Tennessee Department of Children's Services

Case # 2014.001

Notice of Child Death/Near Death

Intake #:	[redacted]	**Investigation #:**	[redacted]	**Date of Referral:**	01/01/2014
Type: ***(Please check one)***	☒ **DEATH**	☐ **NEAR DEATH**		**Date of Death/Near Death:**	01/01/2014
Child's Name:	[redacted]	**DOB:**	[redacted]	**Person ID:**	[redacted]
Gender:	☐ **Male** ☒ **Female**	**Race/Ethnicity:**	Black or African American	**County/Region:**	[redacted] County
Parents' Names:	**Mother:**	[redacted]	**Father:**		
Alleged Perpetrator's Name:	[redacted]		**Relationship to Victim:**	Mother	
Child in custody at time of incident?	☒ **No**	☐ **Yes**	**Adjudication:**	N/A	
If child is in DCS custody, list placement type and name:	N/A				

Describe *(in detail)* circumstances surrounding death/near death:

[redacted] was asleep on the top bunk of a bunk bed with [redacted] her 12 year old sister. Per Doctor [redacted] it looks like the baby had possibly thrown up and suffocated. There was some kind of fluid on the bed where the baby was. It is unknown if the baby was face down or on her side when she was found. The scene appears to be consistent with the story given. An autopsy is pending. There are no bruises or signs of trauma on [redacted] The other children are appropriate and do not seem worried or afraid.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	N/A	**Telephone #**	( ) -
Street Address:		**City/State/Zip:**	

Describe *(in detail)*interview with family:

Per [redacted] report, [redacted] was asleep on the top bunk with [redacted] last night (12-31-13). [redacted] was sleeping against the wall on the bed and there was a rail on the other side of the bunk bed so the baby wouldn't roll off of it. At 4 am this morning, [redacted] woke up and was crying. [redacted] had a bottle filled with water with her. She put formula in the bottle and gave it to [redacted] When the baby was finished with the bottle, [redacted] burped [redacted] laid her down (unknown position) and went back to sleep.

[redacted] did not "stir" or make noises during the night. At 9 am today (1-1-14), [redacted] woke up and [redacted] wasn't moving. [redacted] tried to wake her sister up (unknown details of how she did this) and [redacted] was "stiff." When the infant did not move, [redacted] yelled for her Mother ([redacted] [redacted] went into the bedroom, took the baby to the living room couch, where she tried to do CPR with two fingers and tried to breathe for the baby. During this time, [redacted] told [redacted] to call 911. [redacted] admitted to having a couple of mixed drinks (strawberry daquiri) last night. [redacted] smokes cigarettes (not in the home), but no drug use is suspected at this time. No arrests or criminal history is known. No previous deaths are known at this home.

If child was hospitalized, describe *(in detail)* DCS involvement during hospitalization:

NA

Describe disposition of body *(Death)*:	[redacted] Medical Center			
Name of Medical Examiner/Coroner:	Dr. [redacted]	**Was autopsy requested?**	☐ **No**	☒ **Yes**
Did CPS open an investigation on this Death/Near Death?	☐ **No**	☒ **Yes**		
Was there DCS involvement at the time of Death/Near Death?	☒ **No**	☐ **Yes**		
Type:		**Case #:**		

Describe law enforcement or court involvement, if applicable:

Law Enforcement is investigating this incident as well.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Case #2014-001

Intake #:	[redacted]	Investigation #:	[redacted]	Date of Referral:	01/01/2014

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

Family made previous arrangements prior to DCS involvment that the mother/surviving children would be staying with relatives, maternal grandfather, [redacted] at [redacted] contact number: [redacted] Follow up on today, 1/2/14 to put Safety Plan into place to further document family's plan for safety.

Name: [redacted]	**Age:** 12
Name: [redacted]	**Age:** 2
Name: [redacted]	**Age:** 8
Name:	**Age:**
Name:	**Age:**

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators *(if applicable)*, and classifications/adjudications *(if applicable)*:

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
04/13/2006	[redacted]	Lack of Supervision	[redacted]	[redacted]	AUPU
04/24/2006	[redacted]	Drug Exposed Child	[redacted]	[redacted]	AUPU
03/24/2005	[redacted]	Physical Abuse/Drug Exposed Child	[redacted]	[redacted]	AUPU
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? ☒ **No** ☐ **Yes** **List organizations requesting information:** NA

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

Contact Person: [redacted]	**Telephone Number:** [redacted]
Case Manager: [redacted]	**Telephone Number:** [redacted]
Team Leader: [redacted]	**Telephone Number:** [redacted]
Team Coordinator: [redacted]	**Telephone Number:** [redacted]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form *CS-0496, Serious Incident Report* to this notice. ☒ **No** ☐ **Yes**

Email to: [redacted]

within forty-eight (48) hours of notification

Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]

Case # 2014.001

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 01/01/2014 12:12 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 01/01/2014

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 01/02/2014 12:21 PM

First Team Leader Assigned: [redacted] Date/Time 01/02/2014 12:00 AM

First Case Manager [redacted] Date/Time 01/02/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	13 Yrs (Est)	Lack of Supervision	No	[redacted]	Birth Mother
[redacted]	Deceased	Neglect Death	Yes	[redacted]	Birth Mother
[redacted]	3 Yrs (Est)	Lack of Supervision	No	[redacted]	Birth Mother
[redacted]	9 Yrs (Est)	Lack of Supervision	No	[redacted]	Birth Mother

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: None

Narrative: This child is not a custodial child.

