



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 12/02/2013 05:41 PM CT
Track Assigned: Investigation Priority Assigned: 2
Screened By: [REDACTED]
Date Screened: 12/02/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 12/03/2013 04:01 PM
First Team Leader Assigned: [REDACTED] Date/Time 12/03/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 12/03/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 2 Mos	Lack of Supervision	Yes	[REDACTED]	Birth Mother
[REDACTED]	1 Yr 2 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Relative

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: The child is not in custody.

TFACTS : Case ID# [REDACTED] (involves history on mother as a minor)
Open Court Custody/FSS/FCIP No
Closed Court Custody No
Open CPS # [REDACTED] / LOS / CM [REDACTED] TL [REDACTED] TL [REDACTED] /10-30-13
Indicated No
Fatality No
Screened Out 0
History (Not listed above): N/A



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

DUPLICATE REFERRAL: No

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

Reporters name/relationship: [REDACTED] / CPS TL

Reporter states: The child is not in custody.

A few days ago the county found out about a death of an infant that occurred earlier in the year. The police report and SUIDI report were gathered.

The report stated that on April 6, 2013, 911 was called to the residence; an ambulance came to the home. The infant, [REDACTED] was declared deceased. [REDACTED] had a heart mummer. The mother, [REDACTED] had [REDACTED] lying in bed with her on his side. [REDACTED] reported that [REDACTED] usually lay in his crib but on that particular night she had the child lying beside her. [REDACTED] reported that when she woke up the child was on his back and the child had some blood coming from his nose; he was blue in color and was not breathing. Paramedics were not able to revive the child.

LE thoroughly investigated the incident. The home was cleaned and the parents appeared to be appropriate. The district attorney investigated the case and no charges were filed; DCS was never contacted. The death was ruled as a sudden unexplained infant death. The report states the child was sent for an autopsy, the results of the autopsy are unknown by the reporter.

There was also a five year old child, [REDACTED] in the home. The father of the infant, [REDACTED] was also residing in the home at the time of the incident.

LE stated that they did not contact DCS because they did not suspect any abuse or neglect. LE was asked to contact DCS in the future for any child deaths.

Per SDM: Investigation/P2, Neglect Death due to there being an open case with the family # [REDACTED] and the case manager is already aware of this report; the reported incident occurred on April 6, 2013.

[REDACTED] TL on 12/02/13 @ 9:20 PM

Child Death/Child Near Death Notification Group: [REDACTED]

Recon from [REDACTED] @ 2:14pm on 12/3/13:

Please make this a P 3. The infant died last April.

Reconsideration denied per Directo [REDACTED] Other children in the home justify the priority.

[REDACTED] CM3 @ 3:10 pm on 12/3/13.



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: [REDACTED] Race: White Age: 38 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 1 Yr 2 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], [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 25 Yrs

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results: [REDACTED]

DCS History Search Results: [REDACTED]

DCS Intake Search Results: [REDACTED]

Name: [REDACTED], [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 5 Yrs (Est)

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results: [REDACTED]

DCS History Search Results: [REDACTED]

DCS Intake Search Results: [REDACTED]



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant 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: 12/02/2013

Assignment Date: 12/03/2013

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 Classified Date
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 12/17/2013
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/07/2014

C. Disposition Decision

Disposition Decision:

Comments: CPSI [REDACTED] presented the [REDACTED] case to the CPIT team and it was agreed that lack of supervision would be substantiated on [REDACTED] and Neglect Death would be unsubstantiated based on the parents statement and the results of the autopsy.

D. Case Workers

Case Worker: [REDACTED]

Date: 02/11/2014

Team Leader: [REDACTED]

Date: 02/11/2014

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:

The case was originally opened on 12/2/2013 for reported lack of supervision and death against [REDACTED] towards her five week old son, [REDACTED]. The child passed away on April 6, 2013 and DCS was called on December 2, 2013. Law enforcement interviewed the family and no arrest were made.

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

Cm [REDACTED] received a copy of [REDACTED] autopsy on 2/3/2014 and the cause of death stated Could not be determine, manner of death undetermined, and on Circumstances of death sated potentially unsafe sleep environment.



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]

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

Ms. [REDACTED] reported that the child did not like to sleep in his bassinet so she laid him in the bed with her. Ms. [REDACTED] reported that the child's father never slept in the bed and was asleep in the recliners in the living room when she found [REDACTED] not breathing. Ms. [REDACTED] reported that she had given her son a bottle at around 11pm-12am and burped him. Ms. [REDACTED] reported that instead of laying her son back in his bassinet that was beside the bed she placed him in the bed between her and [REDACTED]. Ms. [REDACTED] reported that around 12:30am to 1am Mr. [REDACTED] (father) had got up and went to check on [REDACTED] in her bedroom. Ms. [REDACTED] reported that he saw that she was not there and came into the bedroom where she and the children were. Ms. [REDACTED] reported that she woke up when Mr. [REDACTED] had picked up [REDACTED] to take her back to her bedroom. Ms. [REDACTED] reported that she got up to use the bathroom and had glanced at [REDACTED] as he was tilted to the side facing her. Ms. [REDACTED] reported that it was dark in the room but she did have the light from the bathroom to see him. Ms. [REDACTED] reported that she went to the bathroom and when she returned she observed blood coming from [REDACTED] nose. Ms. [REDACTED] reported that she wiped the blood off and yelled for Mr. [REDACTED]. Ms. [REDACTED] reported that she did not believe that Mr. [REDACTED] heard her until she observed that [REDACTED] was not breathing and appeared to be blue in color. Ms. [REDACTED] reported that she began to scream and yell. Ms. [REDACTED] reported that Mr. [REDACTED] came into the bedroom and she reported to him that the baby was not breathing. Ms. [REDACTED] reported that Mr. [REDACTED] grabbed [REDACTED] from the bed and turned him over on her stomach in his hand started patting his back to try to get him to breath. Ms. [REDACTED] reported that her screaming woke [REDACTED] up and she came back into the bedroom. Ms. [REDACTED] reported that she called 911 and tried to tell them what was going on. Ms. [REDACTED] reported that 911 hung up on her twice and finally told her to start CPR and an ambulance would be on its way. Ms. [REDACTED] reported that once she started CPR blood started to come from the other side of [REDACTED] nose.

