



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2013.094

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/05/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	11/05/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████			Relationship to Victim:	Parents	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

Describe (in detail) circumstances surrounding death/near death:

The department received a referral on neglect death of ██████████. According to the referral, ██████████ and ██████████ told the police that they woke up this morning and found ██████████ cold and not breathing. The last time the parents saw the child alive was around 1am. The child was not having any problems at that time according to the reporter. The parents just checked on him at 1am, they did not feed him; he was sleeping at that time. The parents called the fire department who called the police department. The child was sleeping on a twin size mattress on the floor. ██████████ was sleeping on the mattress with the baby. ██████████ was sleeping in a crib in the same room. The brother, ██████████ was on his side of the mattress, the reporter does not think that ██████████ rolled over on the baby. There are two other children in the home, ██████████ and ██████████ who are too young to be interviewed at this time. The reporter does not know what the current condition of the home environment is. The reporter did not notice any hazards that could result in injury or death.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	██████████	Telephone #	() -
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

Child Protective Services Investigator ██████████ made face to face contact with the parents, ██████████ and ██████████ at their home address at ██████████. The home is a 3 bedroom, 1 bath home with living room and kitchen. The home was assessed for safety and there were no visible safety concerns. The mother and father, ██████████ and ██████████ were interviewed and both stated they went to bed around 1 AM and the mother picked ██████████ up and gave him a kiss on the forehead. She then laid him back down, and according to ██████████, the father, once he was ready for bed, he gave ██████████ a kiss on the jaw, and he squirmed, but didn't wake up. Mr. ██████████ and Ms. ██████████ stated they went to bed after checking on the children. Around 7AM that following morning, the parents got up and Mr. ██████████ stated he was headed out of the room to use the restroom, and Ms. ██████████ stated she picked ██████████ up to change his diaper and give him a bottle. She stated at the time, she recognized he was cold, and she was talking to him telling him she should have put a blanket on him, but she wasn't looking in his face. She stated after she went to lay him on the bed to change his diaper, she noticed he looked pale and that his lip was swollen. She stated she started yelling to the father, that he wasn't breathing and that he was cold. She stated by this time, the father ██████████ was running in the room, and they tried CPR on the bed, but a friend that was in the home ██████████ is familiar with CPR and told them to lay him on the floor. The brother of the father, ██████████ and ██████████ both stated they were all trying to help, and ██████████ dialed the number for 911 emergency and gave the phone to the mother ██████████. The mother stated the baby was still not responding, so while talking to the 911 operator, she was told it would be at least 30 minutes before paramedics could arrive. Ms. ██████████ and Mr. ██████████ stated they jumped in their vehicle (a ██████████ - No tags) and proceeded to the hospital themselves, but was met down the street by paramedics. Ms. ██████████ stated they handed the baby to the paramedics, but were not able to ride in the ambulance with the baby, so they trailed in their personal vehicle.

Ms. ██████████ stated upon arrival at the hospital, they were greeted by an unknown medical staff that disclosed that ██████████

expired upon arrival to the hospital. Ms. [redacted] and Mr. [redacted] stated they were interviewed by law enforcement and also the medical examiner ([redacted] @ [redacted]) spoke with them and gave them a business card if they had any questions. Investigator [redacted] interviewed everyone in the home about their account of what transpired. [redacted] DOB: [redacted], stated he was asleep in his bedroom with his girlfriend [redacted] DOB: [redacted] when they heard screaming. He stated he and his girlfriend jumped up because [redacted] was already screaming [redacted] name because they knew she knows CPR and works in the medical field. [redacted] stated [redacted] tried to revive the baby but was unsuccessful. He stated he was dialing 911 with his phone as this was happening and everyone was trying to revive the baby. [redacted] DOB: [redacted] was interviewed and stated he woke up to everyone talking loud and he came in the room to help but he was just looking and waiting on the ambulance to arrive. [redacted] was interviewed the following day because she was not available. [redacted] DOB: [redacted] stated she was asleep in the room with her boyfriend [redacted] when she heard [redacted] and [redacted] coming to the back and yelling her name. She stated she jumped up and was being met with [redacted]. She stated the mother was trying to perform CPR but was doing it wrong, so she tried to revive the baby, but was unsuccessful. She stated her boyfriend [redacted] was calling 911 and [redacted] was talking to them on the phone, but [redacted] still not breathing. [redacted] stated she stayed at the house, while the mother and father rushed to their vehicle to transport the baby to the hospital because the ambulance was taking too long.

