



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 02/05/2014 10:33 AM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 02/05/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 02/05/2014 12:48 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 02/05/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 02/05/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 11 Mos	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	Other Non-relative

**Referent(s)**

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS: Yes

Family Case ID: [REDACTED]

Open Ongoing Services Yes (child: [REDACTED]) CM [REDACTED]

Closed Court Custody No

Open CPS - No

Substantiated: [REDACTED] (DEI) 11/5/13 (perp: [REDACTED])

Child Death: No



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

Screen Out: Yes (1 - [REDACTED])

History (not listed above):

INV [REDACTED] (DEI) 8/24/11 (Unsubstantiated)

County: [REDACTED]

Notification: Letter

School/ Daycare: No

Native American Descent: No

Directions: None Provided

Reporter's name/relationship: [REDACTED]

Reporter states:

This child is not in DCS custody.

[REDACTED] (5months) was in the custody of her maternal grandmother, [REDACTED] and grandfather, [REDACTED]. The great-Grandmother, [REDACTED] and 2 other children, [REDACTED] (2) and [REDACTED] (16) also live in the home with the family as well.

The Department of Children Services was contacted on 02-05-14, around 8:30am by [REDACTED] in regards to [REDACTED] death. [REDACTED] had medical issues and had a feeding tube in her stomach. [REDACTED] exact diagnoses are unknown at this time.

[REDACTED] could not sleep lying flat due to the feeding tube and she was kept in a bouncing seat that was on [REDACTED] bed. It was reported that when [REDACTED] woke up this morning around 7:30 am, she looked into the bouncing seat and found [REDACTED] to be blue in the face. [REDACTED] then called 911 for medical assistance and when they arrived, [REDACTED] was deceased.

[REDACTED], [REDACTED], TB [REDACTED], [REDACTED], and [REDACTED] were at the home when Children Services arrived. The referent saw [REDACTED] and she appeared to be blue in the face, and had a mark to the right side of her face where her head laid against the seat.

[REDACTED] body was sent to [REDACTED] for a Forensic and Autopsy. The referent was told the autopsy should be ready for review within 4 to 5 days.

The other children [REDACTED] were seen and there were no safety issues concerning them. [REDACTED] was seen running and playing around the home. He was seen properly dressed without any marks or bruising. [REDACTED] was seen upset and crying due to the situation. The home was clean with a little clutter and dirty dishes in the sink but there were no concerns for environmental neglect. There were no other safety hazards seen around the home.

The family in the home did not have any prior history with Law enforcement. The children's mother [REDACTED] was at the home on 02-05-14. Her parental rights have been restricted due to her drug abuse. [REDACTED] was drug screened by the referent and was positive for Marijuana, Benzodiazepine and Suboxone. The referent stated [REDACTED] reported that [REDACTED] did not spend the night at the home, but arrived early this morning when [REDACTED] was found.

There are no other concerns being reported at this time.

Per SDM: Investigative Track, P-1, response time has been met by DCS CM [REDACTED].  
[REDACTED] on 02-05-14 at 11:39am

Investigative Track - P1 - Child Death



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

[REDACTED], TC, on 2/5/14 @ 11:48am

Notified Child Death/Child Near Death Notification Group via Email:

[REDACTED]



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

**Participant(s)**

**Name:** [REDACTED], [REDACTED]

**Gender:** Female

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**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:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

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: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 4 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

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]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 17 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**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]

**Participant ID:** [REDACTED]

**SSN:**

**Race:** White

**Age:** 1 Yr 11 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:**

**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:** Unknown Participant [REDACTED], Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/05/2014

Assignment Date: 02/05/2014

Street Address:

City/State/Zip:

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 02/13/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: [REDACTED] referred [REDACTED] into the residence to support the family and assist them in their grief.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 08/04/2014

Team Leader: [REDACTED]

Date: 08/04/2014

**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] observed [REDACTED] is 5 months old. [REDACTED] was bluish in color. There was a marking on her face. EMS reported the marking was the pooling of blood when the infant had her head tilted down. DOB: [REDACTED] DOD: 2/5/14

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

The final anatomic diagnosis is as follows:

Lymphocystic myocarditis, focal

Cytomegalovirus and adenovirus infection on nasopharyngeal viral culture

Thymic petechial

Pulmonary edema

Cerebral congestion

Acute and chronic distal esophagitis

Evidence of remote fundoplication with sutures noted around the gastroesophageal junction and the



**Tennessee Department of Children's Services**  
**Child Protective Service Investigation Summary**  
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Case Name : ██████████

Investigation ID: ██████████

surrounding soft tissues and adhesions from the cardia of the stomach and the lower esophagus to the diaphragm and the right lobe of the liver

Presence of a PEG tube in the stomach, well healed.

██████████ of pathologist autopsy final report

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

Perpetrator is unknown.

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

maternal grandmother ██████████ and grandfather ██████████. The great-Grandmother ██████████ and 2 other children ██████████ (2) and ██████████ (16) also live in the home with the family as well. The referent stated the Department of Children Services was contacted on 02-05-14 around 8:30am by ██████████ in regards to ██████████ death. ██████████ had medical issues and had a feeding tube in her stomach. ██████████ exact diagnoses are unknown at this time. The referent stated ██████████ could not sleep lying flat due to the feeding tube and she was kept in a bouncing seat that was on the Grandmother ██████████ bed. It was reported that when ██████████ woke up this morning around 7:30 am she looked into the bouncing seat and found ██████████ to be blue in the face. ██████████ then called 911 for medical assistance and when they arrived ██████████ was deceased. The referent stated ██████████, ██████████, ██████████ were at the home when the referent arrived. The referent saw ██████████ and she appeared to be blue in the face, and had a mark to the right side of her face where her head laid against the seat. ██████████ body was sent to ██████████ for a Forensic and Autopsy. The referent was told the autopsy should be ready for review within 4 to 5 days. The referent stated the other children ██████████ were seen and there were no safety issues concerning them. ██████████ was seen running and playing around the home. He was seen properly dressed without any marks or bruising. ██████████ was seen upset and crying due to the situation. The home was clean with a little clutter and dirty dishes in the sink but there were no concerns for environmental neglect. There were no other safety hazards seen around the home.

The family in the home did not have any prior history with Law enforcement. The children's mother ██████████ was at the home on 02-05-14. Her parental rights have been restricted due to her drug abuse. ██████████ was drug screened by the referent and was positive for Marijuana, Benzodiazepine and Suboxone. The referent stated ██████████ reported that ██████████ did not spend the night at the home, but arrived early this morning when ██████████ was found.