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

[REDACTED] was pronounced dead on arrival once he arrived at [REDACTED] hospital in [REDACTED]. Cm [REDACTED] received a copy of [REDACTED] autopsy on 2/3/2014 and the cause of death stated Could not be determine, manner of death undetermined, and on Circumstances of death sated potentially unsafe sleep environment. CPSI [REDACTED] presented the [REDACTED] case to the CPIT team and it was agreed that lack of supervision would be substantiated on [REDACTED] and Neglect Death would be unsubstantiated based on the parents statement and the results of the autopsy.

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

The SDM, Safety Assessment was completed on 12/2/2013 and notes a harm factor. The following safety intervention is being used (other no intervention the child is currently deceased) . At this time the children appear conditionally safe.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 02/07/2014	Contact Method:
Contact Time: 05:10 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 02/07/2014
Completed date: 02/07/2014	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 02/07/2014 05:22 PM Entered By: [REDACTED] [REDACTED]
Case Summary

Ending Summary to include assessment of progress and long-term view (i.e. Assess family to progress since initial contact, have established goals been met, what will family do different to prevent further DCS involvement and finding of the investigation):
The case was originally opened on 12/2/2013 for reported lack of supervision and death against [REDACTED] [REDACTED] towards her five week old son, [REDACTED] [REDACTED]. The child passed away on April 6, 2013 and DCS was called on December 2, 2013. Law enforcement interviewed the family and no arrest were made.

Based on the police reports and parents statement several months later the child was co sleeping with his mother and half sister in a full size bed. The mother, [REDACTED] [REDACTED] was asleep on the right side of the bed, [REDACTED] (5 weeks old) was placed in the middle of the bed, and [REDACTED] age 4 was located on the left side of the bed. Ms. [REDACTED] reported that the child did not like to sleep in his bassinet so she laid him in the bed with her. Ms. [REDACTED] reported that the child's father never slept in the bed and was asleep in the recliners in the living room when she found [REDACTED] not breathing. Ms. [REDACTED] reported that she had given her son a bottle at around 11pm-12am and burped him. Ms. [REDACTED] reported that instead of laying her son back in his bassinet that was beside the bed she placed him in the bed between her and [REDACTED]. Ms. [REDACTED] reported that around 12:30am to 1am Mr. [REDACTED] (father) had got up and went to check on [REDACTED] in her bedroom. Ms. [REDACTED] reported that he saw that she was not there and came into the bedroom where she and the children were. Ms. [REDACTED] reported that she woke up when Mr. [REDACTED] had picked up [REDACTED] to take her back to her bedroom. Ms. [REDACTED] reported that she got up to use the bathroom and had glanced at [REDACTED] as he was tilted to the side facing her. Ms. [REDACTED] reported that it was dark in the room but she did have the light from the bathroom to see him. Ms. [REDACTED] reported that she went to the bathroom and when she returned she observed blood coming from [REDACTED] nose. Ms. [REDACTED] reported that she wiped the blood off and yelled for Mr. [REDACTED]. Ms. [REDACTED] reported that she did not believe that Mr. [REDACTED] heard her until she observed that [REDACTED] was not breathing and appeared to be blue in color. Ms. [REDACTED] reported that she began to scream and yell. Ms. [REDACTED] reported that Mr. [REDACTED] came into the bedroom and she reported to him that the baby was not breathing. Ms. [REDACTED] reported that Mr. [REDACTED] grabbed [REDACTED] from the bed and turned him over on her stomach in his hand started patting his back to try to get him to breath. Ms. [REDACTED] reported that her screaming woke [REDACTED] up and she came back into the bedroom. Ms. [REDACTED] reported that she called 911 and tried to tell them what was going on. Ms. [REDACTED] reported that 911 hung up on her twice and final told her to start CPR and an ambulance would be on its way. Ms. [REDACTED] reported that once she started CPS blood started to come



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

from the other side of [REDACTED] nose.

[REDACTED] was pronounced dead on arrival once he arrived at [REDACTED] hospital in [REDACTED].
 Cm [REDACTED] received a copy of [REDACTED] [REDACTED] autopsy on 2/3/2014 and the cause of death stated Could not be determine, manner of death undetermined, and on Circumstances of death sated potentially unsafe sleep environment.

CPSI [REDACTED] presented the [REDACTED] case to the CPIT team and it was agreed that lack of supervision would be substantiated on [REDACTED] [REDACTED] and Neglect Death would be unsubstantiated based on the parents statement and the results of the autopsy.

The SDM, Safety Assessment was completed on 12/2/2013 and notes a harm factor. The following safety intervention is being used (other no intervention the child is currently deceased) . At this time the children appear conditionally safe.

The FFA, Family Functional Assessment, FAST, Family advocacy and support tool, and CS-740 form was completed on 2/7/2014 and a copy has been placed in the file. A copy of the Classification and Summary will be submitted to TL [REDACTED] for review and a copy sent to the Juvenile Court Judge.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED] [REDACTED] [REDACTED]
 Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/07/2014 Contact Method: Phone Call
 Contact Time: 01:56 PM Contact Duration: Less than 15
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Created Date: 02/07/2014
 Completed date: 02/07/2014 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/07/2014 02:03 PM Entered By: [REDACTED] [REDACTED]
 2/7/2014 1:56pm Tc Cm [REDACTED] called [REDACTED] [REDACTED] (Employer of Mr. [REDACTED])
 Cm [REDACTED] called Mr. [REDACTED] as a collateral contact for the [REDACTED] family. Mr. [REDACTED] reported that he could not speak with Cm [REDACTED] because he was meeting with a customer and requested that CM [REDACTED] call him back on Monday 2/10/2014 at 10am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 02/07/2014	Contact Method: Attempted Phone Call
Contact Time: 01:54 PM	Contact Duration: Less than 15
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 02/07/2014
Completed date: 02/07/2014	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/07/2014 01:58 PM Entered By: [REDACTED] [REDACTED]

