



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 06/19/2014 12:00 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/19/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/19/2014 01:14 PM
 First Team Leader Assigned: [REDACTED] Date/Time 06/19/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 06/19/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	5 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] [REDACTED]	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: Letter
 Narrative: TFACTS: No History Found (based on the demographics provided)

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

Reporters name/relationship: [REDACTED]

Reporter states:
 [REDACTED] was born on [REDACTED] at [REDACTED] Hospital. The mother is [REDACTED].



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The father is [REDACTED]. The reporter does not have any other information for the parents. There are other children in the home but the reporter does not know their information including how many and their ages.

Today, [REDACTED] was taken to [REDACTED] Hospital by EMS. Mrs. [REDACTED] reported that [REDACTED] fell asleep as she was lying on her right side facing Mrs. [REDACTED]. Mrs. [REDACTED] reported that the last known well check time was two hours prior to calling 911. The reporter does not know what time 911 was contacted. EMS reported that upon their arrival there was a small amount of blood noted to the right side of [REDACTED] mouth. Upon arrival to the scene, an oral airway was placed. CPR was manually performed by EMS and oxygen was administered.

[REDACTED] arrived at the emergency room on 06-19-14 at 11:28am. Upon arrival to the emergency room, an examination was completed by the nurse. There was an unknown soft spot noticed from the forehead just above the eyebrow to the top of [REDACTED] head. Mrs. [REDACTED] reports that [REDACTED] birth weight was six pounds twelve ounces. Further examination by the nurse revealed lividity rigor mortis noted to the lower extremities. Heart tones were absent. Skin is dusky mottled. Skin temperature is cold. Also cyanosis is noted. Blood pooling noted to back and extremities. Police department investigator requested a rectal temperature and the rectal temperature was 91.1 degrees Fahrenheit.

After arrival at [REDACTED] Hospital, [REDACTED] was pronounced deceased at 12:10pm by Dr. [REDACTED]. No other vital signs were checked as rigor mortis was present and [REDACTED] was dead upon arrival. The reporter was advised by the doctor that based on rigor mortis and body temperature, it appears that [REDACTED] was deceased longer than the two hours that Mrs. [REDACTED] reported between the last well check and the 911 call.

At this time, medical staff is unsure about the cause of death. [REDACTED] did not have any known medical issues. The reporter was advised that [REDACTED] body will be sent for an autopsy in [REDACTED]. The reporter believes that [REDACTED] body will be sent to the [REDACTED] Medical Examiners Office.

Child Protective Services Worker, [REDACTED], is present at the hospital. The reporter does not know who contacted Child Protective Services. Law enforcement personnel are also present. The reporter does not know if Mr. [REDACTED] was home at the time of the 911 call but the reporter has been advised that he has been seen at the hospital. The reporter was not advised of any hazards noticed in the home.

This is all of the information that the reporter has at this time but the reporter can be contacted if additional information is needed.

Investigative Track - P1 - Child Death
[REDACTED], TC, on 6/19/14 @ 1:07pm

Notified Child Death/Preliminary Near Death Notification Group via Email:
[REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 5 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: 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: 06/19/2014

Assignment Date: 06/19/2014

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] 07/17/2014

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 08/15/2014

Team Leader: [REDACTED]

Date: 08/18/2014

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

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

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

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

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:	08/25/2014	Contact Method:	
Contact Time:	12:53 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/25/2014
Completed date:	08/25/2014	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: 08/25/2014 12:54 PM Entered By: [REDACTED]

Classification reviewed and approved. Notification of report sent to Juvenile Judge and DA



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: 08/25/2014 Contact Method:
 Contact Time: 12:51 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/25/2014
 Completed date: 08/25/2014 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: 08/25/2014 12:52 PM Entered By: [REDACTED]

Case reviewed for closure by RID [REDACTED]. Approval to close case given on this 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: 08/15/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/15/2014

Completed date: 08/22/2014

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: 08/15/2014 12:41 PM

Entered By: [REDACTED]

Case Summary [REDACTED]

On 06/19/2014 CPSI received a P1 referral alleging Neglect Death to [REDACTED]. The perpetrator is listed as Unknown. Upon arrival at the hospital CPSI made contact with staff as well as Inv. [REDACTED] and Inv. [REDACTED] with [REDACTED] Police Department. Staff had only preliminary information regarding the child's passing as she was transported to [REDACTED] Medical Center by EMS and was declared shortly before CPSI's and Law Enforcement's arrival. Law Enforcement had initial concerns about a possible indentation in [REDACTED] skull. Coroner Dr. [REDACTED] was contacted for preliminary coroners report and found that the indentation was normal for the suture lines in the child's skull and not the result of any abuse. Dr. [REDACTED] findings were possible SIDS and no evidence of trauma or abuse were found in his initial exam. [REDACTED] presented with the small indentation, classified as suture lines normal for a child her age. There was additional pooling in the back and side of her face consistent with the way she was laying in the exam room. CPSI and Inv. [REDACTED] met with Mr. and Ms. [REDACTED]. Ms. [REDACTED] was clearly upset and was able to outline the events of the previous evening into their trip to the hospital. She indicated that she had slept on the couch with [REDACTED] on her chest and had woken several times during the night at which time [REDACTED] was breathing and having no distress. She reported that she awoke around 3AM to feed her and she took a bottle and at 6AM attempted again to feed but [REDACTED] would not take a bottle but was alert. It was around approximately 11AM that she awoke to find [REDACTED] unresponsive and contacted EMS after taking her to her mother's home next door. Mr. [REDACTED] indicated that he had woken up a few times in the night and seen them sleeping on the couch and checked on them and did not observe any issues. Both denied ever harming [REDACTED]. CPSI made contact with the family at home after leaving the hospital and observed the other children. [REDACTED] appeared to be doing well and due to age was unable to be interviewed but had no signs of abuse or trauma. [REDACTED] and [REDACTED] both appeared happy and playful as they were unaware of the events but denied any concerns or knowledge of any abuse. Lt. [REDACTED] would later contact the office of the medical examiner and the initial impression was that the death was not caused by any manner of abuse. Lt. [REDACTED] advised that no charges would be brought in regards to death of [REDACTED]. Records from the hospital reflect no concerns and no issues with prenatal care or delivery. Primary Care physician records reflect no concerns and that child had been seen for initial well child and diaper rash but no concerns were noted at that time. Case will be closed as AUPU. Based on coroners report, PCP records, Hospital records, and initial impression of the medical examiner there is no evidence to suggest that there was any abuse which resulted in the death of this child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Safety: Preliminary reports show no signs of abuse related to death and there are no other safety concerns at this time.

Well Being: Family is in counseling at this time and it is meeting their needs.

Permanence: Both parents are working and supporting their children. Additionally, there is support from family and church.

