



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

Case # 2014.035

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	2/27/14	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/27/2014		
Child's Name:	████████████████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████/██
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	mother			
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:	n/a					
Describe (in detail) circumstances surrounding death/near death:						
<p>911 called by father at 8:50 am on 2/27/14 reporting the child not breathing. EMS transported child to ██████████ and was pronounced dead at hospital. ██████████ Sheriff's Deputies ██████████ respond to ██████████, interview parents, and take photographs. CPS notified by hotline and CPSI ██████████ assigned investigation. CPSI ██████████ contacts Detective ██████████ who reports they have completed interviews with parents. CPSI ██████████ meets with Detective ██████████ and ██████████ at the ██████████ Sheriff's Dept. Det. ██████████ explains the parents report the following about the morning. Mother stated she awoke at 4:00 am and breast feed the baby and instead of returning baby to his crib fell asleep with him in the bed with the baby on her left arm. Father reports waking up at about 8:00 am, going outside to smoke and when he returned into the bedroom noticed the baby was blue and called 911. Mother reports being prescribed subutex 8mg daily and Ativan 1 mg. three times daily.</p> <p>Detectives report no signs of trauma to the body and being investigated as SUID at this time. Body being transported for autopsy.</p> <p>CPSI ██████████ met with the parents at their home and completed a pill count of ██████████ medications. Subutex is prescribed by Dr. ██████████ on 2/21/14 for 14 pills. There were 5 pills in the bottle. This count was short 2 pills. ██████████ reported she took the pills this am after the Detectives left the home because she was so nervous. Ativan is prescribed by Dr. ██████████ on 2/6/14 for 90 pills. There were 48 whole pills and 5 half pills. ██████████ reports only taking when needed and only taking half a pill instead of whole pills. The count reflected about 20 more pills than should be in the bottle.</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:						
<p>CPSI ██████████ met with the parents at their home and completed a pill count of ██████████ medications. Subutex is prescribed by Dr. ██████████ on 2/21/14 for 14 pills. There were 5 pills in the bottle. This count was short 2 pills. ██████████ reported she took the pills this am after the Detectives left the home because she was so nervous. Ativan is prescribed by Dr. ██████████ on 2/6/14 for 90 pills. There were 48 whole pills and 5 half pills. ██████████ reports only taking when needed and only taking half a pill instead of whole pills. The count reflected about 20 more pills than should be in the bottle.</p> <p>Father denied taking any medications. Both parents denied illegal drug usage. They agreed to hair folicle test when asked by CPSI ██████████</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
none						
Describe disposition of body (Death):	Body is being sent for autopsy. No signs of trauma as reported by Law Enforcement.					

Intake #: [redacted] Investigation #: [redacted] Date of Referral: **Case # 2014.035**

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: Drug Exposed Infant Case #: [redacted]

Describe law enforcement or court involvement, if applicable:
 [redacted] County Sheriff's Deputies [redacted] respond to [redacted] Hospital, interview parents, and take photographs. CPS notified by hotline and CPSI [redacted] assigned investigation. CPSI [redacted] contacts Detective [redacted] who reports they have completed interviews with parents. CPSI [redacted] meets with Detective [redacted] and [redacted] at the [redacted] Sheriff's Dept. Det. [redacted] explains the parents report the following about the morning. Mother stated she awoke at 4:00 am and breast feed the baby and instead of returning baby to his crib fell asleep with him in the bed with the baby on her left arm. Father reports waking up at about 8:00 am, going outside to smoke and when he returned into the bedroom noticed the baby was blue and called 911. Mother reports being prescribed subutex 8mg daily and Ativan 1 mg. three times daily.

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):
 At this time there is no indication the death is anything other than SUID. Siblings were observed/interviewed and they were at school when incident occurred this morning. Case will be monitored by CPS and appropriate safety measures will be implemented as evidence warrants.

