



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

Case # 2014.101

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	06/27/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	06/27/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Birthmother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					

Describe (in detail) circumstances surrounding death/near death:

The ██████████ Medical Examiner is investigating the death of Baby ██████████ Case # ██████████. This 3 month-old infant was found unresponsive in bed with his mother on 0530 hrs on the morning of 6/27/14. The mother transported the decedent to the fire station for assistance. Paramedics with ██████████ Fire Department Fire Station ██████████ pronounced death at the fire station. The decedent's residence is located at ██████████. A scene investigation was conducted by the ██████████ Medical Examiner and the ██████████ Police Department, and the decedent's remains were transported to the ██████████ Medical Examiner's office for autopsy. The cause/manner of death are pending at this time. The mother's name is ██████████. Three siblings, age 7,6,and 3) also live in the house.

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:

██████████ stated that on last evening, 06/26/2014, she returned home from her mother's house around 9 pm. ██████████ stated when she came in she undressed ██████████, fed him, and laid him down on his back on his favorite circular pillow when he went to sleep. (It should be noted during this visit the pillow was not observed due to relatives taking it from the home for coping). ██████████ stated 9:30pm was his normal bedtime, and he would sleep all night. ██████████ stated when she went to bed she was lying on the right side of the bed, and ██████████ pillow was between her and the wall. ██████████ stated around 11:30 pm, she heard ██████████ make a noise, and she woke up, checked on him, and went back to bed because he seemed fine.

██████████ stated she woke up around 5:30 am, which is their normal wake up time, and he looked ok, however his tongue was slightly visible between his lips. ██████████ stated he was still lying on his pillow on his back, but was slightly turned towards her. ██████████ stated she was a little cold, so she grabbed some socks for ██████████. ██████████ stated when she grabbed his leg to put the sock on he felt cold. ██████████ stated she then opened his shirt to feel his stomach/chest area and he felt like he had been in a freezer. ██████████ stated at that time, she picked ██████████ up and proceeded to the thermostat to adjust the air, but while walking through the home she heard a voice on the porch. ██████████ stated she then proceeded to the front door and it was her neighbor. ██████████ stated she felt something was wrong, but she was scared to find out. ██████████ stated when she got on her porch, she gave ██████████ to her neighbor, ██████████ known as "██████████" stated shortly after she gave ██████████ to "██████████" he said to her "I know you don't want to hear this but I think he is gone." ██████████ stated at that time she panicked and began running door to door seeking a ride to the fire station.

██████████ stated a neighbor "██████████" took her and ██████████ to the fire station. ██████████ stated she held ██████████ the whole way there and he wasn't breathing.

██████████ were not interviewed at this time.

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

N/A

Describe disposition of body (Death): [REDACTED] Medical Examiner

Name of Medical Examiner/Coroner: [REDACTED] Was autopsy requested? No Yes

Did CPS open an investigation on this Death/Near Death? No Yes

Was there DCS involvement at the time of Death/Near Death? No Yes

Type: N/A Case #: N/A

Describe law enforcement or court involvement, if applicable:

N/A

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

None at this time. The home was appropriate for the siblings of the deceased, and there is a large amount of family support available to the children. According to [REDACTED] Medical Examiner, there was no evidence of abuse or trauma to [REDACTED] body. [REDACTED] reported the autopsy was pending at this time. The family has not had any history with the Department. It should be noted the case listed below, is when [REDACTED] and her children, [REDACTED], resided with her mother, [REDACTED], who was listed at the perpetrator.

Name: [REDACTED] Age: 7

Name: [REDACTED] Age: 6

Name: [REDACTED] Age: 2

Name: Age:

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
09/17/2009	[REDACTED]	ENN	[REDACTED]	[REDACTED]	No Services Needed
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information: N/A

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person: [REDACTED] Telephone Number: [REDACTED]

Case Manager: [REDACTED] Telephone Number: [REDACTED]

Team Leader: [REDACTED] Telephone Number: [REDACTED]

Team Coordinator: [REDACTED] Telephone Number: [REDACTED]

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

Intake #:

[REDACTED]

Investigation #:

[REDACTED]

Date of Referral:

Case # 2014-101
6/2/2014

Email to: [REDACTED]

within forty-eight (48) hours of notification

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



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 06/27/2014 12:57 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/27/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/27/2014 02:31 PM
 First Team Leader Assigned: [REDACTED] Date/Time 06/27/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 06/27/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 4 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: Facsimile

Notification: Letter

Narrative: TFACTS: Possible history involving the mother as [REDACTED] listed below. There was no DOB or SSN listed in TFACTS to confirm if the history is a match.