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

An interview was conducted with ██████████ reported she laid the infant down for the night around 10 pm. ██████████ reported there was a feeding tube in and I laid her down on her bouncing seat. ██████████ stated I sleep in the same bed with ██████████ stated ██████████ does not sleep in a crib because of her acid reflux and it is bad so we keep her elevated so she does not choke. ██████████ stated since they put that ██████████ inside of ██████████ she can't throw up and that was a concern. ██████████ was crying and upset with the situation and had an issue with her blood sugar dropping while EMS was in the home. EMS checked ██████████ out to make sure she was ok. ██████████ had to take her diabetes medication. ██████████ stated children's hospital never contacted the GI doctor, ██████████ about the feeding tube. ██████████ stated there was an adult tube in ██████████ and she had not gained any weight. ██████████ stated ██████████ was very upset about this because no GI doctor was consulted for that tube. ██████████ stated ██████████ GI Doctor, got into a verbal altercation with the surgeon over the phone. ██████████ stated ██████████ wind up hanging up on ██████████ ██████████ stated ██████████ had gained 10 pounds and she was at children's hospital and they did the procedure in the office for the feeding tube. ██████████ stated the infant was born with cocaine, subutex and klonopine. ██████████ stated the doctor at ██████████ said it was a false positive and that is why I got custody. ██████████ stated my daughter, ██████████ was doing drugs and that is why I got custody over ██████████ stated I had a baby that was still born when I was younger but there was no SIDS. ██████████ stated ██████████ had a lot of problems with her stomach and you could hear it come up like she was throwing up.



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

**Case Name :** [REDACTED]

**Investigation ID:** [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/28/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/28/2015

Completed date: 07/28/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/28/2015 06:38 PM Entered By: [REDACTED]

LI [REDACTED] received approval from IC [REDACTED] to complete closure on this case. LI [REDACTED] completed peer review. CPSI [REDACTED] was instructed to close the case on this date.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/21/2015 Contact Method:  
 Contact Time: 10:40 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/21/2015  
 Completed date: 07/21/2015 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: 07/21/2015 09:40 AM Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) Child Protective Investigations received a referral on 02/05/2014 with an allegation of Child Neglect Death regarding custodial child [REDACTED]. [REDACTED] was born on 08/28/2013 as a drug exposed infant. The infant was removed from her mother's, [REDACTED], care due to the mother having cocaine in her system upon delivering. The infant was placed with her maternal grandmother [REDACTED].

The Department of Children Services was contacted on 02-05-14, around 8:30am by [REDACTED] in regards to [REDACTED] death and was requested to go to the scene. [REDACTED] was found by the maternal Grandmother, [REDACTED]. The grandmother went to check on the infant as the mother, [REDACTED] had come to visit early in the morning. The infant was found to be blue and non-responsive. The family contacted 911 and requested assistance.

Upon arrival, [REDACTED] was already on scene with Medical Personnel, EMS, [REDACTED] (PD) [REDACTED] PD [REDACTED], DCS [REDACTED] coroner.

Emergency Medical Services responded to the residence and transported [REDACTED] to [REDACTED] was already deceased upon Emergency Personal arriving. [REDACTED] was pronounced deceased at 7:30 am on 2/5/14.

The investigation into this incident was conducted by The Tennessee Bureau of Investigations [REDACTED] Police [REDACTED], and Office of Child and Safety Investigator [REDACTED] and Lead Investigator, [REDACTED].

The report to DCS listed Unknown as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted with family, staff and medical professionals.

As part of the investigation, the maternal grandmother, [REDACTED] was interviewed. They reported the infant has a feeding tube that was placed in her due to having acid reflux. The maternal grandmother reported the first feeding tube was placed in the infant in at [REDACTED] on Halloween of last year. The maternal grandmother reported the GI doctor that evaluated [REDACTED] had the wrong size and it was an adult size feeding tube that was placed in [REDACTED]. The maternal grandmother reported [REDACTED] took the lower part of [REDACTED] stomach and



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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wrapped it around. The maternal grandmother, [REDACTED] reported this was not a good thing [REDACTED] could not throw up. The maternal grandmother reported [REDACTED] would get choked up and could not get the fluid or anything up that is why the infant was in her bouncy seat so that she was not laying down flat on her back.

&#8195;

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 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] Child Protective Investigation Team on 07/24/14. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

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: 07/21/2015

Contact Method:

Contact Time: 09:31 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2015

Completed date: 07/24/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/24/2015 07:57 AM      Entered By: [REDACTED]

CPSI [REDACTED] scanned [REDACTED] medical records since birth from [REDACTED] into TFACTS.



**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: 06/30/2015

Contact Method:

Contact Time: 11:28 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2015

Completed date: 06/30/2015

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: 06/30/2015 01:15 PM Entered By: [REDACTED]

The [REDACTED] case remains open to Child Protective Service Investigator (CPSI), [REDACTED]. CPSI [REDACTED] reports that the case has been presented to and signed off on through the Child Protective Investigative Team (CPIT) as Allegations Unsubstantiated/Perpetrator Unsubstantiated. The [REDACTED] case has also been presented at the Fatality Review Board (FRB) and as a result additional medical records are being requested in order to include them as part of the documents received during the investigation. The records once received will be scanned into the investigation. The FRB did show that the Alleged Child Victim (ACV) showed deficits in nutrition and that this could have played a role in the virus that led to her death. The siblings, [REDACTED] remain in the custody of Grandparents, [REDACTED]. There have been no new referrals made during the time of this investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/10/2015

Completed date: 03/10/2015

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: 03/10/2015 12:29 PM      Entered By: [REDACTED]

The autopsy has been received for this case and has been uploaded into the TFACTS system. Child Protective Services Investigator (CPSI), [REDACTED] attended the district Child Death Review Board on this date. The siblings, [REDACTED] remain in the custody of their grandmother, [REDACTED] with mother, [REDACTED] having supervised contact. CPSI [REDACTED] will need to continue to have monthly contact with the family until case is closed or transferred. The [REDACTED] has been classified unsubstantiated and was submitted to CPIT (Child Protective Investigative Team) for final signatures. Lead Investigator staffed with CPSI [REDACTED] on this date and CPSI will be completing face-to-face contacts with the remaining children monthly until the case is approved for closure.



**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: 09/19/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/18/2015

Completed date: 03/18/2015

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: 03/18/2015 04:45 PM Entered By: [REDACTED]

The autopsy has been received for this case and has been uploaded into the TFACTS system. The siblings, [REDACTED] remain in the custody of their grandmother, [REDACTED] with mother, [REDACTED] having supervised contact. The [REDACTED] has been classified unsubstantiated and was submitted to CPIT (Child Protective Investigative Team) and received final signatures.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2014

Contact Method:

Contact Time: 03:49 PM

Contact Duration: Less than 15

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 02:49 PM Entered By: [REDACTED]

[REDACTED] Summary:

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The Department of Children Services was contacted on 02-05-14, around 8:30am by [REDACTED] in regards to [REDACTED] death and was requested to go to the scene. [REDACTED] was found by the maternal Grandmother, [REDACTED]. The grandmother went to check on the infant as the mother, [REDACTED] had come to visit early in the morning. The infant was found to be blue and non-responsive. The family contacted 911 and requested assistance.

