



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 03/05/2013 10:42 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 03/05/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 03/06/2013 09:33 AM
First Team Leader Assigned: [REDACTED] Date/Time 03/06/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 03/06/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: TFACTS: Yes

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: Yes (2)
Prior INV/ASMT of Neglect: Yes (7)
Screen Outs: Yes (1)

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

Reporters name/relationship: [REDACTED]



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Tennessee Child Abuse Hotline Summary**

Reporter states: [REDACTED] (7 months) lived with his parents, [REDACTED] and [REDACTED] [REDACTED] had four siblings: [REDACTED] (7), [REDACTED] (6), [REDACTED] (5), and [REDACTED] (2).

[REDACTED] had a chronic history of breathing issues and some neurological history. [REDACTED] brain was the 10th of the size of a normal baby his age. [REDACTED] was admitted to the hospital in February 2013 for breathing and neurological issues. [REDACTED] may have been blind in both eyes.

[REDACTED] passed away today. This occurred at a neighbors home ([REDACTED] at [REDACTED] [REDACTED] and [REDACTED] were all present when [REDACTED] passed away. [REDACTED] owns the apartment. [REDACTED] and [REDACTED] are [REDACTED] children.

[REDACTED] has reportedly been sick over the last five days. [REDACTED] said that she took [REDACTED] to the hospital five days ago and he was diagnosed with a cold, congestion, and a bacterial infection. [REDACTED] said that [REDACTED] had not been breathing or eating well. All of the persons mentioned above who were present at [REDACTED] home were sitting in the living room when one of them noted that [REDACTED] color didnt look good and that it looked like he wasnt breathing. Law enforcement was contacted at 10:12 PM by [REDACTED] Supposedly [REDACTED] did CPR on [REDACTED]

[REDACTED] was transported to [REDACTED] Hospital at [REDACTED] It is unknown at this time if an autopsy is pending. The medical examiner just arrived on scene. There were no safety hazards observed in [REDACTED] apartment. [REDACTED] and [REDACTED] are known for narcotic use including crack cocaine. Marijuana was smelled toward the back of [REDACTED] apartment. No drugs or paraphernalia were observed.

[REDACTED] had not been home in five days and had been staying between [REDACTED] home and her fathers home. The childrens father, [REDACTED] did not know that [REDACTED] was staying in the building.

The other children are currently at their home with their father, [REDACTED]

The police report number is [REDACTED].

Per SDM: Investigative Track / P1, Child fatality; other children in the home. [REDACTED] CM 3 @ 11:21pm on 3-5-13

Event [20]Alert Started (1877), Status: [20]Alert Started [REDACTED] @ 11:23pm
[REDACTED] notified at 11:25pm on March 5, 2013.

Child Fatalities Group [REDACTED]
[REDACTED] child-fatality-notification EI-DCS) notified at 11:42pm



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 6 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:

Race:

Age: 2 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 25 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: [REDACTED] Age: 28 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 5 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: Race: Age: 7 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 1 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

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

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: 03/05/2013

Assignment Date: 03/06/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Person, Not known	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 08/10/2013

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 08/10/2013

Team Leader: [REDACTED]

Date: 08/10/2013

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

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

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

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

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



**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]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/10/2013

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/10/2013

Completed date: 08/10/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/10/2013 11:52 AM Entered By: [REDACTED]

TL reviewed case as submitted by assigned CM. CM has completed her investigation and is recommending an Unfounded classification. Classification was presented to, and accepted by the CPIT panel. TL also concurs with classification. Case was also reviewed at the [REDACTED] Co. Child Fatality Review team, with TL in attendance. Investigation can be closed. Notification of Classification will be sent to [REDACTED] Co. Juvenile Court and the District Attorney's Office via 740 forms.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/24/2013 Contact Method:
 Contact Time: 11:30 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/10/2013
 Completed date: 08/10/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/10/2013 11:41 AM Entered By: [REDACTED]

Case Name: [REDACTED]
 Initial Contact Date:3/6/2013 @ 12:30pm
 Location of Contact: Family home
 Referral #: [REDACTED]

DOCUMENTATION/CASE RECORDINGS FORM

Date of Referral:3/5/2013 @ 11:43pm

Referral: [REDACTED] (7 months) lived with his parents, [REDACTED] and [REDACTED] [REDACTED] had four siblings: [REDACTED]
 [REDACTED] (7) [REDACTED] (6), [REDACTED] (5), and [REDACTED] (2).