Companion to [redacted]

TFACTS:

Family Case IDs: [redacted] [redacted] and [redacted]

Open Court Custody/FSS/FCIP No

Closed Court Custody Yes: [redacted] - [redacted]

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

Closed Court Custody - Yes: [redacted] - [redacted]

Open CPS - No

Substantiated No

Fatality No

Screened out No

History (not listed above): Yes
7/12/06 - [redacted] - DEC - Unsubstantiated
7/12/06 - [redacted] - LOS - Unsubstantiated
5/27/05 - [redacted] - PHA, DEC - Unsubstantiated

DUPLICATE REFERRAL: No

County: [redacted]
Notification: NONE
School/ Daycare: Unknown
Native American Descent: No
Directions: None Given

Reporter's name/relationship: [redacted]

NOTE: Address, phone numbers and demographics are listed under the oldest child victim (ACV), [redacted]

Reporter states: Siblings [redacted] (12), [redacted] (8), [redacted] (2) and [redacted] (22 days old, DOB [redacted]), live with their Mother ([redacted] at [redacted] The Father of the children (Unknown first name - [redacted] is in prison in [redacted] (unknown facility).

[redacted] (6) is a Maternal Cousin to the family. He lives with his Mother ([redacted]) at [redacted]. [redacted] spent the night with his cousins last night at the [redacted] address. However, his Mother was not present and was at her home last night.

Per [redacted] report, [redacted] was asleep on the top bunk with [redacted] last night (12-31-13). [redacted] was sleeping against the wall on the bed and there was a rail on the other side of the bunk bed so the baby wouldn't roll off of it. At 4 am this morning, [redacted] woke up and was crying. [redacted] had a bottle filled with water with her. She put formula in the bottle and gave it to [redacted] When the baby was finished with the bottle, [redacted] burped [redacted] laid her down (unknown position) and went back to sleep.

[redacted] did not "stir" or make noises during the night. At 9 am today (1-1-14), [redacted] woke up and [redacted] wasn't moving. [redacted] tried to wake her sister up (unknown details of how she did this) and [redacted] was "stiff." When the infant did not move, [redacted] yelled for her Mother ([redacted] [redacted] went into the bedroom, took the baby to the living room couch, where she tried to do CPR with two fingers and tried to breathe for the baby. During this time, [redacted] told [redacted] to call 911.

Per Doctor [redacted] it looks like the baby had possibly thrown up and suffocated. There was some kind of fluid on the bed where the baby was. It is unknown if the baby was face down or on her side when she was found. The scene appears to be consistent with the story given. An autopsy is pending. There are no bruises or signs of trauma on [redacted] The other children are appropriate and do not seem worried or afraid. [redacted] was talked to briefly, but none of the other children have been

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

interviewed.

The home appears appropriate and there are no issues reported. There is an old gas heater in the home, but the home also has gas heat. No animal issues or problems with bugs/mice are seen in the home.

All of the siblings, as well as [redacted] were in the home last night. [redacted] admitted to having a couple of mixed drinks last night (strawberry daiquiri). [redacted] smokes cigarettes (not in the home), but no drug use is suspected at this time. No arrests or criminal history is known. No previous deaths are known at this home.

Special Needs or Disabilities: None known
Child's current location/is the child safe at this time: With aunts and uncles. [redacted] is still with her Mother at the home. [redacted] is at the scene, awaiting ME office to take the child.
Perpetrator's location at this time: Unknown
Any other safety concerns for the child(ren) or worker who may respond: None

Companion to [redacted]

Per SDM: Investigative Track, P1, Neglect Death. [redacted] TL on 1-1-14 @ 1:33 pm

Notified Child Death Group: [redacted]
RA [redacted] was copied on the notification email.

County paged in MIR3 at 1:33 pm

Recipients Time Issued Response Received Devices Responses
[redacted] 01-01-14 13:38:13 --- work cell Left Message
01-01-14 13:38:13 --- work email Email Sent
01-01-14 13:43:13 --- work cell Answering Machine
01-01-14 13:48:13 --- work cell Answering Machine
[redacted] 01-01-14 13:53:14 01-01-14 13:54:01 State Cell Received
01-01-14 13:53:15 --- Office email Email Sent

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

Participant(s)

Name: [redacted]

Gender: Male | Date of Birth: | Partipant ID: [redacted]

SSN: | Race: | Age: 7 Yrs (Est)

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

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] Unknown

Gender: Male | Date of Birth: | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: 36 Yrs (Est)

Address: , [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

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: | Partipant ID: [redacted]

SSN: | Race: Black/African | Age:

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

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: | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: 13 Yrs (Est)

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

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] | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: Deceased

Address: [redacted]

Deceased Date: 01/01/2014

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

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] | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: 35 Yrs

