as well. (please see file for detailed records)

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

Mrs. [REDACTED] was spoken to about their day July 8, 2013. She stated it was a normal day where she heard [REDACTED] cry about 7am. She fixed him a bottle as she normally does. She stated as she pumped (breast feeding) he had a normal cry because he was always ready to eat. She states she finished pumping and he had gone back to sleep or rather was quiet. Mrs. [REDACTED] reported she listened to him on the monitor so she went on back



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

Case Name : ██████████

Investigation ID: ██████████

to sleep too. About 10:30am she went into the room to check on him or get him up and he felt stiff to her. She then turned him over and realized he was stiff and his face was discolored. She immediately began to perform CPR because they had learned how from a Red Cross class. She stated as she performed CPR she called for law enforcement as well. CPSI ██████████ asked Mrs. ██████████ to recall exactly how she found him in his crib. She stated ██████████ face was down but his air wave was open. CPSI ██████████ also inquired about when ██████████ began sleeping on his stomach. Mrs. ██████████ stated it had been awhile. She stated as soon as they learned that he was mobile as far as moving his head left to right, up and down they began to let him sleep on his stomach.

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

On Monday, 7/8/13, law enforcement responded to the residence in reference to an 11 week old baby not breathing and CPR was in progress. Ms. ██████████ reported hearing the baby cry between the hours of 7 and 7:30am. She checked on the baby and he was going back to sleep laying on his stomach. When Ms. ██████████ went into his room around 10:30am to check on him she realized he was not breathing and started CPR. Ms. ██████████ states she did CPR for about 10 minutes until law enforcement arrived.

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

There was no evidence to suggest foul play in the death of the infant according to law enforcement; however an autopsy is still pending. The infant was seen at ██████████ 5/2013 for poor feeding and fever. He was also seen at ██████████ 6/2013 for a heart murmur. He was taken to his pediatrician in a timely manner with reports of weight gain as normal. He received vaccinations as scheduled as well. (please see file for detailed records)

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2013

Contact Method:

Contact Time: 03:42 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2013

Completed date: 08/28/2013

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: 08/28/2013 03:44 PM Entered By: [REDACTED]

VICTIM(S): [REDACTED] (2-months)

ALLEGATION(S): Neglect Death

ALLEGED PERP(S): [REDACTED] (birth mother)

CLASSIFICATION: Allegation Unfounded Perpetrator Unfounded

On Monday, 7/8/13, law enforcement responded to the residence in reference to an 11 week old baby not breathing and CPR was in progress. Ms. [REDACTED] reported hearing the baby cry between the hours of 7 and 7:30am. She checked on the baby and he was going back to sleep laying on his stomach. When Ms. [REDACTED] went into his room around 10:30am to check on him she realized he was not breathing and started CPR. Ms. [REDACTED] states she did CPR for about 10 minutes until law enforcement arrived.

There was no evidence to suggest foul play in the death of the infant according to law enforcement; however an autopsy is still pending. The infant was seen at [REDACTED] 5/2013 for poor feeding and fever. He was also seen at [REDACTED] 6/2013 for a heart murmur. He was taken to his pediatrician in a timely manner with reports of weight gain as normal. He received vaccinations as scheduled as well. (please see file for detailed records)

Child Protective Services Investigation Summary & Classification Decision of Child Abuse/Neglect Referral (CS-0740) completed, placed in the file, and distributed to the designated officials (Juvenile Court and Regional Supervising Attorney).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2013

Contact Method:

Contact Time: 12:39 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2013

Completed date: 08/28/2013

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: 08/28/2013 12:40 PM Entered By: [REDACTED]

SSMS and background checks requested.

SSMS check clear.

[REDACTED] negative on meth, felony, abuse and sex offender (national and state) registries.



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: 08/23/2013 Contact Method: Face To Face
 Contact Time: 01:55 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/26/2013
 Completed date: 08/26/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/26/2013 12:54 PM Entered By: [REDACTED]

CPSI [REDACTED] arrived at the residence to follow up with the family. Mrs. [REDACTED] was present with [REDACTED] who was preparing for an afternoon nap. [REDACTED] was not happy about it being nap time. Mrs. [REDACTED] tried getting her to say a few words to this worker. Mrs. [REDACTED] was spoken to as to whether she had heard back about the autopsy; however Mrs. [REDACTED] stated she had not. She mentioned the lady at the hospital said if they had any questions regarding the autopsy they could call her. Mrs. [REDACTED] stated things are good with the family. CPSI [REDACTED] asked if [REDACTED] understood what happened. She stated she [REDACTED] doesn't really understand what happened. According to Mrs. [REDACTED] bedroom was off to their room so they keep the door closed. She stated [REDACTED] asked the other day about a baby being in the room and she explained to her that a baby was not in the room but in heaven. She stated that was about two weeks ago and that was the first time [REDACTED] had said anything in reference to the baby. CPSI [REDACTED] inquired about grief counseling for the family again; however Mrs. [REDACTED] stated they continue to utilize ministers at their church for counseling. She stated so far things are good and working out for them by talking with their church ministers. CPSI [REDACTED] informed Mrs. [REDACTED] she would be in touch with law enforcement to see if they had a report regarding the autopsy. She was also asked not to hesitate to call on this worker if there were any other questions or concerns.



