



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 08/28/2013 04:23 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 08/29/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 08/29/2013 03:45 PM
First Team Leader Assigned: [REDACTED] Date/Time 09/03/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 09/03/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yrs	Neglect Death	Yes	[REDACTED]	Birth Father

Referent(s)

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

Family Case ID: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS Yes-08/22/2013-LOS (severe) child near death
Case # [REDACTED]

Indicated 06/27/2003, # [REDACTED], SRPI, perp: [REDACTED]
Indicated 05/30/2000, # [REDACTED], SEE, perp: [REDACTED]

Fatality No



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

Screened Out - 3

History (not listed above):

Date	Case # - Allegation	Classification
12/08/2011	- [REDACTED]	PYA, PHA- Unfounded
06/27/2003	- [REDACTED]	ENN Unfounded
09/18/2008	- [REDACTED]	PHA Unfounded
11/28/2007	- [REDACTED]	LOS - Unfounded
12/07/2011	- [REDACTED]	PYA, LOS No Services Needed
01/17/2012	- [REDACTED]	DEC, DEI, LOS No Services Needed
04/16/2011	- [REDACTED]	NUN, PYA No Services Needed

DUPLICATE REFERRAL: No

County: [REDACTED]
 Notification: Letter
 School/ Daycare: Unknown
 Native American Descent: No
 Directions: None given

Reporter Name/relationship: [REDACTED]

Reporter states: On August 22, 2013 [REDACTED] received intake [REDACTED] pertaining to the near death of [REDACTED]. On August 28, 2013 at 4:23 pm [REDACTED] died. [REDACTED] was in the hospital for six day, and had previously been on life support as a result of the incident that occurred on 8/22/13. Per the reporter [REDACTED] was removed from life support and was able to breathe on her own. Per the reporters account, [REDACTED]s brain just gave away.

The county has already met the response, and [REDACTED]s siblings are currently under an Immediate Protection Agreement and are in the care of relatives.

PER SDM: Investigative P1(severe): [REDACTED], Team Leader 8/29/2013 @ 3:04 pm

Child Fatality Team Notified via email:

[REDACTED]

CC: [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 12 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:

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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 2 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 5 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth:

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

A. Investigation

Case Name:
Referral Date: 08/28/2013
Street Address:
City/State/Zip:

Investigation ID:
Assignment Date: 09/03/2013

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, [redacted], [redacted], Allegation Substantiated / Perpetrator Substantiated, Yes, [redacted] 12/03/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being classified as (Allegation Indicated/Perpetrator Indicated) due to policy 14.7 this classification is appropriate when there is sufficient information and evidence to support the opinion that the alleged incident occurred or a harmful situation existed and the alleged perpetrator named in the report was found to be responsible for the child's condition.

D. Case Workers

Case Worker:
Team Leader:

Date: 12/03/2013
Date: 12/03/2013

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:

[redacted] arrived at [redacted] and checked in with the nursing staff on [redacted] condition. The charge nurse stated that [redacted] prognosis wasn't good. She stated that [redacted] heart is beating on its own. She stated that they are providing oxygen at a low level but that [redacted] is taking breaths on her own. She stated that the CAT Scan showed brain damage and that the next two days will be critical.

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

[redacted] received a phone call from the charge nurse at [redacted]. It was stated that [redacted] brain suffered a complete herniation and that [redacted] is no longer breathing on her own. She stated that a brain death study would be completed before an official time of death would be given. She stated that the parents have decided to donate [redacted] organs. [redacted] thanked her for the information.

Two brain death study's were completed and [redacted] was pronounced dead at 4:23p.m. on 8/28/13. This



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]

report will be included in the chart.

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

[REDACTED] met with [REDACTED] at [REDACTED]. [REDACTED] was unable to get a lot of information on the initial visit. [REDACTED] really seemed to have shut down and would barely talk. She provided minimal information but was unable to actively participate in the interview process. The information that was obtained is that [REDACTED] went to give [REDACTED] a bath. She stated that she put the child in the bath and began running the water. She stated that she heard a knock at the door and went to quickly check on it. She stated that she got caught up with the friend stopping by and the children running in and out that she completely forgot about [REDACTED].

