



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

Case # 2014.044

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	03/22/2014
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death: / /		
Child's Name:	[REDACTED]	DOB:	[REDACTED]	Person ID:	[REDACTED]
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:
Parents' Names:	Mother: [REDACTED]	Father: [REDACTED]			
Alleged Perpetrator's Name:	[REDACTED]	Relationship to Victim:	[REDACTED]		
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:

Referral received on 3/22/2014@8:13am CST. The following was reported:

It was reported that yesterday, [REDACTED] was seen at the hospital (unknown) for unknown reasons.

This morning [REDACTED] contacted 911, she stated she found [REDACTED] deceased when she woke up. The circumstances surrounding the death are unknown at this time. There is very little information known by the reporter at this time.

Detectives are currently in route to the home. It is unknown [REDACTED] is still on the scene. The sister, [REDACTED] s at the home with [REDACTED]. An autopsy will be completed. It is unknown if [REDACTED] had any special needs or disabilities.

The officer on the scene reported that the condition of the home was poor, no other details were provided.

It is unknown at this time if [REDACTED] has any history with the police. It is unknown if there is a pattern of abuse or neglect in the home.

Law Enforcement report number is [REDACTED]

Investigation/P1, neglect death. [REDACTED] @ 8:42am on 3-22-14

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	03-22-14 08:50:52 AM CDT	03-22-14 08:51:41 AM CDT	+ [REDACTED]	Received

[REDACTED] was notified @ 9:05am on 3-22-14

Also notified the Regional Administrator, [REDACTED], [REDACTED]

[REDACTED], [REDACTED] Office of Child Safety was notified by [REDACTED] [REDACTED]

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

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

Describe (in detail) interview with family:

Investigator [REDACTED] made a home visit to [REDACTED] and met [REDACTED] on the scene. [REDACTED] interviewed [REDACTED], [REDACTED] o the deceased, at her home where the incident was reported to have occurred. [REDACTED] reported [REDACTED] and [REDACTED], works very long hours and she is the only babysitter for the children. She stated she has the authority to take the children to the doctor per a notarized document. She stated [REDACTED] and [REDACTED], [REDACTED] both play active roles with the children. [REDACTED] stated yesterday [REDACTED] was scheduled to have breast reduction surgery. ([REDACTED] had observed pus around the child's penis and noted it was very sore to the touch.) It was decided yesterday (3/21/14) she would drop [REDACTED] off for her surgery at [REDACTED] while she took [REDACTED] to [REDACTED] to be seen in the emergency

room. [redacted] was reported to be present with [redacted] as well. [redacted] reported the hospital staff at [redacted] informed her [redacted] could have an infection or a possible allergic reaction to something. She stated the nurse administered an injection of loratab and an antibiotic. She stated the nurse advised her(per discharge instructions) to give [redacted] ibuprofen and benedryl every 6 hours and an appointment to follow up with a dermatologist. [redacted] stated after [redacted] received the injection he shortly thereafter fell asleep. Once discharged, [redacted] went to the mother's house to drop [redacted] off as [redacted] was there with the g [redacted] returned to the hospital to pick [redacted] up and returned to the home. It was decided [redacted] would keep [redacted] and [redacted] due to [redacted] condition following her surgery.

Once [redacted] returned her home the children played outside. She stated she cooked hamburger dish for dinner and did notice [redacted] did not eat much. Around 7:30pm she bathed [redacted] and put him to bed in the crib next to her bed a short while later. This morning she stated she and [redacted] were up playing in her room and "talking to [redacted] who was still in the crib. She stated that was usually a typical routine for them, but [redacted] never responded. She stated she went to check on him and he was cold to the touch and she in turn called 911.

While Investigator [redacted] was at the home, an unidentified relative who was inconsolable brought [redacted] back to the residence with her to visit Ms. [redacted] had been taken to her mother at a different location after 911 was called). [redacted] was observed playing outside, smiling and laughing. She was observed appropriately interacting with the Aunt and this investigator. [redacted] reportedly is "a year behind developmentally" and difficult to understand when speaking. She reportedly sees a speech therapist.

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

N/A

Describe disposition of body (Death): coroner's

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: [redacted] Case #: [redacted]

Describe law enforcement or court involvement, if applicable:

Detective [redacted] with Major Crimies is investigating the fatality. Investigator [redacted] received a phone call from Detective [redacted] on 3/24/14 at 10:04am. He reported the Aunt, [redacted] had called Detective [redacted] some time over the weekend to inform him one of her pain patches were missing and thought [redacted] could have possibly had contact with it.

Investigator [redacted] received a second phone call from Detective [redacted] at 10:25am who advised the autopsy was completed and a pain patch was found on the child's lower back (low enough where the child could not have put it on). He advised Detective [redacted] planned to call Ms. [redacted] back in for a second interview and would probably charge her with the death of the child.