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated None

Child Death No



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

Screened out No

History (not listed above):

9-17-09/ [REDACTED] / ENN/ No Services Needed, Services Recommended & Accepted

County: [REDACTED]

Notification: Letter

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: None Given

Reporter's name/relationship: [REDACTED]

****Faxed referral typed verbatim as was sent to the Hotline. Per the faxed information, it does not appear that this child was in DCS custody.****

Reporter states:

This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of Baby [REDACTED] ([REDACTED]). This 3 month-old infant was found unresponsive in bed with his mother on 0530 hrs on the morning of 6/27/14. The mother transported the decedent to the fire station for assistance. Paramedics with [REDACTED] Fire Department Fire Station [REDACTED] pronounced death at the fire station. The decedent's residence is located at [REDACTED]. A scene investigation was conducted by this office and the City Police Department, and the decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED]. Three siblings, age 7,6,and 3) also live in the house. Our case # is [REDACTED]

Per SDM: Investigative Track / P1 (Child Death)

[REDACTED], TC, on 6/27/14 @ 1:08pm

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

[REDACTED]
RA - [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Unable to Age: 1 Yr 4 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race: Unable to

Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

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: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age: 8 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

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: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age: 7 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

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]
Referral Date: 06/27/2014
Street Address: [REDACTED]
City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]
Assignment Date: 07/18/2014

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/30/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: Allegation Unsubstantiated Perpetrator Unsubstantiated

D. Case Workers

Case Worker: [REDACTED] Date: 01/30/2015
Team Leader: [REDACTED] Date: 01/30/2015

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:

[REDACTED] passed away on 6/27/14. There are 3 siblings in the home: [REDACTED]. All siblings were asleep during this event. They had no knowledge of the incident.

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 [REDACTED] Medical Examiner the cause of death for [REDACTED] was Sudden Unexplained Infant Death.

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

[REDACTED] reported that she woke up and found [REDACTED] unresponsive and that she took him to a local fire department for assistance.

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:

According to the [REDACTED] Medical Examiner's Office the manner of death could not be determined.

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:	07/01/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/01/2015
Completed date:	07/01/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2015 01:37 PM Entered By: [REDACTED]

Medical records prior to death of the ACV for a well child visit have been uploaded.



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: 06/30/2015 Contact Method:
 Contact Time: 04:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/30/2015
 Completed date: 06/30/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2015 04:43 PM Entered By: [REDACTED]
 Medical records prior to death of the ACV for a well child visit have been uploaded.

Narrative Type: Created In Error Entry Date/Time: 07/01/2015 01:35 PM Entered By: [REDACTED]
 The case note was recorded in error. The date is wrong.



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: 06/08/2015 Contact Method:
 Contact Time: 01:58 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/08/2015
 Completed date: 06/30/2015 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: 06/08/2015 02:00 PM Entered By: [REDACTED]

This CPS/CPIT investigation has been completed by CPSI [REDACTED]. I have completed my review of this case and all investigative tasks have been completed.

The case was presented to CPIT Team and they made a collective decision for the allegation of Neglect Death to be classified as unsubstantiated.

Due to the allegation of Neglect Death, this case was submitted to Deputy Director of Investigations [REDACTED] and [REDACTED] [REDACTED] for further review.

Once their reviews are completed this case will be closed and a classified CS-740 will be sent to Juvenile Court for notification to the Judge and the 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: 06/08/2015

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/08/2015

Completed date: 06/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/08/2015 12:42 PM Entered By: [REDACTED]

A correspondence was received from DA, [REDACTED] who acknowledged the incident to be a result of co-sleeping.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/08/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/08/2015

Completed date: 06/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/08/2015 12:28 PM Entered By: [REDACTED]

A copy of the autopsy report was forward to [REDACTED], 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: 05/12/2015

Contact Method:

Contact Time: 03:57 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/12/2015

Completed date: 05/12/2015

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: 05/12/2015 03:59 PM Entered By: [REDACTED]

LI has completed her review and has given permission for this case to remain open. CPSI needs to complete the investigative tasks assigned by [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/20/2015 Contact Method:
 Contact Time: 11:18 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/20/2015
 Completed date: 04/20/2015 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: 04/20/2015 11:19 AM Entered By: [REDACTED]

LI [REDACTED] has reviewed the investigation concerning the death of [REDACTED]. LI has approved for this investigation to remain open so the CPSI [REDACTED] can complete the remaining investigative tasks. Once they are completed, this case will be submitted for review/closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/15/2015 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: School Created Date: 04/17/2015
 Completed date: 04/17/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): ACV Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/17/2015 10:24 AM Entered By: [REDACTED]

[REDACTED] made a visit with [REDACTED].

