



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 08/30/2013 08:54 AM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 08/30/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 08/30/2013 09:59 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 08/30/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 08/30/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: No history located with the information provided

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: No

Indicated: No

Fatality: No

Screened out: No

History (not listed above): None located.



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

DUPLICATE REFERRAL: No

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

Reporters name/relationship: [REDACTED] DCS [REDACTED] TL

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

Reporter states:

[REDACTED] (2 months) is the child of [REDACTED] [REDACTED] (23 years old) and fathers name is Unknown at this time. The family resides together in [REDACTED]. This child is not currently in DCS Custody.

No special needs or disabilities are known, however, it is known that [REDACTED] was born at 35 weeks.

[REDACTED] Police Department has contacted the reporter with the following information: Sgt. [REDACTED] [REDACTED] is currently at [REDACTED] [REDACTED] General Hospital with the family.

[REDACTED] reported that she laid [REDACTED] down at 1:00AM on 08/30/2013 and when she went to check on him at 6:00AM on 08/30/2013 he was not breathing. 9-1-1 was immediately called. [REDACTED] has been pronounced deceased. At this time it is unknown what has caused the death of [REDACTED]. No physical trauma has been found on [REDACTED] at this time.

This is all the information the reporter has been given regarding this incident at this time.

Per SDM: Investigative Track / P1 - Child Death  
 [REDACTED] TC, on 8/30/13 @ 9:37am

Notified Child Death/Child Near Death Notification Group via Email:

[REDACTED]



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

**Participant(s)**

**Name:** [REDACTED]  
**Gender:** Male                      **Date of Birth:** [REDACTED]                      **Participant ID:** [REDACTED]  
**SSN:**                                      **Race:** Black/African                      **Age:** 0 Yrs  
**Address:** [REDACTED]  
**Deceased Date:**  
**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]  
**Gender:** Female                      **Date of Birth:** [REDACTED]                      **Participant ID:** [REDACTED]  
**SSN:**                                      **Race:**                                      **Age:** 23 Yrs  
**Address:**  
**Deceased Date:**  
**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED] Unknown

Gender: Date of Birth: Participant ID: [REDACTED]

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** Unknown Participant [REDACTED] Unknown

Gender: Date of Birth: 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: 08/30/2013

Assignment Date: 08/30/2013

Street Address:

City/State/Zip:

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	unknown, unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 09/17/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 09/17/2013

Team Leader: [REDACTED]

Date: 09/17/2013

**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:**

[REDACTED] (infant) was observed laying on the hospital bed with a tube coming from his mouth. He was covered up to his neck area with a sheet. The nurse came in to assist the mother in looking for the infant's hospital bracelet at which point the sheet was pulled back. CPSI [REDACTED] did not notice any marks or bruises on the child. He did have a protruding belly button. There were no concerns by this worker as far as his weight.

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

detailed medical records from birth and death enclosed in file

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

alleged perpetrator is unknown

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

[REDACTED] (mother) reported that she laid [REDACTED] down at 1am on 8/30/13 and when she went to check on him at 6am on 8/30/13 he was not breathing. 9-1-1 was dialed immediately. [REDACTED] has been pronounced



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

**Case Name :** [REDACTED]

**Investigation ID:** [REDACTED]

deceased. At this time it is unknown what has caused the death of [REDACTED] No physical trauma has been found on [REDACTED] at this time.

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

The mother reported feeding the baby at 10pm while the dad mentioned he fed him again about 1am. The family reported he had a slight cold/congestion and had made an appointment for [REDACTED] to see a doctor about it. The mother woke about 6am to check on the baby and found him unresponsive (not breathing). The family reported [REDACTED] was premature (born at 35 weeks); therefore he had to spend a few weeks in NICU. The case was presented to CPIT members. Sgt. [REDACTED] [REDACTED] informed the team the cause of death will be SIDS related as there was no trauma to the body or visible marks or bruises as reported by the medical examiner. The team agreed to classify the case as unfounded.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/26/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/26/2013

Completed date: 09/26/2013

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: 09/26/2013 11:00 AM      Entered By: [REDACTED]