[redacted] and [redacted] stayed home while the parents went to the hospital. The mother disclosed that [redacted] had a hernia removed on 10/29/2013 and was recovering but not taking any medication. The surgery was performed at [redacted] Hospital at [redacted]. The mother and father described the sleeping arrangement and stated [redacted] (2) slept at one end of a twin size bed, and [redacted] slept at the other end, with pillows around him, because he could not really move and was not crawling at the time. The mother stated [redacted] (1) sleeps in the crib because she is busy and can move around, so they keep her secure so she can't fall or get out of the bed and they not know it. The pillows where the baby sleeps were still on the bed during the interview with the parents. It did not appear that [redacted] rolled over on the baby, because according to the parents, [redacted] was still at his end of the bed, and [redacted] was still lying where they laid him around 1AM the morning of the incident.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

N/A

Describe disposition of body (Death):	Body was not observed by CPSI [redacted]		
Name of Medical Examiner/Coroner:	[redacted]	Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Type:		Case #:	

Describe law enforcement or court involvement, if applicable:

N/A

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

Investigator [redacted] assessed the home for safety and observed [redacted] DOB: [redacted] and his sister [redacted] DOB: [redacted]. The children appeared healthy and had no visible marks or bruises. The home was child proofed and the mother has a gate in the doorway so the children are not allowed in the kitchen area. The home was very clean and had food and supplies for the family. There was formula and diapers observed and clothes for the children. The home had working utilities, but a fire extinguisher was not observed. The family has a double hot plate that they cook on for now, because they can't afford a stove at this time, after just purchasing a refrigerator. This was addressed with the family, and they are making arrangements to purchase a stove when finances permit. The parents seem very concerned and involved and the parents share a home with the father's siblings. The home is a 3 bedroom, 1 bath home that is owned by the father's mother. There is income sufficient to care for their needs according to the detailed list of their expenses. The family has a strong support system from family and friends, and has stated they will ask for help when needed.

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/20/2013	Case #	2013-094
Name:	██████████	Age:	1 year				
Name:	██████████	Age:	2 years				
Name:		Age:					
Name:		Age:					
Name:		Age:					
Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):							
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:			
Contact Person/Phone Number(s) (include CM, TL, and TC):							
Contact Person:	██████████	Telephone Number:	██████████				
Case Manager:	██████████	Telephone Number:	██████████				
Team Leader:	██████████	Telephone Number:	██████████				
Team Coordinator:	██████████	Telephone Number:	██████████				
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.						<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>Email to: Child-Fatality-Notification EI-DCS within forty-eight (48) hours of notification Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</p>							



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 11/05/2013 08:56 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 11/05/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 11/05/2013 05:42 PM
 First Team Leader Assigned: [REDACTED] Date/Time 11/05/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 11/05/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	10 Mos	Neglect Death	Yes	[REDACTED]	Birth Father
[REDACTED]	10 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

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 History:
 Family Case Id: N/A
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - None
 Indicated None
 Fatality None
 Screened out Yes (1 - # [REDACTED])
 History (not listed above): None



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

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

Reporters name/relationship: [REDACTED]

Reporter states:

[REDACTED] (4 months) was living with his mother [REDACTED] father [REDACTED] brother [REDACTED] (2) and sister [REDACTED] (1).

[REDACTED] and [REDACTED] told the police that they woke up this morning and found [REDACTED] cold and not breathing. The last time the parents saw the child alive was around 1am. The child was not having any problems at that time according to the reporter. The parents just checked on him at 1am, they did not feed him; he was sleeping at that time. The parents called the fire department who called the police department. The child was sleeping on a twin size mattress on the floor. [REDACTED] was sleeping on the mattress with the baby. [REDACTED] was sleeping in a crib in the same room. The reporter does not know why [REDACTED] would be in the crib and the baby on the mattress. [REDACTED] was on his side of the mattress, the reporter does not think that [REDACTED] rolled over on the baby. The reporter is sure an autopsy will be done. The reporter does not know if there would be anyone to care for the other children should the parents be perpetrators. The other children have not been interviewed at this time. The reporter does not know what the current condition of the home environment is. The reporter was not in the home long enough to notice the home environment. The reporter did not notice any hazards that could result in injury or death. The reporter does not know if this family has had any other children who have died or suffered serious injury. The reporter does not know if the parents have any history with the police. The reporter has never been in the home before today.