[REDACTED] spoke to [REDACTED] regarding his home life and what a typical day looked like for the family before the passing of his brother. [REDACTED] shared that he and his brother would attend school daily. He shared that when they returned home, they would usually change clothes and go outside and play. [REDACTED] shared that they would do their homework if they had any. He shared that their mother cooked dinner daily. [REDACTED] reported that on weekends, they would spend time at their aunt's home otherwise they were at home and played together. This investigator asked about discipline in the home. [REDACTED] reported that their mother never spansks them. He shared that if they got into trouble, they would usually have to come inside the house and watch TV. This investigator asked if things are good at home and school now; he reported yes. [REDACTED] shared that life is pretty much the same except they are at a new school and have moved to a new house. This investigator asked if he felt safe at home; he reported yes. [REDACTED] seemed to have a good understanding regarding the questions being asked.

[REDACTED] spoke to [REDACTED] who was not feeling well. This investigator attempted to asks him questions regarding his home life, [REDACTED] did not seem to understand the questions. He reported that he was doing well and that things are good at home and at school.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2015

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/26/2015

Completed date: 02/26/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2015 03:29 PM Entered By: [REDACTED]

CPIT convened and reviewed the case. It was stamped allegation unsubstantiated perpetrator 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:	01/30/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/30/2015
Completed date:	01/30/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2015 04:00 PM Entered By: [REDACTED]

On June 27, 2014 at 12:57 PM, a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] @ 1:08 PM C.S.T. with the allegation of Neglect Death. The alleged child victim is [REDACTED]. The alleged perpetrator is [REDACTED] birth mother.

[REDACTED] 3 month-old infant was found unresponsive in bed with his mother at 5:30am on the morning of 6/27/14. Investigator [REDACTED] spoke to [REDACTED] who stated that on last evening, 06/26/2014, she returned home from her mother's house around 9 pm. [REDACTED] stated when she came in she undressed [REDACTED] fed him, and laid him down on his back on his favorite circular pillow when he went to sleep. (It should be noted during this visit the pillow was not observed due to relatives taking it from the home for coping) [REDACTED] stated 9:30pm was his normal bedtime, and he would sleep all night. [REDACTED] stated when she went to bed she was laying on the right side of the bed, and [REDACTED] pillow was between her and the wall. [REDACTED] stated around 11:30 pm she heard [REDACTED] make a noise, and she woke up, checked on him, and went back to bed because he seemed fine. [REDACTED] stated she woke up around 5:30 am, which is their normal wake up time, and he looked ok, however his tongue was slightly visible between his lips. [REDACTED] stated he was still lying on his pillow on his back, but was slightly turned towards her. [REDACTED] stated she was a little cold, so she grabbed some socks for [REDACTED] stated when she grabbed his leg to put the sock on he felt cold. [REDACTED] stated she then opened his shirt to feel his stomach/chest area and he felt like he had been in a freezer. [REDACTED] stated at that time, she picked [REDACTED] up and proceeded to the thermostat to adjust the air, but while walking through the home she heard a voice on the porch. [REDACTED] stated she then proceeded to the front door and it was her neighbor. [REDACTED] stated she felt something was wrong, but she was scared to find out. [REDACTED] stated when she got on her porch; she gave [REDACTED] to her neighbor [REDACTED] known as [REDACTED] stated shortly after she gave [REDACTED] to [REDACTED] he said to her "I know you don't want to hear this but I think he is gone." [REDACTED] stated at that time she panicked and began running door to door seeking a ride to the fire station. [REDACTED] stated a neighbor [REDACTED] took her and [REDACTED] to the fire station. [REDACTED] stated she held [REDACTED] the whole way there and he was not breathing. [REDACTED] along with a neighbor, transported the [REDACTED] to the fire station for assistance. [REDACTED] with the [REDACTED] Fire Department Fire Station [REDACTED] pronounced death at the fire station at 0550 hours. The decedents residence is located at [REDACTED]. A scene investigation was conducted by the [REDACTED] Medical Examiner ([REDACTED]) and the [REDACTED] Police Department ([REDACTED]). The decedent's remains



