



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

A. Investigation

Case Name: [Redacted]
Referral Date: 01/27/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 01/27/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Row 1: 1, [Redacted], [Redacted], Neglect Death, Unknown Participant, [Redacted], Allegation Unfounded / Perpetrator Unfounded, Yes, [Redacted] 09/25/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The department became involved due to allegations of Neglect Death. The child was found face down in his baby bed. The autopsy ruled the death as accidental, positional asphyxia. It appears that mom and dad may have still need to address their grief and mom is attending a methadone clinic, dad is sometimes stealing her medication and smoking marijuana. This case is being closed however there is another case open where [Redacted] was bit by a dog. Issue will continue to be monitored in that case. This case is being closed.

D. Case Workers

Case Worker: [Redacted] Date: 09/25/2013
Team Leader: [Redacted] Date: 10/03/2013

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:

The child was not observed as he was deceased and had been removed from the home.

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

The autopsy states the death was accidental, positional asphyxia.

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

Mom states she laid the child down around 8 and then she fed him around 2 and put him back in the bed on his side. When she woke up at 5:30 and saw his face was facing the pillow. The pillow was in the bassinet to keep him from rolling over.

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



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

NA

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

NA

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District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney



Notice of Child Fatality/Near Fatality

Investigation #:	intake id [REDACTED]	Date of Notification:	01/27/13	Date of Death/ Incident:	01/27/13
Type: (Please check one)	<input checked="" type="checkbox"/> FAT ALITY		<input type="checkbox"/> NEAR FATALITY		
Child' Name:	[REDACTED]	DOB:	[REDACTED]	TFACTS #	Family case id [REDACTED]
Gender: Male:	<input type="checkbox"/>	Female:	<input checked="" type="checkbox"/>	Ra ce/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:	N/A	
If child is in DCS custody, list placement type and name:	n/a				
Describe (in detail) cause or circumstance regarding the death/injury: The mother woke up today, 1-27-2013, around 5:30 A.M. and found the baby face down in a pillow that was placed inside the bassinette. Blood was found coming out of the baby's nose. The mother got the father and grandfather, who were already up. They attempted to revive the baby. 911 was called and arrived on scene. The grandfather took the baby to the ambulance, EMS took over from there. The baby was pronounced dead on scene at the home. The baby was taken to the Coroner's office after EMS arrived. The Medical Examiner's preliminary thoughts were that the baby smothered to death due to the pillow placed in the bassinette; most likely positional asphyxiation.					
Describe (in detail) interview with family: The family stated the same thing. The baby had a small bassinette and they folded a pillow in a v shape in the bassinette. When the mother woke up the baby was face down in the pillow and was dead. The father reported that he would test positive for THC and the mother attends the methadone clinic. In addition, the grandparents also reside in the home.					
If child was hospitalized, describe (in detail) DCS involvement during hospitalization: N/A - The baby was pronounced dead at the scene and transported by EMS directly to the Coroner's office.					
Describe disposition of body (Fatality):		[REDACTED] Medical Examiner			
Name of Medical Examiner or Coroner:		[REDACTED]	Was autopsy requested?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Did CPS open an investigation on this Fatality/Near Fatality?		Open <input checked="" type="checkbox"/> Clo	sed <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: No known court involvement. Detective assigned to the fatality is Detective [REDACTED] with [REDACTED] CSO.					
Alleged perpetrator and relationship to child:		Parents - However referral is for Neglect Death against 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]		[REDACTED]			
[REDACTED]		All children remain in the home with their parents and grandparents.			

Prior DCS involvement, include dates, findings, and/or adjudications:

██████████ - Assess - closed March 2012 - DEC & Med
Mal - NSN

██████████ - Assess - 2009 - LOS - NSN

██████████ - Inv - 2008 - LOS & PHA - AU/PU

n/a

Has there been any media inquiry or is attention expected?