This is all the information that the referent had to report at this time.

Per SDM: Investigative Track: P1 - CHILD DEATH
[REDACTED], TC, on 11/5/13 @ 10:34am

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: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 25 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: Race: Age: 26 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
Tennessee Child Abuse Hotline Summary

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 10 Mos

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: 1 Yr 7 Mos

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: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 8 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 11/05/2013

Assignment Date: 11/05/2013

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]
		[REDACTED]			[REDACTED]			01/23/2014
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			01/23/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The allegations of Neglect Death is unsubstantiated against the mother and father. An Autopsy report revealed the child dies from unexplained sudden infant death

D. Case Workers

Case Worker: [REDACTED]

Date: 01/23/2014

Team Leader: [REDACTED]

Date: 01/23/2014

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:

CPSI II, [REDACTED] and CPSI III [REDACTED] arrived to the home and assessed the home but did not observe the Alleged child victim [REDACTED] in the home, as the department arrived to the home, where the child was already pronounced dead. There was no face to face completed with [REDACTED]. However a face to face with the siblings was completed and the home was assessed and there were no immediate observations of safety concern. The mother and father and all adult parties in the home will be interviewed.

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 Autopsy report named the cause of death as Sudden unexplained infant death



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

Case Name : ██████████

Investigation ID: ██████████

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

██████████ and ██████████ were interviewed and both stated they went to bed around 1 AM and the mother picked ██████████ up and gave him a kiss on the forehead. She then laid him back down, and according to ██████████ the father, once he was ready for bed, he gave ██████████ a kiss on the jaw, and he squirmed, but didn't wake up. Mr. ██████████ and Ms. ██████████ stated they went to bed after checking on the children and around 7AM that following morning, the parents got up. Mr. ██████████ stated he was headed out of the room to use the restroom, and Ms. ██████████ stated she picked ██████████ III up to change his diaper and give him a bottle. She stated at the time, she recognized he was cold, and she was talking to him telling him she should have put a blanket on him, but she wasn't looking in his face. She stated after she went to lay him on the bed to change his diaper, she noticed he looked pale and that his lip was swollen. She stated she started yelling to the father, that he wasn't breathing and that he was cold. She stated by this time, the father ██████████ was running in the room, and they tried CPR on the bed, but a friend that was in the home ██████████ is familiar with CPR and told them to lay him on the floor.

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

Investigator ██████████ interviewed everyone in the home about their account of what transpired. ██████████, DOB ██████████, stated he was asleep in his bedroom with his girlfriend ██████████ DOB: ██████████ when they heard screaming. He stated he and his girlfriend jumped up because ██████████ was already screaming ██████████ name because they knew she knows CPR and works in the medical field. ██████████ stated ██████████ tried to revive the baby but was unsuccessful. He stated he was dialing 911 with his phone as this was happening and everyone was trying to revive the baby.

██████████ DOB: ██████████ was interviewed and stated he woke up to everyone talking loud and he came in the room to help but he was just looking and waiting on the ambulance to arrive.

██████████ was interviewed the following day because she was not available. ██████████ DOB: ██████████ stated she was asleep in the room with her boyfriend ██████████ when she heard ██████████ and ██████████ coming to the back and yelling her name. She stated she jumped up and was being met with ██████████ She stated the mother was trying to perform CPR but was doing it wrong, so she tried to revive the baby, but was unsuccessful. She stated her boyfriend ██████████ was calling 911 and ██████████ was talking to them on the phone, but ██████████ still not breathing. ██████████ stated she stayed at the house, while the mother and father rushed to their vehicle to transport the baby to the hospital because the ambulance was taking too long. ██████████ ██████████ and ██████████ stayed home while the parents went to the hospital.

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

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child.

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: 02/06/2014

Contact Method:

Contact Time: 05:29 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/06/2014

Completed date: 02/06/2014

Completed By: [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: 02/06/2014 05:31 PM Entered By: [REDACTED]

This LI reviewed the case of [REDACTED] submitted by investigator, [REDACTED]. This case was received with the allegation of child neglect death. [REDACTED] was found unresponsive in his family home and was later pronounced dead. An autopsy report was completed and determined the child died of natural causes. There are other children in the home but there was no safety concerns as the mother and father are being protective of the other children. Services were offered to the family, in which they refused. This case has been investigated and classified as Allegation unsubstantiated Perpetrator unsubstantiated. There were no additional safety concerns documented by the investigator. This case has been presented to CPIT and stamped handle as appropriate. This case has been reviewed and approved for closure.