SA: 06/20/2014
FFA: 06/20/2014
FAST: 06/20/2014
740: 08/20/2014



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:	08/14/2014	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/15/2014
Completed date:	08/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/15/2014 12:04 PM Entered By: [REDACTED]

Face to Face Family
08/14/2014

On this date CPSI met with the family at their home. The home was very clean and well kept and Ms. [REDACTED] had finished the boys room. There were no hazards evident and they are doing well. Ms. [REDACTED] indicated that they had just had a PCS counseling appointment on Monday and that it was going well. She reported that they are working with the family on the grief counseling as well as helping the kids to understand what happened. She stated that she goes with [REDACTED] to his counseling as he is too young to go by himself and she is incorporated into his counseling. CPSI observed [REDACTED] who was waking from a nap. He was dressed in a diaper and appeared to be doing well. He was alert and had no signs of concern. Ms. [REDACTED] indicated that he was going to be starting pre-k next year and that [REDACTED] was already going to pre-k and had started this year. She reported that he was enjoying it and that there were no issues.

CPSI spoke with [REDACTED] who was disinterested in talking to CPSI. He was able to indicate that he was going to counseling and that he talks to the man there with his mom. He stated that they talk about his sister and would not elaborate. He stated that he was doing well at home and that he was happy. He denied that he was having any problems or that anything made him sad. He stated that he liked talking to the man with his mom and that she stays with him while they talk. He talked about his room and his toys and stated that he goes to school now and has lots of friends there. He talked about painting and drawing at school and that they have to put their toys away like he does at home.

CPSI spoke with [REDACTED] outside as he was in the swing in yard. He stated that he was doing well and that he and his brother got their room back. He stated that he was not having any problems at home and he was happy. He stated that he talks to a counselor at an office in town and that they talk about his sister and what happened to her. He said that he doesn't know much and that they only talk about that a little if he wants to. He stated that he did not know his sister very well before she died and that she had only been in the house a little while. He said that he doesn't know what happened just that she was in heaven now. He told CPSI that his mother and Mr. [REDACTED] were doing well too and that they do things together as a family. He said that he was not having any issues at school but wished it was still summer so he could play, but that he liked school too. He said that he has lots of friends at school that he talks to



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

and a lot of friends in the neighborhood too.

CPSI spoke with Mr. [REDACTED] who stated that he too was doing well and that he and Ms. [REDACTED] were doing ok. He said that Ms. [REDACTED] takes the kids to their counseling appointments and that it seems to be doing ok for them but that [REDACTED] still has a lot of questions they are working through with Mr. [REDACTED] at [REDACTED]

CPSI thanked them for meeting with him and advised that he would likely be closing the case soon and asked if there were any additional services they needed or anything that CPSI could do for them. They stated that they were doing well and that the counseling was going ok and they would continue that. CPSI asked that they call him any time they should need anything or had any questions and he would assist in any way that he could.



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: 08/12/2014 Contact Method: Correspondence
 Contact Time: 08:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/15/2014
 Completed date: 08/15/2014 Completed By: [REDACTED]
 Purpose(s): Well Being,Safety - Child/Community
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 10:36 AM Entered By: [REDACTED]
 Complete Medical records received from [REDACTED] Hospital on this date Via [REDACTED]. Attached information as is follows:

Order for autopsy from Dr. [REDACTED] Office of the [REDACTED]. Hx listed as "Probable SIDS".

Imaging report via Dr. [REDACTED]. "There is no obvious skull fracture or deformity. A linear Lucency in the occipital region is consistent with a squamosal suture." Does not exclude significant intracranial injury or hemorrhage.

The following results are per records on Date of Birth

Regarding delivery reports child was admitted to the newborn nursery on [REDACTED] under the care of Dr. [REDACTED] Child was full term vaginal birth.
 ALGO 5 hearing screen passed for both ears.

Child tested for Hep B, HIV, Rubella, Group B with negative results for all. APGARS screening showed no signs of concern.

Estimated gestational age is 39 weeks. Length: 54.5 CM, Head Circumference: 31.5 cm, Weight: 3070 grams.

Mother had OB visits during pregnancy on 10/18/2013: initial visit no risk factors, 10/28/2013: dating sonogram review labs, 11/26/2013: USG, 12/23/2014: No concerns no gross anomalies growth appropriate for gestation, 2/24/2014: US at RTC lab on this date. Mother undecided about breast feeding. no plans for epidural. feeling well, 3/17/2014: Mother works nights discussed diets and blood sugar. Will bring Calander with meals and work schedule following week. repeat antibody screening, 4/4/2014: doing well. Mother did not bring blood sugars, 4/11/2014: Patient doing well no concerns at this time, 4/18/2014: Mother having increased frequency of BH no cervical change. Urine dark and cloudy sent culture for UTI, 4/25/2014: Labs and cultures obtained no cervical change, 05/05/2014: Mother doing well no major concerns, 05/12/2014: Mother doing well no major concerns.

Discharge planning listed as Home or self care, Routine discharge. Child vaccinated for Hep B prior to discharge.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Full records located in hard 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: 08/04/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/04/2014

Completed date: 08/04/2014

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: 08/04/2014 11:28 AM Entered By: [REDACTED]

Case presented to CPIT on this date. Based on medical records and preliminary coroners reports majority decision is to unfound the allegations of neglect death. DA [REDACTED] indicated that no charges would be filed in this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/31/2014
Completed date:	07/31/2014	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: 07/31/2014 02:36 PM Entered By: [REDACTED]

Case staffed on this date with Inv. [REDACTED]. All of the records from the PCP and the initial report from the hospital have been received. Mom, dad and the children are in family counseling at PCS and doing well. Inv. [REDACTED] has not yet received the finalized records from the hospital. He has sent the request twice. He did follow up with a phone call to the hospital. According to the hospital management they "lost part of the chart". LI [REDACTED] will check with IC [REDACTED] on how we should proceed. The Coroner advised Law Enforcement that there was no evidence to support child abuse or neglect.



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: 07/30/2014

Contact Method: Phone Call

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2014

Completed date: 07/30/2014

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: 07/30/2014 01:53 PM Entered By: [REDACTED]

Telephone [REDACTED] [REDACTED] Records Department
07/30/2014

On this date CPSI contacted [REDACTED] Records to inquire as to the status of the medical records request. CPSI spoke with [REDACTED] who advised that they had received the request and the release. She stated that they had part of the file but she had been having difficulty in locating the other part of the chart and was continuing to look for it. CPSI inquired as to a timeframe that it may be expected and she stated that she did not know at this time as she still had to locate it and send it to [REDACTED] before it could be sent to CPSI. CPSI left his number and asked that they keep informed as to the status of the request.