[REDACTED] had a chronic history of breathing issues and some neurological history. [REDACTED] brain was the 10th of the size of a normal baby his age. [REDACTED] was admitted to the hospital in February 2013 for breathing and neurological issues. [REDACTED] may have been blind in both eyes.

[REDACTED] passed away today. This occurred at a neighbors home [REDACTED] at [REDACTED]
 when [REDACTED] passed away. [REDACTED] owns the apartment. [REDACTED] and [REDACTED] are [REDACTED] children.

[REDACTED] has reportedly been sick over the last five days. [REDACTED] said that she took [REDACTED] to the hospital five days ago and he was diagnosed with a cold, congestion, and a bacterial infection. [REDACTED] said that [REDACTED] had not been breathing or eating well. All of the persons mentioned above who were present at [REDACTED] home were sitting in the living room when one of them noted that [REDACTED] color didnt look good and that it looked like he wasnt breathing. Law enforcement was contacted at 10:12 PM by [REDACTED] Supposedly [REDACTED] did CPR on [REDACTED]

[REDACTED] was transported to [REDACTED] It is unknown at this time if an autopsy is pending. The medical examiner just arrived on scene. There were no safety hazards observed in [REDACTED] apartment. [REDACTED] and [REDACTED] are known for narcotic use including crack cocaine. Marijuana was smelled toward the back of



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] apartment. No drugs or paraphernalia were observed.

[REDACTED] had not been home in five days and had been staying between [REDACTED] home and her fathers home. The childrens father, [REDACTED] did not know that [REDACTED] was staying in the building.

The other children are currently at their home with their father, [REDACTED]

Notification of Referral: 3/2013

[REDACTED] County District Attorneys office and [REDACTED] County Juvenile Court were notified of referral.

Victims Mother: [REDACTED]

Date of Contact: 3/6/2013

CM explained MRS, Pamphlet, Clients Rights Handbook to include the Parents Bill of Rights and HIPPA and Notification of Equal Access and provided the family with copies of each and kept copies of signature pages. CM asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification.

Victims Father: [REDACTED]

Date of Contact: 3/6/2013

Allegations and Presenting Problems: The current allegations is neglect death. The alleged victim is [REDACTED] and the alleged perpetrator is the mother, [REDACTED].

CPS/DCS History: [REDACTED] 05/13/2013 [REDACTED] Assessment Open

[REDACTED] 03/06/2013	[REDACTED] Investigation Open
[REDACTED] 07/30/2012	[REDACTED] Assessment Closed
[REDACTED] 03/28/2012	[REDACTED] Assessment Closed
[REDACTED] 05/31/2011	[REDACTED] Assessment Closed
[REDACTED] 11/03/2009	[REDACTED] Assessment Closed

Criminal Background checks: The mother has been arrested for drug charges and theft charges.

Family Composition/ Demographics: The mother and father, [REDACTED] and [REDACTED] reside in the apartment with their children, [REDACTED] (7), [REDACTED] (6), [REDACTED] (5), and [REDACTED] (2).

Alleged Perpetrator Contact: The mother stated that she was upstairs with a friend and the baby was asleep. She stated that when she went in to check on the baby that he was blue and not breathing. She stated that they called 911. She stated that the baby had just gotten out of the hospital for a bad cold. She stated that she thought he was getting better. She stated that he had a lot of medical problems when he was born.

Safety Assessment Score: 3/6/2013

Initial- No immediate harm factors identified.

Convene CPIT Team (if applicable): Case was presented to CPIT on 7/24/2013 and was classified as AUPU.

Permanency (i.e. A safe and stable environment that the child and family has a reasonable expectation of calling home throughout their life): The family has reside at the apartment for over a year.