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

On August 22, 2013 [REDACTED] received intake [REDACTED] pertaining to the heart death of [REDACTED]. On August 28, 2013 at 4:23 [REDACTED] died. [REDACTED] was in the hospital for six days and had previously been on life support as a result that occurred on 8/22/2013.

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

[REDACTED] received the medical documentation of [REDACTED] death. There was no autopsy was completed due to the child being an organ donor.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	12/06/2013	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/06/2013
Completed date:	01/06/2014	Completed By:	System Completed
Purpose(s):			
Contact Type(s):			
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: Entered By:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/03/2013	Contact Method:	
Contact Time:	07:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/03/2013
Completed date:	12/03/2013	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: 12/03/2013 07:43 PM Entered By: [REDACTED]

This case is also connected to case number [REDACTED]. All information is in the original case for Lack of Supervision. This case will close and case [REDACTED] will transfer to long term while [REDACTED] completes services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████8

Case Name: ██████████

Case Status: Close

Organization: ██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	11/20/2013	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	██████████	Recorded For:	
Location:	School	Created Date:	12/03/2013
Completed date:	12/03/2013	Completed By:	██████████
Purpose(s):	Well Being		
Contact Type(s):	ACV Interview/Observation, Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

██████████

Participant(s)

██

Narrative Details

Narrative Type: Original Entry Date/Time: 12/03/2013 07:10 PM Entered By: ██████████

Child Protective Services ██████████ made a School visit/face to face to complete a follow up with the family.

People present during this visit:

████████████████████

*Section I: Interview with the child

██████████ visited with ██████████ and ██████████ at ██████████ on 11/20/13 at 10:00 am. ██████████ engaged with ██████████. ██████████ just walked into school late with his grandmother due to a doctors appointment he had. ██████████ stated that everything was good.

██████████ engaged with ██████████. ██████████ was quite but stated that she was doing well. She stated that she was looking forward to Christmas.

Neither child expressed any concerns during the visit.

*Section II: Interview with the mother

N/A

*Section III: Interview with the father

N/A



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

*Section IV: Interview with other household members
N/A

Section V: CPSI observed:

Document: Photo was taken and placed in chart.

1. Interactions between mother/father and child: N/A

2. Observation and presentation [REDACTED] observed [REDACTED] and [REDACTED] to be dressed appropriately for the weather. The Children had no visible marks or bruises.

3. Observation of interactions between mother/father and other children in home: N/A

4. Observation of physical environment (inside and outside) N/A

Section VI: Next Steps:

[REDACTED] will transfer the case to long term.

*Section VII: NCPP/FSTM (if applicable)

N/A

Strengths:

Needs:

Action Steps:

Decisions:

Section VIII: IPA: note restrictions and visitation plans

[REDACTED] has supervised visitation with the children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/19/2013

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/03/2013

Completed date: 12/03/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/03/2013 07:22 PM Entered By: [REDACTED]

[REDACTED] received a call from [REDACTED] from "[REDACTED]" at [REDACTED]. She stated that [REDACTED] would be starting parenting classes with her along with mental health treatment. She stated that [REDACTED]'s first parenting would start tonight. [REDACTED] thanked her for the information.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 10/11/2013 Contact Method: Face To Face
Contact Time: 11:15 AM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For:
Location: School Created Date: 10/31/2013
Completed date: 11/04/2013 Completed By: [REDACTED]
Purpose(s): Well Being
Contact Type(s): Sibling Interview/Observation
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/31/2013 03:51 PM Entered By: [REDACTED]

Child Protective Services Intern [REDACTED] made a School visit/face to face to complete a follow up with the family.