Name: [redacted] Age: 8

Name: [redacted] Age: 7

Name: [redacted] Age: [redacted]

Name: [redacted] Age: [redacted]

Name: [redacted] Age: [redacted]

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
1/24/14	[redacted]	drug exposed infant	[redacted]	[redacted]	currently open
/ /					
/ /					
/ /					
/ /					
/ /					

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: [redacted] Telephone Number: () -

Case Manager: [redacted] Telephone Number: [redacted]

Team Leader: [redacted] Telephone Number: [redacted]

Team Coordinator: [redacted] Telephone Number: [redacted]

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

**Email to: [redacted]
 within forty-eight (48) hours of notification**

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



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 02/27/2014 09:41 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 02/27/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 02/27/2014 11:32 AM
 First Team Leader Assigned: [REDACTED] Date/Time 02/27/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 02/27/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: Letter
 Narrative: TFACTS:
 Open Court Custody/FSS/FCIP: No
 Family Case IDs: not yet assigned
 Open Court Custody/FSS/FCIP None
 Closed Court Custody None
 Open CPS Investigation # [REDACTED] / DEI / 1/24/14 / [REDACTED]
 Death - None
 Substantiated: None



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

Screened out None

History (not listed above): None

County: [REDACTED]
 Notification: Letter
 School/ Daycare: N / A
 Native American Descent: No
 Directions: none given

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

Reporter states the household consists of [REDACTED] (mother, 30 years), [REDACTED] (father, 33 years), and [REDACTED] (1 month). [REDACTED] are not married. There are no siblings in the home.

Last night [REDACTED] breastfed [REDACTED] about 4 AM (this morning). [REDACTED] then went back to sleep in the arms of [REDACTED]. [REDACTED] routinely sleeps in the bed with [REDACTED]. [REDACTED] had gotten up for the day. When he returned he saw that [REDACTED] was blue. A call to 911 was made about 8:50 AM. [REDACTED] was taken by ambulance to the ER, and he was pronounced deceased at the ER. At this point in time it is not known what the cause of death is. [REDACTED] will have his autopsy performed in [REDACTED].

Law enforcement is at the ER at this time. [REDACTED] was said to have been asleep on her back and [REDACTED] was in her arm. The reporter notes that the investigation by law enforcement is on-going. At this point there are no signs of overt abuse, but a skeletal x-ray has not yet been done (or other parts of the autopsy).

Per SDM: Investigation Track / Priority 1 - Child Death

[REDACTED] TC, 2/27/14 @ 11:02am

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

[REDACTED]
 RA - [REDACTED]



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

Participant(s)

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 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:

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 33 Yrs (Est)
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 31 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/27/2014

Assignment Date: 02/27/2014

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	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/30/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Case classified as AUPU due to Lack of evidence to support allegations. Mother stated she fell asleep with child on her arm. Autopsy results show cause of death to be sudden unexplained infant death associated with buprenorphine and co-sleeping. The manner of death is undetermined. Case presented to CPIT and unfounded by team.

D. Case Workers

Case Worker: [REDACTED]

Date: 06/30/2014

Team Leader: [REDACTED]

Date: 07/01/2014

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:

2/27/14-CPSI [REDACTED] did not complete a face to face with infant due to body being transported for autopsy prior to CPS involvement.

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

2/27/14- collateral contact- CPSI [REDACTED] met with Det. [REDACTED] and Det. [REDACTED] at the [REDACTED] Sheriff's Dept. Det. [REDACTED] stated they responded to the hospital this morning regarding the infant death. He stated the child has been transported to [REDACTED] for Autopsy. Det. [REDACTED] reported he interviewed the parents at the hospital while Det. [REDACTED] took pictures. Copy of pictures were given to CPSI [REDACTED] and placed in file. Det. [REDACTED] stated they also went to the home and photographed the scene. Det. [REDACTED] reported he interviewed both [REDACTED] and [REDACTED]. He stated [REDACTED] reported waking up this morning at 4:00 to breast feed [REDACTED] and instead of placing him back into the crib she let him go back to sleep on her left



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

Case Name : ██████████

Investigation ID: ██████████

side between her left arm and her body. He stated ██████████ said she also fell asleep with ██████████ on her arm. Det. ██████████ stated ██████████ awoke around 8:00 am, went outside to smoke, and when he returned to the bedroom ██████████ was blue and not breathing. ██████████ stated he called 911. Det. ██████████ stated the 911 call was made at 8:50 am. Det. ██████████ reported no outward signs of abuse or trauma to the body and preliminary ruling of death is SUID. Autopsy was ordered as well as testing on a bottle that was fed to the child around 8:00 last night. Det. ██████████ stated he told the family to expect contact from CPS. Det. ██████████ reported ██████████ is prescribed subutex and adivan. She reports not taking the adivan as prescribed. She stated she only takes half a pill as needed instead of 3 time a day as prescribed.

