



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

Case # 2014.019

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	02/09/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/09/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	██████████	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	██████████		
If child is in DCS custody, list placement type and name:						
Describe (in detail) circumstances surrounding death/near death:						
<p>██████████ arrived at ██████████ Hospital emergency room at 5:55 a.m. on February 9, 2014 by ambulance. ██████████ was in full cardiac arrest when she arrived to the emergency room. CPR was performed on ██████████ once she got into the emergency. ██████████ was pronounced deceased at 6:30 a.m. There is no suspicion of foul play at this time, but ██████████ body will be transported to the ██████████ County, Tennessee Examiner's office for an autopsy. ██████████ body is still at ██████████ Hospital. ██████████ had Down Syndrome and had a history of aortic stenosis. ██████████ also had an aortic band that was put on her at ██████████ Hospital. It is unknown when the aortic band was placed. ██████████ was pronounced by her cardiologist Dr. ██████████ and ██████████ ER Dr. ██████████</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	██████████		Telephone #	() -		
Street Address:	██████████		City/State/Zip:	██████████		
Describe (in detail) interview with family:						
The parents said they put ██████████ to bed at 3:30 this morning. It was reported ██████████ was found at about 5:40 this morning not breathing.						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
Describe disposition of body (Death):						
Name of Medical Examiner/Coroner:	██████████		Was autopsy requested?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes			
Type:	██████████		Case #:	██████████		
Describe law enforcement or court involvement, if applicable:						
<p>██████████ the medical examiner was spoken to and stated that the cause of death was natural. Due to heart disease and genetic defects. The body was released to the parents and an autopsy will not be completed. EMS reported that there were no concerns at the scene. Dr. ██████████ stated that there have never been any concerns with the family and they have made every appointment for ██████████.</p>						
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):						
Medical records are currently being obtained						

Intake #:		Investigation #:		Date of Report:	2/20/2014
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Name:		Age:	age 12
Name:		Age:	age 8
Name:		Age:	age 4
Name:		Age:	
Name:		Age:	

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
06/04/2009		Nutritional Neglect			No Services Needed
/ /		Drug Exposed Child			Services Recommended and Refused
/ /		Drug Exposed Infant			Services Required
/ /					
06/08/2005		Substantial Risk Physical Injury			Allegation Unsubstantiated / Perpetrator Unsubstantiated
/ /		Drug Exposed Infant			Allegation Unsubstantiated / Perpetrator Unsubstantiated
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information:

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

Contact Person:	Telephone Number:
Case Manager:	Telephone Number:
Team Leader:	Telephone Number:
Team Coordinator:	Telephone Number:

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

Email to: [REDACTED]
within forty-eight (48) hours of notification
Include subject line (in RED): CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 02/09/2014 06:08 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 02/09/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 02/10/2014 07:20 AM
 First Team Leader Assigned: [REDACTED] Date/Time 02/10/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 02/10/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Mos	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: None
 Narrative: TFACTS: *** Possible History*** No Date of birth provided for caretaker in order to confirm exact match of history.
 Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated No
 Death No



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

Screened out -2

History (not listed above)

10/30/09/# [REDACTED] /NUN/DEC/DEI/ No Services Needed/ Services Recommended and Accepted/ Services Required

8/1/05/# [REDACTED] /SRP/DEI/Unsubstantiated

County: ([REDACTED])

Notification: (None)

School/ Daycare: (Unknown)

Native American Descent: (No)

Directions: (No)

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

The families address is listed under the oldest child victim.

Reporter states [REDACTED] (3months) is not in DCS custody.

[REDACTED] (3months) lived with [REDACTED], her mother and father whose name is unknown at this time. There may be other children who reside in the home with the family. There is no information known about the children.

[REDACTED] arrived at [REDACTED] Hospital emergency room at 5:55 a.m. on February 9, 2014 by ambulance. [REDACTED] was in full cardiac arrest when she arrived to the emergency room. CPR was performed on [REDACTED] once she got into the emergency. [REDACTED] was pronounced deceased at 6:30 a.m.

The parents said they put [REDACTED] to bed at 3:30 this morning. It was reported [REDACTED] was found at about 5:40 this morning not breathing. It is unknown who found [REDACTED]. There is no suspicion of foul play at this time, but [REDACTED] body will be transported to the [REDACTED] County, Tennessee Examiners office for an autopsy. [REDACTED] body is still at [REDACTED] Hospital.

The mother and the man believed to be [REDACTED] father along with some children who may be [REDACTED] siblings are present at the hospital. Other relatives have been present at the hospital as well. There is no information known about these relatives.