Yes No

Contact Person/Phone Number(s) (include CM, TL, and TC):

CPSI ██████████

TL ██████████

TC ██████████

ATTACH a copy of the TFACTS Incident Report or Form CS-0496, Serious Incident Report to this notice if TFACTS is inoperable:

Yes No

FAX TO OFFICE OF CHILD SAFETY @ ██████████



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 01/27/2013 06:30 AM ET
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 01/27/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 01/27/2013 07:43 PM
First Team Leader Assigned: [REDACTED] Date/Time 01/27/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 01/27/2013 12:00 AM

Allegations

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

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS History:

Open Court Custody/FSS/FCIP: None

Closed Intensive In-Home Family Services: Yes/Closed 1-25-2012

Prior INV/ASMT of Abuse: 2
Prior INV/ASMT of Neglect: 3
Prior Screen Outs: 1

SSMS Positive for [REDACTED]
Childs Name: [REDACTED]
Incident Referral Date: 3-24-1999
Perp: Other Relative in Household
Type: Minor Physical Abuse



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 25 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: 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: 49 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: 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: Unknown Participant [REDACTED], Unknown

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

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

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:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 3 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: 0 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



Tennessee Department of Children's Services
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Referral Date: 01/27/2013 Assignment Date: 01/27/2013
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B. Allegation

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C. Disposition Decision

Disposition Decision:
Comments:

D. Case Workers

Case Worker: Date:
Team Leader: Date:

E. Investigation Summary

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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: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/11/2013

Contact Method: Correspondence

Contact Time: 08:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/17/2013

Completed date: 06/17/2013

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: 06/17/2013 11:09 AM Entered By: [REDACTED]

CM [REDACTED] entered these notes for CM [REDACTED]. CM [REDACTED] completed the following phone calls.

[REDACTED]

6/11/2013 @ 8:06 am - Case Manager [REDACTED] called [REDACTED] whom we believed was the case worker from [REDACTED] to coordinate and Ask her what the status of services is and if there any concerns about the family as well as acquire a phone number, address or place of employment for the family. CM called [REDACTED]. [REDACTED] advised she only filled in with this family a couple of times and she did not have any demographic information. CM acquired the name of the caseworker assigned to the case, [REDACTED] and called [REDACTED]. There was no answer; CM left name and number for call back.

06/13/2013 @ 10:52 CM [REDACTED] called [REDACTED] who said she did not this case righ off-hand and the name was not ring any bells. She states that she will call her office and see if she can locate a phone number, address or place of employment for the family.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/03/2013	Contact Method:	Attempted Phone Call
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/04/2013
Completed date:	06/04/2013	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: 06/04/2013 08:36 AM Entered By: [REDACTED]
 CM attempted to contact [REDACTED] ([REDACTED]) at [REDACTED] and left a VM asking for a callback.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/28/2013	Contact Method:	Attempted Phone Call
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/28/2013
Completed date:	05/28/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/28/2013 01:03 PM Entered By: [REDACTED]

CM [REDACTED] attempted to contact the mother on both numbers located. One of the numbers was disconnected, the other number he left a VM.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/24/2013	Contact Method:	Attempted Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/24/2013
Completed date:	05/24/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/24/2013 03:13 PM Entered By: [REDACTED]

CM [REDACTED] and CM [REDACTED] attempted to conduct a follow up visit with the family as this case was transferred to this CM from TL [REDACTED] as CM [REDACTED] is no longer employed with the Dept. We were unable to locate this house number at this time. CM will attempt to locate a phone number to call the family to ask where they are residing.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/04/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/04/2013

Completed date: 04/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2013 10:57 AM Entered By: [REDACTED]

Prior DCS history with the family:

- [REDACTED] CPS [REDACTED] -PA and LOS allegations-AUPU
- [REDACTED] CPS [REDACTED] -LOS allegation-No Services Needed
- [REDACTED] CPS [REDACTED] -DEC and Medical Maltreatment-No Services Needed



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/04/2013	Contact Method:	Correspondence
Contact Time:	08:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/04/2013
Completed date:	04/04/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2013 10:58 AM Entered By: [REDACTED]

CM [REDACTED] requested records from the [REDACTED] on [REDACTED] and records from [REDACTED] on [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/26/2013	Contact Method:	Correspondence
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/04/2013
Completed date:	04/04/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2013 10:59 AM Entered By: [REDACTED]

CM [REDACTED] received the drug assessment completed by [REDACTED] on [REDACTED], mother and [REDACTED], father
 Results showed [REDACTED] had a resent positive drug screen and needed drug treatment.
 Results for [REDACTED] had tested positive recently for drugs and may need further treatment.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/05/2013	Contact Method:	Phone Call
Contact Time:	03:22 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/08/2013
Completed date:	03/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/08/2013 03:19 PM Entered By: [REDACTED]