The investigation is ongoing.

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):

None reside in the home with the Aunt, [redacted] [redacted]

Name: [redacted] Age: [redacted]

Intake #:		Investigation #:		Date of Report:	03/20/2014
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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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:
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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 <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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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: 03/22/2014 08:13 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 03/22/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 03/22/2014 10:18 AM
 First Team Leader Assigned: [REDACTED] Date/Time 03/22/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 03/22/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 3 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: **The child is not in state custody. **

TFACTS: No history located based on information provided

Family Case ID: None located

Open Court Custody/FSS/FCIP: None located

Closed Court Custody: None located

Open CPS: None located

Substantiated: None located



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

Death: None located

Screened out: None located

History (not listed above): None located

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

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

Reporter states: [REDACTED] (1 year old) and [REDACTED] (3 years old) reside with their great-aunt, [REDACTED].

It was reported that yesterday, [REDACTED] was seen at the hospital (unknown) for unknown reasons.

This morning [REDACTED] contacted 911, she stated she found [REDACTED] deceased when she woke up. The circumstances surrounding the death are unknown at this time. There is very little information known by the reporter at this time.

Detectives are currently in route to the home. It is unknown [REDACTED] is still on the scene. The sister, [REDACTED] is at the home with [REDACTED]. An autopsy will be completed. It is unknown if [REDACTED] had any special needs or disabilities.

The officer on the scene reported that the condition of the home was poor, no other details were provided.

It is unknown at this time if [REDACTED] has any history with the police. It is unknown if there is a pattern of abuse or neglect in the home.

Law Enforcement report number is [REDACTED]

Investigation/P1, neglect death. [REDACTED] CM 3 @ 8:42am on 3-22-14

Recipients	Time Issued	Response Received	Devices	Responses	
[REDACTED]	03-22-14 08:50:52 AM CDT	03-22-14 08:51:41 AM CDT	[REDACTED]	[REDACTED]	Received

[REDACTED] was notified @ 9:05am on 3-22-14

Also notified the Regional Administrator, [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:** Black/African **Age:** 3 Yrs
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:** White **Age:** 3 Yrs
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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 2 Yrs 3 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]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 2 Yrs 3 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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 50 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED], Unknown

Gender: [REDACTED] Date of Birth: [REDACTED] Partipant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: [REDACTED]

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: 03/22/2014

Assignment Date: 03/22/2014

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			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 05/20/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: allegations substantiated/ perpetrator substantiated

D. Case Workers

Case Worker: [REDACTED]

Date: 05/20/2014

Team Leader: [REDACTED]

Date: 06/02/2014

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:

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

An autopsy was completed on [REDACTED] and he died as result of a fentanyl overdose.

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

The alleged perpetrator was charged with criminally negligent homicide.

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

[REDACTED] sister of [REDACTED] is presently in play therapy. According to the therapist, child has been observed playing with dolls, shaking them and saying "stop crying" , " I said stop crying".



**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]

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

A referral was received with allegations of neglect death [REDACTED] age 2 died while in the care of his Aunt, [REDACTED]. An autopsy was completed and the cause of death was reported to be fentanyl overdose. Ms. [REDACTED] was subsequently charged with criminally negligent homicide. [REDACTED] mother is presently in grief therapy and [REDACTED] is receiving therapy with a play therapist. Case classified at CPII as allegations substantiated/ perpetrator substantiated.

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: 07/05/2014

Contact Method:

Contact Time: 02:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/05/2014

Completed date: 07/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/05/2014 01:17 AM Entered By: [REDACTED]

Case has been submitted for closure. Closure approved by [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:	06/10/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/04/2014
Completed date:	07/04/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/04/2014 07:34 PM Entered By: [REDACTED]

A referral was received with allegations of neglect death [REDACTED] age 2 died while in the care of his Aunt, [REDACTED]. An autopsy was completed and the cause of death was reported to be fentanyl overdose. Ms. [REDACTED] was subsequently charged with criminally negligent homicide. [REDACTED] mother is presently in grief therapy and [REDACTED] is receiving therapy with a play therapist. Case classified at CPII as allegations substantiated/ perpetrator substantiated.



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: 06/02/2014

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/02/2014

Completed date: 06/02/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/02/2014 12:00 PM Entered By: [REDACTED]

LI reviewed recommended classification. Assigned investigator has recommended a Substantiated classification. Classification was presented to, and accepted by the CPIT panel on 5/22/14. LI also concurs. LI prepared the Formal File Review letter and Attachment A., to be sent to the alleged perpetrator via certified mail, and a copy forwarded to DCS Chief Legal Counsel [REDACTED]. Notification of Classification will also be sent to [REDACTED] Juvenile Court and the District Attorney's Office via 740 forms.



