



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 05/24/2013 02:00 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 05/24/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 05/28/2013 11:19 AM
First Team Leader Assigned: [REDACTED] Date/Time 05/28/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 05/28/2013 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: Family Cases [REDACTED] is reflected below
Family Case [REDACTED] and [REDACTED] are not reflected below, as they are for others than listed in this report (but are associated), including Indicated 6-25-09 [REDACTED]/PYA [REDACTED] and [REDACTED]

Open Court Custody/FCIP - No

Open FSS Yes, [REDACTED] - FSS / [REDACTED] - Intensive In-Home / CM [REDACTED], Supervisor [REDACTED]

Closed Court Custody Yes, 7-12-12 to 4-28-13 [REDACTED]
7-12-12 to 3-14-13 [REDACTED]

Open CPS - Yes: 4-17-13 [REDACTED] DEI/CM [REDACTED] Supervisor [REDACTED] (shows end date of 4-25-13)



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

Fatality No

Screened out 1 possible

History (not listed above):

1-27-12 / Assessment / [REDACTED] / DEI, DEC / Services Required

7-26-11 / Assessment / [REDACTED] / DEI / Services Recommended and Accepted

DUPLICATE REFERRAL: None

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: None

Directions: None Given

Reporters name/relationship [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Reporter states: [REDACTED] (1 month old) resided with his mother [REDACTED] 34) and sister ([REDACTED] /2). Also, various other individuals would stay in [REDACTED] home, but are not permanent residents. These individuals include [REDACTED] father ([REDACTED] 38), paternal aunt ([REDACTED] 20), cousin (name unknown/2) and a family friend ([REDACTED] 53).

Reportedly, [REDACTED] found [REDACTED] deceased on 5/24/13 around 6:56 AM. [REDACTED] contacted police to report [REDACTED] being deceased. Cause of death is unknown at this time. DCS has been involved with the family prior to [REDACTED] being born.

[REDACTED] has been removed from [REDACTED] care in the past, possibly due to [REDACTED] abusing prescription pain medication. It is reported that [REDACTED] was born with Opiates in his system. DCS was reportedly still involved with the family after [REDACTED] was born. It is unknown if [REDACTED] had any medical or physical complications. [REDACTED] [REDACTED] daughter and [REDACTED] were all in [REDACTED] home on 5/23/13 into 5/24/13.

Note: Police have spoken with [REDACTED] and [REDACTED] recommended police file a report. She has already made a response time.

Extended intake: There were no safety hazards observed in the familys home on 5/24/13. Reportedly there was a horseshoe shaped baby pillow (Boppy Pillow) that was in [REDACTED] bassinette. Everyones whereabouts are unknown. Reportedly CM [REDACTED] went by the familys home on 5/24/13 to check on [REDACTED] and no one was there and now CM [REDACTED] is trying to locate everyone. There are no known reports of injuries or fatalities on this family prior to today. In 2007 [REDACTED] was arrested for public intoxication and theft. [REDACTED] was a victim of domestic assault in 2007. [REDACTED] was arrested in 2012 for shoplifting and was picked up for a warrant for another agency. In 2010 [REDACTED] was arrested for driving on a revoked license. In 2009 [REDACTED] was arrested for drug violation and shoplifting. [REDACTED] has a couple of other arrest with other agencies. The last time the police were in the familys home was in February of 2013 due to a runaway no details could be provided. Also [REDACTED] daughters name is [REDACTED] [REDACTED]

County group emailed.

Per SDM: Investigation Track/P1, [REDACTED] TL on 5-24-13 @ 3:26 pm

Notified Child Fatality Group:

[REDACTED] and the
Child-Fatality-Notification EI-DCS.



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

██████████ was copied on the notification email.



**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:** 20 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:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** White **Age:** 0 Yrs
Address: [REDACTED]
Deceased Date: 05/24/2013
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: [REDACTED] Race: [REDACTED] Age: 38 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] 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: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: Race: Age: 54 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: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: Race: Age: 34 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

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

Name: Unknown Participant [REDACTED] Unknown

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

SSN: [REDACTED] Race: [REDACTED] 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/24/2013

Assignment Date: 05/28/2013

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	Perpetrator, Unknown	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 07/11/2013

C. Disposition Decision

Disposition Decision: Continue DCS Services

Comments: Continue FSS services. [REDACTED] [REDACTED] services are addressing grief-counseling and A&D education issues with the parents.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/30/2013

Team Leader: [REDACTED]

Date: 07/30/2013

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:

CM observed [REDACTED] at the hospital, his home, and at the DCS office for a Child and Family Team Meeting prior to his death. [REDACTED] appeared appropriately dressed and clean on all visits. CM observed [REDACTED] several times in her home as well and she appeared appropriately dressed and clean. She could not be officially interviewed due to her age but interacted appropriately with her family and CM [REDACTED] during the visits. The home appeared tidy and well-kept on all visits.