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: 08/14/2013

Contact Method:

Contact Time: 10:51 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2013

Completed date: 08/14/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/14/2013 10:51 AM Entered By: [REDACTED]

Compliance is being checked and case deficits acknowledged based on when the review was conducted.



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: 08/05/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/26/2013

Completed date: 08/26/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, 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: 08/26/2013 12:35 PM Entered By: [REDACTED]

The following case was discussed; however this worker was informed by law enforcement that an autopsy has not come back yet for the infant.



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: 07/12/2013

Contact Method:

Contact Time: 03:06 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/12/2013

Completed date: 07/12/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/12/2013 03:06 PM Entered By: [REDACTED]

Compliance is being checked and case deficits acknowledged based on when the review was conducted.



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: 07/09/2013 Contact Method: Face To Face
 Contact Time: 03:15 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/10/2013
 Completed date: 07/10/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2013 11:23 AM Entered By: [REDACTED]
 Child Protective Services Investigator [REDACTED] (CPSI) made a home visit to initiate the investigation.

[REDACTED] mother; [REDACTED] family friend; and [REDACTED] sister were present during this visit.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all the forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

*Section I: Interview with the child was not done. The child is deceased (date of death 7/8/13)

*Section II: Interview with the mother took place in the living room of the residence with a family friend, [REDACTED] present for support.

Mrs. [REDACTED] provided her household composition as being her, Mr. [REDACTED] and [REDACTED] (DOB: [REDACTED]). Mrs. [REDACTED] stated she is a stay at home mom while Mr. [REDACTED] is a General Contractor for [REDACTED]. She stated neither [REDACTED] nor [REDACTED] attended daycare but [REDACTED] does attend the [REDACTED] Program twice a week. She provided the children's pediatrician as Dr. [REDACTED] at the [REDACTED]. CPSI [REDACTED] spoke with Mrs. [REDACTED] about [REDACTED] birth and medical history. She stated he weighed 9lbs 14oz at birth and at his eight week appointment he was weighing 13lbs 9oz. As for as his feeding, Mrs. [REDACTED] smiled and made the statement "oh he didn't miss any feedings". She states he went to the doctor for his two week check up and at the eight week check up he received his vaccinations. She also informed this worker he was hospitalized at a week and a half for high fever. She stated it was ruled as a virus with nothing further. According to Mrs. [REDACTED] they did have a cardiology appointment as well because [REDACTED] had a slight murmur. She states when they went to a follow up appointment the doctor heard it and wanted it checked out any although he could possibly outgrow it. Mrs. [REDACTED] states they seen the cardiologist and had a good report that everything was fine with his heart so no further appointments were set.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Mrs. [REDACTED] was spoken to about their day July 8, 2013. She stated it was a normal day where she heard [REDACTED] cry about 7am. She fixed him a bottle as she normally does. She stated as she pumped (breast feeding) he had a normal cry because he was always ready to eat. She states she finished pumping and he had gone back to sleep or rather was quiet. Mrs. [REDACTED] reported she listened to him on the monitor so she went on back to sleep too. About 10:30am she went into the room to check on him or get him up and he felt stiff to her. She then turned him over and realized he was stiff and his face was discolored. She immediately began to perform CPR because they had learned how from a Red Cross class. She stated as she performed CPR she called for law enforcement as well. CPSI [REDACTED] asked Mrs. [REDACTED] to recall exactly how she found him in his crib. She stated [REDACTED] face was down but his air wave was open. CPSI [REDACTED] also inquired about when [REDACTED] began sleeping on his stomach. Mrs. [REDACTED] stated it had been awhile. She stated as soon as they learned that he was mobile as far as moving his head left to right, up and down they began to let him sleep on his stomach.

Document:

- There are no current safety and risk concerns for the family
- CPSI [REDACTED] spoke with Mrs. [REDACTED] about him meeting age appropriate milestones with Mrs. [REDACTED] agreeing that he was. She stated he was mobile, smiled, cooing, holding himself up, sleeping through the night, etc. She states he slept in his own room and was on breast milk. As for medication, Mrs. [REDACTED] stated he was not on any medication. [REDACTED] or [REDACTED] are not in daycare; however [REDACTED] does attend the [REDACTED] Program twice a week.
- Mrs. [REDACTED] understood this worker has a job to do. She gave approval for this worker to obtain any records or reports needed to move the case forward. Mrs. [REDACTED] was informed about the investigation process and task needed to prepare the case for closure.
- CPSI [REDACTED] spoke with Mrs. [REDACTED] about anything this worker could provide, or set up, for the family such as grief counseling. Mrs. [REDACTED] denied the offer and stated she didn't feel it was needed right now. She stated if they ever feel the need for it they have their church, [REDACTED] Church, friends, medical professionals and a host of others as their support system that they can go to.