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:	07/24/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/30/2014
Completed date:	07/30/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/30/2014 12:49 PM Entered By: [REDACTED]
 Medical Records received from Dr. [REDACTED] child's primary care physician. Medical records indicate the following:

06/12/2014

[REDACTED] was brought to doctors office by her mother with complaints of Thrush. Noted white patches in the child's mouth for approximatley one week prior but symptoms continued to worsen prompting doctors visit. Also, child presented with diaper rash with some bleeding and mother had been using desitin but it was not helping. Stools were good and there was no fever or illness. Child on no medications at this visit Vitals and weight were normal at presentation to doctor. Child appeared well developed and well nourished. Bad yeast diaper rash noted in places. Weight at time of visit listed as 8.5lbs.

Diagnosis: Diaper Rash and Thrush

Plan: Nystatin prescribed Cream for diaper rash and oral for Thrush.

[REDACTED]/2014

[REDACTED] was seen by Dr. [REDACTED] on this date for newborn checkup. Birth wieght 6lbs 12 oz. Hearing and Hep B Screenings normal. Normal bowel movements, No change in urine volume, no excessive cying. No second hand tobacco smoke in home, [REDACTED] was not breast feeding at this point and was bottle feeding with average of 2.5 q every 3 hours, No bottle feeding issues were noted and Sleep patterns were reproted as normal. Family receives WIC. General appearance noted as well-developed, well-nourished, well hydrated. Head, neck, eyes, ears, nose, throat, lungs, cardiovascular, abdomen, genitals, musculoskeletal, neurological, and skin all normal at time of visit. Newborn screening was normal on all panels. Immunaztions were up to date.

Vitals: Tympanic Membrane Temp 98.1

Weight: 7.12 lbs

BMI: 12.9 kg

Length: 19 in

Head Circumference: 35 cm



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: Correspondence

Contact Time: 01:00 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): 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 01:03 PM Entered By: [REDACTED]

Request for medical records sent to [REDACTED] Primary Care Physician Dr. [REDACTED] at [REDACTED]

Another request was sent to [REDACTED] [REDACTED] for finalized records.



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: 12:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/23/2014

Completed date: 07/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 07/23/2014 01:01 PM

Entered By: [REDACTED]

Telephone Call [REDACTED]
07/23/2014

On this date CPSI contacted Ms. [REDACTED]. She stated that she was doing well and that she had contacted [REDACTED] and they had their first appointment on 07/21. She stated that it went well and she was looking forward to continuing it. She stated that Monday was just an intake but they were going to be participating in Family Counseling services. She stated that she had no other problems at this time. She said that she did not think there was anything additional that the family or her children needed in the way of services and stated that she was hopeful the counseling would assist in answering questions the children have about the loss of their sister. CPSI asked her to please contact him should she need anything or have any concerns. She stated that she would. CPSI advised that he would follow up with them this week.



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: 07/16/2014

Contact Method:

Contact Time: 09:45 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/16/2014

Completed date: 07/16/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/16/2014 09:54 AM Entered By: [REDACTED]

Case staffed with CPSI [REDACTED] LI [REDACTED] and PC [REDACTED] At this time there is no indication there has been any foul play involved at this time. Autopsy is not back at this time. An X-Ray was done by [REDACTED] hospital on the child and no evidence of any trauma.



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: 07/15/2014

Contact Method: Phone Call

Contact Time: 02:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/15/2014

Completed date: 07/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 07/15/2014 02:25 PM

Entered By: [REDACTED]

Telephone Call [REDACTED]
07/15/2014

On this date CPSI received a call from Ms. [REDACTED]. She stated that they had the funeral a week ago and that it was difficult but they all got through it ok. She stated that she felt like it was some form of closure but that it did stir some feelings in her and she asked CPSI for the number for [REDACTED] again as she had misplaced it and with the funeral and everything else going on she had been unable to schedule her appointment. She stated that she was going to do counseling for the whole family as she felt like it would help and that her church family had been a support too but wanted to attend PCS. CPSI provided her with the number and asked that she call him should she have any problems scheduling the appointment or if there were any transportation issues. She stated that she would. She reported that she has gone back to work as of this week and it was helping to keep her mind occupied but felt like the counseling would be beneficial as well.



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: 07/15/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/15/2014

Completed date: 07/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/15/2014 01:26 PM Entered By: [REDACTED]

Face to Face Family
07/15/2014

On this date CPSI met with Maternal Grandmother, Ms. [REDACTED] and the children at home. CSPI spoke with [REDACTED] and [REDACTED] who reported that they were doing well and that their mom was not home as she was out shopping. They both indicated that they were having no issues and that they had no problem. [REDACTED] showed CPSI some toys and talked about his grandmother's house and that he was having bologna for lunch. He stated that they were staying with their grandmother when his mom was out. He said that his mom and dad were doing good too and that his dad was at work. [REDACTED] stated that he playing in the yard before CPSI came and was playing with water hose. He said that he was doing well and that things at home were good. He stated that he was enjoying the summer.

CPSI spoke with Ms. [REDACTED] who stated that she was doing well too and they had the funeral for [REDACTED] on the week of the fourth. She stated that it was hard for the family but that Mr. and Ms. [REDACTED] have gotten back into church and that it was doing them really well. She stated that they were all offering as much support as they could to get them through. She stated that Ms. [REDACTED] had been doing well and was not having any problems. She stated that today she was out grocery shopping and would be home later this afternoon. Ms. [REDACTED] indicated that she did not know if Ms. [REDACTED] had scheduled the appointment with [REDACTED] yet but knew she had been talking about it and they had been so busy lately with the funeral and everything else she was unaware if she had gotten around to it. She stated that Mr. [REDACTED] was doing well too and that he had gone back to work she felt like that helped. She said that they were good days and bad days when they were upset but they were handling as well as could be expected. CPSI asked that she let Ms. [REDACTED] know that he had come by and to call him if she needed anything and that he would come by later this afternoon after Ms. [REDACTED] returned. She stated that she would let her know.



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: Attempted Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/15/2014

Completed date: 07/15/2014

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: 07/15/2014 08:26 AM Entered By: [REDACTED]

CPSI attempted to contact Ms. [REDACTED] to inquire about funeral arrangements and counseling at [REDACTED]. There was no answer and CPSI left a message.



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:	07/03/2014	Contact Method:	
Contact Time:	03:16 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/03/2014
Completed date:	07/03/2014	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: 07/03/2014 03:28 PM Entered By: [REDACTED]

Case staffed on this date with Inv. [REDACTED] Lt. [REDACTED] with the [REDACTED] Dept. contacted Inv. [REDACTED] to inform him that he had spoken to Dr. [REDACTED] at the [REDACTED] office in [REDACTED]. Dr. [REDACTED] stated that there was no evidence of any trauma. The doctor had no concerns of abuse. The final report will be months away. There will be no charges as it seems to be accidental. The mother is scheduling her intake at [REDACTED] for her intake and the intake for the 4 year old. The family has support from the Church that they are attending.