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

CM spoke to [REDACTED] (adult step-sister) and [REDACTED] (family friend) who were both present when [REDACTED] was found. They reported no concern about Mr. [REDACTED] or Ms. [REDACTED] or the children. They reported seeing the family on a regular basis and Mr. [REDACTED] often lives in the home to assist with the children. CM confirmed through [REDACTED] pediatrician that the parents stayed in regular contact with them and [REDACTED] was up to date on appointments. They reported that Mr. [REDACTED] contacted the pediatrician days before [REDACTED] death about gas issues but it was not recommended that he be seen by a pediatrician at this time.

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



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Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

Mr. [REDACTED] and Ms. [REDACTED] reported that [REDACTED] was fed and put to bed at around 10:00 PM on 5/23/13. [REDACTED] was checked on at about 3:00-3:15 AM and was asleep and breathing. Ms. [REDACTED] awoke at around 7:00 AM on 5/24/13 and found body to be cold. Ms. [REDACTED] reported that [REDACTED] was face-up in the same position he was placed when he went to bed in his bassinette. Ms. [REDACTED] reported that she picked [REDACTED] up when he was found and she held him against her chest. CPR was attempted on [REDACTED] and the police were contacted. Both parents gave the same account of the story.

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

The following was reported to DCS:

Reporter states: [REDACTED] (1 month old) resided with his mother [REDACTED] 34) and sister [REDACTED] /2). Also, various other individuals would stay in [REDACTED] home, but are not permanent residents. These individuals include [REDACTED] father [REDACTED] 38), paternal aunt [REDACTED] 20), cousin (name unknown/2) and a family friend [REDACTED] /53).

Reportedly, [REDACTED] found [REDACTED] deceased on 5/24/13 around 6:56 AM. [REDACTED] contacted police to report [REDACTED] being deceased. Cause of death is unknown at this time. DCS has been involved with the family prior to [REDACTED] being born.

[REDACTED] has been removed from [REDACTED] care in the past, possibly due to [REDACTED] abusing prescription pain medication. It is reported that [REDACTED] was born with Opiates in his system. DCS was reportedly still involved with the family after [REDACTED] was born. It is unknown if [REDACTED] had any medical or physical complications. [REDACTED] daughter and [REDACTED] were all in [REDACTED] home on 5/23/13 into 5/24/13.

Note: Police have spoken with [REDACTED] and [REDACTED] recommended police file a report. She has already made a response time.

Extended intake: There were no safety hazards observed in the family's home on 5/24/13. Reportedly there was a horseshoe shaped baby pillow (Bobby Pillow) that was in [REDACTED] bassinette. Everyone's whereabouts are unknown. Reportedly CM [REDACTED] went by the family's home on 5/24/13 to check on [REDACTED] and no one was there and now CM [REDACTED] is trying to locate everyone. There are no known reports of injuries or fatalities on this family prior to today. In 2007 [REDACTED] was arrested for public intoxication and theft. [REDACTED] was a victim of domestic assault in 2007. [REDACTED] was arrested in 2012 for shoplifting and was picked up for a warrant for another agency. In 2010 [REDACTED] was arrested for driving on a revoked license. In 2009 [REDACTED] was arrested for drug violation and shoplifting. [REDACTED] has a couple of other arrests with other agencies. The last time the police were in the family's home was in February of 2013 due to a runaway no details could be provided. Also [REDACTED] daughter's name is [REDACTED] [REDACTED]

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

Case Manager (CM) [REDACTED] received this referral for Neglect Death allegations against [REDACTED] by an Unknown perpetrator. [REDACTED] was found deceased on 5/24/13 by his mother and father, [REDACTED] and [REDACTED]. [REDACTED] was found face-up in his bassinette. There was a bobby-pillow (C-shaped pillow) and light blanket in the bassinette with [REDACTED]. Police investigated the death and no charges have been filed. Verbal preliminary autopsy results showed no signs of past or present abuse and no signs of shaken-baby-syndrome (SBS). [REDACTED] Forensics reported that unless a virus or illness was found to have caused the death, it would be ruled undetermined. Ms. [REDACTED] and Mr. [REDACTED] have been compliant with in-home services which are addressing grief counseling and A&D education. [REDACTED] (2) remains in the home with her parents. The family has a good support system of friends and family members and has been compliant with CM [REDACTED]. This case will be classified Allegation Unfounded, Perpetrator Unfounded. The family will continue to work with in-home services through a Family Support Services (FSS) case.