Upon arrival, [REDACTED] was already on scene with Medical Personnel, EMS, [REDACTED] (PD) [REDACTED] PD [REDACTED], DCS [REDACTED] coroner.

Emergency Medical Services responded to the residence and transported [REDACTED] to [REDACTED]. [REDACTED] was already deceased upon Emergency Personal arriving. [REDACTED] [REDACTED] was pronounced deceased at 7:30 am on 2/5/14.

The investigation into this incident was conducted by The Tennessee Bureau of Investigations [REDACTED] (Investigator [REDACTED]), and Office of Child and Safety Investigator [REDACTED] and Lead Investigator [REDACTED].

The report to DCS listed Unknown as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted with family, staff and medical professionals.

As part of the investigation, the maternal grandmother [REDACTED] was interviewed. They reported the infant has a feeding tube that was placed in her due to having acid reflux. The maternal grandmother reported the first feeding tube was placed in the infant in at children's hospital in [REDACTED] on Halloween of last year. The maternal grandmother reported the GI doctor that evaluated [REDACTED] had the wrong size and it was an adult size feeding tube that was placed in [REDACTED]. The maternal grandmother reported [REDACTED] took the lower part of [REDACTED] stomach and



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

---

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

---

wrapped it around. The maternal grandmother, [REDACTED] reported this was not a good thing [REDACTED] could not throw up. The maternal grandmother reported [REDACTED] would get choked up and could not get the fluid or anything up that is why the infant was in her bouncy seat so that she was not laying down flat on her back.

&#8195;

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 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] Child Protective Investigation Team on 07/24/14. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

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: 08/04/2014

Contact Method:

Contact Time: 03:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/04/2014 02:16 PM      Entered By: [REDACTED]

The final anatomic diagnosis is as follows:

Lymphocystic myocarditis, focal

Cytomegalovirus and adenovirus infection on nasopharyngeal viral culture

Thymic petechial

Pulmonary edema

Cerebral congestion

Acute and chronic distal esophagitis

Evidence of remote fundoplication with sutures noted around the gastroesophageal junction and the surrounding soft tissues and adhesions from the cardia of the stomach and the lower esophagus to the diaphragm and the right lobe of the liver

Presence of a PEG tube in the stomach, well healed.



**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: 08/04/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/18/2015

Completed date: 03/18/2015

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: 03/18/2015 04:26 PM      Entered By: [REDACTED]

The autopsy has been received for the [REDACTED] case and will be uploaded into documents. At this time it appears that the case will be closed as unsubstantiated. Other involved children in this case, [REDACTED] remain in the custody of the maternal grandmother [REDACTED]. The mother, [REDACTED] continues to have supervised 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: 08/04/2014 Contact Method:  
 Contact Time: 12:45 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/04/2014  
 Completed date: 08/04/2014 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: 08/04/2014 12:18 PM Entered By: [REDACTED]

Investigation id # [REDACTED]  
 Case Id # [REDACTED]  
 Investigation type: Neglect Death  
 Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated  
 Date of Incident: 2/5/14

Investigation Team:  
 Investigator: [REDACTED], CPSI, CM III  
 Lead Investigator: [REDACTED], LI, CM IV  
 Investigator Coordinator: [REDACTED] IC  
 Regional Administrator: [REDACTED], RA

The initial information that served as a basis for this investigation was provided by a tip from the Child Abuse Hotline. TCA 37-1-403 and TCA 37-1-605 law requires all persons to make a report when they suspect abuse, neglect or exploitation of children. Tennessee laws protect persons who report abuse or neglect. Tennessee Code Annotated 37-1-410 provides immunity from civil and criminal liability. Reporters do have the right to remain anonymous. The investigation was initiated on 2/5/14 against unknown, and concluded on 8/4/14. This case will be closed as services Services were refused for Grief counseling.

All potential witnesses have been interviewed and are listed as follows:

Referent ( )  
 Alleged Perpetrator (unknown)  
 Victim, [REDACTED]  
 Collateral (1) [REDACTED]  
 Collateral (2)  
 Mother, [REDACTED]

The documents that were reviewed are listed as follows and placed into the file:  
 Native American Heritage Veto Verification cs-0824



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Drug screens cs -0831  
 Contact Sheets for Genogram cs-0774  
 HIPPA Notice of privacy practice cs- 0699  
 Notification of Equal Access to programs CS- 0158  
 Acknowledgement of receipt of Clients Rights handbook cs- 0835  
 Authorization forms cs- 0668  
 Safety Assessment  
 FAST Assessment  
 Internet records checks cs 0687  
 Local Backgrounds cs-0751  
 Child Protective Investigative Team Review CS-0561  
 Child Death/Near 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 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.
4. Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse

#### Findings of Fact

On February 5, 2014 at 10:33 AM CT, a referral was called into Central Intake. The referral was screened into [REDACTED] as P1 with allegations of Neglect Death. The alleged child victim is [REDACTED], 5 months old. The alleged perpetrator is unknown. The final anatomic diagnosis is as follows:

Lymphocystic myocarditis, focal  
 Cytomegalovirus and adenovirus infection on nasopharyngeal viral culture  
 Thymic petechial  
 Pulmonary edema  
 Cerebral congestion  
 Acute and chronic distal esophagitis  
 Evidence of remote fundoplication with sutures noted around the gastroesophageal junction and the surrounding soft tissues and adhesions from the cardia of the stomach and the lower esophagus to the diaphragm and the right lobe of the liver  
 Presence of a PEG tube in the stomach, well healed.



**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: 08/04/2014

Contact Method: Face To Face

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/04/2014 11:40 AM      Entered By: [REDACTED]

CPSI went to visit with the family. CPSI asked [REDACTED] if there was anything that she needed. [REDACTED] reported she did not need anything and was happy right now. [REDACTED] reported I got a job working at [REDACTED] as the cashier. [REDACTED] stated it feels great to get out and work. [REDACTED] was asleep when CPSI arrived. [REDACTED] stated she just got home from [REDACTED] [REDACTED] reported he is doing ok. [REDACTED] was in his pjs but was clean. There were no safety issues noted 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: 08/02/2014

Contact Method:

Contact Time: 11:18 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/02/2014

Completed date: 08/02/2014

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: 08/02/2014 10:18 AM Entered By: [REDACTED]

The [REDACTED] Neglect Death case remains open awaiting autopsy. The siblings, [REDACTED] continue to remain in the custody of their grandmother, [REDACTED] with mother, [REDACTED] having supervised contact. CPSI [REDACTED] will need to continue to have monthly contact with the family until case is closed or transferred. Autopsy requests have been made and will be staffed with CPIT (child protective investigative team) once 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: 07/25/2014

Contact Method:

Contact Time: 06:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/02/2014

Completed date: 08/02/2014

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: 08/02/2014 10:18 AM      Entered By: [REDACTED]