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:	07/03/2014	Contact Method:	Attempted Face To Face
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/15/2014
Completed date:	07/15/2014	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: 07/15/2014 08:25 AM Entered By: [REDACTED]

CPSI attempted to meet with the family at home but there was no answer. CPSI left a card.



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: 07/01/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

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: 07/02/2014 08:59 AM

Entered By: [REDACTED]

Telephone Call Lt. [REDACTED]
07/02/2014

On this date CPSI received a call from Lt. [REDACTED] with [REDACTED] PD. He stated that he had contacted Dr. [REDACTED] with the [REDACTED] Office in [REDACTED] regarding [REDACTED]. He stated that while the report would not be finalized for some time Dr. [REDACTED] indicated that there were no signs of abuse or trauma related to cause of death. Lt. [REDACTED] indicated that at this time no charges would be filed as preliminary indication was that this death was accidental. CPSI asked that he let him know should he get the medical examiners report and CPSI would do the same.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/26/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/01/2014

Completed date: 07/01/2014

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: 07/01/2014 10:21 AM Entered By: [REDACTED]

CPSI contacted [REDACTED] and [REDACTED] to inquire as the services they may be able to provide for the family. [REDACTED] advised of a comprehensive family focused counseling that may be beneficial to the family in this situation and [REDACTED] tended to be more geared towards individualized therapy.

CPSI contact Ms. [REDACTED] and advised of both options and she stated that she would like to try [REDACTED] CPSI provided her with the contact information and asked her to contact him when she had scheduled the intake and to let him know the schedule. CPSI advised her that if she felt she needed anything additional to this or that if she felt that another services would better suit them to let him know. She stated that she would.



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:	06/25/2014	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/26/2014
Completed date:	06/26/2014	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: 06/26/2014 09:55 AM Entered By: [REDACTED]

Face to Face Family
06/25/2014

On this date CPSI met with Ms. [REDACTED] at home. She stated that things were going ok and that the Medical examiners office in [REDACTED] had released [REDACTED] and she was currently at [REDACTED] Funeral Home in [REDACTED] while they were making burial arrangements. She said that she had discussed the death with her other children who seemed to be taking it well but didn't think they really understood what had happened. She said that they have never been exposed to a death in the family before. She said that [REDACTED] seemed to be having the most difficulty with it in regards to understanding. CSPI inquired as to whether or not they had given any thought to counseling and she stated that she did not think it would be a bad idea at lease for [REDACTED]. She stated that he had been asking a lot of questions that she was unsure how to answer. She told CPSI that he was talking to his cousin about [REDACTED] and various things and his limited understanding of what was going on could cause some issues. CPSI advised that he would look into an appropriate medium for them to obtain counseling would let her know what the options were so that they could talk it over and determine what they felt was best for them. Ms. [REDACTED] reported that she had been handling things ok thus far and CPSI encouraged her to attend the counseign as well as her husband. She stated that he has been trying to stay busy with work and CPSI warned against taking on too much in avoidance of dealing with the loss and that counseling could assist them in that process as well. She stated that she felt that would be a good idea. Ms. [REDACTED] stated that she had been staying next door with her parents since last week and they continued to be a support for her as did the rest of her and Mr. [REDACTED] families. She stated that they attend church in [REDACTED] and had a support system there as well although they had not been in some time they were now getting back into the church and felt some relief with that.

CPSI met briefly with [REDACTED] [REDACTED] and [REDACTED] [REDACTED] appeared to be doing well and was well dressed in shorts and a shirt and clean. [REDACTED] was playing and running around the back yard. He remembered CPSI and stated that he was doing well and reported no concerns. [REDACTED] was eating a sandwich and was dressed in shorts and no shirt which was appropriate for the warm weather. He said that he remembered CPSI as well but became involved with playing and ignored CPSI thereafter.

CPSI advised Ms. [REDACTED] that he would make the necessary inquiries into counseling options and contact her when had



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

done so. She stated that she would appreciate that.



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: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

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 09:10 AM Entered By: [REDACTED]

Child Fatality/Near Fatality form completed and sent to appropriate personell on this 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:	06/19/2014	Contact Method:	Face To Face
Contact Time:	02:15 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/19/2014
Completed date:	06/20/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact, Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/20/2014 09:09 AM Entered By: [REDACTED]

Face to Face Family
06/19/2014

On this date CPSI met with Inv. [REDACTED] at the family home. Inv. [REDACTED] advised he was to be taking pictures of the family home and would ensure that CPSI received received copies of such. Ms. [REDACTED] invited CPSI and Inv. [REDACTED] into the home and showed both around the house. The home appeared in good condition there was some clutter but the home was overall clean. The couch on which she stated that she and [REDACTED] had been asleep was observed and photographed. The couch was black in color with no staining or evidence of other bodily fluids. There were numerous large pillows layed on the back of the couch. There was comforter laid across the arm of the couch that Ms. [REDACTED] indicated she and [REDACTED] were covered with which also appeared normal and unstained. There were several bottles in the living room as well which Ms. [REDACTED] indicated where for [REDACTED] and showed CPSI and Inv. [REDACTED] the one which she fed [REDACTED] at approximately 3:30AM on this date which still contained some formula. Photographs were taken of these as well. There was also a recliner in the living room which she stated [REDACTED] had been sleeping in on this night as well. There was a blanket on this chair as well. The home was free of any obvious hazards. Floors were clean and there was food in the home in form of canned goods, baby formula, meats, drinks, and cereal, as well as boxed goods. Ms. [REDACTED] showed CPSI around the home and all rooms appeared clean and well kept with no signs of hazards in any. The room which [REDACTED] would be sharing was observed as well. There were numerous items in this room and it was extremely cluttered. There were beds in the room for the children however they not yet put together. Most of the furniture was pushed to the center of the room along with some clothing as the walls were in the process of being painted. There was a ladder, paint, paint bucket, rollers, and brushes in the room consistent with the room being painted and prepared for the children. [REDACTED] arrived at the home with their grandmother Ms. [REDACTED]. CPSI observed [REDACTED] who appeared clean and well kept. He was wearing a t-shirt and shorts and sandals. Clothes appeared clean and fit properly. He was being held by Ms. [REDACTED] CPSI attempted to speak with him but he was pre-verbal although could articulate a few words however insufficient for interview.