Distribution Copies:



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]

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:	07/30/2013	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/30/2013
Completed date:	07/30/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/30/2013 01:02 PM Entered By: [REDACTED]

Case Manager (CM) [REDACTED] received this referral for Neglect Death allegations against [REDACTED] by an Unknown perpetrator. [REDACTED] was found deceased on 5/24/13 by his mother and father, [REDACTED] and [REDACTED]. [REDACTED] was found face-up in his bassinette. There was a boppy-pillow (C-shaped pillow) and light blanket in the bassinette with [REDACTED]. Police investigated the death and no charges have been filed. Verbal preliminary autopsy results showed no signs of past or present abuse and no signs of shaken-baby-syndrome (SBS). [REDACTED] Forensics reported that unless a virus or illness was found to have caused the death, it would be ruled undetermined. Ms. [REDACTED] and Mr. [REDACTED] have been compliant with in-home services which are addressing grief counseling and A&D education. [REDACTED] (2) remains in the home with her parents. The family has a good support system of friends and family members and has been compliant with CM [REDACTED]. This case will be classified Allegation Unfounded, Perpetrator Unfounded. The family will continue to work with in-home services through a Family Support Services (FSS) case.



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: 07/17/2013

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/30/2013

Completed date: 07/30/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2013 12:41 PM Entered By: [REDACTED]

Case Manager (CM) [REDACTED] went to the home of [REDACTED] on 7/17/13. CM made contact with Ms. [REDACTED] and [REDACTED]. [REDACTED] appeared appropriately dressed and clean with no visible marks/bruises. Ms. [REDACTED] and [REDACTED] were eating when CM arrived. Ms. [REDACTED] appeared healthy and more alert and energized than previously seen. Ms. [REDACTED] stated that she has been working with [REDACTED] and it is really helping her. She stated that she has been able to get [REDACTED] belongings out of the home and the home does not feel so suffocating. She interacted continuously with [REDACTED] during the visit and CM had no concerns. She stated that Mr. [REDACTED] is at work and is also doing well. She denied needing any additional services at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/11/2013

Contact Method:

Contact Time: 01:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/11/2013

Completed date: 07/11/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2013 12:15 PM Entered By: [REDACTED]

On 7-11-13 CMIII [REDACTED] classified the investigative allegations as Allegation Unfounded, Perpetrator Unfounded for the allegation of neglect death of [REDACTED]. [REDACTED] death appears to be accidental asphyxiation. The father is on probation; he was released from jail. The parents continue to smoke pot. The parents are accepting in-home services which provide A&D education, and grief and parenting counseling. There is a support group. CM [REDACTED] continues to work with the family and will adjust the classification if future investigative evidence does not support the AUPU classification.



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: 07/02/2013

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/30/2013

Completed date: 07/30/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED] ; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2013 12:29 PM Entered By: [REDACTED]

Case Manager (CM) [REDACTED] made face to face contact with [REDACTED] and [REDACTED] at her home on 7/2/13. CM observed the home to be tidy and well-kept. She stated that Mr. [REDACTED] (father) is at work. She stated that she took a Percocet 1-2 days ago so it would still be in her system. She stated that she goes to NA Meetings often and completed IOP last September. [REDACTED] (family friend) was in the home at this time and reported that he sometimes goes to the NA meetings as a support to Ms. [REDACTED]. She stated that she had another A&D assessment at [REDACTED] but does not feel she needs any additional services. She stated that she will ask Mr. [REDACTED] to have an A&D assessment too now that he is out of jail.

Ms. [REDACTED] reported that the in-home services are addressing A&D education and Grief Counseling. She denied needing any additional services at this time and stated that she is doing well.

CM thanked her and left the home.



