



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

Case # 2014.045

Intake #:	██████████	Investigation #:	██████████	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:	03/22/2014		
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:	Unknown		Relationship to Victim:	Unknown		
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:

Reporter states: ██████████ (11m) lives with his parents, ██████████ and ██████████. Also in the home is his older sister whose name is ██████████. ██████████ was found deceased on the morning of 03-22-14. ██████████ reported that she laid ██████████ down last night at around 6pm. ██████████ was placed in his crib inside of his room. ██████████ room is down the hall from the parents' bedroom. ██████████ reported that he arrived home from work "late last night." ██████████ reported that he was downstairs feeding ██████████ breakfast on the morning of 03-22-14 around 7:30am. ██████████ stated that he heard ██████████ screaming upstairs. ██████████ reported that he then ran upstairs and found that ██████████ was not breathing. Law enforcement was called at 7:35am. The medical unit was the first to arrive at 7:45am. Law enforcement and the fire department arrived shortly afterwards.

The reporter was advised that there were no visible signs of abuse to ██████████ body. To the reporter's knowledge, the parents did not report that ██████████ had any medical issues. The parents did not say if it was normal for ██████████ to sleep for long periods of time. There is a stain in the crib where ██████████ was lying. At this time it is unknown if the stain is blood, mucus, or something else. The reporter did not observe any concerns regarding the living environment. The reporter is currently waiting on detectives to make the scene."

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:

On 3/22/14 CPSI ██████████ went to the family home of the deceased child and interviewed parents ██████████ and ██████████. The interviews were conducted in the bonus room upstairs away from family and friends who were at the home visiting with the family. CPSI ██████████ explained her involvement and the investigation process. CPSI asked if the child had any pre-existing illnesses or health concerns and ██████████ stated no. The PCP for the child is Dr. ██████████ at ██████████. ██████████ reported that the ██████████ had a fever for the past 2 days. She stated that on Sunday 3/16/14 ██████████ was crying a lot, holding his breath and passed out. She stated he was non responsive for about 5-7 seconds and his face turned blue. ██████████ stated this was the first time ██████████ had passed out, but the daycare has witnessed one of his "crying spells." ██████████ reported that ██████████ attended daycare at the ██████████. CPSI asked what caused him to be upset and ██████████ stated he was fussy and mad that she put him down. She stated she called the child's doctor, Dr. ██████████, and reported what happened. She stated that they told her his actions were normal if he was crying and upset. The child was not walking, but was cruising, holding and pulling up on things. She stated on Thursday 3/20/14 around 4pm, he had a fever and she gave him some Tylenol around 6pm and midnight. CPSI asked if she used a thermometer and she stated no. On Friday 3/21/14, ██████████ stated ██████████ had a low grade fever and was not warm and had a good attitude. ██████████ stated that his babysitter, ██████████ was at the home with him during the day. She stated that ██████████ called her and stated the child was getting warm again. At 1:30pm his temperature was 99 degrees and it was 100 degrees around 2pm. ██████████ stated the ██████████ reported he ate fairly well; he had blueberries, yogurt and baby spinach. She stated she got home around 3:30pm and he was warm. CPSI asked how was he acting when she got home and she stated he was a little fussy and she figured it was due to his fever. ██████████ stated he normally has a bottle at 4pm. She laid him down for a nap and he slept from 4pm-5:30pm. She stated she got

him up at 5:30pm and tried to give him dinner and he ate half of his applesauce and a few bites of his peanut butter and jelly sandwich. [REDACTED] stated she gave him a bath and some Tylenol at 5:30pm. She stated she usually nurses him at night, but he was not interested and she put him down around 5:55pm. CPSI asked if he normally sleeps through the night and she stated yes. His normal bedtime is around 6:30pm and he usually wakes up between 3:30am-4 to nurse and then he goes back to sleep. [REDACTED] stated he did not wake up this morning to nurse.

On 3/22/14 her daughter woke up earlier than normal around 6:45am and she sent her downstairs with her dad for breakfast. [REDACTED] stated she checked on him around 7:30am and noticed the discoloring in his face and that it was blue. CPSI asked if she laid him on his stomach or back the night before and she stated he likes to sleep on his stomach, but he is old enough to move around on his own. She stated when she went to get him, his mouth was open and there was something wet on his lips and there was a spot on the bed. She said when she went to pick him up, his body was rigid and she yelled for [REDACTED]. She stated she attempted to do CPR and his body was cold. The EMT's were dispatched to the home and he was pronounced dead at the home.