CPSI spoke privately with [REDACTED] He presented as slightly unkempt but otherwise clean. He wore tennis shoes, t-shirt, and shorts. He stated that things were fine at home and he was doing well. He stated that he resided at the



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

home with his mom, [REDACTED] and two brothers. He told CPSI that he likes to ride his bike outside and he has a lot of fun. He stated that he cut his hair and CPSI observed a section of his bangs missing on the front of his head where he had gotten some scissors and cut his own hair. This was confirmed by Ms. [REDACTED] who stated that he did this at her home. He found this very amusing and appeared very proud of cutting his hair. Ms. [REDACTED] informed CPSI that scissors had been put away and more caution was being taken to ensure he had not access to anything like that. [REDACTED] reported no concerns at home and would periodically lift the chair next to him and tell CPSI how strong he was. He denied any problems and stated that he does not get in trouble at home. He denied any physical discipline. Child presented with no marks scars or bruises and none were reported.

CPSI spoke Privately with [REDACTED]. He told CPSI that he was 6 years old and that he lives with his mom, [REDACTED] and [REDACTED]. He told CPSI that he stays next door with his grandmother because their room was not ready. He stated that they were painting it and he wanted to help but could not because he was too small. He stated that they were painting it blue and he liked that color. [REDACTED] stated that he was doing well at home and stated that sometimes he does not like [REDACTED]. He reported that he does not like him sometimes because [REDACTED] tells him to sit down. He stated that [REDACTED] nor his mother have ever spanked him or hit him or his siblings. He reported no yelling in the home and that he had never seen anyone hitting anyone else. He stated that he liked it at home and was ready for his room to be done so he could stay there. He reported the only person in the home who was mean was [REDACTED] and that [REDACTED] hit him sometimes and would take his toys. He stated that [REDACTED] is always running around the house. [REDACTED] stated that he was not having any issues at home and nothing made him feel sad or scared. He stated that he plays with his siblings and his mom and [REDACTED] too. He reported that nothing bad ever happened at home and that he was not scared of anyone or anything. [REDACTED] stated that he goes to school but was out for the summer and that he was not ready to go back. He stated that his mom and [REDACTED] both work and that he stays with his grandmother. He said that he liked it at his grandmother's house too and that he didn't have any problems there. He took out some toys and took great pleasure in telling CPSI about the various figures. He presented as very happy and talkative with no obvious signs of distress. He made no mention of [REDACTED] or anything regarding the incident on this date. He appeared clean and well dressed also wearing a t-shirt and pants with tennis shoes.

Mr. [REDACTED] was consoling Ms. [REDACTED] at the home and appeared very distraught. He was able to show CPSI the parents bedroom which was generally clean but cluttered. There were no sheets on the bed but a comforter and pillows. The bed had no frame and was a box spring and mattress on the floor. No hazards were observed within their room. Mr. [REDACTED] apologized for the mess indicating that when they woke up and found [REDACTED] they were in a panic and just grabbed things and left the home to go next door and then to the hospital. He reported that he was still processing everything.

CPSI advised Mr. and Ms. [REDACTED] that there were some services available to them if they wished to utilize them in regards to counseling or the like. CPSI advised that there was a lot to take in at this time and they could think about and let CPSI know if they felt they or the children needed any assistance. They stated that they would let CPSI know if there were any issues. She reported that they have not talked to the children yet and she did not know how to approach that with them. CPSI reported that if she needed any help or had any questions to let him know and he would do what he could to ensure they had what they needed. She said that she would. CPSI left his card with Parents and Ms. [REDACTED] and ask that they call with any concerns.

CPSI contacted TL [REDACTED] and LI [REDACTED] and advised of the interviews and home visit.

Narrative Type: Addendum 1 Entry Date/Time: 06/26/2014 09:52 AM Entered By: [REDACTED]

Family had adequate bedding for the child however Ms. [REDACTED] fell asleep with her on the couch and it was not utilized during this incident.



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: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/19/2014

Completed date: 06/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/19/2014 04:45 PM Entered By: [REDACTED]

CPSI was contacted by Nurse [REDACTED] with [REDACTED] ER and advised that the radiology reports had been completed and X-rays examined and returned normal with no indications of trauma. Records faxed to CPSI.



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: 02:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/23/2014
 Completed date: 06/23/2014 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: 06/23/2014 11:18 AM Entered By: [REDACTED]

Case staffed with IC [REDACTED] and Inv. [REDACTED] on this date. Inv. [REDACTED] is at hospital waiting on results from prelim. test regarding infants death. Interview with parents and initial face to face with other children in the home being completed at this time. Xrays found no head trauma or other signs of physical abuse. Inv. will complete Child Death form and email to IC [REDACTED] and RID [REDACTED] before end of day.



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: 12:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/23/2014
 Completed date: 06/23/2014 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: 06/23/2014 11:34 AM Entered By: [REDACTED]

Notification of report sent to Juvenile Judge and DA. DA was notified in person and CPIT conveyed on this 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:	Created In Error
Contact Date:	06/19/2014	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/19/2014
Completed date:	06/19/2014	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: 06/19/2014 04:07 PM Entered By: [REDACTED]

Case Summary [REDACTED]
06/19/2014

On this date CPSI received a P1 referral alleging Neglect Death to [REDACTED]. The perpetrator is listed as Unknown. The referral states: [REDACTED] was born on [REDACTED] at [REDACTED] Hospital. The mother is [REDACTED]. The father is [REDACTED]. The reporter does not have any other information for the parents. There are other children in the home but the reporter does not know their information including how many and their ages.

Today, [REDACTED] was taken to [REDACTED] Hospital by EMS. Mrs. [REDACTED] reported that [REDACTED] fell asleep as she was lying on her right side facing Mrs. [REDACTED]. Mrs. [REDACTED] reported that the last known well check time was two hours prior to calling 911. The reporter does not know what time 911 was contacted. EMS reported that upon their arrival there was a small amount of blood noted to the right side of [REDACTED] mouth. Upon arrival to the scene, an oral airway was placed. CPR was manually performed by EMS and oxygen was administered.

[REDACTED] arrived at the emergency room on 06-19-14 at 11:28am. Upon arrival to the emergency room, an examination was completed by the nurse. There was an unknown soft spot noticed from the forehead just above the eyebrow to the top of [REDACTED] head. Mrs. [REDACTED] reports that [REDACTED] birth weight was six pounds twelve ounces. Further examination by the nurse revealed lividity rigor mortis noted to the lower extremities. Heart tones were absent. Skin is dusky mottled. Skin temperature is cold. Also cyanosis is noted. Blood pooling noted to back and extremities. Police department investigator requested a rectal temperature and the rectal temperature was 91.1 degrees Fahrenheit.

After arrival at [REDACTED] Hospital, [REDACTED] was pronounced deceased at 12:10pm by Dr. [REDACTED]. No other vital signs were checked as rigor mortis was present and [REDACTED] was dead upon arrival. The reporter was advised by the doctor that based on rigor mortis and body temperature, it appears that [REDACTED] was deceased longer than the two hours that Mrs. [REDACTED] reported between the last well check and the 911 call.