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

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: | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: 3 Yrs (Est)

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact [redacted]

Contact Type: CELL

Contact Comments:

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: | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: 9 Yrs (Est)

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Case # 2014.001

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: 01/01/2014

Assignment Date: 05/06/2014

Street Adress: [redacted]

City/State/Zip: [redacted]

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted] / [redacted]	Lack of Supervision	[redacted]	[redacted] / [redacted]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] / 02/07/2014
2	[redacted]	[redacted] /	Lack of Supervision	[redacted]	[redacted] / [redacted]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] / 02/07/2014
3	[redacted]	[redacted] / [redacted]	Lack of Supervision	[redacted]	[redacted] / [redacted]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] / 02/07/2014
4	[redacted]	[redacted] /	Neglect Death	[redacted]	[redacted] / [redacted]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 02/07/2014

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: AUPU: Lack of Supervision
AUPU: Neglect Death
No information provided nor substantiated to confirm that the mother failed to provide appropriate care/supervision for her children nor that the older sibling was inapppropriate, as both CPSI and LE observed the scene and based on interview of ACV, [redacted] has been caring for children and her sister all along with no concerns or issues. No evidence to support any foul play and/or that the child was suffocated by being rolled on or trapped/restrained in covers or otherwise.
Family currently working with [redacted] services at this time to address loss and grief therapy.

D. Case Workers

Case Worker: [redacted]

Date: 02/20/2014

Team Leader: [redacted]

Date: 02/24/2014

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]

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:

Infant deceased and removed from the scene prior to CPSI arrival. ACV [redacted] was upset and crying and stated that she had her infant sister in bed with her and when she awoke, she noticed her sister was not breathing, so she called her mother.

Residence appropriate with no safety concerns.
*Pics of residence/scene to be submitted into case file.

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

Chief [redacted] of [redacted] County Sherrif's Office stated that the child's passing away had been ruled as non-neglect death and that LE would not be further investigating/persuing the matter/case. Summary and Interpretation states as follows:
The autopsy reveals no evidence of traumatic injury or significant natrual disease processes. Toxicology analysis of a a postmortem blood sample is native for alcohol, screened drugs of abuse and selected theraputic medications. Vitreous electrolyte analysis reveals postmortuem changes. Postmortem blood culture, cerebrospinal fluid culture and lung swab culture are negative.
Based on the autopsy findings, additional studies, reported circumstances and available investigative information, the cause of death is certified as sudden unexplained infant death. Co-sleeping is a risk factor, and an asphyxial death cannot be excluded. The manner of death is undetermined.

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

Ms. [redacted] stated that she had allowed the child to sleep with her sister, as her sister has provided care/supervision of the child before, with no issue. Also, Ms. [redacted] bedroom is nearly attached to bedroom in which both the siblings and infant were asleep, and she felt that she was in close enough proximity to ensure the child's safety.

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

n/a

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

Based on report and interviews, no evidence to support the lack of supervision as there is no legal minimum age stipulating that Ms. [redacted] violated laws regarding allowing her older daughter to watch/care for the infant, as Ms. [redacted] was present in the home, not even 30 feet from where infant/siblings slept. Also, no evidence to support that Ms. [redacted] was under the influence of any substances that would impair her ability to care/supervise/protect her children at the time of the infant's death. Preliminary statements from medical examiner also substantiate the classification findings of AUPU at this time as well.

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

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	11/12/2014	Contact Method:	
Contact Time:	11:17 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/12/2014
Completed date:	11/12/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/12/2014 12:12 PM Entered By: [redacted]

LI[redacted] received approval email to close case. CPSI[redacted] has not found any evidence to support the allegation of neglect death. Notification of classification sent to Judge/DA.

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:	11/05/2014	Contact Method:	
Contact Time:	09:18 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/05/2014
Completed date:	11/12/2014	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/05/2014 09:19 AM Entered By: [redacted]

The Department of Children's Services (DCS) received a referral on 1/1/2014 with an allegation of Child Neglect Death regarding non-custodial child [redacted] and lack of supervision for [redacted], [redacted] and [redacted] The family has had three previous investigations with DCS, since March 2005 for lack of supervision, drug exposed child, and physical abuse which were all unsubstantiated.

On 1/1/2014, [redacted] woke up around 9 am and discovered that [redacted] was stiff. [redacted] was sleeping in the bed with [redacted] [redacted] was pronounced dead on January 1, 2014.

The investigation into this incident was conducted by the [redacted] County Sheriff's Office Detective [redacted] DCS Lead Investigator [redacted] and Child Protective Services Investigator (CPSI) [redacted] and was re-assigned to CPSI [redacted] in May 2014.

The report to DCS listed [redacted] as the alleged perpetrator of Child Neglect Death and Lack of Supervision.

