



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

Case # 2014.047

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	03/23/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	03/23/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	Unknown		
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:

Birth mother ██████████ reported that she breastfed her baby ██████████, burped her and laid her down on her back in her baby bassinet. ██████████ reported that she keeps the light on in the room during the night. ██████████ reported that she and infant ██████████ went to bed on Saturday March 23, 2014 around 7pm. ██████████ reported that the infant usually wakes up around 3am for a feeding. ██████████ reported that she woke up at 1am to check on the infant. ██████████ reported that she touched her arm to see if she moved and she didn't. ██████████ reported that she picked up the infant and realized that she didn't look normal. ██████████ reported that she saw blood and foam coming out of the infant's nose. ██████████ reported that she freaked out and went and got her grandfather ██████████. ██████████ reported that her grandfather called 911, they conducted CPR and the ambulance arrived, transported the infant to ██████████ Hospital. ██████████ reported that infant ██████████ was pronounced dead at ██████████ Hospital.

██████████ reported that the infant was healthy, no previous sickness, other than having gas from breastfeeding. ██████████ reported that ██████████ was up to date on immunizations, reporting that infant had just recently received 2 month immunization at her Primary Care Physician office, Dr. ██████████ about 2 weeks ago. ██████████ reported that the infant had a scheduled appointment for April 21, 2014 at her Primary Care Physician. ██████████ reported that infant was active, her sleeping habits were normal. ██████████ reported that the infant nursed on the breast for about an hour each time and she nursed about every 3 hours. ██████████ reported no problems regarding the infant's feeding schedule.

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:

CPSI interviewed maternal grandparents ██████████ and ██████████. Mr. ██████████ reported that birth mother ██████████ interacted well with the infant child. Mr. and Mrs. ██████████ both reported that they believe that ██████████ laid the infant in the wrong position. Both Mr. and Mrs. ██████████ reported that the infant was put to sleep on its back. Mr. ██████████ reported that when he was awakened by ██████████ regarding the baby, it was around 5am in the morning. Mr. ██████████ reported that he believes ██████████ may be confused about the time. Mr. ██████████ reported that he entered the bedroom, infant was on her back, he picked the baby up and when he turned her over a solution of blood and white stuff was coming from the infants' nose. Mr. ██████████ reported that the infant's body was still warm to the touch. Mr. and Mrs. ██████████ both reported that there were no outside visitors except an 11 year old relative that did not hold the baby; she only interacted verbally with the infant. Mr. ██████████ maternal grandfather reported no concerns regarding ██████████ care of the infant ██████████. Mrs. ██████████ maternal grandmother reported no concerns regarding ██████████ care of the infant ██████████.

CPSI interviewed maternal aunt of ██████████, Ms. ██████████. Ms. ██████████ reported no concerns or issues regarding ██████████ care of infant ██████████. Ms. ██████████ reported having two children residing in the home located on ██████████. CPSI observed ██████████, age 3 to be healthy, curious, and friendly. ██████████ was observed to be free of any marks, injuries or bruises. CPSI observed ██████████ at ██████████ Middle school to be a healthy male child. ██████████ was observed to be free of any marks, injuries or bruises.

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	Case # 2014-047 3/22/2014
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If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

Describe disposition of body (Death):	Infant body is currently at the Medical Examiners Office				
Name of Medical Examiner/Coroner:	██████████, M.D.	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:
 According to the DCS referral a scene investigation was conducted by the ██████████ Police Department, however when Child Protective Service Investigator consulted with ██████████ PD it was advised that it would be turned over to the homicide bureau.

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):
 Ms. ██████████ has no other children.

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
/ /					see attached
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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Email to: ██████████

Intake #:		Investigation #:		Date of Referral:	Case # 2014-047
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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: 03/23/2014 10:30 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 03/23/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 03/24/2014 11:57 AM
 First Team Leader Assigned: [REDACTED] Date/Time 03/24/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 03/24/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED] Regional Forensic Center [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: Facsimile
 Notification: None

Narrative: *****Child is not in custody *****

TFACTS: Yes; History located on other children living in the home and the birth mother

Family Case IDs:#[REDACTED]

Open Court Custody/FSS/FCIP Yes/5-2-11 ([REDACTED] # [REDACTED])
 Closed Court Custody Yes/7-31-05 & 1-18-06/[REDACTED]
 Open CPS No

Substantiated 6-23-04/[REDACTED]/SSA [REDACTED]



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

9-15-03/# [redacted] /SEE [redacted]
11-9-00/# [redacted] /LOS [redacted]
10-31-00/# [redacted] # [redacted] # [redacted] # [redacted] # [redacted] # [redacted] # [redacted]
LOS [redacted]