Case is approve for closure at this time. There are no other CPS issues at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/23/2013 Contact Method:  
 Contact Time: 10:32 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/23/2013  
 Completed date: 09/23/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 10:33 AM Entered By: [REDACTED]

VICTIM(S): [REDACTED] (0 yrs)

ALLEGATION(S): Neglect Death

ALLEGED PERP(S): Unknown

CLASSIFICATION: Allegation Unfounded Perpetrator Unfounded

[REDACTED] (mother) reported that she laid [REDACTED] down at 1am on 8/30/13 and when she went to check on him at 6am on 8/30/13 he was not breathing. 9-1-1 was dialed immediately. [REDACTED] has been pronounced deceased. At this time it is unknown what has caused the death of [REDACTED]. No physical trauma has been found on [REDACTED] at this time.

The mother reported feeding the baby at 10pm while the dad mentioned he fed him again about 1am. The family reported he had a slight cold/congestion and had made an appointment for [REDACTED] to see a doctor about it. The mother woke about 6am to check on the baby and found him unresponsive (not breathing). The family reported [REDACTED] was premature (born at 35 weeks); therefore he had to spend a few weeks in NICU. The case was presented to CPIT members. Sgt. [REDACTED] [REDACTED] informed the team the cause of death will be SIDS related as there was no trauma to the body or visible marks or bruises as reported by the medical examiner. The team agreed to classify the case as unfounded.

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:	09/17/2013	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	09/23/2013
Completed date:	09/23/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/23/2013 10:30 AM      Entered By: [REDACTED]

A follow up was done at the residence of Ms. [REDACTED] where she was present with Mr. [REDACTED] and children, [REDACTED] and [REDACTED]. Both children were active during this visit with no concerns regarding their overall well being. Ms. [REDACTED] stated things are fine with the family. She stated she is still in school and will start working tomorrow as well. She stated she got a job in the office where she attends school, [REDACTED] College. Mr. [REDACTED] stated he was off today and reported the weather determines his off days. Ms. [REDACTED] stated the family is coping with the death of her baby. As previously addressed, this worker spoke with Ms. [REDACTED] and Mr. [REDACTED] again about grief counseling; however they both declined the offer. Ms. [REDACTED] states she has been utilizing family and friends. She stated she has a relative who has dealt with losing a child and can relate so she has been talking to her. She asked for another card for this worker and would stated she would not hesitate to call on this worker if there are any questions or concerns. Ms. [REDACTED] stated she has called as she was told to do regarding the autopsy but was informed the autopsy was not in and could take up to a year. Ms. [REDACTED] stated there is nothing the family needed at this time and thanked the worker for her offer. Again, Ms. [REDACTED] was asked to call on this worker if there are any questions. She was informed this worker would be preparing her case for closure but to feel free to call at any time. Ms. [REDACTED] agreed she would.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2013

Contact Method:

Contact Time: 11:42 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2013

Completed date: 09/17/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/17/2013 11:42 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: 09/16/2013

Contact Method: Face To Face

Contact Time: 11:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/17/2013

Completed date: 09/17/2013

Completed By: [REDACTED]

Purpose(s): 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: 09/17/2013 08:01 AM      Entered By: [REDACTED]

The following case was presented to CPIT members this day. An overview of investigative task were discussed such as records, home visits, interviews, etc. Sgt. [REDACTED] [REDACTED] informed the team the cause of death will be SIDS related as there was no trauma to the body or visible marks or bruises as reported by the medical examiner. The team agreed to classify the case as unfounded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2013

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2013

Completed date: 09/17/2013

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: 09/17/2013 07:58 AM      Entered By: [REDACTED]

CPSI [REDACTED] obtained medical records from [REDACTED] for [REDACTED] [REDACTED] Records have been placed in the file for further review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/10/2013

Contact Method:

Contact Time: 10:05 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/10/2013

Completed date: 09/10/2013

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: 09/10/2013 10:10 AM      Entered By: [REDACTED]

SSMS and background checks requested.