[REDACTED], the emergency room charge nurse will be the contact person until 7:00 p.m. today. [REDACTED] can be reached at [REDACTED]

The mothers date of birth is unknown. There is no information known about [REDACTED] father or her possible siblings.

Special Needs or Disabilities: [REDACTED] had Down Syndrome and had a history of aortic stenosis. [REDACTED] also had an aortic band that was put on her at [REDACTED] Hospital. It is unknown when the aortic band was placed.

Childs current location/is the child safe at this time: [REDACTED] Hospital.

Perpetrators location at this time: Unknown.

Any other safety concerns for the child(ren) or worker who may respond: None known.

Per SDM: Investigative Track, P1. [REDACTED] CM 3 on 2/9/14 @ 6:47 a.m.



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

Recipients	Time Issued	Response Received	Devices	Responses	
[REDACTED]	02-09-14 07:12:11 AM CST		02-09-14 07:12:59 AM CST		Received
02-09-14 07:12:12 AM CST Email Sent		---	[REDACTED]		

Email also sent to the Child Death/Child Near Death Group: [REDACTED]

Also CC [REDACTED] Regional Administrator, [REDACTED]



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

Participant(s)**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:**DCS History Search Results:****DCS Intake Search Results:****Name:** Unknown Participant [REDACTED], Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:**DCS History Search Results:****DCS Intake Search Results:**



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

Name: Unknown Participant [REDACTED], Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age: 9 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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: 02/09/2014

Assignment Date: 02/10/2014

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Participate, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 03/05/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being submitted to LI for closure as UNSUBSTANTIATED. There is insufficient evidence to support the allegations.

D. Case Workers

Case Worker: [REDACTED]

Date: 03/05/2014

Team Leader: [REDACTED]

Date: 03/06/2014

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] arrived at [REDACTED] Hospital emergency room at 5:55 a.m. on February 9, 2014 by ambulance. [REDACTED] was in full cardiac arrest when she arrived to the emergency room. CPR was performed on [REDACTED] once she got into the emergency. [REDACTED] was pronounced deceased at 6:30 a.m. There is no suspicion of foul play at this time, but [REDACTED] body will be transported to the [REDACTED] County, Tennessee Examiners office for an autopsy. [REDACTED] body is still at [REDACTED] Hospital. [REDACTED] had Down syndrome and had a history of aortic stenosis. [REDACTED] also had an aortic band that was put on her at [REDACTED] Hospital. It is unknown when the aortic band was placed. [REDACTED] was pronounced by her cardiologist Dr. [REDACTED] and [REDACTED] H ER Dr. [REDACTED]

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

TC with [REDACTED] (Charge Nurse): [REDACTED] SI [REDACTED] spoke to the Charge Nurse, [REDACTED] on 2/9/2014. He reported that this is not a Coroners case. The Medical Examiner will not be doing an autopsy. The child passed away due to natural causes and there were no suspicion of foul play due to the medical history of the child. He



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]

reported that the child had a history of heart disease, down-syndrome, and genetic defects. When the child was born she was sent to [REDACTED] for aortic band surgery. This child has had numerous issues.

TC with Records from Cardiologist office: [REDACTED] SI [REDACTED] called Dr. [REDACTED] office to request Cardiology records on 2/10/2014 for [REDACTED]. Along with asking for records, the person on the other end of the phone check their computer system to see if there were any concerns other than the obvious. She reported that there were no other concerns. [REDACTED] SI asked if there were any history of drug use by the mother or in the child's system. She reported that the child was not a NAS baby.

FC with Dr. [REDACTED]: [REDACTED] SI [REDACTED] met with Dr. [REDACTED] on 2/10/14 at 2 PM at his office while picking up the medical records. He stated that he has worked with the patient since she was born. He also reported that Ms. [REDACTED] story about her interactions with the baby is consistent with what she told others. Dr. [REDACTED] also reported that [REDACTED] was not born NAS. He said that he did not have mother's prenatal records and that [REDACTED] Hospital would have those.