2/7/2014 1:54pm TC Cm [REDACTED] called [REDACTED] [REDACTED] (Aunt of [REDACTED] [REDACTED])
 Ms. [REDACTED] reportedly came to the home the night [REDACTED] was found unresponsive prior to EMS arriving. CM [REDACTED] contacted ms. [REDACTED] as a collateral contact for eh family. Cm [REDACTED] left a message requesting Ms. [REDACTED] to call Cm [REDACTED] back.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 02/07/2014	Contact Method:
Contact Time: 01:45 PM	Contact Duration: Less than 45
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 02/07/2014
Completed date: 02/07/2014	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 02/07/2014 01:45 PM Entered By: [REDACTED] [REDACTED]
Case Summary

Ending Summary to include assessment of progress and long-term view (i.e. Assess family to progress since initial contact, have established goals been met, what will family do different to prevent further DCS involvement and finding of the investigation):
The case was originally opened on 12/2/2013 for reported lack of supervision and death against [REDACTED] [REDACTED] towards her five week old son, [REDACTED] [REDACTED]. The child passed away on April 6, 2013 and DCS was called on December 2, 2013. Law enforcement interviewed the family and no arrest were made.

Based on the police reports and parents statement several months later the child was co sleeping with his mother and half sister in a full size bed. The mother, [REDACTED] [REDACTED] was asleep on the right side of the bed, [REDACTED] (5 weeks old) was placed in the middle of the bed, and [REDACTED] age 4 was located on the left side of the bed. Ms. [REDACTED] reported that the child did not like to sleep in his bassinet so she laid him in the bed with her. Ms. [REDACTED] reported that the child's father never slept in the bed and was asleep in the recliners in the living room when she found [REDACTED] not breathing. Ms. [REDACTED] reported that she had given her son a bottle at around 11pm-12am and burped him. Ms. [REDACTED] reported that instead of laying her son back in his bassinet that was beside the bed she placed him in the bed between her and [REDACTED]. Ms. [REDACTED] reported that around 12:30am to 1am Mr. [REDACTED] (father) had got up and went to check on [REDACTED] in her bedroom. Ms. [REDACTED] reported that he saw that she was not there and came into the bedroom where she and the children were. Ms. [REDACTED] reported that she woke up when Mr. [REDACTED] had picked up [REDACTED] to take her back to her bedroom. Ms. [REDACTED] reported that she got up to use the bathroom and had glanced at [REDACTED] as he was tilted to the side facing her. Ms. [REDACTED] reported that it was dark in the room but she did have the light from the bathroom to see him. Ms. [REDACTED] reported that she went to the bathroom and when she returned she observed blood coming from [REDACTED] nose. Ms. [REDACTED] reported that she wiped the blood off and yelled for Mr. [REDACTED]. Ms. [REDACTED] reported that she did not believe that Mr. [REDACTED] heard her until she observed that [REDACTED] was not breathing and appeared to be blue in color. Ms. [REDACTED] reported that she began to scream and yell. Ms. [REDACTED] reported that Mr. [REDACTED] came into the bedroom and she reported to him that the baby was not breathing. Ms. [REDACTED] reported that Mr. [REDACTED] grabbed [REDACTED] from the bed and turned him over on her stomach in his hand started patting his back to try to get him to breath. Ms. [REDACTED] reported that her screaming woke [REDACTED] up and she came back into the bedroom. Ms. [REDACTED] reported that she called 911 and tried to tell them what was going on. Ms. [REDACTED] reported that 911 hung up on her twice and final told her to start CPR and an ambulance would be on its way. Ms. [REDACTED] reported that once she started CPS blood started to come



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

from the other side of [REDACTED] nose.

[REDACTED] was pronounced dead on arrival once he arrived at [REDACTED] hospital in [REDACTED].
 Cm [REDACTED] received a copy of [REDACTED] [REDACTED] autopsy on 2/3/2014 and the cause of death stated Could not be determine, manner of death undetermined, and on Circumstances of death sated potentially unsafe sleep environment.

CPSI [REDACTED] presented the [REDACTED] case to the CPIT team and it was agreed that lack of supervision would be substantiated on [REDACTED] [REDACTED] and Neglect Death would be unsubstantiated based on the parents statement and the results of the autopsy.

The SDM, Safety Assessment was completed on 12/2/2013 and notes a harm factor. The following safety intervention is being used (other no intervention the child is currently deceased) . At this time the children appear conditionally safe.

The FFA, Family Functional Assessment, FAST, Family advocacy and support tool, and CS-740 form was completed on 2/7/2014 and a copy has been placed in the file. A copy of the Classification and Summary will be submitted to TL [REDACTED] for review and a copy sent to the Juvenile Court Judge.

Narrative Type: Created In Error Entry Date/Time: 02/07/2014 01:59 PM Entered By: [REDACTED] [REDACTED]

not complete



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/07/2014

Contact Method: Correspondence

Contact Time: 01:16 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 02/07/2014

Completed date: 02/07/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/07/2014 01:17 PM Entered By: [REDACTED] [REDACTED]

allegation substantiated and perpetrator substantiated for LOS

allegation unsubstantiated and perpetrator unsubstantiated for ND



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/05/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/07/2014

Completed date: 02/07/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Well Being

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/07/2014 01:10 PM Entered By: [REDACTED] [REDACTED]

2/5/2014 CPIT

CPSI [REDACTED] presented the [REDACTED] case to the CPIT team and it was agreed that lack of supervision would be substantiated on [REDACTED] [REDACTED] and Neglect Death would be unsubstantiated based on the parents statement and the results of the autopsy.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/03/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 02/07/2014

Completed date: 02/07/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/07/2014 01:06 PM Entered By: [REDACTED] [REDACTED]

2/3/2014 Records received

Cm [REDACTED] received a copy of [REDACTED] [REDACTED] autopsy from Inv. [REDACTED] [REDACTED] of teh [REDACTED] Sheriff's department and the cause of death stated Could not be determine, manner of death undetermined, and on Circumstances of death sated potentially unsafe sleep environment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/15/2014	Contact Method:
Contact Time: 02:30 PM	Contact Duration: Less than 15
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/18/2014
Completed date: 03/18/2014	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

Children Concerning**Participant(s)**

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

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2014 03:08 PM Entered By: [REDACTED] [REDACTED]