As part of the investigation, [redacted] and [redacted] were interviewed for the investigation. [redacted] reported that [redacted] was asleep on the top bunk with her last night (12-31-13). She was sleeping against the wall on the bed and there was a rail on the other side of the bunk bed so the baby wouldn't roll off of it. At 4 am this morning, [redacted] woke up and was crying. [redacted] had a bottle filled with water with her. She put formula in the bottle and gave it to [redacted] When [redacted] was finished with the bottle, [redacted] burped [redacted] laid her down and went back to sleep. [redacted] did not "stir" or make noises during the night. At 9 am (1-1-14), [redacted] woke up and [redacted] wasn't moving. [redacted] tried to wake her sister up and [redacted] was "stiff." When the she did not move, [redacted] yelled for her Mother. [redacted] stated that she helped her mom care for [redacted] to give her mom a break. She stated that she did not mind helping her mom or was forced to care for her sister. [redacted] reported that [redacted] yelled for her and she went into the bedroom, took the baby to the living room couch, where she tried to do CPR with two fingers and tried to breathe for the baby. During this time, [redacted] told [redacted] to call 911.

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are

Tennessee Department of Children's Services

Case Recording Summary

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

always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [redacted] County Child Protective Investigation Team on 3/18/14. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

[redacted] appears to have been caring for [redacted] appropriately on the date of this incident. As soon as the child was discovered not breathing emergency services were contacted.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

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:	11/03/2014	Contact Method:	Phone Call
Contact Time:	03:15 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/03/2014
Completed date:	11/03/2014	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: 11/03/2014 03:27 PM Entered By: [redacted]

CPSI [redacted] spoke with [redacted]. She stated that everything is going well. She stated that [redacted] was helping her out when [redacted] died. She stated that [redacted] wanted to help her so she let her help. She stated that when [redacted] would help her that it would give her the opportunity to get a break since she did not have a lot of help at the time. She stated that she did not force her to help her with [redacted] CPSI [redacted] asked if they are currently having any problems and she stated no. CPSI [redacted] asked if she had any questions and she stated no.

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:	11/03/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	School	Created Date:	11/03/2014
Completed date:	11/03/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/03/2014 03:11 PM Entered By: [redacted]

CPSI [redacted] went to [redacted] to follow up with [redacted] [redacted] did not report any safety issues or concerns during the visit. She stated that she would help her mom with [redacted] prior to her death. She stated that she would help her mom everyday because she would be tired. She stated that she wanted to help her mom with [redacted] CPSI [redacted] asked what she would do to help her mom and she stated that she would make bottles, change her diaper, burp her, and put a light on her for her skin. She stated that [redacted] had jaundice, so they had to put the light on her every once in awhile. She stated that she did not feel that she had to help her mom, but wanted to help her mom out due to her mom being tired. She stated that she did not help as much with her younger siblings, but she was younger when they were born.

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:	10/10/2014	Contact Method:	Attempted Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	11/03/2014
Completed date:	11/03/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/03/2014 03:22 PM Entered By: [redacted]

CPSI [redacted] attempted to follow up with the family, but no one was 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:	09/29/2014	Contact Method:	Attempted Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	11/03/2014
Completed date:	11/03/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview,ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/03/2014 03:28 PM Entered By: [redacted]

CPSI [redacted] attempted to follow up with the family, but no one was 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:	08/06/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	09/17/2014
Completed date:	09/17/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/17/2014 02:33 PM Entered By: [redacted]

CPSI [redacted] received the law enforcement reports/summary/pictures/audio concerning the death investigation of [redacted] The information is placed in the file.

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:	07/30/2014	Contact Method:	
Contact Time:	05:58 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/30/2014
Completed date:	07/30/2014	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2014 06:00 PM Entered By: [redacted]

This case is being resubmitted for closure. There is not enough evidence to support the allegations of neglect death and lack of supervision. No information provided nor substantiated to confirm that the mother failed to provide appropriate care/supervision for her children nor that the older sibling was inappropriate, as both CPSI and LE observed the scene and based on interview of ACV, [redacted] has been caring for children and her sister all along with no concerns or issues. No evidence to support any foul play and/or that the child was suffocated by being rolled on or trapped/restrained in covers or otherwise. Family currently working with [redacted] services at this time to address loss and grief therapy. This investigation is complete and closure is requested 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:	07/17/2014	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/18/2014
Completed date:	07/22/2014	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/18/2014 10:37 AM Entered By: [redacted]

Interview conducted where and with whom: @ [redacted] with Ms. [redacted] CPSI [redacted] [redacted] [redacted] and [redacted]

Allegations in this case: Neglect Death and LOS against Ms. [redacted]

Section I: Interview with the child: CPSI [redacted] met with the three children ([redacted] [redacted] and [redacted] [redacted] in the living room area of the home on this date. CPSI [redacted] spoke with all of the children regarding the upcoming school year, medical appts. and counseling sessions. [redacted] reported that she is currently 12 years old and that she attends the 8th grade at [redacted]. [redacted] reported that she made Honor Roll last year and that she has been receiving counseling sessions through [redacted] (Ms. [redacted] [redacted] reported that he will be entering into the 4th grade at [redacted] [redacted] in August. [redacted] reported that he also made the Honor Roll last school year and that his best friend lives in [redacted] [redacted] was observed to be somewhat withdrawn during the interview and when asked if he wanted to talk to CPSI [redacted] alone, he declined. [redacted] reported that she is 2, she put two fingers up to show CPSI [redacted] how old she is. Ms. [redacted] reported that [redacted] will be starting [redacted] in August and that she will be three on Sunday. Ms. [redacted] reported that she had taken [redacted] and [redacted] to the medical doctor to address sinus issuse last Thursday. All of the children appeared to be bonded with their mother and took a family photo for the case file. No safety concerns for the children at this time.