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

were transported to the [REDACTED] Medical Examiner's office for autopsy. The cause/manner of death is pending at this time. The mothers name is [REDACTED]

Investigator [REDACTED] spoke to [REDACTED], maternal grandmother of victim [REDACTED] presented herself during the interview of the birthmother. [REDACTED] stated that [REDACTED] on was fine the day and night before his passing [REDACTED] stated that [REDACTED] and her four children left her home last night around 9pm, and [REDACTED] was his normal smiling self. [REDACTED] stated when she got the phone call this morning from [REDACTED] telling her that something was wrong with [REDACTED] and [REDACTED] needed her and they were at the fire station. [REDACTED] stated she immediately went to [REDACTED] home and got [REDACTED] and [REDACTED] from [REDACTED] who was watching them. [REDACTED] stated when she met up with [REDACTED] she found out that [REDACTED] had passed away. [REDACTED] stated that [REDACTED] is a superb mother. [REDACTED] stated she has never seen [REDACTED] harm either of her children, and she stressed if she did see something wrong with her she would take her grandkids since she takes care of them daily anyway. [REDACTED] stated she is [REDACTED] support, financially and emotionally, and between the two of them the children have everything they need.

[REDACTED] spoke to [REDACTED], neighbor of [REDACTED], stated that on yesterday morning she was awakened by a loud knock on her door. [REDACTED] stated when she went to the door, she saw [REDACTED] running down the street screaming. [REDACTED] stated she came outside and saw [REDACTED] standing on the porch holding [REDACTED] [REDACTED] stated she walked over and [REDACTED] handed the baby to her. [REDACTED] stated when she held him; she immediately knew he was dead. [REDACTED] stated she told [REDACTED] to get in the car, and lay [REDACTED] on the back seat, which [REDACTED] would not do. [REDACTED] stated she drove them to the fire station, at which time the fireman took care of the baby. [REDACTED] stated she sees [REDACTED] daily, and her son plays with [REDACTED] boys. [REDACTED] stated that [REDACTED] is a good mother, and anytime she has kept her son, he has been in good hands and had fun. [REDACTED] stated she has never seen [REDACTED] abuse or neglect her children or any other children. [REDACTED] stated she sees [REDACTED] mom come by every other day, if not daily. [REDACTED] stated she has never seen any behavior to cause worry for the children's safety or well-being.

[REDACTED] had a subsequent visit with [REDACTED], maternal grandmother who reported that the family is doing better. She shared that she decided to move her daughter and the children into her home. [REDACTED] reported that she observed that the mother was having a difficult time living in the home. She stated that the mother refused to go in the room where the baby was found. [REDACTED] further reported that the mother had been spending her days at [REDACTED] home and the family would have to go to the mother's home daily to get clothes and belongings for the mom and the children. [REDACTED] reported that her daughter is currently working and has decided that she wants to move out of her old home. [REDACTED] shared that they have discussed grief counseling but her daughter has declined thus far and has decided to keep herself busy with work. CPSI advised that grief counseling is always an option for the family. [REDACTED] reported that she would encourage the mother to seek counseling at some point for herself and the children.

[REDACTED] spoke to [REDACTED] who reported that he was doing well. [REDACTED] inquired about school next week. [REDACTED] shared that he was kind of excited about school. He shared that he has enjoyed the summer vacation. [REDACTED] asked if he felt safe at this time; he reported yes. In a subsequent interview, [REDACTED] reported that he has been doing well and adjusting to his new school. He reported no concerns. [REDACTED] spoke to [REDACTED] who reported that he was doing well. [REDACTED] shared that he was not ready to return to school. He reported that he has been having fun at his grandmother's house. [REDACTED] asked if he felt safe at home; he reported yes. In a subsequent interview, [REDACTED] reported that he enjoys his new school and their new home. He reported no concerns at this time. [REDACTED] made an observation of [REDACTED] in [REDACTED] home. She was asleep on her grandmother's bed. [REDACTED] appeared did not appear to be in any distress. [REDACTED] made a subsequent visit with [REDACTED] who reported that she was doing well. [REDACTED] reported no concerns at this time.