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

Describe disposition of body (Death):	Deceased		
Name of Medical Examiner/Coroner:		Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Type:		Case #:	

Describe law enforcement or court involvement, if applicable:

The case was assigned to Youth Service Detective [REDACTED] [REDACTED]. Detective [REDACTED] interviewed the parents and completed a reenactment at the family home.

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):

CPSI [REDACTED] discussed the case with the detective and the parents and based on the initial interviews the parents appear to be appropriate. CPSI observed the home and the sibling and there are no safety concerns at this time. CPSI [REDACTED] offered counseling sources to the family. CPSI will follow up with the family and contact collaterals.

Name: [REDACTED] [REDACTED]	Age: 3
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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Intake #:	██████████	Investigation #:	██████████	Date of Report:	Case # 2014-045 3/20/14
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person: ██████████			Telephone Number: () -		
Case Manager: ██████████			Telephone Number: ██████████		
Team Leader ██████████			Telephone Number: ██████████		
Team Coordinator: ██████████			Telephone Number: ██████████		
ATTACH a copy of the <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
<p>Email to: ██████████</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</p>					



**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 08:35 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 : 03/24/2014 09:42 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]	1 Yr 6 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: *****Child is not in state custody *****

TFACTS:No History Found in TFACTS

Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated None
 Fatality None
 Screened out 0
 History (not listed above): None

DUPLICATE REFERRAL: No



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

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

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

Reporter states: [REDACTED] (11m) lives with his parents, [REDACTED] and [REDACTED]. Also in the home is his older sister whose name is [REDACTED] (3).

[REDACTED] was found deceased on the morning of 03-22-14.

[REDACTED] reported that she laid [REDACTED] down last night at around 6pm. [REDACTED] was placed in his crib inside of his room. [REDACTED] room is down the hall from the parents bedroom. The reporter believes that all of the bedrooms in the home are on the upstairs level. [REDACTED] reported that he arrived home from work late last night. [REDACTED] did not provide an exact time. [REDACTED] stated that he did not have any contact with [REDACTED] last night after arriving home.

[REDACTED] reported that he was downstairs feeding [REDACTED] breakfast on the morning of 03-22-14 around 7:30am. [REDACTED] stated that he heard [REDACTED] screaming upstairs. [REDACTED] reported that he then ran upstairs and found that [REDACTED] was not breathing. Law enforcement was called at 7:35am. The medical unit was the first to arrive at 7:45am. Law enforcement and the fire department arrived shortly afterwards.

By that time, [REDACTED] was about to be transported to [REDACTED]. Officers spoke with [REDACTED] briefly before she rode with the medical unit to [REDACTED]. Officers also spoke with [REDACTED] before he was allowed to go to [REDACTED] to be with his wife.

The reporter did not observe [REDACTED] body personally. The reporter was advised that there were no visible signs of abuse to [REDACTED] body. To the reporters knowledge, the parents did not report that [REDACTED] had any medical issues. The parents did not say if it was normal for [REDACTED] to sleep for long periods of time. There is a stain in the crib where [REDACTED] was lying. At this time it is unknown if the stain is blood, mucus, or something else. The reporter did not observe any concerns regarding the living environment. The reporter is currently waiting on detectives to make the scene.

[REDACTED] body and both parents are currently at [REDACTED]. [REDACTED] was initially at the home but the reporter believes that she was picked up by her grandparents whose names are unknown.

Per SDM: Investigative Track, P1-Child death. 03/22/14 @ 9:23am by [REDACTED] CM3

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	03-22-14 09:37:40 AM	[REDACTED]	03-22-14 09:38:19 AM	[REDACTED]
Received				

[REDACTED] was notified @ 9:45am on 3-22-14

Also notified the Acting Interim 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:** White **Age:** 1 Yr 6 Mos
Address: [REDACTED] [REDACTED] [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: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 38 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:**



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 38 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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 4 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

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:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/05/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated as there is no evidence at this time to support the allegations of Neglect Death against Unknown. CM did interview the parents [REDACTED] and [REDACTED] and reported the child was healthy and well. CM spoke with collaterals for the family and there were no concerns for the child's wellbeing and he was well taken care of. On 4/3/14 CM met with the Medical Examiner Dr. [REDACTED] and the preliminary results from the autopsy showed no traumatic injury, edema on the brain and lungs, and his viral test was positive for Adenovirus. There were no signs of abuse or neglect on the child. On 6/10/14 CM received the autopsy report for the ACV and the cause of death was complications of Adenovirus Infection and the manner of death is natural. The case will be staffed at CPIT on 6/12/14.