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

2/27/14- CPSI ██████████ interviewed ██████████ and ██████████ at ██████████ was outside the home when CPSI ██████████ arrived and allowed CPSI ██████████ into the home. Both parents were upset during interview as evidenced by ██████████ crying and holding a stuffed animal in the same manner as she would hold an infant. ██████████ stated she is prescribed subutex from Dr. ██████████. She is prescribed 8 mg. one time daily. She stated she is prescribed adivan one mg. three times daily. She stated she does not take all the adivan prescribed to her. She stated she will take half a pill only when she needs it. ██████████ allowed CPSI ██████████ to complete a pill count. There were 5 subutex pills in the bottle and it was filled on 2/21/14 with 14 pills prescribed. The count was short 2 pills. ██████████ reported she took two extra pills this am after Law Enforcement left the home. She stated the stress of the day was the reason. The adivan count was 48 whole pills and 5 half pills. The prescription was for 90 pills on 2/6/14. There were several extra pills in the bottle than should have been there due to the time since filling prescription. Both ██████████ and ██████████ denied taking any illegal drugs. ██████████ stated he is not prescribed anything. Both agreed to take hair follicle tests to be set up by CPS. ██████████ stated the hospital prescribed her neoproxin following birth of ██████████

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

No additional witness were interviewed other than parents during investigation.

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

parent/perp interview: 2/27/14; 6/9/14
 home visit: 2/27/14; 6/9/14
 sibling interview: 2/27/14; 6/9/14
 Collateral contact: 2/27/14
 CPIT: 6/26/14

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:	07/04/2014	Contact Method:	
Contact Time:	01:39 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/04/2014
Completed date:	07/04/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/04/2014 12:49 PM Entered By: [REDACTED]

LI [REDACTED] reviewed the case for closure on this date and notified IC [REDACTED] that investigation # [REDACTED] regarding a child death was ready for closure review.

The date the referral was received was on 6/27/14

The daily notification of the referral was submitted to all members of CPIT in accordance with local protocol on 2/27/14.

The referent was contacted and the referent notification letter was sent on 2/27/14

The safety assessment was completed on 2/27/14

A FAST was not completed in this child death case

The child death notification form CS-0635 was completed and sent to all required parties on 2/27/14

The autopsy was received from [REDACTED] Child Safety Nurse, on 6/3/14...the report states the cause of death to be "Sudden unexplained infant death associated with buprenorphine and co-sleeping."

The case was presented to members of CPIT on 6/26/14

Administrative Reviews were completed on 2/27/14, 4/21/14, 4/29/14, 5/23/14, and 6/26/14

The 740 was submitted to the juvenile court on 6/30/14, the 740 will be submitted to the DA's office in accordance with local protocol.

Narrative Type: Addendum 1 Entry Date/Time: 10/15/2014 05:05 PM Entered By: [REDACTED]

Received clearance from RID [REDACTED] on this date to close 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: 06/30/2014

Contact Method:

Contact Time: 02:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 01:18 PM Entered By: [REDACTED]

A copy of the 740 has been forwarded to [REDACTED] Juvenile Court.



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: 06/30/2014

Contact Method:

Contact Time: 02:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 01:17 PM Entered By: [REDACTED]

According to CPS categories and definitions of abuse/neglect, there is a lack of evidence to support the allegations of neglect death. Investigative tasks are complete. CPSI [REDACTED] has completed the 740/Case Summary in 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: 06/26/2014

Contact Method:

Contact Time: 09:13 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/26/2014

Completed date: 06/26/2014

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: 06/26/2014 08:20 AM Entered By: [REDACTED]

CPSI presented the child death case to the members of CPIT on this date. CPSI reports the autopsy has been received on the child. The findings are SUID with co- sleeping. The matter of death is undetermined but the report does indicate that the mother's suboxone use was a contributing factor. The mother was going to a clinic in [REDACTED] for treatment as the clinic here was not weaning her down fast enough. The mother is now off all medications. There are two other children in the family. The father has two children from a previous marriage. They do live with the step mother and the father. The mother lives in [REDACTED] and visits sporadically. The father and the step-mother are in a grief support group through [REDACTED] Hospital. The children were able to attend a day program the family described as a "camp" for children who have a sibling pass away. The allegations 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:	06/09/2014	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/11/2014
Completed date:	06/11/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning, Well Being		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/11/2014 08:13 AM Entered By: [REDACTED]