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

Unknown

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

Reporter states [REDACTED] (3months) is not in DCS custody. [REDACTED] (3months) lived with [REDACTED], her mother and father whose name is unknown at this time. There may be other children who reside in the home with the family. There is no information known about the children. [REDACTED] arrived at [REDACTED] Hospital emergency room at 5:55 a.m. on February 9, 2014 by ambulance. [REDACTED] was in full cardiac arrest when she arrived to the emergency room. CPR was performed on [REDACTED] once she got into the emergency. [REDACTED] was pronounced deceased at 6:30 a.m. The parents said they put [REDACTED] to bed at 3:30 this morning. It was reported [REDACTED] was found at about 5:40 this morning not breathing. It is unknown who found [REDACTED]. There is no suspicion of foul play at this time, but [REDACTED] body will be transported to the [REDACTED] County, Tennessee Examiners office for an autopsy. [REDACTED] body is still at [REDACTED] Hospital. The mother and the man believed to be [REDACTED] father along with some children who may be [REDACTED] siblings are present at the hospital. Other relatives have been present at the hospital as well. There is no information known about these relatives.

[REDACTED], the emergency room charge nurse will be the contact person until 7:00 p.m. today. [REDACTED] can be reached at [REDACTED]. The mother's date of birth is unknown. There is no information known about [REDACTED] father or her possible siblings. Special Needs or Disabilities: [REDACTED] had Down Syndrome and had a history of aortic stenosis. [REDACTED] also had an aortic band that was put on her at [REDACTED] Hospital. It is unknown when the aortic band was placed.

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

This case came to the attention of the Department on 2/9/2014 with allegations of NGD. It was alleged that [REDACTED] was taken to [REDACTED] H due to being unresponsive on the morning of 2/9/2014 and was pronounced deceased on 6:30 AM. Upon further investigation it was learned that per doctors there was no suspicion of foul play at this time, but [REDACTED] body will be transported to the [REDACTED] County, Tennessee Examiners office for an autopsy. [REDACTED] body is still at [REDACTED] Hospital. [REDACTED] had Down syndrome and had a history of aortic stenosis. [REDACTED] also had an aortic band that was put on her at [REDACTED] Hospital. It is unknown when the aortic band was placed. [REDACTED] was pronounced by her cardiologist Dr. [REDACTED] and [REDACTED] ER Dr. [REDACTED]. This case is closed as Allegations UNSUBSTANTIATED Perpetrator UNSUBSTANTIATED.

Distribution Copies:



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2014

Contact Method:

Contact Time: 02:56 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED] Office

Created Date: 03/05/2014

Completed date: 03/05/2014

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: 03/05/2014 01:56 PM Entered By: [REDACTED]

CLOSING SUMMARY:

Closing Summary: This case came to the attention of the Department on 2/9/2014 with allegations of NGD. It was alleged that [REDACTED] was taken to [REDACTED] H due to being unresponsive on the morning of 2/9/2014 and was pronounced deceased on 6:30 AM. Upon further investigation it was learned that per doctors there wasnt no suspicion of foul play at this time, but [REDACTED] body will be transported to the [REDACTED], Tennessee Examiners office for an autopsy [REDACTED] body is still at [REDACTED] Hospital. [REDACTED] had Down syndrome and had a history of aortic stenosis. [REDACTED] also had an aortic band that was put on her at [REDACTED] Hospital. It is unknown when the aortic band was placed. [REDACTED] was pronounced by her cardiologist Dr. [REDACTED] and [REDACTED] H ER Dr. [REDACTED]. This case is closed as Allegations UNSUBSTANTIATED Perpetrator UNSUBSTANTIATED.

740: A copy of the Classification and Summary will be submitted to LI [REDACTED] for review. Upon approval, a copy is then sent by LI [REDACTED] to the Juvenile Court Judge.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/05/2014

Completed date: 03/05/2014

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: 03/05/2014 01:58 PM Entered By: [REDACTED]

CPIT Classification Meeting: This case was presented to Child Protective Investigative Team for classification. It was determined that the case is UNSUBSTANTIATED.



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:	02/25/2014	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	03/05/2014
Completed date:	03/05/2014	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: 03/05/2014 01:55 PM Entered By: [REDACTED]

WORKER/PARENT FACE TO FACE CONTACT FOR CPS:

Content:

In order to engage the family, CPSI explained the current report made to the [REDACTED] Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

CPSI [REDACTED] met with Ms. [REDACTED] on 2/25/2014 at her home. CPSI explained to her the reason for the DCS referral. Ms. [REDACTED] was tearful while talking about her children. She said that everyone will need some sort of counseling. She said that her oldest child is beginning to act out in school and at home and she knows it has a lot to do with his sisters passing. He told her that he didnt understand why God had to take his little sister and how she was so innocent. Ms. [REDACTED] said that her 8 year old really doesnt fully understand what is going on because she continues to ask when her sister will come home from the doctors office. Ms. [REDACTED] said that she has even taken her to her sisters gravesite. After mother filled out all the paperwork, CPSI gave her information on 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: 02/11/2014