D. Case Workers

Case Worker: [REDACTED]

Date: 06/05/2014

Team Leader: [REDACTED]

Date: 06/09/2014

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:

The child is deceased.

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



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

Case Name : ██████████

Investigation ID: ██████████

On 3/27/14 CM contacted ██████████ the babysitter and teacher for the deceased child. ██████████ watched the child and his sibling on 3/21/14. CM asked if she has any concerns for the surviving child ██████████ and she stated no. She stated ██████████ and ██████████ are great parents and she has known the family for 2 years. She stated the parents love their children and took great care of them. She stated they were very supportive and active at the school as well. CM asked if she has any concerns for the wellbeing of ██████████ while in the home and she stated no. CM asked if the home appropriate and she stated yes and there are no risk factors present. CM asked how many times has she watched the children in the home and she stated about 5 to 6 times. A full report is located in the case notes.

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

The alleged perpetrator is unknown.

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

On 3/22/14 CM went to the family home of the deceased child and interviewed parents ██████████ and ██████████ ██████████ Dt. ██████████ is assigned to the case and has completed the re-enactment and initial interviews with the parents prior to the CM arriving to the home. The interviews were conducted in the bonus room upstairs away from family and friends who were at the home visiting with the family. CM did explain her involvement and the investigation process. CM asked if the child had any pre-existing illnesses or health concerns and ██████████ stated no. The PCP for the child is Dr. ██████████ at ██████████. She stated he did have a fever for the past 2 days. She mentioned on Sunday, 3/16/14, ██████████ was crying a lot and he was holding his breath and passed out. She stated he was non responsive for about 5-7 seconds and his face did turn blue. She stated this was the first time he had passed out, but the daycare has seen one of his crying spells. The child attend the ██████████ CM asked what caused him to be upset and she stated he was fussy and mad that she put him down. She stated she did call ██████████ and reported what happened and she stated that his actions were normal if he was crying and upset. The child was not walking, but was more cruising and holding and pulling up on things. She stated on late Thursday 3/20/14 around 4pm, he had a fever and she gave him some Tylenol around 6pm and midnight. CM asked if she used a thermometer and she stated no. On Friday 3/21/14, she stated ██████████ had a low grade fever and was not warm to touch and had a good attitude. His babysitter ██████████ was at the home with him during the day. ██████████ is also one of ██████████ teachers at the ██████████ and she has watched their daughter ██████████ on several occasions. She stated ██████████ called her and stated the child was getting warm again. At 1:30pm his temperature was 99 degrees and around 2pm it was 100 degrees. She stated the ██████████ reported he ate fairly well and had blueberries, yogurt and baby spinach. She stated ██████████ is usually good eater. She stated she came home around 3:30pm and he was warm. CM asked how was he acting when she got home and she stated he was a little fussy and she figured it was due to his fever. She stated he normally has a bottle at 4pm and she laid him down for a nap and he slept from 4pm-5:30pm. She stated she got him up at 5:30pm and tried to give him dinner and he ate half of his applesauce and a few bites of his peanut butter and jelly sandwich. She stated she gave him a bath and some Tylenol at 5:30pm. She stated she usually nurses him at night, but he was not interested and she put him down around 5:55pm. CM asked if he normally sleeps through the night and she stated yes. His normal bedtime is around 6:30pm and he usually wakes up between 3:30am-4 to nurse and then he goes back to sleep. She stated he did not wake up this morning to nurse.

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

This case is closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated as there is no evidence at this time to support the allegations of Neglect Death against Unknown. CM did interview the parents ██████████ and ██████████ ██████████ and reported the child was healthy and well. CM spoke with collaterals for the family and there were no concerns for the child's wellbeing and he was well taken care of. On 4/3/14 CM met with the Medical Examiner Dr. ██████████ and the preliminary results from the autopsy showed no traumatic



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]

injury, edema on the brain and lungs, and his viral test was positive for Adenovirus. There were no signs of abuse or neglect on the child. On 6/10/14 CM received the autopsy report for the ACV and the cause of death was complications of Adenovirus Infection and the manner of death is natural. The case will be staffed at CPIT on 6/12/14.