Lead Investigator, [REDACTED] [REDACTED] and Investigator [REDACTED] reviewed this case. this case remains open waiting on the autopsy which reportedly is due in a few days. There are many concerns that the mother co-sleeping with her children are a safety issue. She is pregnant again and investigator [REDACTED] gave Ms [REDACTED] information on the dangers of co-sleeping. CPIT met today. Investigator [REDACTED] recommended grief counseling for the parents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/06/2014	Contact Method:
Contact Time: 10:32 AM	Contact Duration: Less than 15
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 01/08/2014
Completed date: 01/08/2014	Completed By: [REDACTED] [REDACTED]
Purpose(s): Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 01/08/2014 03:00 PM Entered By: [REDACTED] [REDACTED]

1/6/2014 10:32am Records received from Dr. [REDACTED] (PCP for [REDACTED] [REDACTED]). The records state that the infant was seen on 3/8/2013 for his newborn screening. The child's irregular heart beats were observed and reported to be a murmur or bruit. [REDACTED] was seen again on 3/22/2013 after his visit with the pediatric cardiologist. The infant was requested to come back if there was any other concerns for the child's feeding.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED] [REDACTED] [REDACTED]
 Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/03/2014 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/08/2014
 Completed date: 01/08/2014 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2014 02:45 PM Entered By: [REDACTED] [REDACTED]

1/3/2014 9am

Home Visit to [REDACTED] place the incident occurred /Face to Face

Child Protective Services Investigator [REDACTED] (CPSI) made a home visit/face to face (home visit) to (purpose of visit: follow up with the family).

[REDACTED] [REDACTED] were present during this visit.

Cm [REDACTED] arrived at the home for a scheduled home visit with Mr. [REDACTED] Cm [REDACTED] was greeted at the back door of the home by Mr. [REDACTED] as he gave Cm [REDACTED] permission to enter into the home. Cm [REDACTED] introduced herself and explained that DCS had received a report. Mr. [REDACTED] began to discuss his current case with CM [REDACTED] and the domestic assault that reportedly took place several months ago between him and Ms. [REDACTED] Cm [REDACTED] explained that Cm [REDACTED] report was not in regard to the domestic assault.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Childrens 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 Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

Cm [REDACTED] explained that when his son initially passed away DCS should have been notified and Cm [REDACTED] could have completed the investigation along with the investigator with the Sheriffs Department in [REDACTED] Mr. [REDACTED] reported that he wished DCS would have been called because he stated that he was not pleased with the way the investigation was held. Cm [REDACTED] requested to know why he felt that way. Mr. [REDACTED] reported that an officer spoke with [REDACTED] while they were speaking with Inv. [REDACTED] and had reportedly asked her if she had killed her baby brother or rolled over on him. Mr. [REDACTED] reported that he was very upset because [REDACTED] had asked him and Ms. [REDACTED] if she killed her baby brother. Mr. [REDACTED] reported that also the police and taken [REDACTED] last bottle, cloths, and several blankets but they did not take the bedding and bassinet for the bed that he was found in. Mr. [REDACTED] reported that it also took the ambulance 45 minutes to get to the home. Mr. [REDACTED] reported that he works in [REDACTED] and it only takes him 20 minutes to get to work.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Cm [REDACTED] asked Mr. [REDACTED] to tell Cm about the night they found their son unresponsive. Mr. [REDACTED] reported that People can believe what they want but I have slept in that recliner (He pointed to a large brown chair in the living room of the home) since we brought him home from the hospital. Mr. [REDACTED] reported that he never slept in the bed with [REDACTED] out of fear that he would roll over on him and smother him. Mr. [REDACTED] reported that he believed that the hospital did not provide all the necessary medical records and explain everything that was wrong with him. Mr. [REDACTED] reported that [REDACTED] was born with a heart condition that required him to go to a specialist. Mr. [REDACTED] reported that when [REDACTED] was born they placed the family in a far back room instead of in the front of the hospital along with the other families.

Mr. [REDACTED] reported that [REDACTED] was a good child and did not cry excessively but he did not like sleeping in his bassinet. Mr. [REDACTED] reported that Ms. [REDACTED] would place him in the bed with her and he would sleep fine. Mr. [REDACTED] reported that the night [REDACTED] passed away he was asleep in the recliner in the living room and Ms. [REDACTED] was in the bed with [REDACTED] and [REDACTED]. Mr. [REDACTED] reported that he had woke up in the middle of the night and had gone into he and Ms. [REDACTED] bedroom (as he pointed to the far back bedroom of the trailer) to get [REDACTED] and carry her back to her bedroom. Mr. [REDACTED] reported that he observed [REDACTED] lying to the left, [REDACTED] lying in the middle of the bed, and Ms. [REDACTED] lying to the right closest to the bathroom. Mr. [REDACTED] reported that when he picked up [REDACTED] he did not notice [REDACTED] bleeding. Mr. [REDACTED] reported that [REDACTED] was lying in the middle of his bassinet bed for the bed and Ms. [REDACTED] arm was placed around the child as well. Mr. [REDACTED] reported that when he picked up [REDACTED] and returned her to her room he came back to the living room and then heard Ms. [REDACTED] screaming for him to come to the bedroom. Mr. [REDACTED] reported that he does not remember exactly what Ms. [REDACTED] had stated during that time. Mr. [REDACTED] reported that he ran to the bedroom and saw blood in [REDACTED] nose. Mr. [REDACTED] reported that he tried to get [REDACTED] to start breathing while Ms. [REDACTED] called 911 for help. Mr. [REDACTED] reported that 911 hung up on Ms. [REDACTED] twice. Mr. [REDACTED] reported that he knew that by the time the ambulance came to the home that [REDACTED] was gone. Mr. [REDACTED] stated I never told [REDACTED] that. Mr. [REDACTED] reported that [REDACTED] witnessed some things. Mr. [REDACTED] reported that when the ambulance did arrive at the home the EMS worker took his time walking up to the home and did not even have a stretcher with them when they came to the door. Mr. [REDACTED] reported that Ms. [REDACTED] handed the gentleman [REDACTED] and they took him away. Mr. [REDACTED] reported that once the ambulance left the home Investigator [REDACTED] arrived at the home and began questioning them and gathering [REDACTED] belongings. Mr. [REDACTED] reported that he has never heard what the cause of death was but his mother reported to him that she believed it was crib death. Cm [REDACTED] explained that she had not received the autopsy back yet. Mr. [REDACTED] reported that he believed there was more wrong with his son than the hospital provided to them. Mr. [REDACTED] reported that he could not explain what he meant.