Section II: Interview with the mother: CPSI [redacted] spoke with Ms. [redacted] in regards to how things were going since the beginning of the year. Ms. [redacted] reported that she and her children had recently moved to this residence two weeks ago and that they are enjoying the new home. Ms. [redacted] reported that she and her children love them new home. Ms. [redacted] reported that she is not currently employed, but that she is attending [redacted] and will have a B.A. in Criminal Justice after she completes 4 more online classes. Ms. [redacted] reported that she has been diagnosed with Social Anxiety Disorder and that she has been attending therapy sessions at [redacted] in [redacted] TN since the death of her infant. Ms. [redacted] reported that she was supposed to begin grief counseling, but that the provider wanted to work with her on her social anxiety before moving to the grief counseling portion. Ms. [redacted] reported that she has received medication from [redacted] one time, but that she did not receive it anymore after the one time. Ms. [redacted] reported that once she finishes with her degree, she wishes to pursue a career with [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted]

(or related provider). Ms. [redacted] reported that [redacted] has been receiving [redacted] services for the past three months, but that she will enroll [redacted] into a counseling program (either [redacted] or [redacted] since he has talked more about the incident that [redacted] in the past few months. CPSI [redacted] advised Ms. [redacted] that she can contact [redacted] to begin a mental health evaluation on [redacted] or she could request for [redacted] to begin services with him, also. Ms. [redacted] reported that since she has been receiving therapy sessions, she has been able to do more things that she was not able to do immediately following the incident in January 2014. Ms. [redacted] did report that she does receive family's first (185.00/month) and food stamps (632.00/month), but that she does not receive any child support for her children currently. Ms. [redacted] reported that she does receive TN care for her children, which helps for the health expenses. Ms. [redacted] reproted that she does currently receive Section 8 and a supplemental check for her utilities (191.00/month). Ms. [redacted] reported that she has been able to ask her father, Mr. [redacted] to help her with financial strains that have presented themselves in the past six months. Ms. [redacted] made mention of a misdemeanor criminal charge that she received in March 2014, due to a physical assault with an adult female, "who was harrasing her and saying mean things to her." Ms. [redacted] reported that she did attend the court hearing, which she entered a guilty plea and she has to pay 310.00 court costs in [redacted] County Courts. Ms. [redacted] reported that she is not violent in nature, but that the other female involved kept harassing her and saying things to get on her nerves after her child passed away. Ms. [redacted] was advised that violent acts, such as a physical assault, is not a way to handle stressful situations and actually cause more problems that it does help a situation. Ms. [redacted] reported that she was extremely stressed about the death of her infant and she was not thinking before she struck the female.

Section III: Interview with father: N/A

Section IV: Interview with other members: N/A

Section V: CPSI observed:

1. Interaction between parent and child: Children were observed to be affectionate towards their mother during the HV. Ms. [redacted] ensured that the children did feel comfortable talking with CPSI [redacted] during the HV.
2. Physical environment of the home: Home environment was clean, neat and fashionably decorated. The three children had their own bedrooms, which CPSI [redacted] observed. The family had an ample amount of food in the home and no safety hazards were noted during the HV.

Section VI: Next Steps: CPSI [redacted] will coordinate with the assigned case manager regarding the completion of this visit and complete any other necessary actions steps, as needed.

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:	07/15/2014	Contact Method:	Face To Face
Contact Time:	01:45 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	07/15/2014
Completed date:	07/15/2014	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: 07/15/2014 02:53 PM Entered By: [redacted]

Interview conducted where and with whom: [redacted] TN (last known address for [redacted] and [redacted] (OIC), as listed on the referral) with CPSI [redacted] and current resident

Allegations in this case: LOS/ Neglect Death

Section I: Interview with the child: ACV's were not present at the address during this attempted HV. The children have moved with their mother to a new addressin [redacted] TN.

Section II: Interview with the mother: Mother's contact number is [redacted] Phone contact was made immediately after this attempted HV and Ms. [redacted] reported that she and her children did move to [redacted] TN a few weeks ago from the last address in [redacted] TN. Ms. [redacted] provided CPSI [redacted] with her new address: [redacted] TN and was compliant with scheduling a follow up HV. Ms. [redacted] advised CPSI [redacted] that this afternoon would not be the best time, but that Wednesday or Thursday would be great. CPSI [redacted] advised that she would plan on making a HV tomorrow afternoon and that if anything changes, that CPSI [redacted] would contact her to reschedule, if an emergnecy presents. Ms. [redacted] reported that she would be happy for CPSI [redacted] to come to her new home to complete the HV tomorrow afternoon.