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:	01/23/2014	Contact Method:	
Contact Time:	08:15 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/23/2014 08:18 AM Entered By: [REDACTED]

DEATH/NEAR DEATH:

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child.

The Autopsy report determined the child died from unexplained sudden infant death



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:	01/08/2014	Contact Method:	Face To Face
Contact Time:	12:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/08/2014
Completed date:	01/08/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Well Being		
Contact Type(s):	ACV Interview/Observation, Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2014 01:50 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with the mother on today's date and asked to make a face to face. CPSI went by the home to see the other children and they were doing well. The children were dressed appropriate and appeared to be doing good. They did not look malnourished and the mother stated they are well fed and she and the father does their best with the children. The father was not home and working on this day. The home was clean and there was food in the refrigerator and cabinets. The brother, [REDACTED] was home and stated he was waiting to report to work. There were no safety concerns. The mother was asked about her mental state and if she would consider counseling. She stated that right now she was doing good and if the offer still stands later, she may consider, but right now they are doing well, and they have accepted what happened, and trying to move on and take care of the other two children. The mother stated she would consider counseling in the future. CPSI [REDACTED] also learned from the mother that the medical examiners report was complete, and she was waiting on the father so that they could go and obtain a copy. CPSI completed the home study and everything appears to be going well. Ms. [REDACTED] spoke about the support from the families and stated everyone has been so nice to them and supportive. This was the end of the interview, and the home was safe, had working utilities and there was food for the family and children.

CPSI [REDACTED] contacted the Medical examiners office @ [REDACTED] and spoke with [REDACTED] who stated the report was complete and she could mail a copy to [REDACTED], Attn: [REDACTED]-DCS. CPSI [REDACTED] faxed a copy letter head to the medical examiners office at [REDACTED] requesting these records. [REDACTED] received report and will mail by 1/9/2014



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:	12/26/2013	Contact Method:	Face To Face
Contact Time:	01:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/30/2013
Completed date:	12/30/2013	Completed By:	[REDACTED]
Purpose(s):	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: 12/30/2013 12:53 PM Entered By: [REDACTED]

CPSI [REDACTED] made a face to face visit to the home of the [REDACTED] family. The mother and father were both home with the children. CPSI [REDACTED] asked about the family and their well being and according to the mother they are all doing well. Both parents are working now, and they are doing good. They stated they miss the baby, but they know he is in a better place. CPSI [REDACTED] mentioned grief counseling to the family, and they stated that they didn't think they needed the counseling, as they are doing well. They stated they love their son, but they understand that it was his time to go. The father stated he has grieved a little more, because that was his only son, but they have already started trying for another child. Mr. [REDACTED] stated he is not sad all the time, its just certain days when he think about holding his baby boy. The family's home was clean. The children were appropriate and there were no safety concerns. CPSI [REDACTED] assessed the home, and there was a cord that CPSI [REDACTED] asked them to move, for the safety of the children, and the cord has been moved and there were no other concerns. The home had food and the home was clean. The children were dressed appropriate for the weather. CPSI left contact information for the family if they decided they wanted to take advantage of the grief counseling



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:	11/13/2013	Contact Method:	Face To Face
Contact Time:	11:45 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/13/2013
Completed date:	11/13/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/13/2013 03:06 PM Entered By: [REDACTED]

CPSI [REDACTED] made an unexpected face to face visit with the [REDACTED] family at their home. The mother [REDACTED] was not home, but Mr. [REDACTED] was home with his daughter [REDACTED] and her brother [REDACTED]. Mr. [REDACTED] stated the viewing for [REDACTED] was on Tuesday 11/12/2013 @ [REDACTED] Funeral Home, and the services were held at [REDACTED]. The family stated they are coping and just awaiting the autopsy results. The children appeared to be doing well.

Observation: Mr. [REDACTED] was holding [REDACTED] in his arms and [REDACTED] was running around in the livingroom playing. Mr. [REDACTED] stated he was off work on today and was keeping the children, while the mother took care of some business. The home was clean with no safety hazards observed. CPSI [REDACTED] advised the family to move a cord that was hanging down in the kitchen during the initial visit, and on today's date, the family had corrected the issue, and the cord was up high on the wall, hanging by a hook. This was a safety hazard, if the children were to be exposed in the kitchen. The family has a gate up to the doorway from the kitchen to the livingroom, and stated [REDACTED] or [REDACTED] are not allowed in the kitchen, for safety.