[REDACTED] spoke to [REDACTED] who reported that the family is doing well. She shared that she recently began to work. She shared that she is ready to move back into her own place. [REDACTED] shared that she is trying to stay busy with work and looking for a new home. [REDACTED] inquired about any grief counseling for the family. [REDACTED] shared that she is doing well and declined any services at this time. This investigator advised that option is always there if she desires counseling in the future. [REDACTED] inquired about the night of the incident in reference to her other children. [REDACTED] shared that although they were in the home; they were all asleep and have no knowledge of what happened because she took the baby out of the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

home before they were awakened.

DCS policy Work Aid 1 defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] Child Protective Investigation Team on 7/1/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

[REDACTED] appears to have been properly caring for [REDACTED] on the date of this incident.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect 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:	01/30/2015	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/01/2015
Completed date:	07/01/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/01/2015 01:34 PM Entered By: [REDACTED]

The closing SDM was completed and was scored safe.



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: 01/30/2015 Contact Method: Phone Call
 Contact Time: 11:15 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: School Created Date: 01/30/2015
 Completed date: 01/30/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Permanency, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/30/2015 03:06 PM Entered By: [REDACTED]
 [REDACTED] made a visit to [REDACTED] and spoke with school staff via telephone who shared that the [REDACTED] children had been withdrawn from this school on 1/7/15. She reported that they may be enrolled at [REDACTED].

Narrative Type: Created In Error Entry Date/Time: 01/30/2015 03:10 PM Entered By: [REDACTED]
 The date was recorded in error. The actual date was 1/29/15.



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:	01/29/2015	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	01/30/2015
Completed date:	01/30/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,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: 01/30/2015 03:51 PM Entered By: [REDACTED]

[REDACTED] made a visit to the [REDACTED] located at [REDACTED] and requested medical records on [REDACTED]. This investigator was not able to receive the complete medical history on the children but was given a copy of each child's last visit. Copies of their medical history will be mailed at a later date. According to the records, [REDACTED] was last seen on 5/13/14. She was seen for a well child visit. Her general appearance was normal; well-developed and well-nourished; no acute distress. [REDACTED] was last seen on 3/20/13. He was seen for a rash on the back of neck. No meds were given. Mother was already giving him Clotrimazole. Current med was a multivitamin. [REDACTED] was last seen on 3/3/2013. He was seen for dry patches on the head, vomiting, diarrhea, coughing, and sneezing. General appearance was normal; well-developed and well-nourished; no acute distress; appropriately dressed. He was prescribed a shampoo,a cream, and Grifulvin.



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:	01/29/2015	Contact Method:	Face To Face
Contact Time:	12:15 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	School	Created Date:	01/30/2015
Completed date:	01/30/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2015 03:30 PM Entered By: [REDACTED]

Content:

CPSI made a visit with [REDACTED] and [REDACTED]

CPSI spoke to [REDACTED] who reported that he was doing well. He shared that he is adjusting well to his new school. He reported that he has already made some new friends. [REDACTED] reported no concerns at this time.

CPSI spoke to [REDACTED] who reported that he was doing well. He shared that he was about to get on the computer when this investigator arrived to his classroom. [REDACTED] shared that he likes this school. He reported that he likes where the family lives as well. [REDACTED] reported no concerns at this time.

Observation:

CPSI did not observe any visible injuries or bruises to either child. Both boys were wearing school uniforms. Both boys appeared to have good hygiene and appeared to be well-groomed.

Plan:

CPSI will request medical records on the children.



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: 01/29/2015 Contact Method: Face To Face
 Contact Time: 11:40 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/30/2015
 Completed date: 01/30/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2015 03:24 PM Entered By: [REDACTED]

Content:

CPSI made a visit with [REDACTED]

CPSI spoke to [REDACTED] and advised that contact has been attempted with the family. [REDACTED] apologized and stated that she and her children moved to this address in December. She reported that [REDACTED] now attend [REDACTED]. [REDACTED] shared that the family continues to do well. [REDACTED] inquired about the autopsy report regarding [REDACTED]. This investigator allowed [REDACTED] to read the report and provided her with a contact number in order to obtain her own copy. [REDACTED] reported that she felt much better knowing the results of the autopsy. This investigator asked [REDACTED] if she was ok; she reported yes and that she has closure now. This investigator advised that there are resources available if she ever wants grief counseling; she thanked this investigator for the information. This investigator inquired medical care of her children and shared that their medical records needed to be obtained. [REDACTED] shared that the [REDACTED] is the medical facility that the family uses.