SSMS check clear for [REDACTED] [REDACTED] and [REDACTED]

[REDACTED] [REDACTED] and [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: 08/30/2013

Contact Method: Face To Face

Contact Time: 11:13 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 09/10/2013

Completed date: 09/10/2013

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: 09/10/2013 09:41 AM      Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] who stated [REDACTED] did have a little cold the days she kept him. She stated he never spit up anything that was out of the ordinary while in her care. She states she could hear the rattling, or congestion, in him. CPSI [REDACTED] inquired about the last time she kept him and she stated she had him yesterday while Ms. [REDACTED] was at school. CPSI [REDACTED] also inquired about his sleeping habits while in her care with Ms. [REDACTED] reporting he had not trouble with sleeping and kept to his normal sleeping pattern/schedule. She states while he was in her care he cried as usual, fed him and played with him and she normally does with no indication something was wrong or different about him.



**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: 08/30/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 09/10/2013

Completed date: 09/10/2013

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/10/2013 09:37 AM      Entered By: [REDACTED]

CPSI [REDACTED] arrived at the residence of Ms. [REDACTED] where the children were located. [REDACTED] and [REDACTED] were observed with no marks or bruises. They were both dressed appropriately for the hot temperatures this day. Due to [REDACTED] age she was nonverbal and unable to answer any questions this worker had. She sat in Ms. [REDACTED] lap quietly. As for [REDACTED] he sat near his mother but spoke to this worker with no hesitation. He provided his age as 5 and stated he attends [REDACTED] Elementary where his teacher is Ms. [REDACTED]. He stated he likes his teacher and has friends there as well. CPSI [REDACTED] inquired about his mode of transportation to and from school. He stated he is a car rider and doesn't ride the bus to or from school. He talked a little more about school and what he does when he is at home. He stated he sleeps in his own room and bed. He mentioned his baby brother sleeps in the room with his mother. There were no further questions for the children; therefore this worker spoke with Ms. [REDACTED] regarding the last few days she kept [REDACTED] and her observation of him.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/30/2013 Contact Method: Face To Face  
 Contact Time: 10:35 AM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 09/09/2013  
 Completed date: 09/09/2013 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/09/2013 03:43 PM Entered By: [REDACTED]

Home Visit

Child Protective Services Investigator [REDACTED] (CPSI) made a home visit to initiate the investigation.

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 forms and engaged the family during the paperwork process. The custodian signed the Client [REDACTED]'s 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.

CPSI [REDACTED] spoke with Ms. [REDACTED] about her prenatal history and [REDACTED] birth. She stated she received prenatal care at [REDACTED]. She mentioned she was high risk and had been diagnosed with preeclampsia with her first child; however it was even worse with [REDACTED]. She stated his birth weight was 3lbs 8oz but weighed 7lbs today. She stated she was having to take him to be weighed often due to being premature. She states while he was in ICU he was picking up weight. She recalled at discharge he was weighing 4lbs 12oz. Ms. [REDACTED] stated he was picking up weight and doing fine while in ICU with no other medical issues noted. Ms. [REDACTED] reported the use of [REDACTED] as [REDACTED]. She stated he had an appointment today at 11am due to the cold he had. She stated he also had an appointment today at the Health Department at 10:15am for his shots and WIC. Ms. [REDACTED] informed this worker he was on NeoSure (formula) so she hadn't gotten his WIC yet; therefore she was buying his milk with her food stamps. Ms. [REDACTED] stated the hospital had to fax his formula to the WIC office so that it could be covered.

CPSI [REDACTED] spoke with Ms. [REDACTED] about her bills and finances, reporting she is supposed to get child support but doesn't. She mentioned she was approved for SSI for [REDACTED] and got her first payment this month (\$710). She was on Families First but got off this month. As for rent, Ms. [REDACTED] stated she doesn't pay anything in rent and haven't had to pay for utilities either. She mentioned she is a student at JSCC and has a cousin, [REDACTED], that keeps her daughter. She was not for sure of the address but knew the residence for her cousin was off of [REDACTED]. She stated her son attends [REDACTED] but she didn't send him to school today. Ms. [REDACTED] is from [REDACTED] but states she moved to [REDACTED] about four years ago to be closer to school. Ms. [REDACTED] was spoken to about the