CPSI [REDACTED] arrived at [REDACTED] and was allowed into the home by [REDACTED]. CPSI [REDACTED] sat down with [REDACTED] and [REDACTED] and discussed the findings of the autopsy report. They stated they are doing okay and are both involved in a bereavement support group at [REDACTED] Hospital. CPSI [REDACTED] gave them a copy of the Bereavement support handbook. [REDACTED] stated [REDACTED] and [REDACTED] are doing okay and attended a day camp a couple of weeks ago for siblings who have experienced a death. [REDACTED] stated it was a good program and it helped the girls. [REDACTED] reported she attended a rehab program and is not taking subutex now. She stated she is currently on no medications and doing well. CPSI [REDACTED] explained Det. [REDACTED] will present case to DA and if DA recommends the case be presented to Grand Jury then it will be presented. If they have any questions about this process CPSI [REDACTED] explained they would need to contact Det. [REDACTED]. CPSI [REDACTED] spoke with [REDACTED] and [REDACTED] who reported they are doing okay and are supposed to be visiting their mother in [REDACTED] but she did not show to pick them up last week. They stated they are sad that they haven't seen their mother and hope she will call their father so they can visit her. CPSI [REDACTED] explained to [REDACTED] and [REDACTED] the CPS investigation would be presented to CPIT and closed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/03/2014

Contact Method:

Contact Time: 10:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2014

Completed date: 06/03/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2014 10:40 AM Entered By: [REDACTED]

CPSI [REDACTED] received the autopsy report from DCS Nurse, [REDACTED]
Copy placed in file.

Narrative Type: Addendum 1 Entry Date/Time: 10/15/2014 05:04 PM Entered By: [REDACTED]

The autopsy was received from [REDACTED], Child Safety Nurse, on 6/3/14...the report states the cause of death to be "Sudden unexplained infant death associated with buprenorphine and co-sleeping."



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: 11:18 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

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 10:21 AM Entered By: [REDACTED]

Face to face contacts need to be made with the family and the half siblings that live in the home.
 The autopsy has not yet been received.
 Case will remain open 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:	04/29/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/26/2014
Completed date:	05/26/2014	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: 05/26/2014 02:15 PM Entered By: [REDACTED]

CPSI [REDACTED] advised that he had not been contacted by the CDRT regarding this case. Advised that LI [REDACTED] had been. LI [REDACTED] contacted [REDACTED] with the CDRT to ensure that CPSI [REDACTED] was interviewed for the CDR process. CPSI [REDACTED] reports [REDACTED] SO did not make a referral to DCS regarding the fatality until after the initial assessment of the death was completed. The parents have completed hair follicle drug screens which were negative. At this time DCS is waiting for the autopsy results.

The case remains open beyond the initial 30 days without classification based upon the CPIT exception set forth by policy 14.7 "Child death investigations awaiting an autopsy report; CPS investigations needing interpreting and translating services or other unique services such as sign language communication; CPS investigations which fall under the TCA statute 37-1-607 Severe Child Abuse or Neglect, the Federal Indian Child Welfare Act, and CPS investigations where the alleged perpetrator has no access to the child victim."



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: 04/21/2014

Contact Method:

Contact Time: 01:31 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2014

Completed date: 04/21/2014

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: 04/21/2014 12:34 PM Entered By: [REDACTED]

LI [REDACTED] and Investigator [REDACTED] reviewed this case on this date. Investigator [REDACTED] spoke with [REDACTED] Sheriff's Department Detective [REDACTED] last week. Det. [REDACTED] reported that he has still not received the autopsy report. The mother and father both submitted to hair follicle drug screens which came back with no concerns noted. This case is remaining open due to the pending autopsy report.



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: 04/16/2014

Contact Method: Face To Face

Contact Time: 02:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/21/2014

Completed date: 04/21/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

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

CPSI [REDACTED] spoke with Det. [REDACTED] who stated he has not received the autopsy results from the lab yet.



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: 03/21/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2014

Completed date: 04/21/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2014 02:24 PM Entered By: [REDACTED]

CPSI [REDACTED] recieved hair follicle results from [REDACTED]. Results showed [REDACTED] and [REDACTED] were negative for all tested drugs.



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: 02/28/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/03/2014

Completed date: 03/03/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/03/2014 02:38 PM Entered By: [REDACTED]

CPSI [REDACTED] completed a case services request for hair follicle tests on the parents.



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: 02/27/2014

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/03/2014

Completed date: 03/03/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/03/2014 02:40 PM Entered By: [REDACTED]

CPSI [REDACTED] completed the death notification form and emailed it to applicable state officials.