At this time, medical staff is unsure about the cause of death. [REDACTED] did not have any known medical issues. The reporter was advised that [REDACTED] body will be sent for an autopsy in [REDACTED]. The reporter believes that [REDACTED] body will be sent to the [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Child Protective Services Worker, [REDACTED] is present at the hospital. The reporter does not know who contacted Child Protective Services. Law enforcement personnel are also present. The reporter does not know if Mr. [REDACTED] was home at the time of the 911 call but the reporter has been advised that he has been seen at the hospital. The reporter was not advised of any hazards noticed in the home.

This is all of the information that the reporter has at this time but the reporter can be contacted if additional information is needed.

TFACTS History Checked: No History Found

Narrative Type: Created In Error Entry Date/Time: 06/20/2014 08:39 AM Entered By: [REDACTED]

Incorrect 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: 06/19/2014

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/19/2014

Completed date: 06/19/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact, Initial ACV Face To Face, Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/19/2014 04:41 PM Entered By: [REDACTED]

Face to Face Lt. [REDACTED] Inv. [REDACTED]
06/19/2014

On this date CPSI met with officers at the [REDACTED] medical Center in the patient room with [REDACTED]. CPSI was informed by Lt. [REDACTED] that they had received the call pursuant to EMS being called to the home for an unresponsive child ([REDACTED]). Lt. [REDACTED] stated that they suspected head trauma due to the softness of the skull upon their examination and that Dr. [REDACTED] (coroner) had been contacted and was en route to the hospital at this time. Lt. [REDACTED] and Inv. [REDACTED] advised that they had not spoken with the family at this time however they were present at the hospital along with numerous other extended family members. CPSI inquired with Inv. [REDACTED] about the families criminal history and he was unaware of any. Inv. [REDACTED] advised CPSI that DA [REDACTED] had been contacted and was preparing a request for autopsy and that [REDACTED] would be sent to the medical examiners office in [REDACTED] for a full autopsy.

Face to Face [REDACTED] (nurse)
06/19/2014

CPSI and officers spoke with Nurse [REDACTED] at the ER as well. She indicated that there were numerous family members in the waiting area and Mr. and Ms. [REDACTED] along with Ms. [REDACTED] (Maternal Grandmother) were in a room. She indicated that there had been no X-rays at this point and that none had been ordered. She indicated that the mother (Ms. [REDACTED]) had brought her older son [REDACTED] to the ER on the previous night for a possible stomach virus and he was treated and discharged with no concerns noted. She stated that Dr. [REDACTED] was en route.

Face to Face Dr. [REDACTED] and [REDACTED]
06/19/2014

On this date CPSI and Inv. [REDACTED] were present with Dr. [REDACTED] during preliminary coroners exam. Dr. [REDACTED] completed the exam and indicated that there were no external signs of trauma nor did there appear to any signs of head trauma evident and his preliminary impression was SIDS. He stated that there would be no outward signs of



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

suffocation but there were no indications of trauma to cause death. [REDACTED] appeared to be slightly small for her age. She was dressed in a onesie and had pooling of blood on the right side of her face as well as her back consistent with laying in her present position. There was also a mongolian spot noted on her lower back/upper buttock area confirmed by Dr. [REDACTED] as well and ruled out as bruising. Possible signs of head trauma noted by officers were explained by Dr. [REDACTED] as suture lines in the skull that had not yet formed and were not indicative of trauma. Autopsy was ordered and referred by Dr. [REDACTED] to be completed by [REDACTED] Medical Examiners office. CPSI and Inv. [REDACTED] requested that Dr. [REDACTED] have head X-ray completed prior to transport which he did. CPSI spoke with Hospital staff who stated that they would notify CPSI as soon as X-ray was completed and radiology records obtained.

Face to Face [REDACTED] and [REDACTED]
 06/19/2014

On this date CPSI and Inv. [REDACTED] interviewed Mr. and Ms. [REDACTED]. Ms. [REDACTED] gave her name as [REDACTED]: [REDACTED]. She stated that she and [REDACTED] went to sleep at approximately 12 AM (midnight) on the previous night. She stated that she and [REDACTED] were asleep on the couch and [REDACTED] had her head on Ms. [REDACTED] chest. She stated that prior to moving to the couch [REDACTED] had been asleep in the swing and she did not want her sleeping there so she brought her to the couch. She stated that she awoke at approximately 2AM and [REDACTED] was fine. She stated that she woke again 3:30AM and prepared a bottle which she fed to [REDACTED] with no problems or complications. At approximately 6AM she reported that she woke again and attempted to feed [REDACTED] but she would not take a bottle but was awake and alert and went back to sleep. At approximately 10AM she reported that she awoke again and found her daughter unresponsive on her chest and was cold. Ms. [REDACTED] indicated that she immediately ran next door to her parents' home where they called 911 and began CPR. She stated that they continued CPR until EMS arrived and took [REDACTED] to the hospital. She stated that during the night she was laying on the couch with [REDACTED] on her stomach towards the outside of the couch. She denied any objects covering [REDACTED] face but they had a blanket on the couch. She stated that [REDACTED] was laying on her with the right side of her face on her chest. She denied any illnesses that [REDACTED] suffered from and stated that her eldest son, [REDACTED] had been taken to the ER the previous night for a possible stomach virus but that [REDACTED] did not have it as far as she knew. She stated that [REDACTED] was healthy and that she had no chronic or other illnesses. She stated that [REDACTED] shots were up to date and that she had not been sick and had not taken any medications. She stated that [REDACTED] was a high risk pregnancy due to Ms. [REDACTED] having gestational diabetes and that she was born one week early at 6lbs. She stated that Dr. [REDACTED] is her primary care physician and that he has seen her for her vaccinations. She stated that [REDACTED] did have a diaper rash and thrush last week for which she also saw Dr. [REDACTED]. She denied that there were any pets in the home nor did [REDACTED] have any known allergies. She denied any family history of medical problems. Ms. [REDACTED] stated that she has 3 other children, [REDACTED] and [REDACTED] and [REDACTED]. She stated that [REDACTED] was 2 and was the only other child present last night. She stated that primarily they reside next door with her parents due to their home not being finished and stated that they were still getting the boys room together and painting. Ms. [REDACTED] stated that they have resided there since the family moved into their current home in March. She denied any previous DCS involvement. She stated that she and Mr. [REDACTED] currently reside at [REDACTED] and her parents live right next door.