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: 05/21/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/21/2014

Completed date: 05/21/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/21/2014 10:22 AM Entered By: [REDACTED]

CPIT classified case this date as allegations substantiated/ perpetrator substantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/07/2014	Contact Method:	Phone Call
Contact Time:	10:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/01/2014
Completed date:	07/01/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact, Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2014 10:41 AM Entered By: [REDACTED]

Inv [REDACTED] received a phone call from Det [REDACTED] who advised Ms. [REDACTED] was being charged this date with criminally negligent homicide.



**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:	04/28/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/04/2014
Completed date:	07/04/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

- [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/04/2014 07:41 PM Entered By: [REDACTED]

At the request of the mother, [REDACTED] had a forensic interview this date. Child gave no disclosure of abuse.



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:	04/17/2014	Contact Method:	Phone Call
Contact Time:	11:00 AM	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):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/04/2014 08:11 PM Entered By: [REDACTED]

Inv. [REDACTED] spoke with Ms. [REDACTED] this date in regards to the interview [REDACTED] is 3 years old and the interview was scheduled due to the concern the mother had in regards to the issue surrounding her son's death and involvement of family members with whom she trusted. A forensic interview was scheduled for [REDACTED] for 4/28/14. Ms [REDACTED] informed this Inv. she had taken [REDACTED] to see her pediatrician and was informed they could not test her for chemicals/ drugs in her system. Inv. [REDACTED] referred mother to Dr. [REDACTED] for direction.



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:	04/14/2014	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/04/2014
Completed date:	07/04/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/04/2014 08:05 PM Entered By: [REDACTED]

Inv. [REDACTED] met with Ms. [REDACTED] mother at her home this date. She is still extremely distraught over the loss of her son and is very concerned for her daughter [REDACTED]. She asked if [REDACTED] could be checked to see if there were any drugs or chemicals in her body and also asked if someone could talk to her. Inv. [REDACTED] provided Ms. [REDACTED] with Hospice info. in regards to grief counseling and informed her the matter could be discussed with Detective [REDACTED] as he was the lead investigator. Also recommended counseling/ play therapy for [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: 03/24/2014

Contact Method: Phone Call

Contact Time: 10:25 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/24/2014

Completed date: 03/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/24/2014 10:58 AM Entered By: [REDACTED]

Investigator [REDACTED] received a second phone call from Detective [REDACTED] who advised the autopsy was completed and a pain patch was found on the child's lower back (low enough where the child could not have put it on). He advised Detective [REDACTED] planned to call Ms. [REDACTED] back in for a second interview and would probably charge her with the death of the child.

The investigation is ongoing.



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:	03/24/2014	Contact Method:	Phone Call
Contact Time:	10:04 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/24/2014
Completed date:	03/24/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/24/2014 10:53 AM Entered By: [REDACTED]

CM received a phone call from Detective [REDACTED] on the above date and time. He reported the Aunt, [REDACTED] had called Detective [REDACTED] some time over the weekend to inform him one of her pain patches were missing and thought [REDACTED] could have possibly had contact with it.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

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Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/01/2014
Completed date:	07/01/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2014 10:36 AM Entered By: [REDACTED]

Investigator [REDACTED] made a home visit to speak with the mother, [REDACTED] on the above date. No one was home. Investigator made a phone call and spoke with Ms [REDACTED]. She was very upset and inconsolable. Investigator [REDACTED] offered condolences for the loss and discussed briefly the protocol and services the Department could offer. Inv. to meet with Ms [REDACTED] at a later time due to the nature of the referral.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/22/2014	Contact Method:	Face To Face
Contact Time:	11:05 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	03/22/2014
Completed date:	03/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Medical Exam, Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/22/2014 08:09 PM Entered By: [REDACTED]
 Investigator [REDACTED] was informed by Detective [REDACTED] the autopsy of [REDACTED] should be completed by 1:00pm on Monday 3/24/14.



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: 03/22/2014 Contact Method: Face To Face
 Contact Time: 10:28 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 03/22/2014
 Completed date: 03/22/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/22/2014 08:05 PM Entered By: [REDACTED]