People present during this visit:

***Section I: Interview with the child**

[REDACTED] visited [REDACTED] on 10/11/2013 to visit with the [REDACTED] children. [REDACTED] initially meet with [REDACTED] (7). [REDACTED] engaged with [REDACTED] by asking how were things going at home. [REDACTED] stated that mommy will come to the house sometimes and that she is mean to Daddy, that Mommy now lives with [REDACTED]. He stated that he was scared of Mommy that she is mean to him. He stated that he likes doing stuff with Daddy. [REDACTED] asked [REDACTED] what was his favorite thing do at school. [REDACTED] stated he enjoys computer time in class; he enjoys being on the computer at school for 40 seconds.

[REDACTED] introduced herself to [REDACTED] (5) on 10/11/2013 after she spoke with [REDACTED]. [REDACTED] asked [REDACTED] if she was enjoying school. [REDACTED] stated she liked her teacher and her class. When asked how things are going at home, [REDACTED] stated that Mommy moved out. She then was real quiet [REDACTED] asked her what was her favorite food. [REDACTED] stated that she really liked ice cream and that vanilla was her favorite.

***Section II: Interview with the mother**

N/A

***Section III: Interview with the father**

N/A

***Section IV: Interview with other household members**

N/A



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Section V: CPSI observed:

Document: Photo was taken and placed in chart.

1. Interactions between mother/father and child: N/A

2. Observation and presentation [REDACTED] observed [REDACTED] and [REDACTED]. Both children were dressed appropriately for the weather and were cleaned and groomed well. The children did not appear to have any visible marks or bruises.

3. Observation of interactions between mother/father and other children in home: N/A

4. Observation of physical environment (inside and outside) N/A

Section VI: Next Steps:

CPSI [REDACTED] will transfer the case to long term.

*Section VII: NCPP/FSTM (if applicable)

N/A

Strengths:

Needs:

Action Steps:

Decisions:

Section VIII: IPA: note restrictions and visitation plans

Supervised contact with [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: 09/19/2013

Contact Method: Face To Face

Contact Time: 06:30 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/30/2013

Completed date: 09/30/2013

Completed By: [REDACTED]

Purpose(s): Well Being

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2013 05:46 PM Entered By: [REDACTED]

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

People present during this visit:

[REDACTED]

***Section I: Interview with the child**

CPSI [REDACTED] met with the children at the family home. [REDACTED] and [REDACTED] showed CPSI [REDACTED] their rooms. [REDACTED] showed CPSI [REDACTED] the pictures of [REDACTED] and explained that his sister died. [REDACTED] showed CPSI [REDACTED] the cross necklaces that they got when her sister passed away. CPSI [REDACTED] thanked the children for sharing that with her. [REDACTED] was playing in his room and getting ready for bed.

***Section II: Interview with the mother**

N/A

***Section III: Interview with the father**

[REDACTED] answered the door and allowed CPSI [REDACTED] to enter the home. [REDACTED] arrived within ten minutes of CPSI [REDACTED]s arrival. CPSI [REDACTED] spoke with [REDACTED]. [REDACTED] explained that [REDACTED] moved out of the home about two weeks ago. He stated that they have struggling with the death of [REDACTED] and that he blames her for the death of their child. He stated that he tries not to tell her that but sometimes it just comes out because thats how he feels. He stated that they are both still participating in trauma counseling that they have a couple



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

session coming up that they are going to attend. [REDACTED] stated that the children are at home now full time which he felt was important. [REDACTED] stated that his mother is a big help. He stated that she helps with the children after school until he gets off work and that she keeps [REDACTED] during the day. CPSI [REDACTED] thanked [REDACTED] for his time and for allowing CPSI [REDACTED] to come to the home.

*Section IV: Interview with other household members

N/A

Section V: CPSI observed:

Document: Photo was taken and placed in chart.

1. Interactions between mother/father and child: The children were playing and wanted to wait for their dad to come home from work.
2. Observation and presentation: CPSI [REDACTED] observed the children on this date. There were no visible marks or bruises present. Although the children talked about their sister they appeared to be in good spirits.
3. Observation of interactions between mother/father and other children in home: N/A
4. Observation of physical environment (inside and outside) The home was clean and the children had all the necessities in their room. The home had working electricity and running water.