CPSI and Inv. [REDACTED] spoke with Mr. [REDACTED] as well. He reported that he currently works at [REDACTED] and was home last night. He stated that Ms. [REDACTED] and [REDACTED] were sleeping on the couch in the living room. He stated that he was in the bed in the couples bedroom and awoke at approximately 6:45AM and fixed himself a drink and some food. He stated that he checked on Ms. [REDACTED] and [REDACTED] and they were sleeping on the couch and he observed no signs of distress. He stated that he always checks on them when he gets up when they are not in the bed. He stated that this was he and Ms. [REDACTED] only child together and that he awoke with Ms. [REDACTED] when she woke to find [REDACTED] unresponsive. He stated that Ms. [REDACTED] took [REDACTED] next door to her parents house and they called the paramedics and immediately came to the ER. He too denies any known allergies or medical problems and denied that there has ever been any sicknesses noted with [REDACTED] aside from thrush which she was treated for at Dr. [REDACTED] office.

Inv. [REDACTED] advised CPSI that the family would be allowed to visit with [REDACTED] prior to her being sent to the medical examiner in [REDACTED]. Both Mr. and Ms. [REDACTED] as well as Ms. [REDACTED] (maternal grandmother) were allowed to hold [REDACTED]. Ms. [REDACTED] was very upset and crying and kissing the baby as were Mr. [REDACTED] and Ms. [REDACTED]. Inv. [REDACTED] [REDACTED] CPSI that Inv. [REDACTED] was at the home and Ms. [REDACTED] was going to go there and let him into the home to take pictures.

CPSI spoke with Ms. [REDACTED] who stated that she has never suspected any abuse and that Ms. [REDACTED] nor Mr. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

would ever harm their children. She reported that [REDACTED] [REDACTED] and [REDACTED] were coming to her home after they left the hospital and would ensure that they were brought to the home to meet with CPSI. She reported that Ms. [REDACTED] came to her home this morning upset and carrying [REDACTED] and her husband attempted CPR and called the paramedics but were unable to revive her. She reported that the children reside primarily with her while Mr. and Ms. [REDACTED] finish fixing the room for the boys and they were currently painting and getting the room together. CPSI thanked her and advised that he would meet with them at the home.

Ms. [REDACTED] was provided with HIPAA, Client's Rights, MRS, Title VI, Native American, and Safe Sleep forms. Additionally, she signed a release of information for CPSI to obtain medical and autopsy records.



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: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/19/2014

Completed date: 06/19/2014

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: 06/19/2014 04:43 PM

Entered By: [REDACTED]

CPSI contacted TL [REDACTED] and LI [REDACTED] advising of child death.



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: Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/19/2014

Completed date: 06/19/2014

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: 06/19/2014 04:09 PM Entered By: [REDACTED]

CPSI contacted Lt. [REDACTED] on this date. CPSI advised of the referral and Lt. [REDACTED] stated that he and officers were currently at the ER with the child and family. He indicated that they had suspicions of head trauma but that Dr. [REDACTED] (coroner) had not been to the ER yet to complete the preliminary exam. CPSI advised that he was on his way to the Hospital.



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: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

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 08:39 AM Entered By: [REDACTED]

Case Summary [REDACTED]
06/19/2014

On this date CPSI received a P1 referral alleging Neglect Death to [REDACTED]. The perpetrator is listed as Unknown. The referral states: [REDACTED] was born on [REDACTED] at [REDACTED] Hospital. The mother is [REDACTED]. The father is [REDACTED]. The reporter does not have any other information for the parents. There are other children in the home but the reporter does not know their information including how many and their ages.

Today, [REDACTED] was taken to [REDACTED] Hospital by EMS. Mrs. [REDACTED] reported that [REDACTED] fell asleep as she was lying on her right side facing Mrs. [REDACTED]. Mrs. [REDACTED] reported that the last known well check time was two hours prior to calling 911. The reporter does not know what time 911 was contacted. EMS reported that upon their arrival there was a small amount of blood noted to the right side of [REDACTED] mouth. Upon arrival to the scene, an oral airway was placed. CPR was manually performed by EMS and oxygen was administered.

[REDACTED] arrived at the emergency room on 06-19-14 at 11:28am. Upon arrival to the emergency room, an examination was completed by the nurse. There was an unknown soft spot noticed from the forehead just above the eyebrow to the top of [REDACTED] head. Mrs. [REDACTED] reports that [REDACTED] birth weight was six pounds twelve ounces. Further examination by the nurse revealed lividity rigor mortis noted to the lower extremities. Heart tones were absent. Skin is dusky mottled. Skin temperature is cold. Also cyanosis is noted. Blood pooling noted to back and extremities. Police department investigator requested a rectal temperature and the rectal temperature was 91.1 degrees Fahrenheit.

After arrival at [REDACTED] Hospital, [REDACTED] was pronounced deceased at 12:10pm by Dr. [REDACTED]. No other vital signs were checked as rigor mortis was present and [REDACTED] was dead upon arrival. The reporter was advised by the doctor that based on rigor mortis and body temperature, it appears that [REDACTED] was deceased longer than the two hours that Mrs. [REDACTED] reported between the last well check and the 911 call.

At this time, medical staff is unsure about the cause of death. [REDACTED] did not have any known medical issues. The reporter was advised that [REDACTED] body will be sent for an autopsy in [REDACTED]. The reporter believes that [REDACTED] body will be sent to the [REDACTED] Medical Examiners Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Child Protective Services Worker, [REDACTED], is present at the hospital. The reporter does not know who contacted Child Protective Services. Law enforcement personnel are also present. The reporter does not know if Mr. [REDACTED] was home at the time of the 911 call but the reporter has been advised that he has been seen at the hospital. The reporter was not advised of any hazards noticed in the home.

This is all of the information that the reporter has at this time but the reporter can be contacted if additional information is needed.

TFACTS History Checked: No History Found



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 06/20/2014
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

06/20/2014 - [REDACTED] - FFA - Family - Report received on 06/19/2014 alleging Neglect Death to [REDACTED]. Report indicates that child was brought to the ER at [REDACTED] hospital non-responsive. Child was pronounced dead at 11:19AM on this date.

B. Family Story:

06/20/2014 - [REDACTED] - FFA - Family - Ms. [REDACTED] reported that she went to sleep at approximately 12PM midnight on 06/19/2014. She stated that she awoke again at approximately 2AM and [REDACTED] was well. She woke a second time at approximately 3:30AM and fed [REDACTED] a bottle with no issues. Again she woke at approximately 6AM and attempted to feed her again but she would not take a bottle but reported her alive at that time. Mr. [REDACTED] indicated that he awoke at 6:45 AM and checked on Ms. [REDACTED] and [REDACTED] who were asleep on the couch and both appeared fine. Ms. [REDACTED] stated that she slept on the couch with [REDACTED] asleep on her chest. She stated that she woke at approximately 10AM and found [REDACTED] unresponsive at which point she took the child next door to her parents house in a panic and they began CPR. 911 was contacted immediately and CPR continued until EMS arrived and they continued CPR as well intubated the child and transported her to the hospital where she was pronounced dead.