Death No
Screened out 6

History (not listed above): 10-18-13/# [redacted] /ENN/No services needed
4-11-13/# [redacted] #LOS/Services Recommended & Accepted
3-10-11/# [redacted] /LOS-Service Required/ENN-No services needed
11-9-10/# [redacted] /PHA/Administrative Closure
3-9-11/# [redacted] /PHA/ENN/Administrative Closure
1-12-11/# [redacted] /DEC/PHA/Unsubstantiated
11-20-09/# [redacted] /SEE/PHA/PYA/Unsubstantiated
12-15-09/# [redacted] /PHA/Unsubstantiated
1-12-09/# [redacted] /SEE/Unsubstantiated
1-11-08/# [redacted] /PHA/SSA/MDM/Unsubstantiated
7-11-07/# [redacted] /SRP/Unsubstantiated
9-21-06/# [redacted] /LOS/SSA/Administrative Closure
9-27-05/# [redacted] /SSA/LOS/Unsubstantiated
11-30-04/# [redacted] /PYA/SEE/ Unsubstantiated
10-20-04/# [redacted] /SRP/SSA/ Unsubstantiated
6-23-04/# [redacted] /SEE/Unsubstantiated
9-15-03/# [redacted] /SEE/SSA/Unable To Complete
9-15-03/# [redacted] /LOS/SSA/Unsubstantiated
6-26-02/# [redacted] /Minor PHA/Unable to Complete

County: [redacted]
Notification: None
School/ Daycare: Unknown
Native American Descent: Unknown
Directions: None given

Reporters name/relationship: [redacted]
[redacted]

Reporter states: This will serve as notification that the [redacted] Medical Examiner is investigating the death of Baby [redacted] (DOB: [redacted]). This 3 month old infant was found unresponsive in her crib at 0500 hrs on the morning of 3/23/14. Paramedics with [redacted] Fire Department Ambulance # [redacted] transported the infant from the residence of [redacted] to [redacted] Childrens Hospital, where death was pronounced at 0553 hours. A scene investigation was conducted by this office and the [redacted] Police Department, and the decedents remains were transported to this office for autopsy. The cause and manner of death are pending at this time. The mothers name is [redacted] (DOB: [redacted], SSN# [redacted] and the father is unknown at this time. The mothers contact phone number is [redacted] Reportedly there are four additional children who also live in this house. Our case # is [redacted]

Per SDM: P1/Investigation. [redacted] CM 3 @ 11:09pm on 3-23-14

Recipients	Time Issued	Response Received	Devices	Responses
[redacted]	03-23-14 11:12:42 PM CDT	---	+ [redacted]	Fax Machine



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

03-23-14 11:12:42 PM CDT
03-23-14 11:12:42 PM CDT

03-23-14 11:13:17 PM CDT

+ [REDACTED]

Received

Email Sent

[REDACTED] was notified @ 11:30pm 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: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 16 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: Unable to Age: 7 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: 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: 03/23/2014

Assignment Date: 03/26/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/20/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Investigation completed, case submitted for closure.

Case Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated

D. Case Workers

Case Worker: [REDACTED]

Date: 06/20/2014

Team Leader: [REDACTED]

Date: 06/20/2014

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:

Infant [REDACTED] was deceased upon receipt of referral to the Department. CPSI observed the home environment to be clean, free of debris or clutter. The home had evidence of working utilities, water and food. CPSI observed parent to have ample supplies for infant which included a bassinett.

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

According to the report the Autopsy had no findings to explain death. Toxicology, microbiology, and chemistry results as well as microscopic examination had no significant findings. Based on all the information known at the time of this report, the cause and manner of death could not be determined.

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

The alleged perpetrator was listed as unknown.



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

There are no witnesses to give descriptions of what they saw and what they believe indicates child abuse.

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

There is no other evidence or factors that support the investigative findings for the allegations of abuse. Case classified as Allegations Unsubstantiated / Perpetrator Unsubstantiated.

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:	07/23/2014	Contact Method:	Phone Call
Contact Time:	10:45 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/23/2014
Completed date:	07/23/2014	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: 07/23/2014 06:08 PM Entered By: [REDACTED]

CPSI [REDACTED] made contact with maternal grandmother of [REDACTED] to obtain a collateral for the family. Ms. [REDACTED] provided Ms. [REDACTED], a family friend to contact.