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: 02/27/2014

Contact Method: Phone Call

Contact Time: 04:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/03/2014

Completed date: 03/03/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/03/2014 01:56 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with referent about investigation. No additional information was provided.
referent notification letter mailed to referent.



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: 02/27/2014

Contact Method:

Contact Time: 04:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/03/2014

Completed date: 03/03/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/03/2014 01:55 PM Entered By: [REDACTED]

CPSI [REDACTED] searched TFACTS for history on the family. The following information was located current open DEI investigation on [REDACTED] with alleged perp: [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: 02/27/2014

Contact Method: Correspondence

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/03/2014

Completed date: 03/03/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/03/2014 01:53 PM Entered By: [REDACTED]

CPSI [REDACTED] emailed referral to [REDACTED] Sheriff's Department and [REDACTED].

CPSI [REDACTED] faxed referral to Juvenile Court with redacted referent information .

As per local protocol the [REDACTED] will notify District Attorney of investigation.

CPSI [REDACTED] spoke with Det. [REDACTED] about investigation.



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: 02/27/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/03/2014

Completed date: 03/03/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/03/2014 02:36 PM Entered By: [REDACTED]

SDM Safety Assessment was completed on this date. No immediate safety factors were identified.



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: 02/27/2014

Contact Method:

Contact Time: 02:03 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2014

Completed date: 04/21/2014

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: 04/21/2014 11:28 AM Entered By: [REDACTED]

LI [REDACTED] and Investigator [REDACTED] reviewed the circumstances of this case. Deputy [REDACTED], and Detectives [REDACTED] and [REDACTED] responded to the scene from the [REDACTED] Sheriff's Department. CPS is working this case with law enforcement. The mother and father were in bed. The infant sleeps in a crib next to the bed. At 4:00 a.m. 02/27/2014 the mother fed the baby and fell asleep with the baby cradled in her arm. At some point before daylight, the mother reported that the baby slid down in her arm and she woke up and pushed the baby back up in her arm. The father woke up and went outside to smoke that morning. The father came back in the house around 9 according to the father. 911 was called at 8:50 a.m. Law enforcement reports that there are no indicators of any kind of abuse and/or neglect at this time. The mother also smokes. The mother is on prescribed medication (Ativan and Subutex). Law enforcement did not do a pill count. Investigator [REDACTED] is going to request a hair follicle drug screen on the mother to confirm the levels of medication in her system are consistent with her prescribed medication. Investigator [REDACTED] is going back to the family's home today to do a pill count on the mother's medication. Investigator [REDACTED] will continue efforts to complete the required investigative 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: 02/27/2014 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/03/2014
 Completed date: 03/03/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Initial ACV Face To Face, Parent/Caretaker Interview
 Contact Sub Type:

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

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

CPSI [REDACTED] met with Det. [REDACTED] and Det. [REDACTED] at the [REDACTED] Sheriff's Dept. Det. [REDACTED] stated they responded to the hospital this morning regarding the infant death. He stated the child has been transported to [REDACTED] for Autopsy. Det. [REDACTED] reported he interviewed the parents at the hospital while Det. [REDACTED] took pictures. Copy of pictures were given to CPSI [REDACTED] and placed in file. Det. [REDACTED] stated they also went to the home and photographed the scene. Det. [REDACTED] reported he interviewed both [REDACTED] and [REDACTED]. He stated [REDACTED] reported waking up this morning at 4:00 to breast feed [REDACTED] and instead of placing him back into the crib she let him go back to sleep on her left side between her left arm and her body. He stated [REDACTED] said she also fell asleep with [REDACTED] on her arm. Det. [REDACTED] stated [REDACTED] awoke around 8:00 am, went outside to smoke, and when he returned to the bedroom [REDACTED] was blue and not breathing. [REDACTED] stated he called 911. Det. [REDACTED] stated the 911 call was made at 8:50 am. Det. [REDACTED] reported no outward signs of abuse or trauma to the body and preliminary ruling of death is SUID. Autopsy was ordered as well as testing on a bottle that was fed to the child around 8:00 last night. Det. [REDACTED] stated he told the family to expect contact from CPS. Det. [REDACTED] reported [REDACTED] is prescribed subutex and adivan. She reports not taking the adivan as prescribed. She stated she only takes half a pill as needed instead of 3 time a day as prescribed.

CPSI [REDACTED] explained he would go to the home and discuss drug screens and pill count of mother's medications.