Family Support (i.e. Formal and informal support; family members, neighbors, church, Collateral Contacts, and community groups and agencies): The family receives support from the state. They also have some family support. The family is very aware as to how to get resources in the community.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	████████████████████
Case Status:	Close	Organization:	████████████████

Worker Observation of the Child(ren) (i.e. Marks, Bruises, Appearance and Environment): The child was pronounced dead at the hospital.

Case closed as AUPU with the allegation of neglect death. The medical examiner found that the child died of health related problems. This cm is still working with the family on an assessment case. The case was presented to CPIT on 7/24/2013 and it was agreed upon to classify the case as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/04/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/10/2013

Completed date: 08/10/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/10/2013 11:24 AM Entered By: [REDACTED]

CM recieved the final autopsy report from the medical examiner. The cause of death was Acute bronchopneumonia. A copy of the autopsy report was added in the document section.



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: 03/18/2013

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/21/2013

Completed date: 03/21/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/21/2013 03:21 PM Entered By: [REDACTED]

Cm recieved a phone call from the school social worker at [REDACTED] Elementary, [REDACTED]. She stated that she just wanted to touch base with the cm regarding the family. She reported that the children had missed school the previous week due to the death. She reported that the funeral was on Sunday and that some teachers and staff at the school attended the funeral. She reported that the mother stated that the children would be back to school on this date. She reported that the mother advised the school that the children were staying with some family in [REDACTED] due to the mother and father trying to get the funeral planned. She reported no concerns with the family in the past. She reported that she had contact with the mother and father and that they always seemed appropriate. She reported none of the teachers reporting concerns for the children. SHe reported that the children did have quite a few absences, but that it was because they children would miss the bus and that the parents did not have transportation. She reported that the mother had been ensuring that the children were at school after they had a informal hearing at juvenile court. This CM advised [REDACTED] to call this cm if she had any concerns or problems with the family.

Cm called and left a message for [REDACTED] who is working with the family. [REDACTED] has been working with the family for the past year and has a good relationship with the family.



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: 03/14/2013

Contact Method: Attempted Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/21/2013

Completed date: 03/21/2013

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/21/2013 03:11 PM Entered By: [REDACTED]

CM went by the residence of the [REDACTED] Family. No one was home. Cm left a card in the door asking the family to call this cm.



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: 03/06/2013 Contact Method: Face To Face
 Contact Time: 12:30 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 03/14/2013
 Completed date: 03/14/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2013 02:08 PM Entered By: [REDACTED]

Cm called and spoke to the referent. He advised that the Det. [REDACTED] from major crimes was handling the case. He stated that when the police arrived at the location that the baby was DOA. He stated that the mother was very upset as well as the lady who lived in the apartment. He reports that he saw all the other children and that he did not have any concerns for them. He stated that the father was visibly upset and shaken from the death of his child. He stated that he mother and everyone else in the apartment were questioned. He reported that the medical examiner and the crime scene officers were at the residence as well. He reported that the mother did not appear to be under the influence of any drugs or alcohol. He stated that he was no sure if there were still officers on the scene, but advised this cm to call him back if she needed anything else.

Cm went by the residence and no police officers were present. Cm called nad requested that an officer respond to the address to do a check on the other children in the home. Officers arrived and this cm went to the residence of [REDACTED] and [REDACTED]. [REDACTED] answered the door. This cm explained who she was and why she was there. Cm checked on the other 4 children. All 4 children presented with no marks or bruises. The children were all in the pajamas. [REDACTED] came into the apartment and stated that she was trying to get a ride to the hospital. [REDACTED] stated that he was not sending the children to school the next day. This cm got a phone number for the mother and father. The father advised that the baby had been sick and had been to the hospital twice in the past month. He reported that he was not sure what happened as the mother and baby were upstairs in a neighbors apartment. This cm advised the family that she would be back in touch.

Narrative Type: Addendum 1 Entry Date/Time: 03/21/2013 03:25 PM Entered By: [REDACTED]

Cm [REDACTED] smelled what she thought was alcohol on the mother when she entered the apartment during this cm's visit. The mother did not appear to be drunk. The mother was visibly upset and crying while this cm was there. Cm did speak to the officer who was on the scene with the mother and he reported that the mother was not drinking or did not appear to have been drinking when he had contact with her.