Contact Method: Phone Call

Contact Time: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/11/2014

Completed date: 02/11/2014

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: 02/11/2014 01:41 PM Entered By: [REDACTED]

CPSI [REDACTED] called and spoke to Ms. [REDACTED]. She reported that she was currently at the mortuary preparing for her daughter's funeral that is scheduled for Thursday at 11 AM. CPSI explained to Ms. [REDACTED] the reason for her calling. CPSI mentioned giving her information on Bereavement counseling, mother agreed and said that her older children are taking this death really hard. She said that she wanted to reach out to someone to find out how to go about getting the counseling that they need. CPSI stated that she would be at the family's home on Friday to give her the counseling information. CPSI stated that she will call Ms. [REDACTED]. Ms. [REDACTED] agreed.



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: 02/10/2014 Contact Method: Phone Call
 Contact Time: 10:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/10/2014
 Completed date: 02/10/2014 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: 02/10/2014 03:29 PM Entered By: [REDACTED]

COLLATERAL:

TC with Records from Cardiologist office: CPSI [REDACTED] called Dr. [REDACTED] office to request Cardiology records on 2/10/2014 for [REDACTED]. Along with asking for records, the person on the other end of the phone check their computer system to see if there were any concerns other than the obvious. She reported that there were no other concerns. CPSI asked if there were any history of drug use by the mother or in the child's system. She reported that the child was not a NAS baby.

TC with Ms. [REDACTED] PO: [REDACTED] PD Investigator [REDACTED] spoke to Ms. [REDACTED] PO on 2/10/2014. It was reported that she was last seen on 2/4/2014 and that she had a negative drug screen the last time she was tested which was on 12/26/2013.



**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:	02/10/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/10/2014
Completed date:	02/10/2014	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: 02/10/2014 03:25 PM Entered By: [REDACTED]

CPIT / CLASSIFICATION (CPIT FOR INVESTIGATION ONLY):

CPIT: Child Protective Investigation Team was convened with [REDACTED] PD Investigator [REDACTED]. It was determined that the child died due to natural causes. CPSI will meet with the family after getting all necessary documents from Physicians.

FAMILY COMPOSITION:

Child: [REDACTED]
 DOB: [REDACTED]
 Race: Black

Child: [REDACTED]
 DOB: [REDACTED]
 SS#: [REDACTED]
 Race: Black

Child: [REDACTED]
 DOB: [REDACTED]
 SS#: [REDACTED]
 Race: Black

Child: [REDACTED]
 DOB: [REDACTED]
 SS#: [REDACTED]
 Race: Black

Mother: [REDACTED]
 DOB: [REDACTED]
 SS#: [REDACTED]
 Race:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Father: [REDACTED]
 DOB: [REDACTED]
 SS#: [REDACTED]
 Race: Black

Addresses: [REDACTED]
 Phone: [REDACTED]
 Schools: [REDACTED]

BACKGROUND:

Tennessee Bureau of Investigation Sex Offender Registry search on [REDACTED]: CPSI [REDACTED] searched the database and found no record. A copy of such finding is contained within the hard file.

Tennessee Bureau of Investigation Meth Offender Registry search on [REDACTED]: CPSI [REDACTED] searched the database and found no record. A copy of such finding is contained within the hard file.

Tennessee Felony Offender search on [REDACTED]: CPSI [REDACTED] searched the database and found a previous record. A copy of such finding is contained within the hard file.

Tennessee Department of Health Abuse Registry search on [REDACTED]: CPSI [REDACTED] searched the database and found no record. A copy of such finding is contained within the hard file.

Background Check: A request was submitted to General Sessions Court regarding a background check on the family.

Background Check Results: The results are previous record.

TFACTS History Search: This CPSI verified the familys history of involvement with DCS through a search of TFACTS on this date the following history was noted: Previous history

SDM:

SDM: The SDM, Safety Assessment was completed on this date and notes no immediate harm factors at this time. The children appear safe.