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: 08/01/2014

Contact Method:

Contact Time: 04:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/01/2014

Completed date: 08/01/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/01/2014 04:51 PM Entered By: [REDACTED]

Case is being reviewed for closure. Case was reviewed and approved for closure by RID [REDACTED] Case is a fatality and is being classified as Unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/23/2014	Contact Method:	Phone Call
Contact Time:	12:55 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/23/2014
Completed date:	07/23/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/23/2014 04:03 PM Entered By: [REDACTED]

On 7/23/14 CM was contacted by Dr. [REDACTED] the PCP for the child at [REDACTED]. CM did inform her of the purpose for the call regarding child. CM asked if [REDACTED] ever contacted her prior to the child's death regarding a low grade fever and she stated no. She stated the mother called on 3/17/14 and reported no history of a fever that day or the week before. She stated the mother was concerned about the child holding his breath and having silent cries and passing out for less than a minute. She stated on 3/22/14, she met with the family at the hospital after the child died and the mother informed her that he had a fever on Thursday and Friday. CM asked if she had any concerns for the parents caring for the child and she stated no.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/23/2014	Contact Method:	Phone Call
Contact Time:	12:12 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/23/2014
Completed date:	07/23/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/23/2014 03:52 PM Entered By: [REDACTED]

On 7/23/14 CM was contacted by [REDACTED] [REDACTED] the lead teacher at the [REDACTED] for the ACV. CM did inform her of the purpose for call. CM asked if the child ever passed out at school from a crying spell and she stated no. He stated he would hold his breath when crying, but he never turned blue or pass out. She stated she informed his mother and she stated she has also seen these behaviors at home as well. CM asked if the mother ever told her that he had passed out while crying at home and she stated she could not remember. She stated prior to his death, the crying spells were not frequent to the point where he would hold his breath. She stated he never passed out at school. CM asked if she ever had any concerns for the parents and their ability to care for the child and she stated no.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/23/2014	Contact Method:	Phone Call
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/23/2014
Completed date:	07/23/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/23/2014 03:41 PM Entered By: [REDACTED]

On 7/23/14 CM contacted the [REDACTED] where the ACV attended prior to his death. CM did leave a message for the child's teacher to call her back. CM was later contacted by [REDACTED] the Head Master of the school, regarding the child. CM did inform her of the purpose of the call and she stated the child's teacher, [REDACTED] never informed her that the child would pass out due to holding his breath while crying. She stated if this was to happen an incident reported would have been filed. She stated the child would have crying spills at school, but not to the point where he would pass out and turn blue.



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: 06/13/2014 Contact Method:
 Contact Time: 11:40 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/13/2014
 Completed date: 06/13/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/13/2014 11:41 AM Entered By: [REDACTED]

CPS Investigation complete as unsubstantiated for neglect death as ACV died of natural causes-viral infection



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: 06/12/2014

Contact Method: Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/12/2014

Completed date: 06/12/2014

Completed By: [REDACTED]

Purpose(s): Well Being

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/12/2014 03:59 PM Entered By: [REDACTED]

On 6/12/14 The case was staffed at CPIT and the agreed classification is 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: 06/10/2014

Contact Method:

Contact Time: 04:04 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/10/2014

Completed date: 06/10/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/10/2014 04:06 PM Entered By: [REDACTED]

On 6/10/14 CM received the autopsy report for the ACV and the cause of death was complications of Adenovirus Infection and the manner of death is natural. The case will be staffed at CPIT on 6/12/14.



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:	06/05/2014	Contact Method:	
Contact Time:	03:53 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/05/2014
Completed date:	06/05/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/05/2014 03:58 PM Entered By: [REDACTED]

DCS Policy defines Child death/near death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report; any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child; any child death that is the result of the caretaker's failure to meet childcare responsibilities. Near death is a serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by any medical personnel or first emergency responder with the report of abuse supported by examination or medical information.

Purpose of content:
Case closure summary

Content:

CPSI [REDACTED] received this case on 3/22/14 with allegations of Neglect Death on minor child [REDACTED] [REDACTED] against Unknown alleged perpetrator.