CPSI spoke to [REDACTED] who was playing with her mother's cell phone. [REDACTED] reported that she was doing well. She was not very talkative during this interview and seemed to be consumed with playing with the phone.

Observation:

CPSI did not observe any visible injuries or bruises to [REDACTED]. She was dressed appropriately. She appeared to have good hygiene and appeared to be well-groomed. The home was neat and clean. There was food in the home. No safety concerns were observed.

Plan:

CPSI will make a visit with [REDACTED] at their school.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/29/2015

Contact Method: Phone Call

Contact Time: 11:25 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 01/30/2015

Completed date: 01/30/2015

Completed By: [REDACTED]

Purpose(s): Permanency, 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: 01/30/2015 03:09 PM Entered By: [REDACTED]

[REDACTED] spoke to school staff at [REDACTED] who confirmed that [REDACTED] are currently enrolled at the school. School staff provided this investigator with current contact info on 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: 01/29/2015

Contact Method: Phone Call

Contact Time: 11:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 01/30/2015

Completed date: 01/30/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2015 03:11 PM Entered By: [REDACTED]

[REDACTED] made a visit to [REDACTED] and spoke with school staff via telephone who shared that the children had been withdrawn from this school on 1/7/15. She reported that they may be enrolled at [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: 01/29/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/30/2015

Completed date: 01/30/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2015 03:03 PM Entered By: [REDACTED]

[REDACTED] made a visit to [REDACTED]. The home appeared to be empty or abandoned.



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: 01/10/2015

Contact Method:

Contact Time: 10:29 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/10/2015

Completed date: 01/10/2015

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: 01/10/2015 10:31 PM Entered By: [REDACTED]

LI has reviewed the case of [REDACTED]. Permission for this case to continue to be open is granted. The following tasks need to be completed: CPSI needs to update the case notes for this case. CPSI needs to ensure that the siblings of [REDACTED] are interviewed concerning the fatality of their sibling. CPSI needs to obtain the medical records for [REDACTED] as well as his siblings. CPSI needs to provide the family with options for community resources for grief counseling (as well as [REDACTED]) if the family continues to refuse formal services.



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:	12/02/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/11/2015
Completed date:	01/11/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/11/2015 08:03 PM Entered By: [REDACTED]

CPSI made a visit too [REDACTED] to see the [REDACTED] family. The family was not available. CPSI observed that the home did not look as if it was occupied anymore. The inoperable vehicle that is usually parked at the home was no longer there. CPSI approached the neighbor across the street to inquire if the family still lived in the home; the neighbor was not sure if and who resided in the home. CPSI left another business card on the screen door.



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: 11/21/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/11/2015

Completed date: 01/11/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/11/2015 07:52 PM Entered By: [REDACTED]

CPSI received the Report of Investigation by County Medical Examiner's office. The cause of death was Sudden Unexplained Infant Death. The manner of death could not be determined. CPSI attempted contact with [REDACTED] to advise of the report and to get additional information regarding the surviving children. The numbers that are on file were inoperable.



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:	10/31/2014	Contact Method:	
Contact Time:	03:15 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/11/2015
Completed date:	01/11/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/11/2015 07:44 PM Entered By: [REDACTED]

CPSI made a visit to [REDACTED] to see the [REDACTED] family. The family was not available. CPSI attempted contact via telephone and was advised that the number called belonged to a family friend who advised that she would pass a message along 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:	09/29/2014	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/11/2015
Completed date:	01/11/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/11/2015 07:39 PM Entered By: [REDACTED]

Content:

CPSI made a visit with [REDACTED] at [REDACTED] was present at the home.

CPSI spoke to [REDACTED] who reported that the family is doing well. She shared that she recently began to work. She shared that she is ready to move back into her own place. [REDACTED] shared that she is trying to stay busy with work and looking for a new home. CPSI inquired about any grief counseling for the family. [REDACTED] shared that she is doing well and declined any services at this time. This investigator advised that option is always there if she desires counseling in the future. CPSI inquired about the night of the incident in reference to her other children. [REDACTED] shared that although they were in the home, they were all asleep and have no knowledge of what happened because she took the baby out of the home before they were awakened.

CPSI spoke to [REDACTED] who reported that he was doing well. He shared that school has been going well. He reported no concerns at this time.

CPSI spoke to [REDACTED] who reported that he was doing well. He shared that school is going well. He reported no concerns.