CPSI [REDACTED] interviewed [REDACTED] and [REDACTED] at [REDACTED] was outside the home when CPSI [REDACTED] arrived and allowed CPSI [REDACTED] into the home. Both parents were upset during interview as evidenced by [REDACTED] crying and holding a stuffed animal in the same manner as she would hold an infant. [REDACTED] stated she is prescribed subutex from Dr. [REDACTED] in [REDACTED]. She is prescribed 8 mg. one time daily. She stated she is prescribed adivan one mg. three times daily. She stated she does not take all the adivan prescribed to her. She stated she will take half a pill only when she needs it. [REDACTED] allowed CPSI [REDACTED] to complete a pill count. There were 5 subutex pills in the bottle and it was filled on 2/21/14 with 14 pills prescribed. The count was short 2 pills. [REDACTED] reported she took two extra pills this am after Law Enforcement left the home. She stated the stress of the day was the reason. The adivan count was 48 whole pills and 5 half pills. The prescription was for 90 pills on 2/6/14. There were several extra pills in the bottle than should have been there due to the time since filling prescription. Both [REDACTED] and [REDACTED] denied taking any illegal drugs.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated he is not prescribed anything. Both agreed to take hair follicle tests to be set up by CPS. [REDACTED] stated the hospital prescribed her neoproxin following birth of [REDACTED]. [REDACTED] stated he has two daughters that live with them, [REDACTED] age 8, and [REDACTED] age 7. They were at school this morning when [REDACTED] died. [REDACTED] stated their mother lives in [REDACTED] and he has primary custody. He stated the girls attend [REDACTED]. The girls were at home because grandparents went to school to pick them up this morning due to the events of the day.

CPSI [REDACTED] briefly spoke with [REDACTED] and [REDACTED]. Both stated that their baby brother died this morning and they don't know what happened. They stated they are sad.

CPSI [REDACTED] spoke with [REDACTED] and [REDACTED] paternal grandparents, who stated they are crushed with the death of [REDACTED]. It is a very sad time for the family and they want to support [REDACTED] and [REDACTED] during this difficult time.

CPSI [REDACTED] completed a home visit of [REDACTED]. The home is a 4 bedroom house with electricity, running water, and ample food. No dangers were observed.

CPSI [REDACTED] did not complete a face to face with infant due to body being transported for autopsy prior to CPS involvement.

Narrative Type: Addendum 2 Entry Date/Time: 03/03/2014 02:30 PM Entered By: [REDACTED]

household composition: [REDACTED] (father) [REDACTED] (mother) [REDACTED] (sibling) [REDACTED] (sibling), [REDACTED] (grandfather), [REDACTED] (grandmother).

Narrative Type: Addendum 1 Entry Date/Time: 03/03/2014 02:28 PM Entered By: [REDACTED]

Det. [REDACTED] gave CPSI [REDACTED] a copy of background check on [REDACTED]. 7/9/03- driving w/o license. No arrest history found on [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: 02/27/2014

Contact Method:

Contact Time: 12:53 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/03/2014

Completed date: 03/03/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/03/2014 01:47 PM Entered By: [REDACTED]

The Child Abuse Hotline assessed and assigned this referral with a P-1 response to [REDACTED] CPS on this date. Investigative Leader assessed and assigned this referral to CPSI [REDACTED] on this date. The allegation(s) is/are neglect death. The referral reads as follows:

Reporter states the household consists of [REDACTED] (mother, 30 years), [REDACTED] (father, 33 years), and [REDACTED] (1 month). [REDACTED] and [REDACTED] are not married. There are no siblings in the home.

Last night [REDACTED] breastfed [REDACTED] about 4 AM (this morning). [REDACTED] then went back to sleep in the arms of [REDACTED]. [REDACTED] routinely sleeps in the bed with [REDACTED]. [REDACTED] had gotten up for the day. When he returned he saw that [REDACTED] was blue. A call to 911 was made about 8:50 AM. [REDACTED] was taken by ambulance to the ER, and he was pronounced deceased at the ER. At this point in time it is not known what the cause of death is. [REDACTED] will have his autopsy performed in [REDACTED].

Law enforcement is at the ER at this time. [REDACTED] was said to have been asleep on her back and [REDACTED] was in her arm. The reporter notes that the investigation by law enforcement is on-going. At this point there are no signs of overt abuse, but a skeletal x-ray has not yet been done (or other parts of the autopsy).



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SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 2/27/14 9:41 AM

Date of Assessment: 2/27/14 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.



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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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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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: _____