Time: 3:22pm

CM received text from [REDACTED], in home service worker stating: [REDACTED] is doing very well, given low income housing list, referral for household items, completing A&D assessment today, next apt wednes at 9am.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/27/2013	Contact Method:	Phone Call
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/08/2013
Completed date:	03/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/08/2013 03:19 PM Entered By: [REDACTED]

CM received text from [REDACTED], in home service worker stating: Day cancelled, next apt Tues at 1:30pm, Mom getting tubes tied today.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/22/2013	Contact Method:	Phone Call
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 11:34 AM Entered By: [REDACTED]

CM [REDACTED] spoke with [REDACTED], in home worker with [REDACTED]. [REDACTED] stated she would now be working on the [REDACTED] case. CM [REDACTED] informed [REDACTED] of the concerns with the family and what cm wanted [REDACTED] to assist them with.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/21/2013	Contact Method:	Face To Face
Contact Time:	03:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/04/2013
Completed date:	04/04/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2013 10:56 AM Entered By: [REDACTED]
Time: 3:30pm

Child Protective Services Investigator [REDACTED] (CPSI) made a home visit/face to face to follow up with the family. [REDACTED], mother, [REDACTED], father, [REDACTED], [REDACTED], and [REDACTED] were present during this visit.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all 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.

When CM arrived the family was getting out of their car due to just arriving home. [REDACTED] reported they had just gotten out of the hospital with [REDACTED]. [REDACTED] stated [REDACTED] was diagnosed with Stage 2 brain cancer and had to have surgery. [REDACTED] stated they will be doing physical therapy with [REDACTED] due to motor skills being delayed on his right side. Family stated they were really stressed over all the trauma they have had lately. CM [REDACTED] spoke with them about in home services and what the services would be helping them with. Family stated they had not heard from anyone concerning the in home services. CM explained to be expecting someone and cm would check to see why no one has contacted them. Family asked about [REDACTED] death certificate. CM explained cm didnt know about the length of time that would take to get. Family appeared open to any services which could assist them at this time. Family reported no other concerns.

Observations: The home was clean. No visible safety or health concerns were observed. [REDACTED] had a bandage covering his entire head and was needing assistance to walk. Parents had stopped and got the children some food and they were ensuring them ate.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

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Contact Date:	02/19/2013	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 06:46 PM Entered By: [REDACTED]

CM [REDACTED] completed internet checks on [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. The following was reported:
 [REDACTED] Bureau of Investigation Sex Offender Registry search: CM [REDACTED] searched the database and found no results. A copy of such finding is contained within the hard file.
 [REDACTED] Bureau of Investigation Meth Offender Registry search: CM [REDACTED] searched the database and found no results. A copy of such finding is contained within the hard file.
 [REDACTED] Felony Offender search: CM [REDACTED] searched the database and found no results. A copy of such finding is contained within the hard file.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/14/2013

Contact Method: Attempted Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/08/2013

Completed date: 03/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

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

Time: 12pm

CM [REDACTED] attempted home visit to the [REDACTED] home but no one was home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/13/2013	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/08/2013
Completed date:	03/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/08/2013 03:22 PM Entered By: [REDACTED]
CM [REDACTED] completed FAST. Overall score was moderate. FAST was reviewed with [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/12/2013	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 06:45 PM Entered By: [REDACTED]

CM received background checks back on [REDACTED], mother, [REDACTED], father and [REDACTED], grandfather. The following was reported:

- [REDACTED]-9/08-driving while privilege suspended-no disposition listed
- 10/11-driving without a license in possession-conviction
- 8/12-driving without a license in possession-conviction
- [REDACTED]-9/11-driving while privilege suspended-dismissed
- [REDACTED]-5/88-property crimes-conviction
- 11/00-driving under the influence-child endangerment-conviction
- 3/06-public intoxication-dismissed
- 11/06-disorderly conduct-conviction
- 2/07-public intoxication-dismissed
- 7/08-driving while privilege suspended-dismissed
- 1/09-driving under the influence-conviction



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/11/2013	Contact Method:	Phone Call
Contact Time:	12:58 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/08/2013
Completed date:	03/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/08/2013 03:23 PM Entered By: [REDACTED]