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:	06/06/2013	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/06/2013
Completed date:	06/06/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2013 03:01 PM Entered By: [REDACTED]

Case Manager received a phone call from [REDACTED] (mother) on this date. She stated that she contacted [REDACTED] on Monday (6/3/13) and scheduled an appointment for Friday (6/7/13). She apologized for not contacting CM on Monday but stated that she thought that she had. CM thanked her and reminded her to be honest in her assessment and to inform [REDACTED] that DCS is involved and will need a copy of the assessment.



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: 06/03/2013

Contact Method: Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2013

Completed date: 06/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 01:06 PM Entered By: [REDACTED]

Date: 6/3/13

Case Manager (CM) [REDACTED] received an e-mail that the [REDACTED] grief-counseling case was assigned to [REDACTED] worker [REDACTED]. CM received a phone call from Ms. [REDACTED] who reported that the familys phone number goes straight to voicemail and no voicemail is set up. CM provided Ms. [REDACTED] the phone number of [REDACTED] aunt. CM also informed her that Mr. [REDACTED] is incarcerated in [REDACTED] County Jail on a Failure to Appear and Contempt of Court (total \$13,000 bond). She will attempt contact with both parents this week.



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: 05/31/2013

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2013

Completed date: 06/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 01:11 PM Entered By: [REDACTED]

Date: 5/31/13

Case Manager (CM) [REDACTED] contacted [REDACTED] on 5/31/13 by phone at approximately 8:45 AM. CM asked Ms. [REDACTED] if she had contacted [REDACTED] to schedule her assessment and she stated that she did contact [REDACTED] and they will work her in for an A&D assessment next week. She is to contact [REDACTED] again on Monday to determine their openings for the week.



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: 05/31/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/03/2013

Completed date: 06/03/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 01:07 PM Entered By: [REDACTED]

Date: 5/31/13

Case Manager (CM) [REDACTED] provided [REDACTED] Pediatric Clinic records for [REDACTED] to DCS Nurse [REDACTED]. He reviewed the records and indicated that they all appeared normal and there were no red flags other than the feeding problem that appeared to be resolved.



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: 05/30/2013

Contact Method: Attempted Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2013

Completed date: 06/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 01:11 PM Entered By: [REDACTED]

Date: 5/30/13

Case Manager (CM) [REDACTED] had a missed call from [REDACTED] on 5/30/13 at approximately 8:30 AM. CM contacted Ms. [REDACTED] back but there was no answer. No voicemail was set up on the phone.



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:	05/29/2013	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/03/2013
Completed date:	06/03/2013	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: 06/03/2013 01:10 PM Entered By: [REDACTED]

Date: 5/29/13

Case Manager (CM) [REDACTED] entered an initial Safety Assessment into Tfacts regarding [REDACTED] (2) on this date. The Safety Assessment was completed on 5/24/13. Safety Assessment score was Conditionally Safe for the following reason: On 5/24/13, the Department received a referral for a Child Fatality involving [REDACTED] (4/16/13). At this time, case of death is unknown pending autopsy scheduled for 5/24/13.



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: 05/29/2013 Contact Method:
 Contact Time: 09:45 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/29/2013
 Completed date: 05/29/2013 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: 05/29/2013 09:07 AM Entered By: [REDACTED]

Case Manager (CM) [REDACTED] submitted a PSG for in-home grief counseling for [REDACTED] (mother) and [REDACTED] (father). CM requested 8 hours for June. CM also requested that services be provided to father in jail if necessary.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/29/2013 Contact Method: Phone Call
 Contact Time: 09:40 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/03/2013
 Completed date: 06/03/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 01:09 PM Entered By: [REDACTED]

Date: 5/29/13

Case Manager (CM) [REDACTED] contacted [REDACTED] in [REDACTED] to determine fees for A&D assessments. [REDACTED] reported that their A&D assessments were free. CM contacted [REDACTED] of [REDACTED] in [REDACTED] who reported that their A&D assessments were \$50, however, clients can have a free assessment at [REDACTED] and bring this assessment to [REDACTED] to participate in IOP or other treatment necessary.

CM contacted [REDACTED] by phone and provided the above information. She stated that she will schedule an A&D assessment at [REDACTED] as soon as possible. She asked that CM send her a text message with the phone number. CM sent Ms. [REDACTED] a text message for both [REDACTED] and [REDACTED] of [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2013 Contact Method:
 Contact Time: 05:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/29/2013
 Completed date: 06/03/2013 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: 06/03/2013 01:02 PM Entered By: [REDACTED]

A Child and Family Team Meeting was held on this date at approximately 4:30 PM. Please see CFTM for further dictation. During this CFTM, the IPA initially completed with the family on 5/24/13 was dissolved due to no signs of abuse found during the autopsy. The family is in agreement to participate with A&D services and Grief Services.