Mr. [REDACTED] was out working; therefore he was not present during this visit.

*Mrs. [REDACTED] identified their family (both maternal and paternal), [REDACTED] [REDACTED] and [REDACTED] [REDACTED] (work), [REDACTED], and their church as a support.

Section V: CPSI observed:

No photos were taken of the child since he was already deceased

- Interactions between Mrs. [REDACTED] and the alleged child victim, [REDACTED] was not observed due to the child passing away the previous day.
- CPSI [REDACTED] did not observe Mrs. [REDACTED] or [REDACTED] having slurred speech, developmental delays or handicaps. She was dressed appropriately for the warm weather in clothing that was not too big, dirty, etc.
- Interactions/observation between Mrs. [REDACTED] and [REDACTED] was appropriate with no concerns by this worker.
- The residence was clean with no hazards or concerns by this worker regarding cleanliness, organization, etc. The family had all working utilities (water, electricity). The outside of the residence was neatly landscaped.

*Section VI: Next Steps: CPSI [REDACTED] informed Mrs. [REDACTED] references would be contacted along with speaking with being in contact with law enforcement regarding autopsy reports. Mrs. [REDACTED] was also informed this worker would obtain any medical records needed. CPSI [REDACTED] spoke with Mrs. [REDACTED] about preparing the case for closure once these investigative task were complete if there was nothing else further. She was asked again to feel free to call on this worker if there are any questions or concerns in the future.



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: 07/09/2013

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/10/2013

Completed date: 07/10/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2013 04:46 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] family friend, regarding any concerns she has for the family. Mrs. [REDACTED] was asked how long she has known the family with her reported she has known [REDACTED] (Mrs. [REDACTED] for about 25 years. She reported she spent quite a bit of time at the residence. She has no concerns at all regarding the parents and their role as caretaker. She felt both Mr. and Mrs. [REDACTED] are excellent parents. She further stated they were always appropriate with the children. As for services or whether DCS could be of assistance for the family, Mrs. [REDACTED] felt there was nothing being that the family has an unbelievable support system. Mrs. [REDACTED] had nothing further as far as any questions or concerns for CPSI [REDACTED] therefore she was thanked for her time and input in the matter.



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: 07/09/2013

Contact Method: Phone Call

Contact Time: 12:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/10/2013

Completed date: 07/10/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2013 10:28 AM Entered By: [REDACTED]

CPSI [REDACTED] noted the referral reported the child died the previous day, 7/8/13. CPSI [REDACTED] [REDACTED] telephoned Lt. [REDACTED] [REDACTED] to gather more information pertaining to the report. Lt. [REDACTED] informed this worker the baby had been sent for an autopsy. He also stated the family had been spoken to the previous day with statements being taken. According to Lt. [REDACTED] there were no concerns noted or anything out of the ordinary and apologized for not contacting the agency (DCS) yesterday. He reported the case has been assigned to Inv. [REDACTED]. He also stated photos were taken. CPSI [REDACTED] thanked Lt. [REDACTED] for his time and input.



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: 07/09/2013

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/10/2013

Completed date: 07/10/2013

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: 07/10/2013 10:03 AM Entered By: [REDACTED]

VICTIM(S): [REDACTED] (2-months)

ALLEGATION(S): Neglect Death

ALLEGED PERP(S): [REDACTED] (birth mother)

INTAKE DATE: 7/9/13

DUE DATE: 7/11/13

On Monday, 7/8/13, law enforcement responded to the residence in reference to an 11 week old baby not breathing and CPR was in progress. Ms. [REDACTED] reported hearing the baby cry between the hours of 7 and 7:30am. She checked on the baby and he was going back to sleep laying on his stomach. When Ms. [REDACTED] went into his room around 10:30am to check on him she realized he was not breathing and started CPR. Ms. [REDACTED] states she did CPR for about 10 minutes until law enforcement arrived.

Notification Letter to Juvenile Court completed, placed in the file and carried to the designated individual by CPS Secretary

Notification Letter to Reporter completed

DCS history check completed with no history noted in TFACTS regarding the family.



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Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 7/9/13 11:09 AM Date of Assessment: 7/9/13 12:00 AM
 Assessment Type: Initial Closing Other Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): no services/interventions suggested at this time

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: _____