The [REDACTED] Neglect Death case remains open awaiting autopsy. The siblings, [REDACTED] continue to remain in the custody of their grandmother, [REDACTED] with mother, [REDACTED] having supervised contact. CPSI [REDACTED] will need to continue to have monthly contact with the family until case is closed or transferred. Autopsy requests have been made and will be staffed with CPIT (child protective investigative team) once 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: 07/24/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/04/2014

Completed date: 08/04/2014

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: 08/04/2014 11:42 AM Entered By: [REDACTED]

CPIT meeting was held at the [REDACTED] DCS office on July 24, 2014. The following were in attendance at the meeting:

DA [REDACTED]

CPSI [REDACTED]

[REDACTED] Sheriff Department

[REDACTED] Police Department

CAC, [REDACTED]

The team decided that based on the information that the case will be classified as AUPU.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/23/2014	Contact Method:	Attempted Face To Face
Contact Time:	05:13 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/04/2014
Completed date:	08/04/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/04/2014 11:58 AM      Entered By: [REDACTED]

CPSI went to the residence to visit with the family. CPSI knocked several times. There was no one that answered the door 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: 06/27/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/29/2014

Completed date: 06/29/2014

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: 06/29/2014 11:35 AM      Entered By: [REDACTED]

Autopsy records have been requested for the [REDACTED]. While the case remains open, [REDACTED] will need to make monthly contact with the family and document to keep the case current.



**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: 06/23/2014

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/04/2014 12:22 PM      Entered By: [REDACTED]

[REDACTED] were sitting outside on the front porch. There are noted toys scattered in the yard and on the porch. [REDACTED] was playing with a tan cars. [REDACTED] was outside on her cell phone. [REDACTED] reported she is doing ok. There are no issues noted at this time. CPSI asked if there was anything that [REDACTED] needed. [REDACTED] stated no she has her good days and her bad days.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/30/2014	Contact Method:	Attempted Face To Face
Contact Time:	04:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/04/2014
Completed date:	08/04/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/04/2014 12:33 PM      Entered By: [REDACTED]

CPSI went to the residence. CPSI knocked several times. There was no vehicle in the driveway 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: 05/23/2014

Contact Method:

Contact Time: 09:48 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/23/2014

Completed date: 05/23/2014

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: 05/23/2014 08:50 AM      Entered By: [REDACTED]

LI reviewed this case. The siblings, [REDACTED] are placed with maternal grandparents, [REDACTED]. The children appear to be doing well, [REDACTED] had helped to care for her deceased sibling and does have some emotional feelings about this loss. [REDACTED] has spoke to the grandparents about counseling if needed for the siblings. The mother has supervised contact. The children were placed with the grandparents prior to [REDACTED] death. [REDACTED] will need to put in all of her documentation to bring the case current. The case is overdue due to waiting on the final autopsy. An email is being sent to [REDACTED], who is the [REDACTED] who is coordinating the receipt of the final autopsies.



**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: 05/09/2014

Contact Method:

Contact Time: 10:22 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/09/2014

Completed date: 05/09/2014

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: 05/09/2014 09:25 AM      Entered By: [REDACTED]

This case is overdue as it is a child death and we are waiting on the autopsy from [REDACTED]. LI contacted Nurse, [REDACTED] on this date in an attempt to speed up this process. [REDACTED] has been meeting face to face with siblings, [REDACTED] who are in the custody of the maternal grandmother.



**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: 04/11/2014

Contact Method: Face To Face

Contact Time: 05:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/04/2014 12:31 PM Entered By: [REDACTED]

Inv. went to check on the children [REDACTED]. [REDACTED] reported she is very upset and refused to talk to anyone. [REDACTED] stated I just want to be left alone and I don't want to talk about it it is too hard for me at this time. [REDACTED] was clean and no markings noted on him. [REDACTED] was smiling.



**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:	Attempted Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/04/2014
Completed date:	08/04/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/04/2014 12:28 PM      Entered By: [REDACTED]

[REDACTED] went to the residence. Inv. knocked several times. There was no answer at this time. There was no cars in the driveway



**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: Phone Call

Contact Time: 09:32 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2014

Completed date: 02/19/2014

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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/19/2014 09:18 AM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] at 9:32 am on 2/19/14 via phone. [REDACTED] stated she was still upset and began crying. [REDACTED] stated [REDACTED] does not want the counseling and is trying to handle herself. [REDACTED] stated [REDACTED] is not ready to talk to anyone at this point and did not want to get into trouble for not accepting the services. [REDACTED] stated [REDACTED] went to [REDACTED] to talk to someone at what happened. [REDACTED] stated I think it helped her. [REDACTED] stated the though was sweet but right now the family is just not ready to speak to anyone. [REDACTED] stated she will be checking on the family on and off and if they need anything to let [REDACTED] know.



**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: 02/18/2014

Contact Method: Correspondence

Contact Time: 06:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2014

Completed date: 02/19/2014

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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/19/2014 09:16 AM Entered By: [REDACTED]

[REDACTED] reported at 6:05 pm on 2/18/14, that [REDACTED] was refusing services for counseling. [REDACTED] stated the family did not want to get into trouble for not taking the counseling. [REDACTED] stated the counseling was for grief to benefit the family and nothing is going to be forced upon them. [REDACTED] stated the family don't want to do the counseling and the mother was pitiful sounding.



**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:

Contact Time: 11:01 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/14/2014

Completed date: 02/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/14/2014 10:02 AM      Entered By: [REDACTED]

[REDACTED] faxed a release to [REDACTED] to obtain the preliminary autopsy report on [REDACTED] at [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:

Contact Time: 10:28 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/14/2014

Completed date: 02/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/14/2014 09:30 AM      Entered By: [REDACTED]

[REDACTED] made a [REDACTED] referral for [REDACTED] and the family to assist with grief counseling.



**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: 02/08/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/09/2014

Completed date: 02/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/09/2014 06:21 PM Entered By: [REDACTED]

[REDACTED] funeral will be 2/8/14 in [REDACTED] at [REDACTED]. Family will be present for the viewing from 6pm until 8pm and the funeral will follow at 8pm. [REDACTED] of the [REDACTED] in [REDACTED]

[REDACTED] will conduct the service.

[REDACTED] service will be held at [REDACTED] Sunday at 2pm. The churches have done a wonderful job of rallying around this family in their time of need. The collections made have paid 100% of the expenses.



**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:	02/06/2014	Contact Method:	Correspondence
Contact Time:	06:33 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/09/2014
Completed date:	02/09/2014	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: 02/09/2014 06:24 PM      Entered By: [REDACTED]

FSW [REDACTED] visited with the family this afternoon for over an hour. Both [REDACTED] are basket cases. [REDACTED] has passed out several times and cries uncontrollably. The sheriff's dept. was at the home around 2pm and stated that the autopsy is complete and the death certificate will state cause of death "SIDS". The police took the feeding tubes and her pacifier and both were also tested for bacteria or virus. The police indicated the coroner could find no bacteria, virus, or any substance that should not have been there. Organs were clean and clear. There were no obstructions in her esophagus or any bronchial tubes. (In other words she didn't throw up or choke.) God took her home. There is no explanation.