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: 05/28/2013 Contact Method:
 Contact Time: 11:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/03/2013
 Completed date: 06/03/2013 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: 06/03/2013 01:08 PM Entered By: [REDACTED]

Date: 5/28/13

Case Manager (CM) [REDACTED] faxed a Release of Information and request for records for [REDACTED] [REDACTED] to both [REDACTED] Pediatrics and [REDACTED] Medical Center requesting all records on the patient. CM asked that the records be expedited by Fax (if possible) or Mail to CM [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/28/2013

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2013

Completed date: 06/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 01:03 PM Entered By: [REDACTED]

Date: 5/28/13

Case Manager (CM) [REDACTED] completed the Notice of Fatality on [REDACTED] and sent to appropriate personnel on this date.



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: 05/25/2013 Contact Method: Phone Call
 Contact Time: 10:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/03/2013
 Completed date: 06/03/2013 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: 06/03/2013 12:58 PM Entered By: [REDACTED]

Date: 5/25/13

Case Manager (CM) [REDACTED] spoke with Detective [REDACTED] with [REDACTED] Police Department on this date at approximately 10:30 AM. He stated that [REDACTED] Forensics reported no signs of shaken baby syndrome or signs of old or new physical abuse during [REDACTED] autopsy on 5/24/13. He stated that [REDACTED] Forensics will rely on the labs to determine cause of death. He stated that if a virus or infection was found to have caused the death, the death will be ruled as natural. If no virus or infection is found, the death will be ruled as undetermined. He stated that it may be several weeks before an autopsy report is available. He will keep CM updated on the case.



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: 05/24/2013

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 05/29/2013

Completed date: 05/29/2013

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

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/29/2013 07:24 AM Entered By: [REDACTED]

Case Manager (CM) [REDACTED] was unable to make face to face contact with [REDACTED] as he was found deceased at approximately 6:56 AM and was already taken to [REDACTED] Forensics.

[REDACTED] (2) was observed at home on this date. Dictation detailing this interaction and interviews with parents and collaterals will be entered in a separate case note.



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: 05/24/2013 Contact Method:
 Contact Time: 04:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/29/2013
 Completed date: 05/29/2013 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: 05/29/2013 07:47 AM Entered By: [REDACTED]

An Immediate Protection Agreement was completed on this date with [REDACTED] (mother), [REDACTED] (father), and to include [REDACTED] (family friend) and [REDACTED] (aunt). CM received approval for this IPA from Team Leader (TL) [REDACTED] and DCS Attorney [REDACTED].

Reason for the IPA included the following:

Immediate Harm Factor: On 5/24/13, the Department received a referral for a Child Fatality involving [REDACTED] (4/16/13). At this time, Case of Death is unknown, pending autopsy for 5/24/13.

Plan/Services to be Implemented to Mitigate the Immediate Harm Factor: Pending the results of the autopsy and a Child and Family Team Meeting to be held on 5/28/13, [REDACTED] (9/17/59) and/or [REDACTED] (2/17/93) will supervise and/or assist [REDACTED] (father) and [REDACTED] (mother) with [REDACTED] (2).

Monitoring and Verification of Compliance: [REDACTED], [REDACTED], [REDACTED], [REDACTED] and DCS are responsible for implementation.

Local background checks to include past or current probation/parole searches was completed on [REDACTED] and [REDACTED] by [REDACTED] with the [REDACTED] Police Department ([REDACTED] PD). There were no results on [REDACTED] or [REDACTED]. CM also notified the [REDACTED] PD as a courtesy that [REDACTED] [REDACTED] was currently at his residence, as he has active warrants out of [REDACTED] County and [REDACTED] County.



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: 05/24/2013 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/03/2013
 Completed date: 06/03/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Other Child Living in the Home
 Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 01:05 PM Entered By: [REDACTED]

Date: 5/24/13

Case Manager (CM) [REDACTED] received a phone call from CM [REDACTED] from [REDACTED] CPS at 2:37 PM on this date. She stated that Detective [REDACTED] from [REDACTED] Police Department came by the office to speak to CM [REDACTED] CM [REDACTED] provided Detective [REDACTED] with CMs cell phone number.