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

previous night which she stated she fed [REDACTED] last about 10pm. She states she went on to bed. According to Ms. [REDACTED] Mr. [REDACTED] reported [REDACTED] was hungry about 1am so he fed him again. She woke up about 6am and [REDACTED] wasn't breathing. Ms. [REDACTED] stated she started doing CPR and called 9-1-1. She states the hospital showed them how to do CPR before [REDACTED] was discharged from the hospital. Ms. [REDACTED] also mentioned there were some issues with her air prior to [REDACTED] discharge. She stated she let the hospital staff know her air was out and no one had come to fix it. She was advised to go back to the property manager who in turn stated they would get it fixed. Ms. [REDACTED] stated she didn't want [REDACTED] to come home without air but the hospital couldn't continue to keep him and the property manager said they would get it fixed. She stated they did not fix it immediately but eventually got it fixed. Ms. [REDACTED] wanted this worker to know there was a period of time when the air was out; therefore they had to use fans and other sources to cool the home/family. Shortly after speaking with Ms. [REDACTED] two females entered the residence and she stated one of them was her cousin, Ms. [REDACTED] ([REDACTED]). This worker introduced herself and informed Ms. [REDACTED] the other two children needed to be seen. She provided her address as [REDACTED] and lead this worker to her residence.



**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:	08/30/2013	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	09/09/2013
Completed date:	09/09/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/09/2013 12:24 PM Entered By: [REDACTED]

Interview with the father, [REDACTED] took place upstairs in the parents bedroom alone while the mother spoke with Sgt. [REDACTED] downstairs.

He provided the names of the children as [REDACTED] (6/6/13), [REDACTED] (7/27/12) and [REDACTED] (10/8/07). Mr. [REDACTED] stated he is the father of [REDACTED] and they weren't sure about the paternity for [REDACTED]. He provided [REDACTED] father name as [REDACTED]; however he [REDACTED] has never met him. CPSI [REDACTED] asked Mr. [REDACTED] to recall the events from the previous night. Mr. [REDACTED] stated [REDACTED] usually sleeps in his seat in their room because Ms. [REDACTED] didn't like for him to sleep in the bed with them. He also stated Ms. [REDACTED] felt more comfortable with [REDACTED] in the room with them. According to Mr. [REDACTED] [REDACTED] was coughing and wheezing last night so he put him in the bed with them. He first laid [REDACTED] on his stomach and patted his back because he was feeling bad and coughing a lot. Mr. [REDACTED] recalled [REDACTED] coughing up milk and phlegm on him. He stated [REDACTED] was alright afterwards because he was not wheezing anymore. Mr. [REDACTED] mentioned [REDACTED] was born premature (at 35 weeks); therefore he stayed in the hospital almost two weeks. Mr. [REDACTED] went back to the previous night stating after [REDACTED] spit up on him he put him back in his seat. He stated [REDACTED] started back coughing again so put him in the bed with them. CPSI [REDACTED] inquired about the position as to how he laid [REDACTED] in the bed with them. Mr. [REDACTED] states he laid [REDACTED] on his back on a pillow and swaddled him with a blanket (covering him up to his chest area). Mr. [REDACTED] states she doesn't live at the residence but does stay over when he has to keep the children. He stated he stayed over last night because he was supposed to watch [REDACTED] since Ms. [REDACTED] had class (at [REDACTED]). Mr. [REDACTED] stated he normally stays with his brother, [REDACTED] because that's his transportation back and forth to work. He stated he is employed at [REDACTED]. He mentioned they just got a car a couple of days ago but Ms. [REDACTED] has to use it more than him. Mr. [REDACTED] mentioned Ms. [REDACTED] had made a doctor's appointment for today.