[REDACTED] stated that [REDACTED] took her milk well on Tuesday night and fell asleep in her swing. She was breathing normally when [REDACTED] kissed her goodnight and covered her. In the morning she was unmoving and cool.

[REDACTED] had been doing well since having the new feeding tube plug replaced with a smaller one. On my last visit (Thursday 1/29/14) she weighed 9 pounds and at her doctor's exam on Monday, had gained weight during the last two weeks. She seemed to be growing and doing better than ever.

The family has no insurance. [REDACTED] will be buried in [REDACTED] next to her grandfather). Services will be in [REDACTED] at the funeral home ([REDACTED]). [REDACTED] will be going to the funeral home at 9am tomorrow to make the arrangements. The preacher at the church in [REDACTED] said the cost to open the grave is \$500 which they do not have. He is asking the cemetery if he can be permitted to do it. He has a back-hoe and is willing to do the work if they will let him. He will also do the funeral service, free. The family does not have any means of paying for the other funeral expenses.



**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: 02/05/2014

Contact Method:

Contact Time: 08:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2014

Completed date: 02/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/05/2014 07:16 PM      Entered By: [REDACTED]

FFA will be completed as per policy if this case goes over the 30 day timeframe [REDACTED] updated the FFA



**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: 02/05/2014 Contact Method: Phone Call  
 Contact Time: 01:40 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 02/05/2014  
 Completed date: 02/05/2014 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: 02/05/2014 07:19 PM Entered By: [REDACTED]  
 [REDACTED] contacted the [REDACTED] and spoke with [REDACTED], director of the [REDACTED] [REDACTED] did explain the situation to [REDACTED] whom were on speaker phone in [REDACTED] office. [REDACTED] [REDACTED] convened CPIT. [REDACTED] faxed the copy of the referral. [REDACTED] did speak to LE in regards to this case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/05/2014 Contact Method:  
 Contact Time: 11:43 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 02/05/2014  
 Completed date: 02/05/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/05/2014 05:55 PM Entered By: [REDACTED]

[REDACTED] made a referral to the CPS hotline. [REDACTED] made the referral just in case LE did not get a chance to.



**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: 02/05/2014 Contact Method:  
 Contact Time: 11:30 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 02/05/2014  
 Completed date: 02/05/2014 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: 02/05/2014 06:13 PM Entered By: [REDACTED]

On February 5, 2014 at 10:33 AM CT, a referral was called into Central Intake. The referral was screened into [REDACTED] as P1 with allegations of Neglect Death. The alleged child victim is [REDACTED], 5 months old. The alleged perpetrator is unknown. Response is due on 02/06/2014 10:33 AM (CT). The case is assigned to [REDACTED] by LI [REDACTED]. It is not known if this child is of Native American descent. This information will need to be obtained when response is met. A follow up phone call will be made and documented with the referent within 15 working days of referral per policy. TFACTS was checked and the current history is as follows:

Family Case ID: [REDACTED]  
 Open Ongoing Services Yes (child: [REDACTED]) CM [REDACTED]  
 Closed Court Custody No  
 Open CPS - No  
 Substantiated: # [REDACTED] (DEI) 11/5/13 (perp [REDACTED])  
 Child Death: No  
 Screen Out: Yes (1 - [REDACTED])  
 INV [REDACTED] (DEI) 8/24/11 (Unsubstantiated)

[REDACTED] will need to ensure the case is staffed from the field and the parents are contacted per policy timelines. [REDACTED] will need to ensure all MRS policies and procedures are being followed including the face to face contacts, collateral contacts, Family Functional Assessments and team meetings. All dictation must be entered per regional policy. [REDACTED] needs to ensure that all paperwork reviewed with the family is documented in case recordings and that Safety Assessments, Noncustodial Permanency Plans, Immediate Protection Agreements and/or background checks are submitted timely and per policy to supervision.

**Reporter states:**

This child was not in DCS custody. [REDACTED] (5months) was in the custody of her maternal grandmother [REDACTED] and grandfather [REDACTED]. The great-Grandmother [REDACTED] and 2 other children [REDACTED] (16) also live in the home with the family as well. The referent stated the Department of Children Services was contacted on 02-05-14 around 8:30am by [REDACTED] in regards to [REDACTED] death. [REDACTED] had medical issues and had a feeding tube in her stomach. [REDACTED] exact diagnoses are unknown at this time. The referent stated [REDACTED] could not sleep lying flat due to the feeding tube and she was kept in



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

a bouncing seat that was on the Grandmother [REDACTED] bed. It was reported that when [REDACTED] woke up this morning around 7:30 am she looked into the bouncing seat and found [REDACTED] to be blue in the face. [REDACTED] then called 911 for medical assistance and when they arrived [REDACTED] was deceased. The referent stated [REDACTED], TBI [REDACTED] [REDACTED] were at the home when the referent arrived. The referent saw [REDACTED] and she appeared to be blue in the face, and had a mark to the right side of her face where her head laid against the seat. [REDACTED] body was sent to [REDACTED] [REDACTED] for a Forensic and Autopsy. The referent was told the autopsy should be ready for review within 4 to 5 days. The referent stated the other children [REDACTED] were seen and there were no safety issues concerning them [REDACTED] was seen running and playing around the home. He was seen properly dressed without any marks or bruising. [REDACTED] was seen upset and crying due to the situation. The home was clean with a little clutter and dirty dishes in the sink but there were no concerns for environmental neglect. There were no other safety hazards seen around the home.

The family in the home did not have any prior history with Law enforcement. The children's mother [REDACTED] was at the home on 02-05-14. Her parental rights have been restricted due to her drug abuse. [REDACTED] was drug screened by the referent and was positive for Marijuana, Benzodiazepine and Suboxone. The referent stated [REDACTED] and [REDACTED] reported that [REDACTED] did not spend the night at the home, but arrived early this morning when [REDACTED] was found.

There are no other concerns being reported at this time.

Per SDM: Investigative Track, P-1, response time has been met by DCS CM [REDACTED].

[REDACTED] on 02-05-14 at 11:39am



**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:	02/05/2014	Contact Method:	
Contact Time:	10:35 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	02/05/2014
Completed date:	02/05/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/05/2014 05:51 PM      Entered By: [REDACTED]

[REDACTED] picked up the court orders from the [REDACTED] juvenile on [REDACTED]. The court order stated the mother [REDACTED] and the father [REDACTED] will have supervised contact with the children [REDACTED]. [REDACTED] obtained the 911 report from the call this morning.



**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: 02/05/2014

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2014

Completed date: 02/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2014 05:49 PM Entered By: [REDACTED]

[REDACTED] was finishing talking with the family and the family received a phone call stating that [REDACTED] ran off the road and wrecked. [REDACTED] stated [REDACTED] was drinking and when he was here at the residence with [REDACTED] just now. [REDACTED] stated I just wanted [REDACTED] to leave I did not think he would wreck. [REDACTED] stated this has been hard and now this.