CM received a phone call from Detective [REDACTED] at 2:38 PM. He reported that [REDACTED] Police Department received a phone call at approximately 7:00 AM this morning due to [REDACTED] being found deceased by his mother and father. He stated that he realized that CM had an open case on the family. Detective [REDACTED] reported that the family last checked on him alive at approximately 3:00 AM and found him at 7:00 AM deceased. He stated that CM can come by the Police Department to discuss this case further. CM asked that Detective [REDACTED] call in a referral to the Department.

CM contacted Team Leader (TL) [REDACTED] and Team Coordinator (TC) [REDACTED] to inform them of the fatality. CM was asked to go to the familys home in attempts to locate and interview them.

CM went to the home of Mr. and Ms. [REDACTED] at approximately 3:45 PM. CM knocked but there was no answer at the door. CM spoke with neighbor [REDACTED] [REDACTED] who informed CM that their infant passed away this morning. CM asked Ms. [REDACTED] what happened, and she stated that the family checked on the baby at 3:00 AM and he was fine, and when they got up at 7:00 AM, he was deceased. She stated that the baby was cold at 7:00 AM. She stated that she has no concerns about the family or about [REDACTED] (2) and that her own child plays with [REDACTED] on a regular basis.

CM went to [REDACTED] Police Department to speak with Detective [REDACTED] Det. [REDACTED] reported that he made contact with Ms. [REDACTED] at her home at approximately 7:00 AM this morning. He stated that at this time, Mr. [REDACTED] had fled the residence due to active warrants. He stated that Mr. [REDACTED] has two Violations of Probation out of [REDACTED] County dated 4/30/13, a Contempt of Court out of [REDACTED] County dated 5/20/13, and a Failure to Appear out of [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

County dated 4/17/13. He stated that the autopsy for [REDACTED] is scheduled tonight at 5:30 or 6:00 PM at [REDACTED] Forensics. He reported that [REDACTED] was at the home when Police interviewed Ms. [REDACTED] and they had no immediate concerns about [REDACTED]. Det. [REDACTED] reported that Ms. [REDACTED] reported checking on [REDACTED] at approximately 3:15 AM and he was breathing. Ms. [REDACTED] reportedly checked on [REDACTED] at approximately 6:56 AM and he was cold to the touch and not breathing. Det. [REDACTED] showed CM photographs of a doll placed in the last seen alive and found positions, and both photographs showed [REDACTED] laying face-up in a bassinette covered to his chest with a blanket. His head was positioned on a Boppy (C-Shaped) Pillow. Det. [REDACTED] reported that his initial thoughts are that [REDACTED] slid down the bed slightly and the Boppy Pillow was positioned more under his head than his neck which may have obstructed his breathing. Det. [REDACTED] reported that he will contact CM following the autopsy for an update. He added that neither parent appeared under the influence, however Ms. [REDACTED] was not completely forthcoming about her current DCS involvement. She did, however, report that she had past DCS involvement. He reported that Ms. [REDACTED] had a prescription for 5MG Oxycodone and 324 Aspirin which were both empty. The Oxycodone was filled on the 5/5/13 (quantity 40) and up to 12 pills could be taken per day. CM obtained pictures of the scene from Det. [REDACTED].

CM left the Police Department and contacted the [REDACTED] family at [REDACTED]. Mr. [REDACTED] (father) answered the phone and CM asked to meet the family at their home. Mr. [REDACTED] agreed and stated that he will be home in about 15 minutes.