Section III: Interview with father: N/A

Section IV: Interview with other members: CPSI [redacted] spoke with the current resident of the home, who answered the door and advised CPSI [redacted] that he did have Ms. [redacted] contact number, but not her new address. The male resident make a phone call and provided CPSI [redacted] with Ms. [redacted] current contact number. The resident reported that the person on the other end of the line did not know the newest address, but to call that phone number and she will answer. CPSI [redacted] thanked the resident for his time and cooperation.

Section V: CPSI observed: N/A

1. Interaction between parent and child: N/A
2. Physical environment of the home: N/A

Section VI: Next Steps: CPSI [redacted] will complete the follow up HV/face to face tomorrow afternoon at4pm (with all ACV's) and staff/relay the findings of the HV to her supervisor.

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:	07/15/2014	Contact Method:	Attempted Face To Face
Contact Time:	01:15 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/15/2014
Completed date:	07/15/2014	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/15/2014 02:30 PM Entered By: [redacted]

Interview conducted where and with whom: [redacted] TN (last known address for the family, as listed on the referral) with CPSI [redacted] and current resident, Mr. [redacted].

Allegations in this case:LOS/ Neglect Death

Section I: Interview with the child: Children were reported to "have moved with their mother to [redacted] TN a few weeks ago."

Section II: Interview with the mother: Mother was said to "have moved with her children (4) to [redacted] TN a few weeks ago."

Section III: Interview with father: N/A

Section IV: Interview with other members: CPSI [redacted] spoke with the current resident of the home, Mr. [redacted] who reported that he had moved into the home a few weeks back. Mr. [redacted] reported that he did not know the family personally (who lived in this home prior to him moving into the residence), but that he did know that it was a mother and four children who resided here before him.Mr. [redacted] reported that he knew that the family had moved to [redacted] TN, but that a street name or address was not known to him at this time. Mr. [redacted] asked why CPSI [redacted] wanted to know his name, and CPSI [redacted] advised him that she had to prove that the family was not residing in the residence and who was now occupying the residence. CPSI [redacted] thanked Mr. [redacted] for his time and cooperation.

Section V: CPSI observed: N/A
1. Interaction between parent and child: N/A
2. Physical environment of the home: N/A

Section VI: Next Steps: CPSI [redacted] will attempt a HV at the other residence listed on the referral ([redacted] TN) and try to locate the mother and children for a follow up HV.

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:	07/10/2014	Contact Method:	
Contact Time:	01:35 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/29/2014
Completed date:	07/29/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/29/2014 04:16 PM Entered By: [redacted]

LI [redacted] and PC [redacted] staffed case with CPSI [redacted] and determined that follow up visit with the remaining siblings need. LI [redacted] will have CPSI [redacted] assist and complete follow up.

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:	06/05/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/31/2014
Completed date:	07/31/2014	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: 07/31/2014 02:19 PM Entered By: [redacted]

CPSI [redacted] requested the medical records concerning [redacted] The records will be placed in the file once they are received.

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:	05/20/2014	Contact Method:	
Contact Time:	04:48 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/20/2014
Completed date:	05/20/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2014 04:49 PM Entered By: [redacted]

Compliance is being checked based on when the review was conducted.

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:	05/06/2014	Contact Method:	
Contact Time:	04:01 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/06/2014
Completed date:	05/06/2014	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/06/2014 04:01 PM Entered By: [redacted]

Case reassigned to CPSI [redacted] today due to current CPSI has resigned.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	03/19/2014	Contact Method:	Face To Face
Contact Time:	08:30 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	11/05/2014
Completed date:	11/05/2014	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/05/2014 09:17 AM Entered By: [redacted]

This case was presented to CPIT in [redacted] County. The case was classified as AUPU for neglect death. The family is receiving grief counseling services through [redacted]. No other services are needed at this time. The team agreed with the 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:	03/10/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/14/2014
Completed date:	03/14/2014	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: 03/14/2014 02:25 PM Entered By: [redacted]

Autopsy Report recieved by DCS:
Summary and Interpretation states as follows:
The autopsy reveals no evidence of traumatic injury or significant natrual disease processes. Toxicology analysis of a a postmortem blood sample is native for alcohol, screened drugs of abuse and selected theraputic medications. Vitreous electrolyte analysis reveals postmortuem changes. Postmortem blood culture, cerebrospinal fluid culture and lung swab culture are negative. Based on the autopsy findings, additional studies, reported circumstances and available investigative information, the cause of death is certified as sudden unexplained infant death. Co-sleeping is a risk factor, and an asphyxial death cannot be excluded. The manner of death is undetermined.

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:	02/21/2014	Contact Method:	
Contact Time:	04:18 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/21/2014
Completed date:	02/21/2014	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/21/2014 04:30 PM Entered By: [redacted]

Case being submitted for review and closure at this time as follows:
AUPU: Lack of Supervision
AUPU: Neglect Death

680, 740, SDMs, FAST, FFAII, genogram packet, NCPP, Judge' notification, referent letter, HIPPA, Equal and Clients Rights forms, ICWA, local and internet background checks. *CPIT forms enclosed in case file, but will be signed and resubmitted into case file upon CPIT classification/signatures obtain during March's CPIT staffing on the 19th as well as LE reports/records/pictures obtained/recieved during course of investigation.