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: Created In Error
 Contact Date: 03/13/2012 Contact Method: Face To Face
 Contact Time: 11:30 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/21/2013
 Completed date: 03/21/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/21/2013 03:08 PM Entered By: [REDACTED]

Cm spoke to Sgt. [REDACTED] with the [REDACTED] Police department regarding the [REDACTED] Case. Sgt. [REDACTED] called and spoke to the medical examiner regarding the autopsy. The medical examiner stated that the case still looked like a health related death. He reported that he was waiting on some bacterial cultures to come back, but it looked like the baby had pneumonia and some type of bacterial infection in his blood. The medical examiner stated that as soon as the cultures were back that he could make a final finding on the death. The medical examiner stated that it he leaning toward the finding of a health related death. Sgt. [REDACTED] stated that he would contact this CM as soon as he heard from the medical examiner.

Narrative Type: Created In Error Entry Date/Time: 03/21/2013 03:22 PM Entered By: [REDACTED]

This occurred on 3/13/2013, not 2012. Cm entered the wrong date.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 3/5/13 10:42 PM

Date of Assessment: 3/6/13 12:00 AM

Assessment Type: [X] Initial [] Closing [] Other

Number of Children in the Household: 5

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services Case # 2013.020ph
Notice of Child Fatality/Near Fatality

Investigation #:	[REDACTED]	Date of Notification:	3/06/13	Date of Death/ Incident:	3/05/2013
Type: (Please check one)	<input checked="" type="checkbox"/> FATALITY	<input type="checkbox"/> NEAR FATALITY			
Child Name:	[REDACTED]	DOB:	[REDACTED]	TFACTS #	[REDACTED]
Gender:	Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>	Race/Ethnicity:	White (No	County/Region:	[REDACTED]
Parent's Name(s):	Mother: [REDACTED]	Father:	[REDACTED]		
Was child in custody at time of incident?	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Adjudication:			
If child is in DCS custody, list placement type and name:	N/A				

Describe (in detail) cause or circumstance regarding the death/injury: [REDACTED] (7 months) lived with his parents, [REDACTED] and [REDACTED]. [REDACTED] had four siblings: [REDACTED] (7), [REDACTED] (6), [REDACTED] (5), and [REDACTED] (2). [REDACTED] had a chronic history of breathing issues and some neurological history. It was reported that [REDACTED] was born with breathing issues, neurological issues and a head size 1/10 the size of a normal head. It was reported that he was blind. [REDACTED] was reportedly admitted to [REDACTED] hospital in February 2013 for a cold, congestion, and a bacterial infection. It is unknown when [REDACTED] was discharged at this time.

[REDACTED] was out of the hospital and with his mother, [REDACTED], at a neighbor's home ([REDACTED]) at [REDACTED]. In the home at the time of [REDACTED] medical decline were [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. They were all present when [REDACTED] passed away. [REDACTED] rents the apartment in which [REDACTED] experienced medical difficulties.

[REDACTED], mother, said that [REDACTED] had not been breathing or eating well. All of the persons mentioned above who were present at [REDACTED] home were sitting in the living room when one of them noted that [REDACTED] color didn't look good and that it looked like he wasn't breathing. Law enforcement was contacted at 10:12 PM by [REDACTED]. It was reported that [REDACTED] performed CPR on [REDACTED] and was performing CPR when medical staff arrived on the scene. It was reported that [REDACTED] was dead on the scene.

The medical examiner, [REDACTED], arrived on the scene and took pictures.

CPS was notified of this case after the police did their investigation on the scene. CPS CM [REDACTED] talked with Officer [REDACTED], [REDACTED] Police Department. Officer [REDACTED] had no concerns with the mother [REDACTED] nor the other mother caring for the children. The police and the medical examiners office were treating this like a major crime scene until they could do a thorough investigation.