Mr. [REDACTED] kept repeating that the ambulance took so long to get to the home. Mr. [REDACTED] reported that he had contacted his sister, [REDACTED] after they contacted 911 and she arrived at the home before the ambulance had arrived.

Mr. [REDACTED] reported that

Mr. [REDACTED] reported that then several months later when he and Ms. [REDACTED] had a disagreement there were several people over and they brought up the death of [REDACTED]. Mr. [REDACTED] reported that he became so upset when the people stated to him that they knew how he felt by losing a child. Mr. [REDACTED] reported that the conversation turned to someone stating that he killed his son by rolling over on him. Mr. [REDACTED] reported that he was so in rage that he could not clam down enough to gather his thoughts. Mr. [REDACTED] reported that he has completed 5 of his 24 domestic violent classes. Mr. [REDACTED] reported that he missed a class yesterday because of the weather. Mr. [REDACTED] reported that he had been complying with his probation and hoped to have the order of protection dropped on the 14th because he reported that he wanted to be present for the birth of his daughter in March.

Mr. [REDACTED] reported that he currently works at [REDACTED] and [REDACTED]. Mr. [REDACTED] reported that he does try to go to [REDACTED] if he has time during the week but most of his time is taken by [REDACTED]. Mr. [REDACTED] reported that he leaves his home on Mondays and returns home around Friday afternoon and sometimes Saturdays.

Observations: (Mr. [REDACTED] gave Cm [REDACTED] permission to take pictures of the home and they can be found in the hard copy file) Cm [REDACTED] observed the home to be a three bedroom trailer with living room, kitchen area, small dining area, one bathroom, and laundry room. Cm [REDACTED] observed the master bedroom to have a queen size bed with a small bassinet beside the bed and several dressers. Mr. [REDACTED] reported that the bed that was in the master bedroom was not the bed that [REDACTED] was found in as that full size bed was moved to another bedroom that [REDACTED] will now be sleeping in one she and Ms. [REDACTED] move back in the home. Cm [REDACTED] observed the bed that [REDACTED] was reportedly found in to be in the childrens bedroom in the front of the trailer. The home appeared to be clean and free of any safety or fire hazards. The spare bedroom that was set to be [REDACTED] bedroom was not converted into a toy room for the children.

Mr. [REDACTED] reported that he has two other children, [REDACTED] age 21 (Mr. [REDACTED] reported that he had [REDACTED] when



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

he was very young) and [REDACTED] [REDACTED] age 14. Mr. [REDACTED] reported that he does not have a parenting plan with [REDACTED] but she comes to visit when her mother allows her to.

Plan: Cm [REDACTED] will obtained medical records and the autopsy report for [REDACTED] CPIT is scheduled to meet on 1/15/2014.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/02/2014

Contact Method: Phone Call

Contact Time: 09:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2014

Completed date: 01/02/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/02/2014 09:19 AM Entered By: [REDACTED] [REDACTED]

1/2/2014 Tc Cm [REDACTED] called [REDACTED] [REDACTED] [REDACTED]

Cm [REDACTED] called Mr. [REDACTED] to set up a home visit to speak with him about the report that was made. Mr. [REDACTED] requested Cm [REDACTED] to come to his home at 9am on 1/3/2014.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/02/2014

Contact Method: Phone Call

Contact Time: 09:10 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2014

Completed date: 01/02/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency

Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/02/2014 09:17 AM Entered By: [REDACTED] [REDACTED]

1/2/2014 TC Cm [REDACTED] called [REDACTED] [REDACTED]
 Cm [REDACTED] called Ms. [REDACTED] to determine if she was still living in [REDACTED]. Ms. [REDACTED] reported that she was still living in [REDACTED] but was planning on returning home on 1/14/2014 when her and Mr. [REDACTED] next court date was to lift the order of protection she took out against him. Ms. [REDACTED] reported that Mr. [REDACTED] was working his plan and completing all necessary classes ask of him by the court system in [REDACTED].



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED] [REDACTED] [REDACTED]
 Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/30/2013 Contact Method: Phone Call
 Contact Time: 10:28 AM Contact Duration: Less than 15
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Created Date: 02/07/2014
 Completed date: 02/07/2014 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/07/2014 03:31 PM Entered By: [REDACTED] [REDACTED]

12/30/2013 10:28am Cm [REDACTED] called [REDACTED] with [REDACTED] Probation office
 CM [REDACTED] spoke with [REDACTED] with [REDACTED] Probation office. [REDACTED] is the probation for [REDACTED] [REDACTED] reported that Mr. [REDACTED] is
 complaint at this time. [REDACTED] stated that Mr. [REDACTED] is participating in a 26 week Domestic Violence Program. [REDACTED] stated Mr. [REDACTED]
 has completed 6 weeks of the program and has 20 weeks left. [REDACTED] stated that Mr. [REDACTED] asked about residing with the victim and
 she told him that either the victim had to live somewhere else or he would need to obtain a separate legal address. [REDACTED] stated
 that this time she has no knowledge of Mr. [REDACTED] and his victim residing together. [REDACTED] stated that Mr. [REDACTED] has paid all fines and
 will be released from probation once the program is completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/23/2013

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2014

Completed date: 01/02/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/02/2014 09:14 AM Entered By: [REDACTED] [REDACTED]

12/23/2013 Cm [REDACTED] received labor and delivery records by mail on a CD from [REDACTED] Hospital. Cm [REDACTED] printed the medical records 178 pages and placed them in the hard copy file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2013

Contact Method:

Contact Time: 04:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/17/2013

Completed date: 12/17/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/17/2013 12:38 PM Entered By: [REDACTED] [REDACTED]

12/10/2013 Records Request

Cm [REDACTED] requesting medical records from Dr [REDACTED] of [REDACTED] and [REDACTED] Hospital in [REDACTED] for [REDACTED] and [REDACTED] [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED] [REDACTED] [REDACTED]
 Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/10/2013 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/17/2013
 Completed date: 12/17/2013 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,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: 12/17/2013 10:54 AM Entered By: [REDACTED]