Time: 12:58pm

CM [REDACTED] spoke with [REDACTED], [REDACTED]. CM [REDACTED] gave [REDACTED] an update on the case and explained all needed services for the family.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/11/2013	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/08/2013
Completed date:	03/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/08/2013 03:22 PM Entered By: [REDACTED]
 Criminal bkg check were requested on [REDACTED], [REDACTED], and [REDACTED] from the [REDACTED] County Sheriffs Office.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/31/2013	Contact Method:	Face To Face
Contact Time:	02:45 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/04/2013
Completed date:	04/04/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2013 10:55 AM Entered By: [REDACTED]

Time: 2:45pm

Child Protective Services Investigator [REDACTED] (CPSI) made a home visit/face to face to follow up with the family. [REDACTED], father, [REDACTED], grandfather, and [REDACTED] were present during this visit. Family reported they had the funeral for [REDACTED] today. [REDACTED] stated [REDACTED] was lying down due to the stress of the day. [REDACTED] stated they were doing as well as expected. CM [REDACTED] spoke with him about in home service to assist them. Cm [REDACTED] gave him a [REDACTED] Co Resource Guide and talked with him about getting his GED. [REDACTED] stated he felt like not having his GED was a barrier to him finding a job. CM [REDACTED] spoke with [REDACTED] about both him and [REDACTED] completing an alcohol and drug assessment. [REDACTED] told [REDACTED] all DCS was offering would only help him. [REDACTED] stated they didnt have a problem doing anything that is asked of them. [REDACTED] reported the family is no longer staying in the room where [REDACTED] died. [REDACTED] stated they were able to pay for everything for [REDACTED] funeral through donations and only thing left was a head stone. [REDACTED] stated he was going to make sure one is bought. CM asked [REDACTED] if he had used any other drugs. [REDACTED] stated he had not. [REDACTED] and [REDACTED] both stated [REDACTED] has been doing great and attending the [REDACTED] Clinic for treatment. [REDACTED] stated her drug screens have been negative or she would have been kicked out of the program. CM explained to [REDACTED] cm would come back to complete paperwork due to not wanting to disturb [REDACTED]. [REDACTED] stated that would be fine. Cm made sure they had CMs telephone numbers.

Observations: The home smelled of smoke. The home had no visible safety of health hazards visible. [REDACTED] washed the dishes will CM was present. [REDACTED] was clean and well dressed. NO visible marks or bruises. [REDACTED] stated the younger two boys were with other family to give them time to rest following the funeral.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/30/2013	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	03/08/2013
Completed date:	03/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/08/2013 03:18 PM Entered By: [REDACTED]

CM [REDACTED] was given a copy of the DVD by [REDACTED] containing the interviews completed at the [REDACTED] home. DVD will be placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/29/2013

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/08/2013

Completed date: 03/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/08/2013 03:24 PM Entered By: [REDACTED]

CM [REDACTED] requesting case services stating: CPS referral received on 1/27/13 with allegations of neglect death. [REDACTED], 1/12/13, was found deceased in his bed by mother. No abuse or neglect is suspected at this time. Upon investigation it was found the mother is attending methadone clinic, and father admitted to using marijuana. Also, the family has limited furnishings and room in the home. Family is in need of community resources to assist them. Both mother, [REDACTED] and father, [REDACTED] need to complete a&d assessment and follow all recommendations. Possible grief counseling to assist the family in the death of their son.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/28/2013	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	03/08/2013
Completed date:	03/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/08/2013 03:17 PM Entered By: [REDACTED]
CM [REDACTED] requested copies of the interviews completed on this case from Det [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/27/2013	Contact Method:	Face To Face
Contact Time:	07:30 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/12/2013
Completed date:	02/12/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview, Collateral Contact, Initial ACV Face To Face, Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/12/2013 02:02 PM Entered By: [REDACTED]
 the following is interviews with [REDACTED], mother, [REDACTED], maternal grandfather, [REDACTED], father.
 The following DVD was obtained from [REDACTED]:

1-27-13

Re: [REDACTED] (Audio Summary)