Observation:

CPSI did not observe any visible injuries or bruises to either child. The children were all dressed appropriately. [REDACTED] was being held by her mother during this visit. There appeared to be a good bond between mother and the children.

Plan:

CPSI will continue follow-ups with this 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: 09/26/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/11/2015

Completed date: 01/11/2015

Completed By: [REDACTED]

Purpose(s): Permanency, 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: 01/11/2015 07:28 PM Entered By: [REDACTED]

CPSI spoke to [REDACTED] regarding the status of her case. This investigator advised that face to face visits have to be made with the family monthly until the official reports have been received from the medical examiners office. [REDACTED] reported that she understood. She apologized for the difficulty this investigator has experienced with contacting the family. She reported that she would ensure that the family is home on Monday.



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: 08/29/2014

Contact Method:

Contact Time: 03:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/11/2015

Completed date: 01/11/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/11/2015 07:22 PM Entered By: [REDACTED]

CPSI made a visit to [REDACTED] to see the [REDACTED] family. This investigator observed that the business card was on the ground at the home. The family was not available.



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: 08/28/2014

Contact Method:

Contact Time: 10:10 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/11/2015

Completed date: 01/11/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/11/2015 07:19 PM Entered By: [REDACTED]

CPSI made a visit to [REDACTED] The family was not available. This investigator left a business card 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: 07/30/2014 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: 08/05/2014
 Completed date: 08/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 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: 08/05/2014 11:15 AM Entered By: [REDACTED]

Content:

CPSI made a visit to [REDACTED] at [REDACTED] (maternal grandmother) was present.

CPSI spoke to [REDACTED] who reported that he was doing well. CPSI inquired about school next week. [REDACTED] shared that he was kind of excited about school. He shared that he has enjoyed the summer vacation. CPSI asked if he felt safe at this time; he reported yes.

CPSI spoke to [REDACTED] who reported that he was doing well. [REDACTED] shared that he was not ready to return to school. He reported that he has been having fun at his grandmother's house. CPSI asked if he felt safe at home; he reported yes.

CPSI made an observation of [REDACTED]. She was asleep on her grandmother's bed. [REDACTED] appeared to healthy and not in any distress.

CPSI spoke to [REDACTED] (maternal grandmother) who reported that the family is doing better. She shared that she decided to move her daughter and the children into her home. [REDACTED] reported that she observed that the mother was having a difficult time living in the home. She stated that the mother refused to go in the room where the baby was found. [REDACTED] further reported that the mother had been spending her days at [REDACTED] home and the family would have to go to the the mother's home daily to get clothes and belongings for the mom and the children. [REDACTED] reported that her daughter is currently working and has decided that she wants to move out of her old home. [REDACTED] shared that they have discussed grief counseling but her daughter has declined thus far and has decided to keep herself busy with work. CPSI advised that grief counseling is always an option for the family. [REDACTED] reported that she would encourage the mother to seek counseling at some point for herself and the children.

Observation:

CPSI did not observe any visible injuries or bruises to either child. The two boys were in pretty good moods. They were not very talkative but they did answer this investigator's questions. [REDACTED] was in a deep sleep on her grandmother's



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

bed. The home was very neat and clean. There was plenty of food in the home. The children were all dressed appropriately. The children appeared to have good hygiene and appeared to be well-groomed.

Plan:

CPSI will continue follow-ups with this 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: 07/29/2014

Contact Method:

Contact Time: 11:34 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/29/2014

Completed date: 07/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/29/2014 11:37 AM Entered By: [REDACTED]

This investigator contacted the [REDACTED] to inquire about the status of the autopsy report on [REDACTED].
 According to satff, the report is still pending.



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: 03:08 PM

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): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/18/2014 03:12 PM Entered By: [REDACTED]

The case of [REDACTED] has been transferred to [REDACTED], CPSI. CPSI [REDACTED] will complete a follow up visit with the family, interview the siblings, offer the family grief counseling, as well as contact the Medical Examiner's office to discern if the autopsy report is complete.



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: 07/02/2014

Contact Method: Phone Call

Contact Time: 11:35 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): Well Being

Contact Type(s): Collateral Contact, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 11:41 AM Entered By: [REDACTED]

This CPSI made a phone call to check on the family's well being since the passing of [REDACTED]

[REDACTED], stated the family is doing fine. [REDACTED] stated [REDACTED] and the children have been spending the days at [REDACTED] house and the nights at [REDACTED] house. [REDACTED] stated [REDACTED] funeral will be next Saturday July 12, 2014. [REDACTED] stated she is keeping [REDACTED] busy, as she has her moments of sadness.