Ms. [REDACTED] reported that she is a long time friend of the family. Ms. [REDACTED] reported that when [REDACTED] had her little girl, she appeared to be a good mother. Ms. [REDACTED] reported that she had never seen [REDACTED] mistreat or harm the child. Ms. [REDACTED] reported that she was a young mother, but she felt like she loved her baby. Ms. [REDACTED] reported that the grandparents were strong in their faith in God. Ms. [REDACTED] reported that they take good care of the [REDACTED] and tries to help all the members of their family. Ms. [REDACTED] reported no current concerns regarding the care of [REDACTED]. Ms. [REDACTED] reported that she was sad to learn about the baby's death. Ms. [REDACTED] reported that she would continue to be a friend and support for the family.



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:	07/18/2014	Contact Method:	
Contact Time:	11:07 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/18/2014
Completed date:	07/18/2014	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: 07/18/2014 11:16 AM Entered By: [REDACTED]

The case has been investigated by the CPSI who found no safety concerns during her investigation. The client was current on her shots and had an upcoming medical appointment before her death for a routine checkup. The birth mother does not have any other children and the children who are living in the home have been observed and there were no concerns noted. The CPSI has spoken to collaterals and services were offered. The autopsy lists the cause of death as undetermined. The case was returned to CPIT and was signed for a classification of AUPU on 6-19-14 by the AG. The family has been seen within the last ten days and this case is being forwarded to Regional Investigative Director [REDACTED] for approval of case closure. Once approval is granted a copy of the [REDACTED] will be forwarded to the Judge and the AG.



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: 07/10/2014

Contact Method: Face To Face

Contact Time: 06:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/10/2014

Completed date: 07/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview, ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/10/2014 05:18 PM Entered By: [REDACTED]

CPSI conducted face to face with birth mother [REDACTED]. [REDACTED] was observed to be healthy, free of any marks, injuries or bruises. [REDACTED] reported that she was doing okay. [REDACTED] reported that she didn't believe she could have anymore children, she stated that [REDACTED] was her last chance. CPSI discussed with child that she was young and had plenty of time to start a family, to focus on her own life and being a child. [REDACTED] laughed and reported that she understood. [REDACTED] reported that she was writing her poetry during the summer and enjoying her time out of school. [REDACTED] reported no new concerns or issues. CPSI observed [REDACTED] to be smiling and very friendly. CPSI also reported to [REDACTED] that the autopsy report was received and the case had been classified as AUPU. [REDACTED] inquired about receiving a copy of the autopsy report and CPSI informed her that she could get a copy from the medical examiners office. CPSI observed no safety hazards during visit.

CPSI observed [REDACTED] and [REDACTED] to be free of any marks, injuries or bruises. Children appeared to be healthy, growing meeting their developmental milestones. The children reported no new concerns or issues.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	06/20/2014	Contact Method:	Face To Face
Contact Time:	06:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/20/2014
Completed date:	06/20/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/20/2014 10:33 AM Entered By: [REDACTED]

CPSI conducted face to face with birth mother [REDACTED]. [REDACTED] was observed to be healthy, free of any marks, injuries or bruises. [REDACTED] reported that she was doing okay. CPSI observed [REDACTED] to be smiling and very friendly. CPSI observed no safety hazards during visit.

CPSI observed [REDACTED] and [REDACTED] [REDACTED] to be free of any marks, injuries or bruises. Children appeared to be healthy, growing meeting their developmental milestones.

No safety hazards observed during visit. The home had evidence of working utilities, water and food.

Narrative Type: Created In Error Entry Date/Time: 06/20/2014 10:34 AM Entered By: [REDACTED]

entered wrong contact date. entering the correct date



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/20/2014	Contact Method:	
Contact Time:	10:35 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/20/2014
Completed date:	06/20/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/20/2014 10:29 AM Entered By: [REDACTED]

Final Case Summary:

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities.

On 3/23/2014 the Department received a P1 referral listing allegations of Neglect Death. The referral listed the alleged victim as [REDACTED] age 3 months. The alleged perpetrator was listed as an unknown participant. The referral reported that the infant was found unresponsive in her crib at 0500 hours on the morning of 3/23/14.

CPSI [REDACTED] completed all investigative tasks. All involved individuals were interviewed, as well as collaterals. This case was presented to the CPIT team on 3/25/14 and it was stamped for DCS to handle and return. Medical records received regarding parents prenatal care from [REDACTED] Center. Results were received from the [REDACTED] Medical Center: According to the report the Autopsy had no findings to explain death. Toxicology, microbiology, and chemistry results as well as microscopic examination had no significant findings. Based on all the information known at the time of this report, the cause and manner of death could not be determined. The initial SDM deemed the child to be unsafe; child was deceased upon receipt of the referral. This case represented to the CPIT team on 6/19/2014 and the case was classified as Allegations Unsubstantiated / Perpetrator Unsubstantiated. This case is being submitted for review to LI [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: 06/20/2014

Contact Method:

Contact Time: 10:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/20/2014

Completed date: 06/20/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 06/20/2014 10:26 AM