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

06/20/2014 - [REDACTED] FFA - Family - There is an exorbitant amount of family support in the form of numerous extended relatives.

The family has no DCS history and previous reports of abuse.

Both Mr. [REDACTED] and Ms. [REDACTED] work to support the family.

Ms. [REDACTED] parents reside next door and are a support.

There are three other children in the home; [REDACTED], [REDACTED] and [REDACTED] who all are doing well and report no concerns.

Family has insurance.

The home is well kept and there are no hazards present.

B. Family Significant Needs/Risks/Concerns:

06/20/2014 - [REDACTED] - FFA - Family - [REDACTED] was pronounced dead on 06/14/2014

The parents are on the front end of the grieving process.

Ms. [REDACTED] was sleeping on the couch with the child on her chest and not in a baby bed.

Autopsy report is pending.

III. Person Information:

A. Children:

06/20/2014 - ██████████ - FAST - ██████████ - ██████████ is not school aged and resides primarily with his maternal grandmother ██████████. ██████████ presented as very active and happy. He has not been presented with any information regarding the death of his sister and his knowledge of what occurred is limited at this point. Given his age the effects of the information remain to be seen but counseling may be appropriate if deemed so by his parents. He makes no mention of his sister in interviews. Whether this is due to some coping mechanism or if he and his brothers residing primarily next door with family and ██████████ only being home for a month limiting contact remains to be seen. ██████████ father is ██████████ who has limited involvement.

06/20/2014 - ██████████ - FAST - ██████████ - ██████████ is 6 years old and presents as having a very happy affect and pleasant demeanor. He reports no concerns at home and speaks highly of his family. He holds some issues with Mr. ██████████ due Mr. ██████████ telling him to do things but is unrelated to any abuse. This may be due to Mr. ██████████ role as stepfather. ██████████ father ██████████, has limited involvement. Like his brother ██████████ made no mention of his sister, ██████████ ever living in the home or even existing. When asked about family is able to identify numerous members except his sister. His affect leads to the impression that he has either little to no information about what occurred or lacks the means to comprehend it. Again, this could be due to potentially limited contact between the boys and their sister given her age and them residing next door.

06/20/2014 - ██████████ - FAST - ██████████ - ██████████ is 2 years old and presents as doing well with a good affect. He is essentially pre-verbal but can talk to some extent but no sufficient for an extended interview. He like his brothers appears bonded with their mother and grandmother.

06/20/2014 - ██████████ - FAST - ██████████ - ██████████ passed away 06/19/2014 Preliminary coroners report indicated no trauma and head X-rays reflected the same. Impression for ██████████ is SIDS.

B. Adults:

06/20/2014 - ██████████ - FAST - ██████████ - Ms. ██████████ was asleep with her daughter on 06/19/2014 when she awoke to find her unresponsive. She immediately took her to her parents home where CPR was started and the child taken via EMS to the hospital where she was pronounced dead. Due to Ms. ██████████ having been asleep with ██████████ when death occurred as well as a preliminary coroners report for SIDS could pose some future issues for Ms. ██████████ mental health. It is likely that she may suffer from some guilt in the future and bears watching and early intervention. She has been advised of current available services and has a great deal of family support which may serve to assuage some psychological effects. She and Mr. ██████████ appear to have a good relationship and they have been a support for one another. However, in any case such as this blaming must be considered as a possible outcome and avoided. Counseling or other support as deemed necessary by the parents will assist with this.

06/20/2014 - ██████████ - FAST - ██████████ - Mr. ██████████ reacted appropriately to the situation and has been at Ms. ██████████ side for all but brief periods throughout the process and at the hospital. Mr. ██████████ appears to be holding his emotions in check to remain strong for his wife and the other children. In the future he will begin to deal with the effects of the death of his child and may require an outlet for those feelings. Careful consideration must be given to ensure that his emotions do not overwhelm him and that he has appropriate avenues to express them versus holding them in. Again, there are substantial family supports available through his own and Ms. ██████████ family who are extremely supportive and could potentially better serve the parents, especially Mr. ██████████ than a sterile counseling environment.

C. Family Together History:

06/20/2014 - ██████████ FAST - ██████████ - Family has been advised of possible services and given time to consider which course they would like to take. Both Parents are still dealing with the death of their child and will need time to deal with their grief and explain the situation to other children prior to an accurate determination of service needs.

06/20/2014 - ██████████ - FAST - ██████████ - The parents ██████████ and ██████████ reside with their children ██████████ and ██████████. Their Daughter ██████████ passed away on 06/19/2014. The parents were very supportive of one another and appeared to be a support however, this was difficult to gauge as there was still a level of shock from having recently found out about the death of thier daughter. There have been no previous DCS cases on this family and both Parents work to support the family. Mr. ██████████ works full time at ██████████ and Ms. ██████████ is currently employed with ██████████ and is still on Maternity leave at this time. The home was observed to clean and well kept with no signs of hazards. the boys currently reside next door with the maternal grandparents while their room is being renovated. Neither ██████████ nor ██████████ made any references to their sister, ██████████

D. Other Significant Relationships:

06/20/2014 - ██████████ - FFA - Family - The family has a great deal of family support. This is most evident in the maternal grandparents to reside next door and assist with child care of the older boys.

E. Legal/Court/DCS History:

Intake ID		Decision Date / Time		Intake Type	Investigation ID/ Assessment ID
██████████				CPS	██████████
Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info

IV. Assessment of Safety:

06/20/2014 - ██████████ - Safety - ██████████

06/20/2014 - ██████████ - FFA - Family - The home is clean and free of any hazards. The parents have family support who assist in the care of the older children. Preliminary coroners report and x-rays show no signs of trauma and preliminary impression is Sudden Infant Death Syndrome. There are no indications of abuse at this point presenting no safety concerns for the other children in the home.

V. Assessment of Well Being:

06/20/2014 - ██████████ - FFA - Family - ██████████ are doing well and have no medical or mental health needs at this time. However, ██████████ was suffering from a possible stomach virus in the past few days that has been treated.

VI. Assessment of Permanence:

06/20/2014 - ██████████ - FFA - Family - Mr. ██████████ is working at ██████████ and ██████████ is working at ██████████ to support thier family. They have stable housing and are in the process of remodeling some of the rooms in the home. In the interim the maternal grandparents are assisting in the care of the children.

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
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Worker's Signature

Date

Supervisor's Signature

Date



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 6/19/14 12:00 PM

Date of Assessment: 6/19/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 4

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.



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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: _____