[REDACTED] and Det. [REDACTED] are speaking with the mother of [REDACTED] and the detective explains that all the questions regarding the death is nothing against her, its just something that has to be done. Mom states that she went to bed about 7:30 or 8:00 p.m. and she laid the baby down and that the baby got up to eat about 2:00 and after she fed the baby then she laid him down on his left side. She states that he ate around 3 or 3 1/2 ozs. He was bottled fed and he was eating Good Start Soy. The hospital started him on the Soy. He was born at [REDACTED]. He was born [REDACTED]. She states his doctor is at [REDACTED] and his name is Dr. [REDACTED]. The phone number is [REDACTED]. He was born at 36 weeks and the labor and everything went ok. His grandmother gave them the bassinette and its not new. Mom states the babys name is [REDACTED]. Her address is [REDACTED]. Mom states the other 2 children are [REDACTED] (3), dob: [REDACTED], [REDACTED] (2), [REDACTED] and the oldest ones dad is [REDACTED], dob: [REDACTED], B/M. She doesnt know where he is at that she hardly talks to him, phone # is [REDACTED] and he doesnt work. [REDACTED] (6), dob: [REDACTED] and he goes to [REDACTED] Elementary. Mom states that it has been about a month and half ago since she has talked to [REDACTED]. Mom states that she has been pregnant 4 total times. Moms social is [REDACTED]. [REDACTED] social is [REDACTED], [REDACTED] social is [REDACTED], [REDACTED] social [REDACTED]. [REDACTED] didnt have a social yet. The dad of the 2 toddlers and [REDACTED] is [REDACTED], dob: [REDACTED], his social is [REDACTED] and moms number is [REDACTED]. Mom states that she and [REDACTED] sleep in the bedroom which is pointed out and the baby sleeps in the bassinette next to them. The older kids wont sleep in their own room, She and [REDACTED] and 2 kids were in the bed and [REDACTED] was in the bassinette. When she gets up with [REDACTED], she wakes [REDACTED] up too so he was up at 2:00 with her when she was feeding [REDACTED]. After feeding [REDACTED], she laid him back down on his back toward side and then mom woke back up at 5:30 and she went over to [REDACTED] and saw that the babys face was facing down on the pillow. She states the pillow as in the bassinette that it keeps him from rolling over.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Open

Organization: ██████████

Mom was worried that they thought she put that pillow in there to kill him and the detective told her that they didnt think that at all. After she discovered ██████ face down on the pillow, she checked to see if he was still breathing and her dad brought the baby from the bedroom to the living room and placed him on the carpet, flat on his back to give him CPR and then they called 911 and talked to them until the ambulance showed up. The detective asked mom how long he was and she said 19 ½ inches and he was 5 lbs. and 11 ozs. The detective steps out at this time to look at ██████. CM ██████ asked mom when the last time ██████ went to the doctor, she thinks Wednesday with Juandice and he weight 5 lb.s 6 ozs. at that time and thats when ██████ was having seizures. Mom states that she took ██████ to the hospital the same day as ██████ went to the doctor. Mom states that she was using Opiates. She states that she was going to the clinic before ██████ was born. She states that she has been going to the clinic for about 3 months now. The detective tells mom that her telling this is good because they dont want anything to be hidden. She states that she has been using Opiates for 3 years. She states that for 3 months she has been prescribed Methadone and has not been using Opiates. The detective asked mom if the pediatrician knew that she was taking Methadone while she was pregnant and she said that they didnt know and she didnt tell them. The detective is now talking with ██████, dob: ██████, his cell phone number is ██████. He works at ██████ on ██████. His social is ██████. The detective asked ██████ to walk her thru what he knows from last night when he went to bed and he said he that he went to bed and he said that he doesnt know that he was probably still up around 12:30 or 1:00. The detective asked ██████ what time mom put the baby down to sleep and he said that the kids go to bed around 8:00. He said that baby went down to sleep around 7:30 or 8:00. ██████ states that after mom laid the baby down, they went to bed and mom said that they got up and fed the baby. ██████ states that he and ██████ stayed up and the other two, ██████ and ██████ went to bed with their mom and dad and then ██████ woke up sometime in the night and ██████ got ██████ in bed with him and then ██████ woke up about an hour after that and the baby was still ok. ██████ states that after that he doesnt really know. ██████ was laying on the couch watching TV this morning and the next thing he knows that mom was coming out of the room screaming and ██████ had him and ██████ states that he got him and laid him on the rug trying to give him CPR and he said that was around 6:30. The detective asked ██████ when he was watching TV, did the baby wake up between 8:00 p.m. and 2:00 a.m. and he said that mom woke up later that night and fed but he doesnt know what time. CM ██████ asked ██████ if he knows of any medical concerns that the baby had been having and he said that the baby was born 36 weeks about 3 weeks early and when he was born, they kept him a few extra days to get him eating good. Det. ██████ asked ██████ to tell him what happened when the ambulance got there and he said that he took the kids out because he didnt want them seeing all that, that he knew that they would be doing CPR on the baby. Dad now enters the room to talk with CM and the detectives. He states that he doesnt work anywhere. The detective asked ██████ to walk her thru what happened after they went to bed. ██████ states that he doesnt know what time he went to bed that he usually just watches TV and passes out and he woke up this morning at 5:30 and the alarm went off and he didnt think about checking the baby and he went to use the restroom and mom started hollering and dad came in and got the room and got the baby and he was hollering for his father-in-law and he was doing CPR on him and dad went and got some clothes on and called 911. Dad states that when he went to bed last night it was no later than 12. Dad states that mom went to bed pretty early around 8:00 or 10:00 maybe. He said that she goes to bed early because she has get up and go to the clinic. The detective asked dad if he is on Methadone and he said no. He states that he smokes Pot. ██████ states that mom has been doing Opiates for 3 or 4 years and she got on at the Clinic to try and straighten up and she has been doing pretty well. ██████ states that mom has not been using Opiates since has been on Methadone. The detective asked ██████ if he know that she has told the doctor about her being on Methadone and he said yes they told the baby doctor at ██████. The babys doctor is the one that referred her to the Methadone Clinic. He said that the doctor referred her this month and the detective asked dad if she has been using pills up until this month and he said she quit in December and went to the doctor and thats when he referred her to the Methadone Clinic. He thinks she was using Hydros and Percocets (pain pills). Dad told mom that she had better call the Methadone Clinic and tell them what was going on so she wouldnt get in trouble. His mother-in-law takes Methadone too and said that they are pretty strict there. Dad said that his mother-in-law has been on Methadone for about 10 or 15 years. In the home are mom, dad, moms parents and the 4 babies. Dads little brother was just spending the night, he doesnt live there. His name is ██████ and he lives with their grandmother, ██████. ██████ goes to ██████. He is in 6th grade. Grandmother has custody of him. Dad states that the last time he remembers the baby eating was around 10:00 last night. He wouldnt eat a lot for dad and mom finished feeding him and then mom laid him down. Dad states when they lay him down they cover the baby up and showed the detective where they cover him up too. The detective asked dad if the baby had been sick any lately and he said that mom said that the baby had been coughing a little bit but he didnt notice a fever.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