There were no safety hazards observed in [REDACTED] apartment. [REDACTED] PD Officer, [REDACTED], reported that [REDACTED] and [REDACTED] are known for narcotic use including crack cocaine. Marijuana was smelled toward the back of [REDACTED] apartment which opens to an open stair well where others in the apartment community use. No drugs or paraphernalia were observed.

The other children, [REDACTED], [REDACTED], [REDACTED] and [REDACTED] were at their apartment with their father, [REDACTED] at the time of [REDACTED] medical decline and were unaware of what was happening. The father was notified of this situation.

The police report number is [REDACTED]

TL [REDACTED] contacted Sgt. [REDACTED], CPIT Team Member, who works for the [REDACTED] Police Department and requested police reports and information on whether or not an autopsy has been requested or performed. Sgt. [REDACTED] is to gather this information and get back with this TL.

Describe (in detail) interview with family: CPS CM [REDACTED] went to the parent's home ([REDACTED] and [REDACTED]) and observed the following children: [REDACTED]; [REDACTED]; [REDACTED]; and [REDACTED]. CPS CM talked with both parents who appeared to be very distraught.

The mother, [REDACTED], was outside the apartment crying and the father was trying to get the boys to bed. The CPS CM [REDACTED] thought that the mother smelled of alcohol. The mother did not appear to be drunk or intoxicated.

CPS CM [redacted] also went to [redacted] home and talked with her and her two children [redacted] and [redacted]. These children were safe. These children are in counseling with [redacted] Health Center and CPS CM advised [redacted] to contact [redacted] Health to advise them that they were present when this baby died.

CPS CM reported that [redacted], father, did not know that [redacted], mother, was staying in the building (another apartment upstairs). There was discrepancies between the length of time the mother was out of the home. [redacted] was admitted to [redacted] Hospital allegedly 2/13/13. The discharge date is unknown. The mother allegedly went to the neighbors home- [redacted] home with the baby.

The other children are currently at their home with their father, [redacted]. CPS CM [redacted] observed and talked with the children briefly as they were going to bed. [redacted], [redacted] and [redacted] all attend [redacted] Elementary School.

CPS CM talked with [redacted] children- [redacted] ([redacted]) and [redacted] ([redacted]) and these children were crying as they were there when [redacted] died in their home. CPS CM [redacted] talked with [redacted] about contacting [redacted] Center as the children attend a counselor there and the counselor needs to know of this incident.

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

Describe disposition of body (Fatality):		Unknown-spoke with [redacted]	
Name of Medical Examiner or Coroner:	[redacted]	Was autopsy requested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did CPS open an investigation on this Fatality/Near Fatality?	Open <input checked="" type="checkbox"/>	Closed <input type="checkbox"/>	
Was there an open investigation at the time of Fatality/Near Fatality?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

If so, describe (in detail) law enforcement or court involvement:

Alleged perpetrator and relationship to child: unknown

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

[redacted] - 7 year old male- CPS CM [redacted] observed [redacted] and the father was trying to get him to bed.	[redacted] -6 year old male-CPS CM [redacted] observed [redacted] and the father was trying to get him to bed.
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[redacted] -5 year old-CPS CM [redacted] observed [redacted] and the father was trying to get him to bed.	[redacted] -2 yearold male - CPS CM [redacted] observed [redacted] and the father was trying to get him to bed. -
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Prior DCS involvement, include dates, findings, and/or adjudications:

CPS Assessment [redacted] 7/30/12 – 12/18/12 CPS received this referral for Drug Exposed Children on [redacted], [redacted] and [redacted], and Drug exposed infant on [redacted]. The mother, [redacted], was on methadone. CPS closed this case as No Services Needed. [redacted] had [redacted] working with the family as they just transitioned into a new place. (CPS CM [redacted]/TL [redacted])

CPS investigation [redacted] -3/19/12 - 6/5/12 CPS received this case for Lack of Supervision and Sexual Abuse on [redacted], [redacted], and [redacted] by the mother and father, [redacted] and [redacted]. The