Services have been put into place and currently servicing the family with regards to grief counseling, specifically for mother and ACV who made initial contact with the deceased infant's body and discovery that she was not breathing.

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:	02/19/2014	Contact Method:	
Contact Time:	03:45 PM	Contact Duration:	Less than 02 Hour
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/20/2014
Completed date:	02/20/2014	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: 02/20/2014 02:23 PM Entered By: [redacted]

Services in place and recieved by family through [redacted] service provider. Case manager/serv[redacted]e provider contact information as follows:

[redacted], M.Ed:-)

[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:	02/14/2014	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	School	Created Date:	02/20/2014
Completed date:	02/20/2014	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	ACV Interview/Observation,Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/20/2014 02:58 PM Entered By: [redacted]

CPSI met with ACVs at their respective schools. Interviewed seperately.
[redacted] shared that she was residing with relatives and still did not want to return to the home/bed where her infant sister died. [redacted] stated that she is okay, until she has to go into the home. She stated that her mother advised her that she will need to work past her fears and realize that the house nor her bed will harm or hurt her or her other siblings. [redacted] stated that she still prefers to live outside the family home where incident occurred.
[redacted] stated that he still stays in his bedroom and in the family residence, but sometimes stays with relatives. He stated that he is not fearful of the residence but knows that his sister does not care to be there.

Both clients state that they have not yet spoken to anyone outside the home other than their pastor about dealing with their infant sister's death, but their mother advised that someone will be coming to speak/work with them soon.

CPSI observed that both were appropriately dressed and school staff/teachers shared that the children seem to be doing remarkable in spite of all that has occurred. Schools are also helping address the matter, by offering counseling but mother at this time as stated that she'd rather utilize the services recommended through DCS and not have the children/family having to speak with several different persons as it would be difficult for them.

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:	02/14/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/20/2014
Completed date:	02/20/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/20/2014 02:50 PM Entered By: [redacted]

CPSI met with both mother and two year old daughter in the home. Child does not currently attend any child care facility. Mother and child were both up preparing for relatives when CPSI arrived. Mother advised that the therapy had been rescheduled due to bad weather and that service provider would be meeting with family on 2/19 between 3-4pm at the residence. Mother shared that things were going okay and that she was eager to get the services started for both her daughter and her sake, so hopefully her daughter would return to the home or possibly she could move soon.
NO concerns or issues noted or observed with the mother and her interaction with her two year old. Mother is still visibly struggling with coping with the loss of her infant daughter. Otherwise the home was appropriate and the child and mother seem to share a close bond. CPSI was advised that two year old sleeps in bed with the mother since that incident occurred, as she shared she is fearful something will happen to her in her sleep as well.
Two year old is not verbal enough for engagement/interview, but observed to be happy and playful and unaware of events that have transpired.

CPSI will visit with two older ACVs at their respective schools.

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:	01/30/2014	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/30/2014
Completed date:	01/30/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2014 03:30 PM Entered By: [redacted]

Compliance is being checked and case deficits acknowledged based on when the review was conducted.

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:	01/02/2014	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/19/2014
Completed date:	02/02/2014	Completed By:	System Completed

Purpose(s):

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: 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:	01/02/2014	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	02/07/2014
Completed date:	02/07/2014	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/07/2014 03:43 PM Entered By: [redacted]

Initial contact/face to face with clients at relatives home

CPSI met with family at the residence of a relative in [redacted] TN. CPSI was able to meet and speak with each of the children, as the younger child was not verbal, but both [redacted] and [redacted] were old enough to engage. CPSI was able to speak to them about their Christmas and general questions about school and so forth. CPSI apologized to mother regarding the timing of CPSI's contact with family and mother shared she understood. She stated that she would be busy planning funeral arrangements for [redacted] CPSI and mother completed DCS paperwork for case file:
HIPPA, ICWA, Equal and Client's Rights forms, genogram packet and information to complete home evaluation packet. CPSI obtained insurance information and speak to mother about her concerns. CPSI observed the children to be doing well, and happy amongst family members. Mother shared her concerns with her daughter as she stated that she refuses to return to the residence were her sister died and she really didn't want to either, but had no choice due to her lease. CPSI and mother agreed to speak more after mother and family was finished with the funeralizing of the ACV.

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:	01/01/2014	Contact Method:	
Contact Time:	12:12 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	09/17/2014
Completed date:	09/17/2014	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/17/2014 02:39 PM Entered By: [redacted]

Alleged victims:
[redacted], DOB: [redacted]

Alleged Perpetrator:
[redacted], birth mother

#[redacted] 4/13/2006, Lack of Supervision, alleged victim listed as [redacted] and [redacted] alleged perpetrator listed as [redacted] and [redacted]. Classified as Unfounded- AUPU and closed
#[redacted] 4/24/2006, Drug Exposed Child, alleged victim listed as [redacted] and [redacted] alleged perpetrator listed as [redacted] and [redacted]. Classified as Unfounded- AUPU and closed
#[redacted] 3/24/2005, Physical Abuse and Drug Exposed Child, alleged victim listed as [redacted] and [redacted] alleged perpetrator listed as [redacted] Classified as Unfounded- AUPU and closed