This case is closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated as there is no evidence at this time to support the allegations of Neglect Death against Unknown. CM did interview the parents [REDACTED] and [REDACTED] and reported the child was healthy and well. CM spoke with collaterals for the family and there were no concerns for the child's wellbeing and he was well taken care of. On 4/3/14 CM met with the Medical Examiner Dr. [REDACTED] and the preliminary results from the autopsy showed no traumatic injury, edema on the brain and lungs, and his viral test was positive for Adenovirus. There were no signs of abuse or neglect on the child. The complete autopsy report has been requested and CPIT is pending at this time.

Plan
Case will be submitted for closure



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/05/2014

Contact Method:

Contact Time: 11:54 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/05/2014

Completed date: 06/05/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/05/2014 11:55 AM Entered By: [REDACTED]

This CPSI completed the Closing Safety Assessment and the child is Safe. Copy attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/20/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/21/2014

Completed date: 05/21/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/21/2014 09:45 AM Entered By: [REDACTED]

On 5/20/14 CM emailed [REDACTED] regarding the request for the autopsy and [REDACTED] with [REDACTED] was also notified to put the case on the next CPIT docket.



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: 04/03/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/03/2014

Completed date: 04/03/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Medical Exam

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/03/2014 03:18 PM Entered By: [REDACTED]

On 4/3/14 CM met with the Medical Examiner Dr. [REDACTED] regarding the autopsy for the deceased child [REDACTED] Youth Service Dt. [REDACTED] and Dt. [REDACTED] and their supervisor was also present. There were no traumatic injuries to the child. The child did have edema in the brain and lungs area. The viral test was positive for Adenovirus. The virus may have caused the edema on the brain and he will not know for sure until he examines the brain. CM will request a copy of the 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: 04/01/2014

Contact Method: Correspondence

Contact Time: 03:46 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2014

Completed date: 04/02/2014

Completed By: [REDACTED]

Purpose(s): Well Being

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2014 08:31 AM Entered By: [REDACTED]

CPIT convened on 4/1/14 per local CPIT Protocol. [REDACTED] Dt. [REDACTED] is assigned to the 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:	03/27/2014	Contact Method:	Phone Call
Contact Time:	02:17 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/27/2014
Completed date:	03/28/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/27/2014 04:32 PM Entered By: [REDACTED]

On 3/27/14 CM contacted [REDACTED], the babysitter and teacher for the deceased child. [REDACTED] watched the child and his sibling on 3/21/14. CM asked if she has any concerns for the surviving child [REDACTED] and she stated no. She stated [REDACTED] and [REDACTED] are great parents and she has known the family for 2 years. She stated the parents love their children and took great care of them. She stated they were very supportive and active at the school as well. CM asked if she has any concerns for the wellbeing of [REDACTED] while in the home and she stated no. CM asked if the home appropriate and she stated yes and there are no risk factors present. CM asked how many times has she watched the children in the home and she stated about 5 to 6 times.

CM asked questions regarding the last time she was present in the home with the children which was March 21, 2014. She stated she arrived to the home around 8am and the children's mother was going to work and the father, [REDACTED] was out of town for work. CM asked if she was aware that [REDACTED] had been running a fever and she stated yes. She stated that [REDACTED] had been teething lately and was a little fussy. She stated when she watches the children at their home; [REDACTED] takes good naps and usually eats well. CM asked if she noticed anything out of normal with the child and she stated no. CM asked [REDACTED] to give a detailed time line of the events that occurred on 3/21/14 while she supervising the children in their home. She stated she gave [REDACTED] a bottle at approximately 8:30am and it took him a while to take it. She stated he had spinach snacks at approximately 9:35am and then laid down for his 1st nap. She stated he slept for 30-45 minutes and had lunch at approximately 11:40am, which he had pieces of a cheese quesadillas, but he did not like it and threw it on the floor, and blueberries. She stated he loves blueberries, but he did not eat a lot. She stated [REDACTED] left a thermometer for her and she checked his temperature before laying him down for his 2nd nap around 1pm. She stated he did not have a fever and his temperature was 99 degrees. She stated he usually sleeps well in his bed, but he kept making a whining, like a slight whimper cry. She stated she did not go check on him the first time because he had got quiet, but after the third time of hearing him, she went to check on him. CM asked if his sister [REDACTED] was napping as well and she stated yes, but he had woke her up due to their rooms being across the hall from each other and she also had to use the restroom. She stated when she went to get him, she hugged and kissed on him and she noticed that he felt warm. She stated everyone then went downstairs and she tried to give him a bottle and he continued to cry. She stated she checked on his temperature three times and each reading was over 100 degrees. She stated she then texted [REDACTED] and told her around 2:10pm. She stated [REDACTED] was checking on the children throughout the day as well. She stated she informed [REDACTED] that she gave the child some Tylenol as directed on the box for his age. CM asked when he was crying did he ever hold his breath and turn blue or pass out and she stated no. She stated she has seen him cry and hold his breath while at school, but he never passed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