Entered By: [REDACTED]

Notation:

740 Completed



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:	06/19/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/20/2014
Completed date:	06/20/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/20/2014 10:28 AM Entered By: [REDACTED]

Notation:

Medical Records ([REDACTED]) received from [REDACTED], Primary Care Network, records placed in 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: 06/13/2014

Contact Method: Face To Face

Contact Time: 06:15 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/20/2014

Completed date: 06/20/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/20/2014 10:35 AM Entered By: [REDACTED]

CPSI conducted face to face with birth mother [REDACTED]. [REDACTED] was observed to be healthy, free of any marks, injuries or bruises. [REDACTED] reported that she was doing okay. CPSI observed [REDACTED] to be smiling and very friendly. CPSI observed no safety hazards during visit.

CPSI observed [REDACTED] and [REDACTED] to be free of any marks, injuries or bruises. Children appeared to be healthy, growing meeting their developmental milestones.

No safety hazards observed during visit. The home had evidence of working utilities, water and food.



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: 06/04/2014

Contact Method:

Contact Time: 02:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/04/2014

Completed date: 06/04/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/04/2014 02:53 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted the [REDACTED] Forensic Center regarding autopsy report for [REDACTED]. CPSI [REDACTED] spoke with [REDACTED] who reported that the autopsy report was still pending at this time, it was not completed at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2014

Contact Method: Face To Face

Contact Time: 12:15 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/04/2014

Completed date: 06/04/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/04/2014 02:42 PM Entered By: [REDACTED]

CPSI conducted face to face with birth mother [REDACTED]. [REDACTED] was observed to be healthy, free of any marks, injuries or bruises. [REDACTED] reported that she was doing okay. CPSI observed [REDACTED] to be smiling and very friendly. CPSI observed no safety hazards during visit.

CPSI observed [REDACTED] and [REDACTED] [REDACTED] to be free of any marks, injuries or bruises. Children appeared to be healthy, growing meeting their developmental milestones.

No safety hazards observed during visit, children were watching a [REDACTED] play on the television.



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: 01:25 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/20/2014
 Completed date: 05/20/2014 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: 05/20/2014 01:30 PM Entered By: [REDACTED]

The case has been reviewed with the CPSI who is to contact two more non-relative collateral contacts and document their statements. The CPSI will need to make another home visit in order to check on the mother and other children living in the home. The CPSI is to also document that she has forwarded her request for the Autopsy to [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:	05/16/2014	Contact Method:	
Contact Time:	10:19 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/04/2014
Completed date:	06/04/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/04/2014 02:22 PM Entered By: [REDACTED]

CPSI sent email to [REDACTED]: attached the request from the Department for the Autopsy results, and the verification of Death sent by the Medical Examiners Office.



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:	05/14/2014	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/04/2014
Completed date:	06/04/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/04/2014 02:49 PM Entered By: [REDACTED]
 CPSI requested medical records for [REDACTED] from the [REDACTED] (Dr [REDACTED])



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/28/2014	Contact Method:	
Contact Time:	09:39 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/28/2014
Completed date:	04/28/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/28/2014 10:21 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted the medical examiner's office to inquire if the autopsy report had been finalized regarding infant [REDACTED]. CPSI was informed by staff Ms. [REDACTED] that the autopsy report was not ready at this time, that it takes up to 8 - 12 weeks for it to be completed.



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: 03/26/2014 Contact Method:
 Contact Time: 03:40 PM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/26/2014
 Completed date: 03/26/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2014 03:41 PM Entered By: [REDACTED]

T-Facts History

This CPSI conducted a extensive history search of this family.

Closed files were pulled from DCS records room (3/24/2014) and it was reported by [REDACTED] that the older case files had been sent to [REDACTED] Main Office.

10-31-00/ Investigation # [REDACTED]
 LOS/ (Victim) [REDACTED]
 (Perp) [REDACTED]3-10-11/ Assessment # [REDACTED] /LOS-Service Required/ENN- (Victims) [REDACTED], (Perp) [REDACTED]
 [REDACTED] / No services needed

11-9-10/ Assessment # [REDACTED] /PHA/ (Victim) [REDACTED], (Perp) [REDACTED] / Administrative Closure

3-9-11/ Assessment # [REDACTED] /PHA/ENN/ (Victims) [REDACTED] (Perp) Unknown, [REDACTED] /
 Administrative Closure1-12-11/ Investigation # [REDACTED] /DEC/PHA/ (Victims) [REDACTED] (Perp) [REDACTED]
 [REDACTED] / Unsubstantiated11-20-09/ Investigation # [REDACTED] /SEE/PHA/PYA/ (Victim) [REDACTED], [REDACTED] (Perp)
 [REDACTED], Unknown Person, [REDACTED] / Unsubstantiated