As for the next day, Mr. [REDACTED] stated Ms. [REDACTED] woke him up saying [REDACTED] wasn't breathing. He recalled the way they were lying in bed by stating Ms. [REDACTED] was near the wall and he was on the end of the bed. He stated [REDACTED] must've scooted some because he was snuggled under him (his back) but [REDACTED] was still on his back. CPSI [REDACTED] noticed the fan blowing in the room and inquired about it blowing on them. He stated the fan was pushed back a little more so it wouldn't blow on [REDACTED] therefore it was blowing on him. Mr. [REDACTED] also mentioned that Ms. [REDACTED] cousin, [REDACTED] kept [REDACTED] Wednesday but he came back home that night. He states she kept him again on Thursday because he had to work and Ms. [REDACTED] had to go to school. Mr. [REDACTED] gave this worker a tour of the three bedrooms upstairs. There was a play pen observed in a spare bedroom which he stated the rails would not stay up so Ms. [REDACTED] did not want



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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[REDACTED] sleeping in it. After speaking with Mr. [REDACTED] CPSI [REDACTED] joined Ms. [REDACTED] downstairs to speak with her after providing a statement to Sgt. [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: 08/30/2013

Contact Method: Face To Face

Contact Time: 09:18 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/09/2013

Completed date: 09/09/2013

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face, Collateral Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/09/2013 11:46 AM Entered By: [REDACTED]

CPSI [REDACTED] arrived at [REDACTED] General Hospital where she was met by Sgt. [REDACTED] Sgt. [REDACTED] briefed this worker on the matter stating the mother last fed the baby about ten something last night. She reported he drank about two ounces. His daddy later fed him about one that morning and he drank about half the bottle. According to Sgt. [REDACTED] the mother states she checked on him about six that morning and he was not breathing. Sgt. [REDACTED] stated there were no marks or anything observed on the infant. Sgt. [REDACTED] stated the daddy had been at the hospital earlier and was pretty tore up (emotional). Sgt. [REDACTED] also stated she took pictures and will get this worker a copy. After speaking in the hallway with Sgt. [REDACTED] she was escorted to the room where the mother and baby were located.

Sgt. [REDACTED] introduced this worker to the mother, [REDACTED] (4/3/90). Ms. [REDACTED] was observed sitting on the bed with the baby. [REDACTED] (infant) was observed laying on the hospital bed with a tube coming from his mouth. He was covered up to his neck area with a sheet. The nurse came in to assist the mother in looking for the infant's hospital bracelet at which point the sheet was pulled back. CPSI [REDACTED] did not notice any marks or bruises on the child. He did have a protruding belly button. There were no concerns by this worker as far as his weight. After observing the infant, CPSI [REDACTED] met with Sgt. [REDACTED] and Ms. [REDACTED] in the hall area where she (Ms. [REDACTED]) was informed they would meet her at the family's residence for further observation.



**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: 08/30/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/06/2013

Completed date: 09/06/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/06/2013 11:43 AM Entered By: [REDACTED]

VICTIM(S): [REDACTED] (0 yrs)

ALLEGATION(S): Neglect Death

ALLEGED PERP(S): Unknown

INTAKE DATE: 8/31/13

DUE DATE: 8/31/13

[REDACTED] (mother) reported that she laid [REDACTED] down at 1am on 8/30/13 and when she went to check on him at 6am on 8/30/13 he was not breathing. 9-1-1 was dialed immediately. [REDACTED] has been pronounced deceased. At this time it is unknown what has caused the death of [REDACTED]. No physical trauma has been found on [REDACTED] at this time.

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 for the family.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/03/2013 Contact Method: Phone Call  
 Contact Time: 08:11 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/10/2013  
 Completed date: 09/10/2013 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: 09/10/2013 09:45 AM Entered By: [REDACTED]

CPSI [REDACTED] received a call from Sgt. [REDACTED] stating she received a phone call from the medical coroner/examiners office reporting there were no bruises, no damage, and no signs of trauma to the child anywhere such as his organs and so forth. They stated overall he was a healthy child; therefore the matter is going to be SIDS related or undetermined cause of death. Sgt. [REDACTED] stated the medical examiner reported they had some blood work being done as well but so forth there was no concerns as far as abuse or neglect as the factor in the infants death.



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 8/30/13 8:54 AM

Date of Assessment: 8/30/13 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: 8/30/13 8:54 AM

Date of Assessment: 9/17/13 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

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  - Drug-affected infant/child.
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## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

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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:

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6. Have the non-offending caretaker move to a safe environment with the child.
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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.

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**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_