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: 11/06/2013

Contact Method:

Contact Time: 12:15 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/06/2013

Completed date: 11/06/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/06/2013 12:15 PM Entered By: [REDACTED]

CPS form CS-0635/ Tennessee Department of Children services Child Death/Near Death form was completed by CPSI [REDACTED] on 11/6/2013 @ 10:30AM and forwarded copy to Lead Investigator [REDACTED] @ 11:51AM on 11/5/2013.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/05/2013

Contact Method:

Contact Time: 04:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/06/2013

Completed date: 11/06/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/06/2013 11:38 AM Entered By: [REDACTED]

CPSI [REDACTED], investigator II, received a neglect death case on [REDACTED] on November 5, 2013 @ 12:00PM. The case was staffed with Lead Investigator [REDACTED] and TC [REDACTED] about the severity of a death allegation being assigned to Investigator II, [REDACTED]. The case was staffed and both supervisors advised to make response time with the family and interview everyone involved and in the home during the time of this incident. CPSI [REDACTED] contacted the parents and made arrangements to interview everyone in the home by 2:00PM on 11/5/2013.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/05/2013

Contact Method:

Contact Time: 03:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/06/2013

Completed date: 11/06/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/06/2013 12:12 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with medical examiner [REDACTED] @ [REDACTED] stating the autopsy wouldn't be ready for weeks, unless it was not natural cause. CPSI [REDACTED] left contact information with Ms. [REDACTED] to inquire about the [REDACTED] Case

CPSI [REDACTED] also spoke with medical Social Worker at [REDACTED] [REDACTED] @ [REDACTED] (Pager) inquiring if there was a medical consultation. Ms. [REDACTED] has agreed to fax/scan medical information when the doctor has signed and released all paperwork. Contact information was given to the social worker



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: 11/05/2013 Contact Method: Face To Face
 Contact Time: 03:45 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/06/2013
 Completed date: 11/06/2013 Completed By: [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: 11/06/2013 12:19 PM Entered By: [REDACTED]

CPSI [REDACTED] staffed the case of [REDACTED], neglect Death with TC [REDACTED], Lead Investigators [REDACTED] and [REDACTED] on 11/5/2013 @ or about 3:30-3:45PM in [REDACTED] DCS office



**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:	11/05/2013	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/06/2013
Completed date:	11/06/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/06/2013 12:08 PM Entered By: [REDACTED]

Household Composition:

[REDACTED] : DOB: [REDACTED]
[REDACTED] : DOB: [REDACTED]
[REDACTED] : DOB: [REDACTED]
[REDACTED] : DOB: [REDACTED]
[REDACTED] : DOB: [REDACTED]

Household Income:

[REDACTED] : Employment: [REDACTED]
[REDACTED] : Wal-Mart/Food Stamps \$200 monthly (5th of month)
[REDACTED] : Unemployed/Food Stamps \$200 monthly (19th of month)
[REDACTED] : Family First-\$142mo
[REDACTED] : Food Stamps: \$492 Mo (12th of month)
[REDACTED] : SSI [REDACTED]) \$710 monthly

Family Doctor for children: [REDACTED] / [REDACTED] / TN Care

The mother, [REDACTED] pays the rent on the home monthly, \$475.00



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:	11/05/2013	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/06/2013
Completed date:	11/06/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/06/2013 11:54 AM Entered By: [REDACTED]

Opening case Summary: Neglect Death

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child.

CPSI [REDACTED] made response time with the family at [REDACTED]. The mother [REDACTED], father, [REDACTED] the brothers [REDACTED] and [REDACTED] and the brother's girlfriend [REDACTED] were all interviewed about what happened before [REDACTED] was pronounced dead.