Date: 12/10/2013

Location of Contact: [REDACTED]

Time: 2pm

Type of Contact: Face to Face with parent and OCI (ACV passed away in April 2013)

Primary Person(s) to be interviewed: [REDACTED] and [REDACTED]

Documentation of the Contact:**Summary of interaction and discussion of purpose of visitation**

Cm [REDACTED] made a scheduled home visit on this date and time to speak with Ms. [REDACTED] about the report that was made to DCS regarding the death of her son in April 2013. Cm [REDACTED] arrived at the home to be greeted at the front door of the home by Ms. [REDACTED]. Ms. [REDACTED] gave Cm [REDACTED] permission to enter into the home and requested CM [REDACTED] to sit with her at the kitchen table. Ms. [REDACTED] reported that she did not understand what DCS could have been contacted about this time because Cm [REDACTED] was closing her case. Cm [REDACTED] explained that the report was not directed towards [REDACTED]. Ms. [REDACTED] reported that she did not have any other children. Cm [REDACTED] explained that she knew that [REDACTED] was her only living child. Cm [REDACTED] apologized for the delay and informed Ms. [REDACTED] that DCS should have been called the day her son passed away. Cm [REDACTED] explained that since the report was not made DCS will have to continue on with their investigator by speaking with the family, talking with law enforcement and gathering medical records to support the case.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Childrens 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 Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

Ms. [REDACTED] reported that she understood the process of DCS and law enforcement but she also understood the death of [REDACTED] to be ruled as Unable to be determined. Ms. [REDACTED] reported that she is in the process of getting the death certificate for her son now that the autopsy had been completed and was available for her once she



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████ ██████████ ██████████

Case Status: Close

Organization: ██████████ Region

provided the information. Cm ██████ explained that she knew talking about her son was difficult. Ms. ██████ reported that she was doing better and was about to have another child in March. Ms. ██████ reported that she had ██████ at ██████ Hospital and he weighed 7lbs and 11 oz. Ms. ██████ reported that ██████ was healthy however he did have a heart condition and acid reflux that caused him to spit up more than usual and be a little more fussy. Ms. ██████ reported that she and ██████ were discharged at the normal two days time. Ms. ██████ reported that ██████ did not miss a doctors appointment and was even taken to a specialist in ██████ for his heart condition. Ms. ██████ reported that the doctors completed several test on him and reported that he was fine and they would see him back in six months for a follow up appointment to make sure that everything was going well. Ms. ██████ reported that the morning ██████ passed away was a normal night at their home. Ms. ██████ reported that ██████ had come and got in bed with her and ██████ and was sleeping on the right side of the bed with ██████ in the middle and herself on the left side of the bed closest to the bathroom. Ms. ██████ reported that the child's father never slept in the bed and was asleep in the recliners in the living room when she found ██████ not breathing. Ms. ██████ reported that she had given her son a bottle at around 11pm-12am and burped him. Ms. ██████ reported that instead of laying her son back in his bassinet that was beside the bed she placed him in the bed between her and ██████

At this time ██████ stood in the chair beside Cm ██████ and reported that she though she smothered her baby brother and that is why he died. Cm ██████ looked at Ms. ██████ as she appeared to be shocked. Cm ██████ explained to ██████ that she did not do anything to her brother. Ms. ██████ took ██████ into the living room and set her on the ouch to watch TV. Ms. ██████ stated that she was sorry. Ms. ██████ reported that around 12:30am to 1am Mr. ██████ (████████ father) had got up and went to check on ██████ in her bedroom. Ms. ██████ reported that he saw that she was not there and came into the bedroom where she and the children were. Ms. ██████ reported that she woke up when Mr. ██████ had picked up ██████ to take her back to her bedroom. Ms. ██████ reported that she got up to use the bathroom and had glanced at ██████ as he was tilled to the side facing her. Ms. ██████ reported that it was dark in the room but she did have the light from the bathroom to see him. Ms. ██████ reported that she went to the bathroom and when she returned she observed blood coming from ██████ nose. Ms. ██████ reported that she wiped the blood off and yelled for Mr. ██████. Ms. ██████ reported that she did not believe that Mr. ██████ heard her until she observed that ██████ was not breathing and appeared to be blue in color. Ms. ██████ reported that she began to scream and yell. Ms. ██████ reported that Mr. ██████ came into the bedroom and she reported to him that the baby was not breathing. Ms. ██████ reported that Mr. ██████ grabbed ██████ from the bed and turned him over on her stomach in his hand started patting his back to try to get him to breath. Ms. ██████ reported that her screaming woke ██████ up and she came back into the bedroom. Ms. ██████ reported that she called 911 and tried to tell them what was going on. Ms. ██████ reported that 911 hung up on her twice and final told her to start CPR and an ambulance would be on its way. Ms. ██████ reported that once she started CPS blood started to come from the other side of ██████ nose.

Ms. ██████ reported that she knew that her child was already dead when he did not respond to the CPR. Ms. ██████ reported It took the ambulance forever to get to us and when they arrived I was already on the front porch with ██████ in my arm wrapped in a blanket. Ms. ██████ reported that the EMS worker walked up to the porch and took ██████ and left the home. Ms. ██████ reported that Investigator ██████ arrived right after the ambulance left. Ms. ██████ reported that the police took the last bottle, blankets, clothes, and several other things. Ms. ██████ reported that the police did not take the pad ██████ was lying in when she found him on the bed. Ms. ██████ reported that she had a pad for ██████ to lie in while he was in the bed so he would not roll out. Ms. ██████ reported that she did not know what could have happened to cause her child to pass away. Ms. ██████ reported that she did observe that her bra strap had blood on the shoulder part. Ms. ██████ stated I thought that was funny because I only placed ██████ on my shoulder when I burped him and then never put him up there again. Ms. ██████ stated I believe he was passing away at that time when I burped him because that is the only way I can think of that I got his blood on my bra strap.