**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:	02/05/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/05/2014
Completed date:	02/05/2014	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: 02/05/2014 04:59 PM Entered By: [REDACTED]

On February 5, 2014, Intake [REDACTED] was phoned into Central Intake. The referral was assessed and screened into [REDACTED] as P1 IT with allegations of Neglect Death (S). The alleged child victim is listed as [REDACTED], deceased. The alleged perpetrator is listed as unknown. Response was met by Investigator [REDACTED] who reported to the scene as immediate response was requested by [REDACTED]. The case was assigned to [REDACTED].

At the home observed and interviewed:

ACV: [REDACTED] (deceased), DOB [REDACTED] Infant found deceased on 2/5/14.

OIC: [REDACTED]  
OIC: [REDACTED]

Mother: [REDACTED]: Court ordered Supervised Contact

Caretakers, maternal grandparents [REDACTED]

At this time no action was required in regard to children, [REDACTED] and they remained in the care and custody of the maternal grandparents. Mother, [REDACTED] has supervised contact with [REDACTED] through [REDACTED] court. A copy of the order was obtained on this date. A copy of the 911 transcript was also obtained on this date and a copy of the taped phone call will be requested.

[REDACTED] completed the Notice of Child Death/Near Death report and LI [REDACTED] emailed appropriate notifications. A hard copy of this report will be placed in the file.

LI [REDACTED] and [REDACTED] will continue to staff as needed and all investigative tasks will be completed and documented including CPIT tasks.



## 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: 02/05/2014 Contact Method:  
 Contact Time: 09:55 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/05/2014  
 Completed date: 02/05/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2014 06:33 PM Entered By: [REDACTED]

Juvenile Court is notified of referrals by the supervisor on a monthly basis as requested by the court .At the conclusion of this case, a 740 will be submitted to the supervisor to be reviewed and signed, and then submitted to the Juvenile Court on a monthly basis as requested by the court. In order to engage the family, I explained to them that some concerns had been reported to DCS and that I was at the home to discuss these concerns with the family. In addition, I explained to the family the MRS/Investigative process.

[REDACTED] engaged the family and filed out the following paperwork.

Native American Heritage Veto Verification cs-0824 was completed on 2/5/14 by [REDACTED] in regards to [REDACTED]. The child(ren) is not an Indian Child under the age 18yr, is not a member of an Indian tribe, is not eligible for membership in an Indian tribe, and is not the biological child of a member of an Indian tribe.

Drug screens cs -0831 was completed on [REDACTED]. [REDACTED] was negative at this time. [REDACTED] was drug screened and was positive for THC, Benzodapines and Suboxone. [REDACTED] reported she attends a [REDACTED] in [REDACTED]. [REDACTED] also reported she smoked "weed" 2 weeks ago. [REDACTED] stated she is also prescribed Klonopin, however did not have her bottles of prescription with her at this time.

Notification of Equal Access to programs CS- 0158 was completed on by [REDACTED] This form was explained by [REDACTED] on the services that maybe offered and of the grievance process. [REDACTED] explained the three organizations on form cs-0158 have nothing to do with [REDACTED] and if the family feels that [REDACTED] has discriminated against them due to race, color, or national origin they may contact the following organizations that are listed on the form. The family did acknowledge they understood and [REDACTED] provided the family with a copy of the equal access and grievance form.

Acknowledgement of receipt of Clients Rights handbook cs- 0835 was completed with the family. The maternal grandmother/custodian, [REDACTED] did sign the form on 2/5/14.. [REDACTED] did provide the family with a copy of the client handbook.

HIPPA Notice of privacy practice cs- 0699 was discussed with the family [REDACTED] expressed the information is private is not shared with anyone expect if there is an immediate need to help the child. [REDACTED] explained an example would be if anyone is threatening to harm themselves or others and then [REDACTED] would have to get assistance for the child and family. The maternal grandmother/custodian, [REDACTED], signed the form and reported she did understand.

Authorization forms cs- 0668 were completed by [REDACTED] on 2/5/14. [REDACTED] did engage the family and help assist them understanding the form. [REDACTED] explained the authorization form can be



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

revoked at any time in writing. [REDACTED] explained to the family the form is only good for one year. [REDACTED] explained the insurance company should not charge the family anything if [REDACTED] pulls any medical records. The family understood and signed the form. Contact Sheets for Genogram cs-0774 [REDACTED] engaged the family with the genogram. The family already filled out a genogram with the last CM [REDACTED].

Family Composition:

[REDACTED], DOB: [REDACTED] DOD: 2/5/14, [REDACTED] sibling  
[REDACTED], [REDACTED] sibling  
[REDACTED], [REDACTED] maternal grandmother/custodian  
[REDACTED], [REDACTED] maternal grandfather/custodian  
[REDACTED], Great grandmother



**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: 02/05/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/05/2014

Completed date: 02/05/2014

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: 02/05/2014 05:47 PM Entered By: [REDACTED]

An interview was conducted with [REDACTED] father of [REDACTED] [REDACTED] was very chatting. [REDACTED] was trying to make jokes. [REDACTED] stated he would not say his last name for CM. [REDACTED] stated he did not know what was going on just that he was called to get over to the house. [REDACTED] stated he does not know what to do. [REDACTED] stated he was leaving. [REDACTED] did not stay long. [REDACTED] was very talkative.



**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: 02/05/2014 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/05/2014  
 Completed date: 02/05/2014 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: 02/05/2014 05:40 PM Entered By: [REDACTED]

An interview was conducted with [REDACTED] birth mother. [REDACTED] was hysterical and crying. [REDACTED] stated I came over this morning and I came in and I sat on the couch. Mom hollered and was screaming she is not moving she is not moving. Mom called 911. I don't know why but she was not breathing. There looked like blood on her skin and I talked with the ems and they said it was where the blood was pulled up. [REDACTED] stated she does not know what to do now that her angel is gone. [REDACTED] stated she will submit to a drug screen. [REDACTED] was positive for THC, Benzodiapines and Suboxone. [REDACTED] stated she takes Suboxone from the [REDACTED]. [REDACTED] stated she smoked a joint 2 weeks ago. [REDACTED] stated she did not spend the night at the residence and got here at the house early this morning. [REDACTED] stated that is when my mom found [REDACTED] [REDACTED] was crying asking how does she bury her daughter what does she need to do. [REDACTED] gave [REDACTED] a hug and let her cry. [REDACTED] stated this is hard to lose a child like this I don't know what to do. [REDACTED] stated there is a pastor here that can help if [REDACTED] is willing to speak to him. [REDACTED] gave CM another hug and went to speak to the Pastor.