[redacted] Assessment- 5/29/11 - 1/19/12 CPS received this case for Psychological Harm on [redacted] by the mother, [redacted]. CPS classified this case No Services Needed. CM [redacted] met response on Sunday, May 29th. An IPA was put in place; Attorney [redacted] was notified by TL. CM [redacted] saw all children, as the mother had 3 other children. CM [redacted] completed a home visit. The birth father agreed to be the responsible adult to insure the children's safety and to not leave the children alone with the mother until a meeting could be held at the Prevention office. The meeting was held on Tuesday, May 31, 2011. IPA was terminated at that time. DCS Legal [redacted] was notified of the IPA termination. Collateral information was gathered. CM [redacted]

children and the parents denied that they were having sex in the restroom, but that they were bathing the youngest child and everyone was in the restroom and that it why it was so loud. The referent did not actually hear the alleged incident, but stated that it was reported to her by another 13 year resident at the homeless shelter. She stated that the parents had always appeared to be appropriate and that she had never seen anything to warrant concerns before. She stated that the family is working with them to find a place to live and that the parents are cooperative. CPS Classified this case as Allegation Unfounded and perpetrator Unfounded. (CPS CM [redacted]/CPS TL [redacted])

continued the assessment in immediate hazard factors where noted.. (CPS CM [redacted]/CPS TL [redacted] & CPS CM [redacted]/CPSTL [redacted])

[redacted] Assessment- 3/27/12 – 4/4/12 CPS this referral for drug exposed infant [redacted] and drug exposed children [redacted], [redacted] CPS Classified this as No Services needed. The family was homeless and working with [redacted]. This investigation found that the family is currently connected with the [redacted] here in [redacted], Tennessee. This investigation found that both the mother and father are actively participating in the shelter's recovery program that helps homeless families obtain the necessary skills that are required to obtain employment and stable housing. This investigation found that the parents are also participating in training sessions that are teaching them about parenting, how to budget, how to prepare nutritious meals, as well as how to get in touch with their own spirituality. This investigation found that the children are safe, clean, well-nourished, and receiving adequate housing. This investigation found that the family is being provided with appropriate overnight accommodations each evening as well as transportation to scheduled appointments for the parents, and transportation to and from school for the family's (6) year old child. During this investigation the mother was drug screened and tested negative for all panels tested. This investigation also found/confirmed that the mother is being provided with prenatal care by her obgyn ([redacted]) in [redacted] Tennessee. During this investigation the family signed a non-custodial permanency plan and stated that they are committed to continue working the [redacted] recovery program at the shelter. (CPS CM [redacted])

[redacted] Assessment - 2/20/10 - 5/4/10 CPS received this referral for Physical Abuse of [redacted] by an Unknown Person. The case was classified Unable to Complete as the family did not live at the address on the referral and the family did not live at the address of the previous referral. CM mailed the family a letter and it was returned undeliverable and unable to forward by the Post Office. The alleged perpetrator was not named and did not live at the address given for him according to the person that lived at the address. That person denied knowing the family and children. (CPS CM [redacted]/CPS TL [redacted])

[redacted] Assessment - 11/3/09 - 5/4/10 - CPS received this referral for Environmental Neglect and Drug Exposed Child of [redacted], [redacted], and [redacted] by parents, [redacted], and [redacted]. The case was classified No Services Needed. The following Admin Review was entered by TL [redacted] that explains why [redacted] was classified Unable to Complete and [redacted] was classified No Services Needed; "TL [redacted] and CM [redacted] staffed this case. CM clarified case information in regards to this referral that was received Nov & Dec 09 (linked) for ENN and DEC and he received another referral for PHA in Feb 10. CM was able to complete his assessment on the first referral however since the second referral CM has been unable to make contact with the family. CM will complete Good Efforts Form as to his attempts in finding the family.

Has there been any media inquiry or is attention expected?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Contact Person/Phone Number(s) (include CM, TL, and TC):	[redacted], CPS CM- [redacted] [redacted]-CPS TL [redacted] [redacted]-CPS TL [redacted] [redacted]-CPS TC [redacted]	
ATTACH a copy of the TFACTS Incident Report or Form CS-0496, Serious Incident Report to this notice if TFACTS is inoperable:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

FAX TO OFFICE OF CHILD SAFETY @ [redacted]