out. She stated she knew he was hungry due to not eating all his lunch because he is normally a good eater. She stated she gave him some yogurt and he did eat that. She stated she gave him a bottle and he would take it and then start crying. She stated she then picked him up and started rocking him. She stated she then went outside and they went for a walk. She stated he appeared to enjoy being outside as well. She said when they returned home from their walk; [REDACTED] was pulling up to the home. She stated she is still in shock and she loved caring 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:

Contact Time: 02:51 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/24/2014

Completed date: 03/24/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/24/2014 02:52 PM Entered By: [REDACTED]

This CPSI completed the Initial Safety Assessment and the child is Conditionally Safe. Copy attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/24/2014

Contact Method:

Contact Time: 02:44 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/24/2014

Completed date: 03/24/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/24/2014 02:46 PM Entered By: [REDACTED]

"Daily notice of referral, pursuant to 37-105, sent to Juvenile Court, Law Enforcement as applicable per local protocol."

The family has no history of Native American heritage in their family and all documentation was signed on 3/24/14

The parent/custodian signed the Release of Protected Health Information form on this date on 3/24/14

The parent/custodian signed and received a copy of the Clients Right Handbook on 3/24/14

On 3/24/14 the referent notification letter was sent out.

TFACTS: None

Household composition:

[REDACTED]
[REDACTED]-deceased ACV



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/24/2014

Contact Method:

Contact Time: 02:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/24/2014

Completed date: 03/24/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/24/2014 02:42 PM Entered By: [REDACTED]

On 3/24/14 CM requested medical records for the ACV from [REDACTED] and [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:
 Contact Time: 12:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/24/2014
 Completed date: 03/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/24/2014 12:35 PM Entered By: [REDACTED]

Case Conference

Allegations of Neglect Death ACV [REDACTED], age 11 mos AP(s) are unknown. HH comp: ACV, 3 y/o sibling and bother parents. ACV was found deceased in his crib by the mother. The mother reported ACV had been running a low grade fever but did not seek medical treatment and no other illnesses. The parents have been cooperative thus far. The mother reported ACV went to sleep around 545-6pm and never woke and she assumed it was because he was sick. The father reported he did not check on ACV when he returned to the home about 1030 or 11 pm as he fell asleep watching TV downstairs. Investigator reports no IPA was initiated. Investigator reports she offered grief counseling to the family but offer was declined stating the parents would utilize their health insurance as they were concerned about their 3 year old. Autopsy conducted 3-23-14 and there were no findings per Det [REDACTED] per Investigator



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: 04:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 03/24/2014

Completed date: 03/24/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/24/2014 05:16 PM Entered By: [REDACTED]

On 3/22/14 CM interviewed [REDACTED] the father of the deceased child at the family home. He stated he had just returned from [REDACTED] on Friday night between 10:30pm-11pm. He stated he was downstairs and fell asleep watching basketball on the couch. CM asked when he arrived home did he check on [REDACTED] and he stated no because he did not want to wake him. He stated it is harder to see in [REDACTED] room, but his door was cracked. He did check on his daughter and opened her door. CM asked if he was awake on Saturday morning when [REDACTED] came down for breakfast and he stated he was because he was watching the Dodgers game and he was dozing off and on. He stated he heard her coming downstairs because she had her stuffed animal that makes noise. He stated he was downstairs when he heard his wife scream for him. He stated his son was deceased when the EMT's arrived.



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: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/05/2014

Completed date: 06/05/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/05/2014 04:03 PM Entered By: [REDACTED]

CM responded to the home, the child was released to the medical examiner office.