Section VI: Next Steps:

CPSI [REDACTED] will monitor the family to make sure they complete services.

*Section VII: NCPP/FSTM (if applicable)

Strengths:

Needs:

Action

Decisions:

Section VIII: IPA: note restrictions and visitation plans:

[REDACTED] will have supervised visitation with the children. [REDACTED] will not be allowed to supervise the contact.



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: 09/04/2013

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/30/2013

Completed date: 09/30/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/30/2013 04:58 PM Entered By: [REDACTED]

CPSI [REDACTED] met with the CPIT team to discuss this case. It was decided that this case would case as AIPI for both allegations. (Lack of Supervision and Neglect Death) Detective [REDACTED] is moving forward with criminal charges.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/29/2013	Contact Method:	Correspondence
Contact Time:	04:40 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	12/03/2013
Completed date:	12/03/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/03/2013 07:31 PM Entered By: [REDACTED]

CPS [REDACTED] received the medical documentation of [REDACTED]'s death. There was no autopsy was completed due to the child being an organ doner. Full report is included in the chart.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/28/2013	Contact Method:	Face To Face
Contact Time:	01:30 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	09/30/2013
Completed date:	09/30/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Sibling Interview/Observation, Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2013 03:05 PM Entered By: [REDACTED]

This case started in case number [REDACTED]. All previous notes are in there.

Child Protective Services Investigator [REDACTED] (CPSI) made a home visit/face to complete a forensic.

People present during this visit:

[REDACTED]

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.

*Section I: Interview with the child

CPSI [REDACTED] met with the children at the child advocacy center. [REDACTED] was not interviewed because of his age.

[REDACTED] participated in a forensic interview. When asked about the incident with her sister [REDACTED] stated that she saw her dad holding [REDACTED]. She stated that her daddy got [REDACTED] out of the bathtub because the water was full. [REDACTED] stated that her mom was in the living room. [REDACTED] stated that she didnt see mom put [REDACTED] in the bathroom. The only other comment [REDACTED] made about her mother is that her mother cries a lot and sometimes stays in bed. [REDACTED] also stated that [REDACTED] died.

[REDACTED] participated in a forensic. [REDACTED] stated that the ambulance and police came to his house. [REDACTED] stated that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] was in the bathtub by herself. He stated that mommy was giving [REDACTED] a bath because [REDACTED] got poop on the bath and that it got in [REDACTED]'s mouth. [REDACTED] stated that he was in his room playing and that mommy had to get something and left the bathroom. [REDACTED] stated that he saw his dad push on [REDACTED]'s stomach and put air in her mouth. As for his mother [REDACTED] stated that there were days when his mother didn't get dressed and she would stay in her pajamas all day.

*Section II: Interview with the mother

N/A

*Section III: Interview with the father

N/A

*Section IV: Interview with other household members

N/A

Section V: CPSI observed:

Document: Photo was taken and placed in chart.

1. Interactions between mother/father and child: N/A
2. Observation and presentation: CPSI [REDACTED] observed the children on this date. There were no visible marks or bruises present.
3. Observation of interactions between mother/father and other children in home: N/A
4. Observation of physical environment (inside and outside) N/A

Section VI: Next Steps:

[REDACTED] and [REDACTED] will participate in trauma counseling.
 [REDACTED] will participate in parenting.

*Section VII: NCPP/FSTM (if applicable)

Strengths:

Needs:

Action

Decisions:

Section VIII: IPA: note restrictions and visitation plans:

[REDACTED] will have supervised visitation with the children. [REDACTED] will not be allowed to supervise the contact.



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: 8/22/13 9:38 PM

Date of Assessment: 8/23/13 12:00 AM

Assessment Type: [X] 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.



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- 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.



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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.
[X] 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: _____