**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:	02/05/2014	Contact Method:	Face To Face
Contact Time:	08:55 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/05/2014
Completed date:	02/05/2014	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: 02/05/2014 07:25 PM      Entered By: [REDACTED]

An interview was conducted with [REDACTED], coroner was speaking to [REDACTED] and obtaining medical information. [REDACTED] stated there will be an autopsy that will be performed. [REDACTED] stated the infant will be transported to [REDACTED] [REDACTED] did speak of the feeding tube that [REDACTED] had. [REDACTED] did show concern when [REDACTED] reported the feeding tube was an adult size not an infant size. [REDACTED] stated the autopsy preliminary will be ready in 4-5 days and the final report will be ready in 4-5 months.



**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:	02/05/2014	Contact Method:	Face To Face
Contact Time:	08:52 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/05/2014
Completed date:	02/05/2014	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: 02/05/2014 05:46 PM      Entered By: [REDACTED]

An interview was conducted with [REDACTED]. [REDACTED] reported she was called to come to the house. [REDACTED] stated she is the girlfriend of the father. [REDACTED] [REDACTED] stated we were called that the baby had died. [REDACTED] stated I don't know anything other than everyone was screaming and upset when we got the call.



**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: 02/05/2014

Contact Method: Face To Face

Contact Time: 08:47 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/05/2014

Completed date: 02/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/05/2014 05:44 PM Entered By: [REDACTED]

An interview was conducted with [REDACTED]. [REDACTED] stated she lives in the house and was sleeping on the couch this morning. [REDACTED] (16) this morning my mom knocked on the door I guess it woke my grandmother up. [REDACTED] stated she called 911 and I told my grandmother to lay [REDACTED] on the floor and do CPR but she was not breathing. [REDACTED] stated her father is [REDACTED]. [REDACTED] reported a couple of nights ago [REDACTED] was spitting up phlegm and was trying to throw up but it would not come 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: 02/05/2014

Contact Method: Face To Face

Contact Time: 08:40 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/05/2014

Completed date: 02/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/05/2014 05:39 PM Entered By: [REDACTED]

[REDACTED] is 2 years old. [REDACTED] was running around in a blue shirt. There were no markings or bruises noted on his body at this time. [REDACTED] was watching [REDACTED] [REDACTED] is [REDACTED] sister and [REDACTED] is the mother of both 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: 02/05/2014

Contact Method: Face To Face

Contact Time: 08:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/05/2014

Completed date: 02/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2014 06:01 PM Entered By: [REDACTED]

[REDACTED] DOB: [REDACTED] was found by the maternal Grandmother [REDACTED]. The grandmother went to check on the infant as the mother, [REDACTED] had come to visit. The infant was found to be blue and non-responsive. The family contacted 911 and requested assistance.

[REDACTED] observed [REDACTED]. [REDACTED] was bluish in color. There was a marking on her face. EMS reported the marking was the pooling of blood when the infant had her head tilted down. Pictures from LE will be placed into the file once obtained.



**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: 02/05/2014 Contact Method: Face To Face  
 Contact Time: 08:37 AM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/05/2014  
 Completed date: 02/05/2014 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: 02/05/2014 05:37 PM Entered By: [REDACTED]

On scene EMS, [REDACTED], DCS [REDACTED]  
 [REDACTED] coroner

An interview was conducted with [REDACTED] [REDACTED] reported she laid the infant down for the night around 10 pm. [REDACTED] reported there was a feeding tube in and I laid her down on her bouncing seat. [REDACTED] stated I sleep in the same bed with [REDACTED] [REDACTED] stated [REDACTED] does not sleep in a crib because of her acid reflux and it is bad so we keep her elevated so she does not choke. [REDACTED] stated since they put that [REDACTED] inside of [REDACTED] she can't throw up and that was a concern. [REDACTED] was crying and upset with the situation and had an issue with her blood sugar dropping while EMS was in the home. EMS checked [REDACTED] out to make sure she was ok. [REDACTED] had to take her diabetes medication. [REDACTED] stated children's hospital never contacted the GI doctor, [REDACTED] about the feeding tube. [REDACTED] stated there was an adult tube in [REDACTED] and she had not gained any weight. [REDACTED] stated [REDACTED] was very upset about this because no GI doctor was consulted for that tube. [REDACTED] stated [REDACTED] GI Doctor, got into a verbal altercation with the surgeon over the phone. [REDACTED] stated [REDACTED] wind up hanging up on [REDACTED] [REDACTED] stated [REDACTED] had gained 10 pounds and she was at [REDACTED] and they did the procedure in the office for the feeding tube. [REDACTED] stated the infant was born with cocaine, subutex and klonopine. [REDACTED] stated the doctor at [REDACTED] said it was a false positive and that is why I got custody. [REDACTED] stated my daughter, [REDACTED] was doing drugs and that is why I got custody over [REDACTED] stated I had a baby that was still born when I was younger but there was no SIDS. [REDACTED] stated [REDACTED] had a lot of problems with her stomach and you could hear it come up like she was throwing up. [REDACTED] stated [REDACTED] has her shots and was up to date. [REDACTED] stated there are 3 kids, my granddaughter, and my mother [REDACTED] and my husband [REDACTED] was living here at the house. [REDACTED] stated [REDACTED] is a truck driver and was in [REDACTED] and works for [REDACTED] [REDACTED] stated [REDACTED] had a really bad stomach virus and I had [REDACTED] at the [REDACTED] and running a fever of 105. [REDACTED] stated I tried to keep [REDACTED] away from [REDACTED] because he was so sick and we were worried that if she got sick then it would be worse on her. [REDACTED] stated there are no pets in the house. [REDACTED] stated when can I get the results of the autopsy. [REDACTED] reported she would be able to get the preliminary report in 5-6 days and the main results in 4-5 months. [REDACTED] stated [REDACTED] was choking and gagging on stuff last night. [REDACTED] stated it was phlegm that was trying to come up and some did. [REDACTED] stated [REDACTED] stopped choking and gagging so I was not too concerned at that time because she does that all the time. [REDACTED] was crying and very upset. [REDACTED] gave [REDACTED] a hug. [REDACTED] held on to [REDACTED] crying asking why this happened because [REDACTED] was gaining weight. [REDACTED] stated they put the first feeding tube in at [REDACTED] on Halloween. The GI doctor stated it was the wrong size



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

and it was an adult reported ██████████ stated it was ██████████ surgeon in children's office building they put the new one in at office. ██████████ stated they did not sedate ██████████ from that. ██████████ stated they just took the tube right out with the balloon ██████████ stated the reason children's did not have the right tube. They took the lower part of her stomach and wrapped it around the esophagus and children's told me that it was a good thing. ██████████ stated that was not a good thing ██████████ could not throw up how is that a good thing. ██████████ stated it did not do any good with that. ██████████ stated ██████████ could not throw up she could not and that was bad. ██████████ stated ██████████ would get choked up and could not get the fluid or anything up that is why I had her in her bouncy seat so that she was not laying down flat. TBI ██████████ asked if a drug screen was done on the grandmother due to her having custody. ██████████ drug screened ██████████ due to the nature of what was happening. ██████████ stated she did not mind submitting to a drug screen. ██████████ stated she will pass and the only thing she is taking is her diabetes and high blood pressure medicine. ██████████ reported she takes protonics and sometimes that gives a false positive. ██████████ stated they give me Ranitidine 15 mg/ml at 1.8 ml twice daily for 30 days filled on 12/24/13. ██████████ was negative at this time for all drugs screened for 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: 02/05/2014