12-15-09/ Investigation # [REDACTED] /PHA/ (Victim) [REDACTED], (Perp) [REDACTED] / Unsubstantiated

1-11-08/ Investigation # [REDACTED] /PHA/SSA/MDM/ (Victim) [REDACTED] (Perp) Unknown, [REDACTED]
 [REDACTED] / Unsubstantiated

7-11-07/ Investigation # [REDACTED] /SRP/ (Victims) [REDACTED], (Perp) [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

duplicate [REDACTED] / Unsubstantiated

9-21-06/ Investigation # [REDACTED] /LOS/SSA/ (Victim) [REDACTED], (Perp) [REDACTED]. / Administrative Closure

9-27-05/ Investigation # [REDACTED] /SSA/LOS/ (Victim) [REDACTED], (Perp) [REDACTED] / Unsubstantiated

10-20-04/ Investigation # [REDACTED] /SRP/SSA/ (Victim) [REDACTED], (Perps) [REDACTED] Unknown Person / Unsubstantiated

6-23-04 Investigation # [REDACTED] /SEE/ (Victim) [REDACTED] (Perp) [REDACTED] Unsubstantiated

9-15-03 Investigation # [REDACTED] /SEE/SSA/ (Victims) [REDACTED] (Perp) [REDACTED]) Unable To Complete

9-15-03/ Investigation # [REDACTED] /LOS/SSA/ (Victim) [REDACTED] (Perp) [REDACTED] / Unsubstantiated

6-26-02 Investigation # [REDACTED] /Minor PHA/ [REDACTED]; (Perp) [REDACTED] / Unable to Complete

05/10/2012 Assessment # [REDACTED] / LOS/PYA (Victim) [REDACTED] (Perp) [REDACTED] / SRCA

11/05/2008 Investigation # [REDACTED] / SAE (Victim) [REDACTED] (Perp) [REDACTED] . / Unsubstantiated

10/17/2013 Assessment # [REDACTED] / ENN/ (Victim) [REDACTED] (Perp) [REDACTED] / No Services Needed

01/18/2013 Assessment # [REDACTED] LOS (Victim) [REDACTED], (Perp) [REDACTED] / SRCA [REDACTED]

12/15/2003 Investigation # [REDACTED] / SRSA/SAE/ LOS (Victim) [REDACTED] (Perp) [REDACTED] / UABC, Unsubstantiated/ Substantiated (SRSA)

5/13/2003 Investigation # [REDACTED] LOS/SRSA/SAE (Victim) [REDACTED] (Perp) Unknown Person, [REDACTED] Unsubstantiated/ Substantiated (SAE)

11/08/2000 Investigation # [REDACTED] / LOS / (Victims) [REDACTED], (Perp) [REDACTED] / Substantiated

11/01/04/ Investigation # [REDACTED] /PYA/SEE/ (Victim) [REDACTED], (Perp) Unknown Person [REDACTED] / 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: 03/26/2014

Contact Method: Attempted Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/26/2014

Completed date: 03/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] Unknown Participant, Unknown [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/26/2014 03:33 PM Entered By: [REDACTED]

Perp statement:

Perpetrator was listed as unknown on the referral.



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: 03/26/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/26/2014

Completed date: 03/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2014 03:33 PM Entered By: [REDACTED]

SDM

The Initial structure decision making (SDM) was completed on 3/24/14; child was deceased when the Department received referral.



**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:	03/26/2014	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/26/2014
Completed date:	04/01/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/26/2014 03:30 PM Entered By: [REDACTED]

Family Composition:

[REDACTED], maternal great grandmother [REDACTED]
 [REDACTED], maternal great grandfather, [REDACTED]
 [REDACTED], (minor child) birth mother, [REDACTED]
 [REDACTED], female ACV, [REDACTED]
 [REDACTED], maternal great aunt, [REDACTED]
 [REDACTED], female cousin, [REDACTED]
 [REDACTED], male cousin [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: 03/26/2014

Contact Method:

Contact Time: 02:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/26/2014

Completed date: 03/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2014 03:55 PM Entered By: [REDACTED]

CPSI [REDACTED] completed the Notice of Child Death form, it was reviewed and approved by [REDACTED], and LI [REDACTED]. Form was emailed to the Child Fatality email address listed on the form.



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:	03/26/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/26/2014
Completed date:	03/26/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/26/2014 03:49 PM Entered By: [REDACTED]

CPSI [REDACTED] returned call to maternal great grandfather regarding contacting the medical examiner regarding obtaining the infants body to prepare for funeral services. CPSI informed grandparent that they would need to select a funeral home and inform the Medical Examiner's office of their choice.