Observation of Home: Investigator [REDACTED] assessed the home for safety and observed [REDACTED] DOB: [REDACTED] and his sister [REDACTED] DOB: [REDACTED]. The children appeared healthy and had no visible marks or bruises. The home was child proofed and the mother has a gate in the doorway so the children are not allowed in the kitchen area. The home was very clean and had food and supplies for the family. There was formula and diapers observed and clothes for the children. The home had working utilities, but a fire extinguisher was not observed. The family has a double hot plate that they cook on for now, because they can't afford a stove at this time, after just purchasing a refrigerator. This was addressed with the family, and they are making arrangements to purchase a stove when finances permit. The parents seem very concerned and involved and the parents share a home with the father's siblings. The home is a 3 bedroom 1 bath home that is owned by the father's mother. There is income sufficient to care for their needs according to the detailed list of their expenses. The family has a strong support system from family and friends, and has stated they will ask for help when needed.



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: 11/05/2013	Contact Method: Face To Face
Contact Time: 02:00 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 11/06/2013
Completed date: 11/06/2013	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Alleged Perpetrator Interview, Other Child Living in the Home Interview/Observation, Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/06/2013 12:00 PM Entered By: [REDACTED]

Documentation of Contact: Face to Face

Child Protective Services Investigator [REDACTED] made face to face contact with the parents, [REDACTED] and [REDACTED] at their home address at [REDACTED]. The home is a 3 bedroom 1 bath home with livingroom and kitchen. The home was assessed for safety and there were no visible safety concerns.

The mother and father, [REDACTED] and [REDACTED] were interviewed and both stated they went to bed around 1 AM and the mother picked [REDACTED] up and gave him a kiss on the forehead. She then laid him back down, and according to [REDACTED] II, the father, once he was ready for bed, he gave [REDACTED] a kiss on the jaw, and he squirmed, but didn't wake up. Mr. [REDACTED] and Ms. [REDACTED] stated they went to bed after checking on the children and around 7AM that following morning, the parents got up. Mr. [REDACTED] stated he was headed out of the room to use the restroom, and Ms. [REDACTED] stated she picked [REDACTED] up to change his diaper and give him a bottle. She stated at the time, she recognized he was cold, and she was talking to him telling him she should have put a blanket on him, but she wasn't looking in his face. She stated after she went to lay him on the bed to change his diaper, she noticed he looked pale and that his top lip was swollen. She stated she started yelling to the father, that he wasn't breathing and that he was cold. She stated by this time, the father [REDACTED] was running in the room, and they tried CPR on the bed, but a friend that was in the home [REDACTED] is familiar with CPR and told them to lay him on the floor.

The brother of the father, [REDACTED] and [REDACTED] both stated they were all trying to help, and [REDACTED] dialed the number for 911 emergency and gave the phone to the mother [REDACTED]. The mother stated the baby was still not responding, so while talking to the 911 operator, she was told it would be atleast 30 minutes before paramedics could arrive. Ms. [REDACTED] and Mr. [REDACTED] stated they jumped in their vehicle (a [REDACTED]) and proceeded to the hospital themselves, but was met down the street by paramedics. Ms. [REDACTED] stated they handed the baby to the paramedics, but were not able to ride in the ambulance with the baby, so they trailed in their personal vehicle. Ms. [REDACTED] stated upon arrival at the hospital, they were greeted by an unknown medical staff that disclosed that [REDACTED] expired upon arrival to the hospital. Ms. [REDACTED] and Mr. [REDACTED] stated they were interviewed by law enforcement and also the medical examiner [REDACTED] @ [REDACTED] spoke with them and gave them a business card if they had any questions.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Investigator [REDACTED] interviewed everyone in the home about their account of what transpired. [REDACTED] DOB [REDACTED] stated he was asleep in his bedroom with his girlfriend [REDACTED] DOB [REDACTED] when they heard screaming. He stated he and his girlfriend jumped up because [REDACTED] was already screaming [REDACTED] name because they knew she knows CPR and works in the medical field. [REDACTED] stated [REDACTED] tried to revive the baby but was unsuccessful. He stated he was dialing 911 with his phone as this was happening and everyone was trying to revive the baby.

[REDACTED] DOB: [REDACTED] was interviewed and stated he woke up to everyone talking loud and he came in the room to help but he was just looking and waiting on the ambulance to arrive.

[REDACTED] was interviewed the following day because she was not available. [REDACTED] DOB [REDACTED] stated she was asleep in the room with her boyfriend [REDACTED] when she heard [REDACTED] and [REDACTED] coming to the back and yelling her name. She stated she jumped up and was being met with [REDACTED]. She stated the mother was trying to perform CPR but was doing it wrong, so she tried to revive the baby, but was unsuccessful. She stated her boyfriend [REDACTED] was calling 911 and [REDACTED] was talking to them on the phone, but [REDACTED] was still not breathing. [REDACTED] stated she stayed at the house, while the mother and father rushed to their vehicle to transport the baby to the hospital because the ambulance was taking too long. [REDACTED] stayed home while the parents went to the hospital.