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:	04:12 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	03/24/2014
Completed date:	03/24/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/24/2014 04:31 PM Entered By: [REDACTED]

On 3/22/14 CM went to the family home of the deceased child and interviewed parents [REDACTED] and [REDACTED] Dt. [REDACTED] is assigned to the case and has completed the re-enactment and initial interviews with the parents prior to the CM arriving to the home. The interviews were conducted in the bonus room upstairs away from family and friends who were at the home visiting with the family. CM did explain her involvement and the investigation process. CM asked if the child had any pre-existing illnesses or health concerns and [REDACTED] stated no. The PCP for the child is Dr. [REDACTED] at [REDACTED]. She stated he did have a fever for the past 2 days. She mentioned on Sunday, 3/16/14, [REDACTED] was crying a lot and he was holding his breath and passed out. She stated he was non responsive for about 5-7 seconds and his face did turn blue. She stated this was the first time he had passed out, but the daycare has seen one of his crying spells. The child attend the [REDACTED]. CM asked what caused him to be upset and she stated he was fussy and mad that she put him down. She stated she did call Dr [REDACTED] and reported what happened and she stated that his actions were normal if he was crying and upset. The child was not walking, but was more cruising and holding and pulling up on things. She stated on late Thursday 3/20/14 around 4pm, he had a fever and she gave him some Tylenol around 6pm and midnight. CM asked if she used a thermometer and she stated no. On Friday 3/21/14, she stated [REDACTED] had a low grade fever and was not warm to touch and had a good attitude. His babysitter [REDACTED] was at the home with him during the day. [REDACTED] is also one of [REDACTED] teachers at the [REDACTED] and she has watched their daughter [REDACTED] on several occasions. She stated [REDACTED] called her and stated the child was getting warm again. At 1:30pm his temperature was 99 degrees and around 2pm it was 100 degrees. She stated the [REDACTED] reported he ate fairly well and had blueberries, yogurt and baby spinach. She stated [REDACTED] is usually good eater. She stated she came home around 3:30pm and he was warm. CM asked how was he acting when she got home and she stated he was a little fussy and she figured it was due to his fever. She stated he normally has a bottle at 4pm and she laid him down for a nap and he slept from 4pm-5:30pm. She stated she got him up at 5:30pm and tried to give him dinner and he ate half of his applesauce and a few bites of his peanut butter and jelly sandwich. She stated she gave him a bath and some Tylenol at 5:30pm. She stated she usually nurses him at night, but he was not interested and she put him down around 5:55pm. CM asked if he normally sleeps through the night and she stated yes. His normal bedtime is around 6:30pm and he usually wakes up between 3:30am-4 to nurse and then he goes back to sleep. She stated he did not wake up this morning to nurse. On 3/22/14 her daughter woke up earlier than normal around 6:45am and she sent her downstairs with her dad for breakfast. She stated she checked on him around 7:30am and noticed the discoloring in his face and that it was blue. CM asked if she laid him on his stomach or back the night before and she stated he likes to sleep on his stomach, but



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

he is old enough to move around on his own. She stated when she went to get him, his mouth was open and there was something wet on his lips and there was spot on the bed. She said when she went to pick him up, his body was rigid and she yelled for [REDACTED]. She stated she attempted to do CPR and his body was cold. The EMT's were dispatched to the home and he was pronounced dead at the home. CM did offer counseling services and she stated she is more concerned for her daughter due to her being home at the time and seeing his body and the color of his face. She stated her daughter does not understand and is with her aunt and other cousins. CM did get all release forms signed for the investigation.

Narrative Type: Addendum 1 Entry Date/Time: 03/24/2014 05:23 PM Entered By: [REDACTED]

[REDACTED] stated while [REDACTED] was with the sitter [REDACTED] he had his first bottle between 8:30am-9 and another bottle between 12:30pm-1pm. She stated he drinks a mix of formula and breast milk. She stated she attempted to give him a bottle at 4pm but he was not interested.



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:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/24/2014

Completed date: 03/24/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/24/2014 02:43 PM Entered By: [REDACTED]

The Department of Children's Services received the referral on 3/22/14 and this CPSI received the referral on 3/22/14 as a response priority P1 regarding Neglect Death.



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 8:35 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: _____