Ms. ██████ reported that after ██████ passed away ██████ had to be placed in the hospital for several days due to a seizure that he had after ██████ passed away. Cm ██████ asked if she had to go to the hospital for anything. Ms. ██████ reported that he did not have to go anywhere. Ms. ██████ reported that after her son passed away she called the hospital where he was born about the birth pictures. Ms. ██████ reported that she did not buy the pictures when ██████ was born because they were so expensive but called to see how much they were going to be. Ms. ██████ reported that the photographer sent her a cd free of charge. At the time Ms. ██████ got pictures of her son out and showed Cm what ██████ looked at birth.

Cm ██████ explained that process of the records request, CPIT, and reviews that would take place regarding the case. Cm ██████ explained that she had to have all of the medical records before she would be able to present the case to the CPIT team. Ms. ██████ reported that she understood. Cm ██████ explained that she may have to come back to the home to see ██████ next month if the records are not received in a timely manner. Ms. ██████ reported that she could be back with ██████ next month. Ms. ██████ reported that she and Mr. ██████ were trying to resolve an order of protection as he was working to complete domestic violence classes in order for the Judge to drop the order as



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

requested. Ms. [REDACTED] stated that she hoped to be back at the home on [REDACTED] in [REDACTED] Cm [REDACTED] explained that she understood and would contact her prior to coming to the home.

Worker Observation:

Safety: The home the family is currently living his is the grandmother of Ms. [REDACTED]. The home is a three bedroom home located in [REDACTED]. Ms. [REDACTED] and [REDACTED] share a bedroom and bed. The home is somewhat clean and free of any safety or fire hazards.

Permanency: The child currently lives with her mother, [REDACTED].

Well Being: [REDACTED] is reportedly well and up to date on all shots and well child check ups.

Appearance of Children [REDACTED] was dressed in blue jeans and a matching short sleeve shirt. The child appeared clean and well groomed. [REDACTED] passed away in April 2013 due to an unexplained death. DCS was not contacted on the child's death until December 2013.

Plan: Cm [REDACTED] will follow up with TL [REDACTED] and request all known records for [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 12/17/2013 12:37 PM Entered By: [REDACTED] [REDACTED]

Cm [REDACTED] also gave Ms. [REDACTED] several packets of information regarding safe sleeping for babies and the dangers of co-sleeping with infants. Ms. [REDACTED] reported that the health department had given her a lot of information for her soon to be born child about safe sleeping and to always place the baby on her back and never to put the child in the bed with her.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2013

Contact Method: Phone Call

Contact Time: 11:17 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/17/2013

Completed date: 12/17/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/17/2013 09:31 AM Entered By: [REDACTED] [REDACTED]

12/10/2013 11:17am TC Cm [REDACTED] called [REDACTED] [REDACTED] [REDACTED]
 Cm [REDACTED] called Ms. [REDACTED] to set up a date and time to meet with her to discuss the report received by DCS from the death of her youngest child in April. Cm [REDACTED] did not discuss with Ms. [REDACTED] what the report was about but stated that Cm [REDACTED] needed to discuss a new report that had been made. Ms. [REDACTED] reported that she was confused because Cm [REDACTED] [REDACTED] currently had an open case on her. Cm [REDACTED] explained to Ms. [REDACTED] the difference in Assessment cases and investigation cases. Ms. [REDACTED] reported that Cm [REDACTED] could come to her home today at 2pm. Ms. [REDACTED] reported that she actually lives in [REDACTED] now because she her paramour had an order of protection in place. Cm [REDACTED] confirmed that he would be at the home at that time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2013

Contact Method: Attempted Phone Call

Contact Time: 11:11 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/17/2013

Completed date: 12/17/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/17/2013 08:41 AM Entered By: [REDACTED] [REDACTED]

12/10/2013 11:11am TC Cm [REDACTED] called [REDACTED] [REDACTED] [REDACTED] (Number listed in last known referral 2013)
 Cm [REDACTED] called Ms. [REDACTED] to set up a date and time to meet with her to discuss the report received by DCS from the death of her youngest child in April. The phone number recording stated the number had been changed or disconnected.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2013

Contact Method: Attempted Phone Call

Contact Time: 08:42 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/17/2013

Completed date: 12/17/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/17/2013 08:39 AM Entered By: [REDACTED] [REDACTED]

12/10/2013 8:42am TC Cm [REDACTED] called [REDACTED] [REDACTED] (the phone number listed on the police report)

Cm [REDACTED] called Ms. [REDACTED] to set up a date and time to meet with her to discuss the report received by DCS from the death of her youngest child in April. The phone number recording stated the number had been changed or disconnected.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 12/05/2013 Contact Method:
Contact Time: 10:20 AM Contact Duration: Less than 45
Entered By: [REDACTED] [REDACTED] Recorded For:
Location: Created Date: 12/05/2013
Completed date: 12/05/2013 Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Notation
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 10:21 AM Entered By: [REDACTED] [REDACTED]

History and Notations:

CPS Central Intake received this report on 12/2/2013 and assigned as P1 response.

The case was assigned to this CM [REDACTED] on 12/2/2013 with the response due on 12/4/2013

Cm [REDACTED] discussed the response time with TL [REDACTED] on 12/3/2013 and she informed Cm [REDACTED] that Cm [REDACTED] needed to present the case to CPIT in [REDACTED] on 12/4/2013 and determine what needs to be done before making a visit to the mothers house. TL [REDACTED] reported that presenting the case to CPIT would apply to the Face to Face response time. A Face to Face contact would be unable to be completed as the child victim passed away in April 2013/ DCS was never notified until this past week of the child death.

This CM verified the familys history of involvement with DCS through a search on this date the following history was noted:

[REDACTED] 12/03/2013 [REDACTED] [REDACTED] Investigation Open unlink
[REDACTED] 10/30/2013 [REDACTED] [REDACTED] Assessment Open unlink

Referent notification was made by mail on this date. A copy of such notification is contained within the file.

Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff/or Supervisors) as requested per Juvenile Court Judge

TL [REDACTED] faxed a copy of the referral to the [REDACTED] Sheriffs department, [REDACTED] DAs s office, and [REDACTED] CAC.

CM did a search of the Tennessee Bureau Of Investigation sex offender registry

http://www.tbi.tn.gov/sex_ofender_reg/sex_ofender_reg.shtml as to [REDACTED] [REDACTED] and no results or matches were found.