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:	03/25/2014	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/26/2014
Completed date:	03/26/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/26/2014 03:51 PM Entered By: [REDACTED]

CPSI [REDACTED] requested and received the Verification of Death form from the Medical Examiner's office. Form placed iin 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: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/26/2014

Completed date: 03/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2014 03:39 PM Entered By: [REDACTED]

CPSI [REDACTED] interviewed maternal aunt of [REDACTED], Ms. [REDACTED]. Ms. [REDACTED] reported no concerns or issues regarding care of infant [REDACTED]. Ms. [REDACTED] reported having two children residing in the home located on [REDACTED]. CPSI [REDACTED] observed [REDACTED], age 3 to be healthy, curious, and friendly. [REDACTED] was observed to be free of any marks, injuries or bruises. CPSI [REDACTED] observed [REDACTED] at [REDACTED] Middle school to be a healthy male child. [REDACTED] was observed to be free of any marks, injuries or bruises.



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: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/26/2014

Completed date: 03/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/26/2014 02:33 PM Entered By: [REDACTED]

Alleged Victim Statement:

The African American female infant was deceased when the Department received the referral. The deceased infant was already taken from the hospital and transported to the Medical Examiners office for an official autopsy.



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:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/26/2014
Completed date:	03/26/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/26/2014 03:31 PM Entered By: [REDACTED]

Background Checks:

The following Internet Records Clearance inquiries were completed on the date(s) 03/24/14 indicated on: [REDACTED]

Justice System Inquiry (JSSI): no results found

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: previous DCS involvement

The following Internet Records Clearance inquiries were completed on the date(s) 3/24/14 indicated on: [REDACTED]

Justice System Inquiry (JSSI): no results found

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: previous DCS involvement

The following Internet Records Clearance inquiries were completed on the date(s) 3/24/14 indicated on: [REDACTED]

Justice System Inquiry (JSSI): no results found

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: previous DCS involvement



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:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	03/26/2014
Completed date:	03/26/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/26/2014 03:36 PM Entered By: [REDACTED]

Birth mother [REDACTED] reported that she breastfed her baby [REDACTED], burped her and laid her down on her back in her baby bassinet. [REDACTED] reported that she keeps the light on in the room during the night. [REDACTED] reported that she and infant [REDACTED] went to bed on Saturday March 23, 2014 around 7pm. [REDACTED] reported that the infant usually wakes up around 3am for a feeding. [REDACTED] reported that she woke up at 1am to check on the infant. [REDACTED] reported that she touched her arm to see if she moved and she didnt. [REDACTED] reported that she picked up the infant and realized that she didnt look normal. [REDACTED] reported that she saw blood and foam coming out of the infants nose. [REDACTED] reported that she freaked out and went and got her grandfather [REDACTED]. [REDACTED] reported that her grandfather called 911, they conducted CPR and the ambulance arrived, transported the infant to [REDACTED] Hospital. [REDACTED] reported that infant [REDACTED] was pronounced dead at [REDACTED] Hospital.

[REDACTED] reported that infant [REDACTED] was born full term; weighing 7lbs 15oz. [REDACTED] reported that infant had jaundice at birth and spent time under the blue lights at the Med Plex for the jaundice. [REDACTED] reported that the infant was healthy, no previous sickness, other than having gas from breastfeeding. [REDACTED] reported that [REDACTED] was up to date on immunizations, reporting that infant had just recently received 2 month immunization at her Primary Care Physician office, Dr. [REDACTED] about 2 weeks ago. [REDACTED] reported that the infant had a scheduled appointment for April 21, 2014 at her Primary Care Physician. [REDACTED] reported that infant was active, her sleeping habits were normal. [REDACTED] reported that the infant nursed on the breast for about an hour each time and she nursed about every 3 hours. [REDACTED] reported no problems regarding the infants feeding schedule.



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:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	03/26/2014
Completed date:	03/26/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/26/2014 03:37 PM Entered By: [REDACTED]

Grandparent statement:

CPSI interviewed maternal grandparents [REDACTED] and [REDACTED]. Mr. [REDACTED] reported that birth mother [REDACTED] interacted well with the infant child. Mr. and Mrs. [REDACTED] both reported that they believe that [REDACTED] laid the infant in the wrong position. Both Mr. and Mrs. [REDACTED] reported that the infant was put to sleep on its back. Mr. [REDACTED] reported that when he was awakened by [REDACTED] regarding the baby, it was around 5am in the morning. Mr. [REDACTED] reported that he believes [REDACTED] may be confused about the time. Mr. [REDACTED] reported that he entered the bedroom, infant was on her back, he picked the baby up and when he turned her over a solution of blood and white stuff was coming from the infants nose. Mr. [REDACTED] reported that the infant's body was still warm to the touch. Mr. and Mrs. [REDACTED] both reported that there were no outside visitors except an 11 year old relative that did not hold the baby; she only interacted verbally with the infant. Mr. [REDACTED] maternal grandfather reported no concerns regarding [REDACTED] care of the infant [REDACTED]. Mrs. [REDACTED] maternal grandmother reported no concerns regarding [REDACTED] care of the infant [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:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/26/2014
Completed date:	03/26/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/26/2014 02:31 PM Entered By: [REDACTED]