CM arrived at the home at approximately 4:30 PM. The following individuals were at the home: [REDACTED] (mother), [REDACTED] (2), [REDACTED] (father), [REDACTED] (aunt; adult daughter of Mr. [REDACTED]), [REDACTED] (daughter of Ms. [REDACTED]) and [REDACTED] (family friend). CM spoke to Mr. [REDACTED] and Ms. [REDACTED] alone inside the home. Both parents appeared appropriately and understandably upset during the interview. Mr. [REDACTED] reported that on Monday, [REDACTED] formula was switched due to her spitting up often and having gas. He stated that last night, prior to going to bed, she was crying. Ms. [REDACTED] reported that she gave [REDACTED] some gas drops and picked up a container of gas drops off the table to show CM. She stated that she had given [REDACTED] gas drops before and this was a new package. She stated that the other gas drops that he has been given were left over from [REDACTED] but she stated that they were still in-date. Mr. [REDACTED] and Ms. [REDACTED] reported that [REDACTED] stopped crying after being given the gas drops and they put him in a baby swing in the living-room. After a few minutes, [REDACTED] fell asleep in the swing and they fed him at approximately 10:00 PM. Mr. [REDACTED] stated that he was making noises that sounded like a growl. Mr. [REDACTED] stated that he checked on [REDACTED] at approximately 3 or 3:15 AM and he was asleep and breathing. He stated that he did not feed [REDACTED] at this time because he did not appear hungry. Ms. [REDACTED] stated that she woke up at approximately 6:45 AM and moved her right arm over to the bassinette, which was inches from her bed, and felt of [REDACTED] left arm. She stated that his arm was cold and she immediately picked him up and held him against her chest. Both parents became very emotional when describing this time and Mr. [REDACTED] began to cry. Mr. [REDACTED] stated that he attempted to perform CPR on [REDACTED] but this did not work. Ms. [REDACTED] stated that [REDACTED] was given a pacifier last night but had spit out the pacifier sometime during the night. She stated that [REDACTED] was propped-up with a Boppy Pillow in the bed and had a light blanket. She stated that he was found face-up in the bassinette.

The parents took CM back to the bedroom where [REDACTED] had slept. CM observed the bassinette to the left of the parents bed (if standing at the foot of the bed). The mattress and bedding were gone from the bassinette and Ms. [REDACTED] stated that the Police took those items with them.

CM asked both parents for a drug-screen and both consented. Mr. [REDACTED] stated that he would fail the drug-screen. He failed for THC and Oxycodone. He reported to using THC two days ago outside of the home. He reported to using Oxycodone two days ago as well. Ms. [REDACTED] failed for THC and Oxycodone. She reported having a prescription for the Oxycodone and stated that she used THC about a week ago outside the home. Both parents denied using THC or even smoking cigarettes in their bedroom. Ms. [REDACTED] reported that she has a son, [REDACTED] who is in the primary custody of his father in [REDACTED] County. She provided CM with a phone number to his father, [REDACTED]: [REDACTED]. Ms. [REDACTED] also provided CM with the phone number to [REDACTED] aunt: [REDACTED]. CM spoke to [REDACTED], adult daughter of [REDACTED]. She stated that she was at the home last night and this morning. She stated that she had not slept in the room with [REDACTED] and his parents. She stated that this morning, she was awoken by Ms. [REDACTED] and Mr. [REDACTED] crying and screaming and once she realized what had happened, she took [REDACTED] and her daughter, [REDACTED] to [REDACTED] to get biscuits so they would not have to witness



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

the family in this state.

[REDACTED] was observed at the home on this date. She was running throughout the home and interacting with all household [REDACTED] appropriately. Mr. [REDACTED] and Ms. [REDACTED] ensured that she was safe at the home by ensuring that a family member was outside if she was outside. Neither parent appeared under the influence during this visit as evidenced by no slurring of words, being able to concentrate and answer questions appropriately, and no erratic or unstable movements.

CM contacted TL [REDACTED] and TC [REDACTED] to discuss this case. CM was advised to enter into an IPA with Ms. [REDACTED] and Mr. [REDACTED] that a friend or family member would assist them and/or supervise them with [REDACTED] until a Child and Family Team meeting could be held on 5/28/13, the next business day. The family asked that [REDACTED] (family friend and household member) and [REDACTED] assist the family. CM contacted Det. [REDACTED] with [REDACTED] Police Department and he ran background checks on both Ms. [REDACTED] and Mr. [REDACTED] with no results. They also had no history with being on probation. Please see additional case recording for further information about the IPA.

[REDACTED]
[REDACTED]

[REDACTED]
Same Address and Phone as Family

CM discussed Mr. [REDACTED] charges with the family. Mr. [REDACTED] stated that he left the residence when the police arrived because he did not want to be arrested. He agreed to turn himself in to the police, however stated that he wanted to bury his son prior to going to jail. CM informed Det. [REDACTED] that Mr. [REDACTED] was in the home. The family agreed to schedule a CFTM on Tuesday 5/28/13 and CM will contact the family on the morning of 5/28/13 to schedule this.



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: 5/24/13 2:00 PM

Date of Assessment: 5/24/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 2

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 or 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: _____