CM did a search of the Tennessee Bureau of Investigation Meth Offender Registry as to

<http://www.tennesseeanytime.org/methor/>) as to [REDACTED] [REDACTED] and no results or matches were found.

CM did a Tennessee felony offender search for [_\(https://www.tennesseeanytime.org/foil/search.jsp\)](https://www.tennesseeanytime.org/foil/search.jsp) as [REDACTED] [REDACTED] and no results or matches were found.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/04/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] Inv.; [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
 [REDACTED] Inv.

Narrative Details

Narrative Type: Original Entry Date/Time: 12/05/2013 11:14 AM Entered By: [REDACTED] [REDACTED]

12/4/2013 9:00am CPIT

ADA [REDACTED]
 Inv. [REDACTED]
 Inv. [REDACTED]
 CAC [REDACTED]
 CAC [REDACTED]
 Lead Inv. DCS [REDACTED]
 Juvenile Court [REDACTED]

The [REDACTED] Neglect Death was reviewed with the CPIT Team at this time and they directed Cm [REDACTED] to wait for the autopsy results to come back before classifying the case. Cm [REDACTED] explained that CM [REDACTED] [REDACTED] currently has an opened case and has reported that the parents are not currently using drugs but she does not believe the parents are truthful with where they have been living.

Cm [REDACTED] explained to TL [REDACTED] that Cm [REDACTED] was in the process of closing her case and all current issues have been resolved. Cm [REDACTED] explained that she would make a school visit to visit with the other child living in the home and then speak with the mother.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/04/2013

Contact Method:

Contact Time: 08:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 10:42 AM Entered By: [REDACTED] [REDACTED]

12/4/2013 8:15am Notation:

Cm [REDACTED] scanned the police report, parents statements, and the law enforcement sudden unexplained infant death investigation reporting form to TL [REDACTED] as requested. TL [REDACTED] informed Cm [REDACTED] that she would complete the child fatality form and e-mail it to the appropriate personnel.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/03/2013

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] Investigator

Narrative Details

Narrative Type: Original Entry Date/Time: 12/05/2013 10:32 AM Entered By: [REDACTED] [REDACTED]

12/3/2013 TC 10am CM [REDACTED] called Investigator [REDACTED] [REDACTED] with [REDACTED] Sheriffs Department
 Cm [REDACTED] called Inv. [REDACTED] to gather more information on the child death case of [REDACTED] [REDACTED] from April 2013. Inv. [REDACTED]
 reported that no one was going to be charged to the death of the child and when the incident took place it took him a week to get
 the parents statement because The parents went crazy and bot had to be admitted to a hospital. Inv. [REDACTED] reported that the
 mother was admitted to a mental health hospital and the father had a seizure after the death of his son and was admitted to the
 hospital and remained in the hospital for several days. Inv. [REDACTED] reported that he has not received the autopsy on the infant yet
 due to the medical examiner no longer having an office on [REDACTED] Inv. [REDACTED] reported that he believed the family was
 good people and the childs death was an accident however since the child
 S death the parents did not remain together and have had a difficult relationship since then. Inv. [REDACTED] reported that he believed
 the parents had domestic violence charges and an order of protection against one another since the childs death in April 2013. Inv.
 [REDACTED] reported that he would try to get a copy of the autopsy and provide it to Cm [REDACTED] Cm [REDACTED] explained that she would be
 presenting the case at CPIT tomorrow to help determine what needs to occurred since the death was not reported to DCS when
 the incident took place.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/02/2013 Contact Method:
 Contact Time: 05:41 PM Contact Duration: Less than 30
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Created Date: 12/05/2013
 Completed date: 12/05/2013 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 10:03 AM Entered By: [REDACTED] [REDACTED]

Family Composition:

[REDACTED] ACV
 [REDACTED] birth mother
 [REDACTED] sister

Address: [REDACTED] [REDACTED] [REDACTED]

P1 12/2/2013 5:41pm

Reporter states: The child is not in custody.

A few days ago the county found out about a death of an infant that occurred earlier in the year. The police report and SUIDI report were gathered.

The report stated that on April 6, 2013, 911 was called to the residence; an ambulance came to the home. The infant, [REDACTED] was declared deceased. [REDACTED] had a heart mummer. The mother, [REDACTED] [REDACTED] had [REDACTED] lying in bed with her on his side. [REDACTED] reported that [REDACTED] usually lay in his crib but on that particular night she had the child lying beside her. [REDACTED] reported that when she woke up the child was on his back and the child had some blood coming from his nose; he was blue in color and was not breathing. Paramedics were not able to revive the child.

LE thoroughly investigated the incident. The home was cleaned and the parents appeared to be appropriate. The district attorney investigated the case and no charges were filed; DCS was never contacted. The death was ruled as a sudden unexplained infant death. The report states the child was sent for an autopsy, the results of the autopsy are unknown by the reporter.

There was also a five year old child, [REDACTED] [REDACTED] in the home. The father of the infant, [REDACTED] [REDACTED] was also residing in the home at the time of the incident.

LE stated that they did not contact DCS because they did not suspect any abuse or neglect. LE was asked to contact DCS in the future for any child deaths.

Per SDM: Investigation/P2, Neglect Death due to there being an open case with the family # [REDACTED] and the case manager is already aware of this report; the reported incident occurred on April 6, 2013.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] TL on 12/02/13 @ 9:20 PM

Child Death/Child Near Death Notification Group: [REDACTED]
[REDACTED] notified.

Recon from [REDACTED] @ 2:14pm on 12/3/13:
Please make this a P 3. The infant died last April.
Reconsideration denied per Director [REDACTED]. Other children in the home justify the priority.
[REDACTED] CM3 @ 3:10 pm on 12/3/13.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/02/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 02/07/2014

Completed date: 02/07/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/07/2014 02:11 PM Entered By: [REDACTED] [REDACTED]

12/2/2013 Notation

CPSA [REDACTED] [REDACTED] has a current open case on the [REDACTED] Family lack of supervision that was received by DCS on 10/23/2013.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker: [REDACTED]
 Date of Referral: 10/23/13 6:48 AM Date of Assessment: 12/3/13 12:00 AM
 Assessment Type: Initial Closing Other Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____