CPIT

This case went before the Child Protective Investigating Team on 03/23/14, it was stamped for DCS to Handle and Return.



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: Attempted Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/20/2014

Completed date: 06/20/2014

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: 06/20/2014 10:37 AM Entered By: [REDACTED]

CPSI [REDACTED] attempted to make contact with the referent but was unsuccessful. The referral was sent in through facsimile.



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:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/18/2014
Completed date:	07/18/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/18/2014 10:47 AM Entered By: [REDACTED]

The Judge and the AG's office were made aware of this report being received by the Department.



**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:	Created In Error
Contact Date:	03/23/2014	Contact Method:	
Contact Time:	10:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/26/2014
Completed date:	03/26/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/26/2014 02:30 PM Entered By: [REDACTED]

Initial Case Summary

*****Child is not in custody *****

TFACTS: Yes; History located on other children living in the home and the birth mother

Family Case IDs:#[REDACTED]

Open Court Custody/FSS/FCIP Yes/5-2-11 ([REDACTED])#[REDACTED]

Closed Court Custody Yes/7-31-05 & 1-18-06/[REDACTED]

Open CPS No

Substantiated 6-23-04/[REDACTED]/SSA/[REDACTED]

9-15-03/[REDACTED]/SEE/[REDACTED]

11-9-00/[REDACTED]/LOS/[REDACTED]

10-31-00/[REDACTED]#[REDACTED]#[REDACTED]#[REDACTED]#[REDACTED]#[REDACTED]#[REDACTED]

LOS/[REDACTED]

Death No
Screened out 6

History (not listed above): 10-18-13/[REDACTED]/ENN/No services needed

4-11-13/[REDACTED]#LOS/Services Recommended & Accepted

3-10-11/[REDACTED]/LOS-Service Required/ENN-No services needed

11-9-10/[REDACTED]/PHA/Administrative Closure

3-9-11/[REDACTED]/PHA/ENN/Administrative Closure

1-12-11/[REDACTED]/DEC/PHA/Unsubstantiated

11-20-09/[REDACTED]/SEE/PHA/PYA/Unsubstantiated



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

12-15-09/# [REDACTED] /PHA/Unsubstantiated
 1-12-09/# [REDACTED] /SEE/Unsubstantiated
 1-11-08/# [REDACTED] /PHA/SSA/MDM/Unsubstantiated
 7-11-07/# [REDACTED] /SRP/Unsubstantiated
 9-21-06/# [REDACTED] /LOS/SSA/Administrative Closure
 9-27-05/# [REDACTED] /SSA/LOS/Unsubstantiated
 11-30-04/# [REDACTED] /PYA/SEE/ Unsubstantiated
 10-20-04/# [REDACTED] /SRP/SSA/ Unsubstantiated
 6-23-04/# [REDACTED] /SEE/Unsubstantiated
 9-15-03/# [REDACTED] /SEE/SSA/Unable To Complete
 9-15-03/# [REDACTED] /LOS/SSA/Unsubstantiated
 6-26-02/# [REDACTED] /Minor PHA/Unable to Complete

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: None given

Reporters name/relationship: [REDACTED]

Reporter states: This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of Baby [REDACTED] (DOB: [REDACTED]). This 3 month old infant was found unresponsive in her crib at 0500 hrs on the morning of 3/23/14. Paramedics with [REDACTED] Fire Department Ambulance #17 transported the infant from the residence of [REDACTED] to [REDACTED] Childrens Hospital, where death was pronounced at 0553 hours. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the decedents remains were transported to this office for autopsy. The cause and manner of death are pending at this time. The mothers name is [REDACTED] (DOB: [REDACTED]) and the father is unknown at this time. The mothers contact phone number is [REDACTED] Reportedly there are four additional children who also live in this house. Our case # is [REDACTED]

Per SDM: P1/Investigation. [REDACTED] CM 3 @ 11:09pm on 3-23-14

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	03-23-14 11:12:42 PM CDT	---	+ [REDACTED]	Fax Machine
[REDACTED]	03-23-14 11:12:42 PM CDT	03-23-14 11:13:17 PM CDT	+ [REDACTED]	Received
[REDACTED]	03-23-14 11:12:42 PM CDT	---	[REDACTED]	