On 1/1/2014, the department received a P-1 referral alleging lack of supervision and neglect death regarding [redacted], and [redacted] The alleged named perpetrator(s) is [redacted] According to the report, Siblings [redacted] (12), [redacted] (8), [redacted] (2) and [redacted] (22 days old, DOB [redacted]), live with their Mother ([redacted]) at [redacted] The Father of the children (Unknown first name - [redacted] is in prison in [redacted] (unknown facility). [redacted] (6) is a Maternal Cousin to the family. He lives with his Mother ([redacted]) at [redacted] [redacted] spent the night with his cousins last night at the [redacted] address. However, his Mother was not present and was at her home last night. Per [redacted] report, [redacted] was asleep on the top bunk with [redacted] last night (12-31-13). [redacted] was sleeping against the wall on the bed and there was a rail on the other side of the bunk bed so the baby wouldn't roll off of it. At 4 am this morning, [redacted] woke up and was crying. [redacted] had a bottle filled with water with her. She put formula in the bottle and gave it to [redacted] When the baby was finished with the bottle, [redacted] burped [redacted] laid her down (unknown position) and went back to sleep. [redacted] did not "stir" or make noises during the night. At 9 am today (1-1-14), [redacted] woke up and [redacted] wasn't moving. [redacted] tried to wake her sister up (unknown details of how she did this) and [redacted] was "stiff." When the infant did not move, [redacted] yelled for her Mother ([redacted] [redacted] went into the bedroom, took the baby to the living room couch, where she tried to do CPR with two fingers and tried to breathe for the baby. During this time, [redacted] told [redacted] to call 911. Per Doctor [redacted], it looks like the

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

baby had possibly thrown up and suffocated. There was some kind of fluid on the bed where the baby was. It is unknown if the baby was face down or on her side when she was found. The scene appears to be consistent with the story given. An autopsy is pending. There are no bruises or signs of trauma on [redacted] The other children are appropriate and do not seem worried or afraid. [redacted] was talked to briefly, but none of the other children have been interviewed. The home appears appropriate and there are no issues reported. There is an old gas heater in the home, but the home also has gas heat. No animal issues or problems with bugs/mice are seen in the home. All of the siblings, as well as [redacted] were in the home last night. [redacted] admitted to having a couple of mixed drinks last night (strawberry daiquiri). [redacted] smokes cigarettes (not in the home), but no drug use is suspected at this time. No arrests or criminal history is known. No previous deaths are known at this 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:	01/01/2014	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/19/2014
Completed date:	01/19/2014	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: 01/19/2014 11:55 AM Entered By: [redacted]

Case assigned via telephone by on-call LI. CPSI notified of child fatality.

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:	01/01/2014	Contact Method:	Phone Call
Contact Time:	11:00 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/19/2014
Completed date:	01/19/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/19/2014 12:01 PM Entered By: [redacted]

CPIT initiated, as CPSI was contacted directly by Chief [redacted] of [redacted] as well as Detective [redacted] assigned to the case. CPSI was made aware of the crime scene and statements made by both mother and daughter, [redacted] who was with the child when she passed. According to preliminary coroner's report, no suspected abuse/neglect, as Dr. [redacted] acting County Coroner stated on scene that the infant appeared to have aspirated in her sleep.

Child was being removed from scene as CPSI spoke to LE on phone.
CPSI has been advised that the family will be staying at the home of a relative and can be contacted and reached there for contact.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Assessment

Family Name:	[redacted]	TN DCS Intake ID #:	[redacted]
County:	[redacted]	Worker:	
Date of Referral:	1/1/14 12:12 PM	Date of Assessment:	1/2/14 12:00 AM
Assessment Type:	Initial	Number of Children in the Household:	5

Section 1: Immediate Harm Factors

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

Yes	No		
☐	☒	1.	Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply): ☐ Serious injury or abuse to child other than accidental. ☐ Death of a child due to abuse or neglect. ☐ Care taker fears that s/he will maltreat the child. ☐ Threat to cause harm or retaliate against the child. ☐ Excessive discipline or physical force. ☐ Drug-affected infant/child. ☐ Methamphetamine lab exposure.
☐	☒	2.	Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
☐	☒	3.	Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
☐	☒	4.	Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
☐	☒	5.	The family refuses access to the child, or there is reason to believe that the family is about to flee.
☐	☒	6.	Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
☐	☒	7.	The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
☐	☒	8.	Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
☐	☒	9.	Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

☐ ☒ 10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.

☐ ☒ 11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.

☐ ☒ 12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.

☐ ☒ 13. Other (specify)

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

☐ 1. Intervention or direct services by worker as part of a safety plan.

☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.

☐ 3. Use of community agencies or services as immediate safety resources.

☐ 4. Have caretaker appropriately protect the victim from the alleged perpetrator.

☐ 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

☐ 6. Have the non-offending caretaker move to a safe environment with the child.

☐ 7. Legal action planned or initiated - child remains in the home.

☐ 8. Other (Specify): _____

Protective Custody Interventions:

☐ 9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.

☐ 10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Section 3: Safety Decision

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

[X] 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:** _____