Contact Method: Face To Face

Contact Time: 08:35 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/05/2014

Completed date: 02/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Other Persons Living in Home Interview/Observation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/05/2014 05:42 PM Entered By: [REDACTED]

An interview was conducted with [REDACTED], great grandmother I heard them screaming this morning. [REDACTED] stated I don't know what happened. [REDACTED] stated I sat and held [REDACTED] awhile before she went to bed and the little thing went to sleep. [REDACTED] stated they went to bed around 10 pm last night. [REDACTED] stated that is all I know at this point. [REDACTED] stated I have heart issues I have been having issues lately and I don't know if I can take much more.



**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: 2/5/14 10:33 AM

Date of Assessment: 2/5/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Tennessee Department of Children's Services  
**Notice of Child Death/Near Death**

Case # 2014.017

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	02/05/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/05/2014		
Child's Name:	████████████████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	████████████████████	Father:	██████████		
Alleged Perpetrator's Name:	unknown			Relationship to Victim:	unknown	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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:**

██████████ DOB: ██████████ was found by the maternal Grandmother, ██████████. The grandmother went to check on the infant as the mother, ██████████ had come to visit. The infant was found to be blue and non-responsive. The family contacted 911 and requested assistance.

**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:	n/a	City/State/Zip:	n/a

**Describe (in detail) interview with family:**

An interview was conducted with ██████████, birth mother. ██████████ was hysterical and crying. ██████████ stated I came over this morning and I came in and I sat on the couch. Mom hollered and was screaming she is not moving she is not moving. Mom called 911. I don't know why but she was not breathing. There looked like blood on her skin and I talked with the ems and they said it was where the blood was pulled up. ██████████ positive for Benzo and Suboxone (perscribed) and THC

An interview was conducted with ██████████. ██████████ reported she laid the infant down for the night around 10 pm. ██████████ reported there was a feeding tube in and I laid her down on her bouncing seat. ██████████ stated I sleep in the same bed with ██████████ stated ██████████ does not sleep in a crib because of her acid reflux and it is bad so we keep her elevated so she does not choke. ██████████ stated since they put that ██████████ inside of ██████████ she can't throw up and that was a concern. ██████████ was crying and upset with the situation and had an issue with her blood sugar dropping while EMS was in the home. EMS checked ██████████ out to make sure she was ok. ██████████ had to take her diabetes medication. ██████████ stated children's hospital never contacted the GI doctor, ██████████ about the feeding tube. ██████████ stated there was an adult tube in ██████████ and she had not gained any weight. ██████████ stated ██████████ was very upset about this because no GI doctor was consulted for that tube. ██████████ stated ██████████ GI Doctor, got into a verbal altercation with the surgeon over the phone. ██████████ stated ██████████ wind up hanging up on ██████████ stated ██████████ had gained 10 pounds and she was at ██████████ and they did the procedure in the office for the feeding tube. ██████████ stated the infant was born with cocaine, subutex and klonopine. ██████████ stated the doctor at ██████████ said it was a false positive and that is why I got custody. ██████████ stated my daughter, ██████████ was doing drugs and that is why I got custody over ██████████ stated I had a baby that was still born when I was younger but there was no SIDS. ██████████ stated ██████████ had a lot of problems with her stomach and you could hear it come up like she was throwing up. ██████████ stated ██████████ has her shots and was up to date. ██████████ stated there are 3 kids, my granddaughter, and my mother ██████████ and my husband ██████████ was living here at the house. ██████████ stated ██████████ is a truck driver and was in ██████████ and works for ██████████. ██████████ stated ██████████ had a really bad stomach virus and I had ██████████ at the ██████████ and running a fever of 105. ██████████ stated I tried to keep ██████████ away from ██████████ because he was so sick and we were worried that if she got sick then it would be worse on her. ██████████ stated there are no pets in the house. ██████████ stated when can I get the results of the autopsy. ██████████ reported she would be able to get the preliminary report in 5-6 days and the main results in 4-5 months. ██████████ stated ██████████ was choking and gagging on stuff last night. ██████████ stated it was phlegm that was trying to come up and some did. ██████████ stated ██████████ stopped choking and gagging so I was not too concerned at that time because she does that all the time. ██████████ drug screen was negative.

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

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

None noted. Infant sent to [REDACTED] for autopsy and forensic. Infant had prior hospitalizations at [REDACTED] due to her feeding tube and the wrong tubing placed in the infant. Infant was removed when born 5 months ago and placed with maternal grandparents [REDACTED] due to mother's drug use while pregnant. [REDACTED] was born with cocaine and suboxone in her system.

**Describe disposition of body (Death):** The family reported the infant was found in the bouncy seat and was unresponsive and blue. [REDACTED] arrived the Infant was in the EMS truck. [REDACTED] observed no marks or bruising only blood to the cheek where it had pooled.

**Name of Medical Examiner/Coroner:** [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:** FSS **Case #:** [REDACTED]

**Describe law enforcement or court involvement, if applicable:**

Currently [REDACTED] police department is investigating the death of infant [REDACTED]. [REDACTED] was on scene to process the scene. The death is currently under investigation.

**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):**

On August 10, 2011 in [REDACTED] Juvenile court, There is a hearing order that [REDACTED] are the temporary custodians of [REDACTED]. In the hearing order, the mother [REDACTED] and father [REDACTED] are to have supervised contact with the children, [REDACTED].

<b>Name:</b> [REDACTED]	<b>Age:</b> 16yrs old
<b>Name:</b> [REDACTED]	<b>Age:</b> 2 yrs old
<b>Name:</b> n/a	<b>Age:</b> n/a
<b>Name:</b> n/a	<b>Age:</b> n/a
<b>Name:</b> n/a	<b>Age:</b> n/a

**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
08/29/2013	[REDACTED]	DEI	[REDACTED]	[REDACTED]	AIPI
07/12/11	[REDACTED]	DEI	[REDACTED]	[REDACTED]	AUPU
/ /					
/ /					
/ /					
/ /					
/ /					

**Any media inquiry or is attention expected?**  No  Yes **List organizations requesting information:** n/a

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

<b>Contact Person:</b> [REDACTED]	<b>Telephone Number:</b> [REDACTED]
<b>Case Manager:</b> [REDACTED]	<b>Telephone Number:</b> [REDACTED]
<b>Team Leader:</b> LI, [REDACTED]	<b>Telephone Number:</b> [REDACTED]
<b>Team Coordinator:</b> IC, [REDACTED]	<b>Telephone Number:</b> [REDACTED]

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