REFERRAL AND REFERRANT:

Reporter states [REDACTED] (3months) is not in DCS custody. [REDACTED] (3months) lived with [REDACTED], her mother and father whose name is unknown at this time. There may be other children who reside in the home with the family. There is no information known about the children. [REDACTED] arrived at [REDACTED] Hospital emergency room at 5:55 a.m. on February 9, 2014 by ambulance. [REDACTED] was in full cardiac arrest when she arrived to the emergency room. CPR was performed on [REDACTED] once she got into the emergency. [REDACTED] was pronounced deceased at 6:30 a.m. The parents said they put [REDACTED] to bed at 3:30 this morning. It was reported [REDACTED] was found at about 5:40 this morning not breathing. It is unknown who found [REDACTED]. There is no suspicion of foul play at this time, but [REDACTED] body will be transported to the [REDACTED] County, Tennessee Examiners office for an autopsy. [REDACTED] body is still at [REDACTED] Hospital. The mother and the man believed to be [REDACTED] father along with some children who may be [REDACTED] siblings are present at the hospital. Other relatives have been present at the hospital as well. There is no information known about these relatives. [REDACTED], the emergency room charge nurse will be the contact person until 7:00 p.m. today. [REDACTED] can be reached at [REDACTED]. The mothers date of birth is unknown. There is no information known about [REDACTED] father or her possible siblings. Special Needs or Disabilities: [REDACTED] had Down Syndrome and had a history of aortic stenosis. [REDACTED] also had an aortic band that was put on her at [REDACTED] Hospital. It is unknown when the aortic band was placed.

TC with Referent: The Referent stated that they called this referral in prior to getting all the information about the child dying due to natural causes.

CPS Central Intake received this report on 2/9/2014 at 6:08 AM CT and assigned a P1 response. The case was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

assigned to this CPSI on 2/9/2014 with the response due on 2/10/2014.

CASE ASSIGNMENT:

This case came to the attention of the Department on 2/9/2014 and was assigned to CPSI [REDACTED] on 2/9/2014 as a P1. Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification is made to the District Attorneys Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff) as requested per Juvenile Court Judge [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: 02/10/2014

Contact Method: Face To Face

Contact Time: 02:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/10/2014

Completed date: 02/10/2014

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: 02/10/2014 03:31 PM Entered By: [REDACTED]

FC with Dr. [REDACTED]: CPSI [REDACTED] met with Dr. [REDACTED] on 2/10/14 at 2 PM at his office while picking up the medical records. He stated that he has worked with the patient since she was born. He also reported that Ms. [REDACTED] story about her interactions with the baby is consistent with what she told others. Dr. [REDACTED] also reported that [REDACTED] was not born NAS. He said that he did not have mothers prenatal records and that [REDACTED] Hospital would have those.



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: 02/09/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/10/2014

Completed date: 02/10/2014

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: 02/10/2014 03:28 PM Entered By: [REDACTED]

COLLATERAL:

TC with [REDACTED] (Charge Nurse): CPSI [REDACTED] spoke to the Charge Nurse, [REDACTED] on 2/9/2014. He reported that this is not a Coroners case. The Medical Examiner will not be doing an autopsy. The child passed away due to natural causes and there were no suspicion of foul play due to the medical history of the child. He reported that the child had a history of heart disease, down-syndrome, and genetic defects. When the child was born she was sent to [REDACTED] for aortic band surgery. This child has had numerous issues.



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: 02/09/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/10/2014

Completed date: 02/10/2014

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

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/10/2014 03:26 PM Entered By: [REDACTED]

WORKER/CHILD FACE TO FACE CONTACT FOR CPS:

Content:

[REDACTED] arrived at [REDACTED] Hospital emergency room at 5:55 a.m. on February 9, 2014 by ambulance. [REDACTED] was in full cardiac arrest when she arrived to the emergency room. CPR was performed on [REDACTED] once she got into the emergency. [REDACTED] was pronounced deceased at 6:30 a.m. There is no suspicion of foul play at this time, but [REDACTED] body will be transported to the [REDACTED], Tennessee Examiners office for an autopsy. [REDACTED] body is still at [REDACTED] Hospital. [REDACTED] had Down syndrome and had a history of aortic stenosis. [REDACTED] also had an aortic band that was put on her at [REDACTED] Hospital. It is unknown when the aortic band was placed. [REDACTED] was pronounced by her cardiologist Dr. [REDACTED] and [REDACTED] H ER Dr. [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: 02/09/2014

Contact Method: Face To Face

Contact Time: 07:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/10/2014

Completed date: 02/10/2014

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: 02/10/2014 03:32 PM Entered By: [REDACTED]

2/9/2014 The parents said they put [REDACTED] to bed at 3:30 this morning. It was reported [REDACTED] was found at about 5:40 this morning not breathing.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 2/9/14 6:08 AM

Date of Assessment: 2/10/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

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
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 2/9/14 6:08 AM

Date of Assessment: 3/5/14 12:00 AM

Assessment Type: Closing

Number of Children in the Household: 1

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.
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- 5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
- 6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
- 7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- 8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
- 9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



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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

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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:

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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): _____

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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.
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Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____