Email Sent

[REDACTED] was notified @ 11:30pm on 3-22-14

Also notified the Regional Administrator, [REDACTED]

Case assignment: This case was assigned to CPSI [REDACTED] on 3/24/14

Narrative Type: Created In Error Entry Date/Time: 04/01/2014 01:24 PM Entered By: [REDACTED]

CPSI mistakenly entered referent's information, CPSI entered correct case summary



**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:	03/23/2014	Contact Method:	
Contact Time:	10:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/01/2014
Completed date:	04/01/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/01/2014 01:25 PM Entered By: [REDACTED]

Initial Case Summary

*****Child is not in custody *****

TFACTS: Yes; History located on other children living in the home and the birth mother

Family Case IDs:#[REDACTED]

Open Court Custody/FSS/FCIP Yes/5-2-11 ([REDACTED]) # [REDACTED]
 Closed Court Custody Yes/7-31-05 & 1-18-06/# [REDACTED]
 Open CPS No

Substantiated 6-23-04/# [REDACTED] /SSA [REDACTED].
 9-15-03/# [REDACTED] /SEE [REDACTED].
 11-9-00/# [REDACTED] /LOS [REDACTED].
 10-31-00/# [REDACTED] # [REDACTED] # [REDACTED] # [REDACTED] # [REDACTED] # [REDACTED] # [REDACTED]
 LOS [REDACTED]

Death No
 Screened out 6

History (not listed above): 10-18-13/# [REDACTED] /ENN/No services needed
 4-11-13/# [REDACTED] #LOS/Services Recommended & Accepted
 3-10-11/# [REDACTED] /LOS-Service Required/ENN-No services needed
 11-9-10/# [REDACTED] /PHA/Administrative Closure
 3-9-11/# [REDACTED] /PHA/ENN/Administrative Closure
 1-12-11/# [REDACTED] /DEC/PHA/Unsubstantiated
 11-20-09/# [REDACTED] /SEE/PHA/PYA/Unsubstantiated



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

12-15-09/# [REDACTED] /PHA/Unsubstantiated
 1-12-09/# [REDACTED] /SEE/Unsubstantiated
 1-11-08/# [REDACTED] /PHA/SSA/MDM/Unsubstantiated
 7-11-07/# [REDACTED] /SRP/Unsubstantiated
 9-21-06/# [REDACTED] /LOS/SSA/Administrative Closure
 9-27-05/# [REDACTED] /SSA/LOS/Unsubstantiated
 11-30-04/# [REDACTED] /PYA/SEE/ Unsubstantiated
 10-20-04/# [REDACTED] /SRP/SSA/ Unsubstantiated
 6-23-04/# [REDACTED] /SEE/Unsubstantiated
 9-15-03/# [REDACTED] /SEE/SSA/Unable To Complete
 9-15-03/# [REDACTED] /LOS/SSA/Unsubstantiated
 6-26-02/# [REDACTED] /Minor PHA/Unable to Complete

County: [REDACTED]
 Notification: None
 School/ Daycare: Unknown
 Native American Descent: Unknown
 Directions: None given

Reporter states: This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of Baby [REDACTED] (DOB: [REDACTED]). This 3 month old infant was found unresponsive in her crib at 0500 hrs on the morning of 3/23/14. Paramedics with [REDACTED] Fire Department Ambulance # [REDACTED] transported the infant from the residence of [REDACTED] to [REDACTED] Hospital, where death was pronounced at 0553 hours. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the decedents remains were transported to this office for autopsy. The cause and manner of death are pending at this time. The mothers name is [REDACTED] (DOB: [REDACTED]) and the father is unknown at this time. The mothers contact phone number is [REDACTED]. Reportedly there are four additional children who also live in this house. Our case # is [REDACTED].

Per SDM: P1/Investigation. [REDACTED] CM 3 @ 11:09pm on 3-23-14

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	03-23-14 11:12:42 PM CDT	---	+ [REDACTED]	Fax Machine
[REDACTED]	03-23-14 11:12:42 PM CDT	03-23-14 11:13:17 PM CDT	+ [REDACTED]	Received
[REDACTED]	03-23-14 11:12:42 PM CDT	---	[REDACTED]	

Email Sent

[REDACTED] was notified @ 11:30pm on 3-22-14

Also notified the Regional Administrator, [REDACTED]

Case assignment: This case was assigned to CPSI [REDACTED] on 3/24/14



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker: [REDACTED]
 Date of Referral: 3/23/14 10:30 PM Date of Assessment: 3/24/14 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): child was deceased upon receipt of referral

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: _____