[REDACTED], [REDACTED] and [REDACTED] were observed in the living room of the home. They were watching TV and playing on pull out couch. Their maternal grandmother, grandfather and parents were taking turns caring for them. Several police officers were also present in the home at the time. The home had two bedrooms, living room, kitchen and two bathrooms. The living room had a pull out couch which was reported to be used as a bed. There were dirty dishes in the sink but were done by the grandfather during the visit. There were two dogs and three birds in the home. The home had a strong odor of cigarette smoke. The home was observed to have dirty sheets on the beds but the overall appearance of the home was found to be clean with no visible safety concerns. The home was a single wide trailer with a fence around the perimeter of the home. No visible safety or health concerns were observed on the outside of the home.

In the parents bedroom where [REDACTED] was reported to have been there were a bed and a baby's bassinet beside the bed. The bassinet was observed to have a pillow inside placed in a V shape. There was blood found on the bottom half of the pillow. There was also three blankets found in the bassinet.

[REDACTED] was observed in the ambulance by CM [REDACTED], Det [REDACTED], [REDACTED], and Medical examiner. Medical examiner and detectives took pictures of [REDACTED] undressed. Primarily report from Medical examiner was believed [REDACTED] suffocated on pillow which was placed in the bassinet. Medical examiner requested ambulance take him to hospital for further medical exam.

CM [REDACTED] contacted TL [REDACTED] and TC [REDACTED] and informed them of the situation. It was determined CM [REDACTED] would place in home services to help with A&D issues, appropriate bedding/housing, and any other needed resources for the family. Also a follow up drug screen to be completed. Medical records also to be obtained. CM insured family had contact information for cm and explained cm would be following up with the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/27/2013

Contact Method:

Contact Time: 06:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/12/2013

Completed date: 02/12/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2013 02:30 PM Entered By: [REDACTED]

This case came to the attention of the Department on 1/27/13 and was assigned to CM [REDACTED] on 1/27/13 as a P1. Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification is made to the District Attorneys Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff) as requested per [REDACTED].



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: 1/27/13 6:30 AM

Date of Assessment: 1/27/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 4

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: _____