Investigator [REDACTED] made a home visit to [REDACTED] and met Detective [REDACTED] on the scene. Investigator [REDACTED] interviewed [REDACTED] Aunt to the deceased, at her home where the incident was reported to have occurred. Ms. [REDACTED] reported [REDACTED] and [REDACTED] mother, [REDACTED] works very long hours and she is the only babysitter for the children. She stated she has the authority to take the children to the doctor per a notarized document. She stated mother and [REDACTED] father, [REDACTED] both play active roles with the children. Ms. [REDACTED] stated yesterday [REDACTED] was scheduled to have breast reduction surgery. Ms. [REDACTED] had observed pus around the child's penis and noted it was very sore to the touch. It was decided yesterday she would drop [REDACTED] off for her surgery at [REDACTED] while she took [REDACTED] to [REDACTED] CH to be seen in the emergency room. [REDACTED] ather, [REDACTED] was reported to be present with the mother as well. Ms. [REDACTED] reported the hospital staff at [REDACTED] CH informed her [REDACTED] could have an infection or a possible allergic reaction to something. She stated the nurse administered an injection of loratab and an antibiotic. She stated the nurse advised her(per discharge instructions) to give [REDACTED] ibuprofen and benedryl every 6 hours and an appointment to follow up with a dermatologist. Ms. [REDACTED] stated after [REDACTED] received the injection he shortly thereafter fell asleep. Once discharged, Ms. [REDACTED] went to the mother's house to drop [REDACTED] off as [REDACTED] sister was there with the grandmother, [REDACTED] Ms. [REDACTED] returned to the hospital to pick [REDACTED] up and returned to the home. It was decided Ms. [REDACTED] would keep [REDACTED] and [REDACTED] due to [REDACTED]s condition following her surgery.

Once Ms. [REDACTED] returned her home the children played outside. She stated she cooked hamburger dish for dinner and did notice [REDACTED] did not eat much. Around 7:30pm she bathed [REDACTED] and put him to bed in the crib next to her bed a short while later. This morning she stated she and [REDACTED] were up playing in her room and "talking to [REDACTED]", who was still in the crib. She stated that was usually a typical routine for them, but [REDACTED] never responded. She stated she went to check on him and he was cold to the touch and she in turn called 911.

While Investigator [REDACTED] was at the home, an unidentified relative who was inconsolable brought [REDACTED] to the residence with her to visit Ms. [REDACTED] was observed playing outside, smiling and laughing. She was observed appropriately interacting with the Aunt and this investigator. [REDACTED] reportedly is "a year behind developmentally" and difficult to understand when speaking. She reportedly sees a speech therapist.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The investigation is ongoing.



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: 03/22/2014

Contact Method: Phone Call

Contact Time: 10:10 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/22/2014

Completed date: 03/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/22/2014 06:43 PM Entered By: [REDACTED]

Investigator [REDACTED] received a phone call on the above date and time from Detective [REDACTED]. CPIT convened at this time. Det. [REDACTED] advised he was still at the home with the Aunt where the fatality had occurred. [REDACTED] advised [REDACTED] had been taken to [REDACTED] CH yesterday because he had pus on his penis and was reported to be extremely sore. [REDACTED] was informed by the Aunt, [REDACTED] the hospital gave [REDACTED] an antibiotic and loratab. [REDACTED] also advised hospital staff informed her she could give benadryl and motrin at specific times. According to Detective [REDACTED] the Aunt appeared to be appropriate and the home was in good order. Investigator was given demographic information and agreed to meet [REDACTED] at the home. Detective [REDACTED] with Major Crimes division will be the assigned Detective to this 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: 03/22/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 07/01/2014 10:29 AM

Entered By: [REDACTED]

Referent contacted this date.



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

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/22/2014	Contact Method:	
Contact Time:	08:13 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/22/2014
Completed date:	03/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/22/2014 05:51 PM Entered By: [REDACTED]

Referral received on the above date and time. Investigation assigned to this Investigator with a p-1 response time. The following was reported:

Reporter states: [REDACTED] (1 year old) and [REDACTED] (3 years old) reside with their great-aunt, [REDACTED]

It was reported that yesterday, [REDACTED] was seen at the hospital (unknown) for unknown reasons.

This morning [REDACTED] contacted 911, she stated she found [REDACTED] deceased when she woke up. The circumstances surrounding the death are unknown at this time. There is very little information known by the reporter at this time.

Detectives are currently in route to the home. It is unknown [REDACTED] is still on the scene. The sister, [REDACTED] is at the home with [REDACTED]. An autopsy will be completed. It is unknown if [REDACTED] had any special needs or disabilities.

The officer on the scene reported that the condition of the home was poor, no other details were provided.

It is unknown at this time if [REDACTED] has any history with the police. It is unknown if there is a pattern of abuse or neglect in the home.

Law Enforcement report number is [REDACTED]

Investigation/P1, neglect death. [REDACTED] @ 8:42am on 3-22-14

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	03-22-14 08:50:52 AM CDT	03-22-14 08:51:41 AM CDT	[REDACTED]	Received

[REDACTED] was notified @ 9:05am on 3-22-14



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Also notified the Regional Administrator, [REDACTED]



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 3/22/14 8:13 AM

Date of Assessment: 3/22/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

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: _____