The mother disclosed that [REDACTED] had a hernia removed on 10/29/2013 and was recovering but not taking any medication. The surgery was performed at [REDACTED] Hospital @ [REDACTED]. The mother and father described the sleeping arrangement and stated [REDACTED] (2) slept at one end of a twin size bed, and [REDACTED] slept at the other end, with pillows around him, because he could not really move and was not crawling at the time. The mother stated [REDACTED] (1) sleeps in the crib because she is busy and can move around, so they keep her secure so she can't fall or get out of the bed and they not know it. The pillows where the baby sleeps were still on the bed during the interview with the parents. It did not appear that [REDACTED] rolled over on the baby, because according to the parents, [REDACTED] was still at his end of the bed, and [REDACTED] was still lying where they laid him around 1AM the morning of the incident.

Narrative Type: Addendum 1 Entry Date/Time: 11/06/2013 12:50 PM Entered By: [REDACTED]

NOTE: The mother stated she had given [REDACTED] a bottle about 10PM the night before, and he was asleep. She stated she picked him up just to kiss him about 1AM, but didn't say she fed him again. She stated the next time she had contact with her son, was at 7AM on Monday Morning the 5th of November. [REDACTED] drinks GoodStart Formula



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: 11/05/2013

Contact Method: Attempted Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/06/2013

Completed date: 11/06/2013

Completed By: [REDACTED]

Purpose(s): Permanency, Well Being

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/06/2013 12:21 PM Entered By: [REDACTED]

CPSI II, [REDACTED] did not observe the Alleged child victim [REDACTED] in the home, as the department arrived to the home, where the child was already pronounced dead. There was no face to face completed

Narrative Type: Addendum 1 Entry Date/Time: 01/23/2014 08:29 AM Entered By: [REDACTED]

During the initial assessment, the safety assessment was conditionally safe because One or more immediate harm factors are present, and one or more protecting interventions have been planned or taken. Based on protecting interventions, no protective custody action was necessary.



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: 11/05/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/05/2013

Completed date: 11/05/2013

Completed By: [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: 11/05/2013 05:45 PM Entered By: [REDACTED]

On November 5, 2013 at 8:56 a.m. a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] @ 10:34 a.m. C.S.T. with the allegations of Neglect Death. The alleged victim is [REDACTED]. The alleged perpetrator is [REDACTED] (father) and [REDACTED] (mother). The referral was assessed and assigned by IL [REDACTED] on 11-5-13 to Investigator, [REDACTED]. Response time is due by 11-6-13 @ 8:56 a.m C.S.T. It is unknown at this time if the child(ren) are of Native American descent. The referent letter was mailed on 11-6-13. Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy. The FSW will contact the referent within 30 days.



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:	11/05/2013	Contact Method:	
Contact Time:	08:56 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/06/2013
Completed date:	11/06/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/06/2013 11:39 AM Entered By: [REDACTED]

[REDACTED] and [REDACTED] told the police that they woke up this morning and found [REDACTED] cold and not breathing. The last time the parents saw the child alive was around 1am. The child was not having any problems at that time according to the reporter. The parents just checked on him at 1am, they did not feed him; he was sleeping at that time. The parents called the fire department who called the police department. The child was sleeping on a twin size mattress on the floor. [REDACTED] was sleeping on the mattress with the baby. [REDACTED] was sleeping in a crib in the same room. The reporter does not know why [REDACTED] would be in the crib and the baby on the mattress. [REDACTED] was on his side of the mattress, the reporter does not think that [REDACTED] rolled over on the baby. The reporter is sure an autopsy will be done. The reporter does not know if there would be anyone to care for the other children should the parents be perpetrators. The other children have not been interviewed at this time. The reporter does not know what the current condition of the home environment is. The reporter was not in the home long enough to notice the home environment. The reporter did not notice any hazards that could result in injury or death. The reporter does not know if this family has had any other children who have died or suffered serious injury. The reporter does not know if the parents have any history with the police. The reporter has never been in the home before today.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 11/5/13 8:56 AM

Date of Assessment: 11/5/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 3

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: _____