[REDACTED], stated she is holding up alright. She was laughing in the phone and she thanks this CPSI for calling to check on her.



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: 07/02/2014

Contact Method:

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, Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 11:32 AM Entered By: [REDACTED]

TFACTS History-

09/19/2009- victims [REDACTED] alleged perpetrator [REDACTED]

Allegation Environmental Neglect No services needed, services recommended and accepted

BACKGROUND CHECKS[REDACTED]
JSSI- No history found

TN Sex Offender- No history found

TN Meth Registry- No history found

TN Abuse Registry- No history found

[REDACTED]
JSSI- No history found

TN Sex Offender- No history found

TN Meth Registry- No history found

TN Abuse Registry- No history found



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: Correspondence
 Contact Time: 03:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 01/30/2015
 Completed date: 01/30/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/30/2015 03:54 PM Entered By: [REDACTED]

Child Protective Investigation Team convened and reviewed the case on 7/1/14. The case was stamped Department of Children's Service to handle as appropriate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/30/2014	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/01/2015
Completed date:	07/01/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/01/2015 01:34 PM Entered By: [REDACTED]

The initial SDM was completed and was scored conditionally safe.



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: 06/28/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/01/2015

Completed date: 07/01/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2015 01:32 PM Entered By: [REDACTED]

Per Work Aid 2, the DCS case manager does not have to observe the deceased child.



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: 06/28/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): 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: 07/02/2014 11:15 AM

Entered By: [REDACTED]

HOME ASSESSMENT

[REDACTED], birthmother/alleged perpetrator [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

The home had functioning utilities and appeared to be adequately furnished. The living room area was observed to have a sofa and loveseat set, and the kitchen had a dinette set. There was no safety risks observed for the children. The children have adequate sleeping arrangements in the home. There were no liquor bottles or marijuana residue observed in the home.



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: 06/28/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 11:02 AM Entered By: [REDACTED]

[REDACTED], maternal grandmother of victim

[REDACTED] presented herself during the interview of the birthmother. [REDACTED] stated that [REDACTED] was fine the day and night before his passing. [REDACTED] stated that [REDACTED] and her four children left her home last night around 9pm, and [REDACTED] was his normal smiling self. [REDACTED] stated when she got the phone call this morning from [REDACTED] telling her that something was wrong with [REDACTED] and [REDACTED] needed her and they were at the fire station. [REDACTED] stated she immediately went to [REDACTED] home and got [REDACTED] from [REDACTED] who was watching them. [REDACTED] stated when she met up with [REDACTED] she found out that [REDACTED] had passed away. [REDACTED] stated that [REDACTED] is a superb mother. [REDACTED] stated she has never seen [REDACTED] harm either of her children, and she stressed if she did see something wrong with her she would take her grandkids since she takes care of them daily anyway. [REDACTED] stated she is [REDACTED] support, financially and emotionally, and between the two of them the children have everything they need.

[REDACTED], neighbor of birthmother

[REDACTED] stated yesterday morning she was awakened by a loud knock on her door. [REDACTED] stated when she went to the door, she saw [REDACTED] running down the street screaming. [REDACTED] stated she came outside and saw [REDACTED] standing on the porch holding [REDACTED]. [REDACTED] stated she walked over and [REDACTED] handed the baby to her. [REDACTED] stated when she held him, she immediately knew he was dead. [REDACTED] stated she told [REDACTED] to get in the car, and lay [REDACTED] on the back seat, which [REDACTED] would not do. [REDACTED] stated she drove them to the fire station, at which time the fireman took care of the baby. [REDACTED] stated she sees [REDACTED] daily, and her son plays with [REDACTED] boys. [REDACTED] stated that [REDACTED] is a good mother, and anytime she has kept her son he has been in good hands and had fun. [REDACTED] stated she has never seen [REDACTED] abuse or neglect her children or any other children. [REDACTED] stated she sees [REDACTED] mom come by every other day, if not daily. [REDACTED] stated she has never seen any behavior to cause worry for the children's safety or well-being.



**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: 06/28/2014 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/30/2014
 Completed date: 07/02/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 03:02 PM Entered By: [REDACTED]

[REDACTED] made a home visit to [REDACTED]. At this time this CPSI explained to [REDACTED] the concerns of the agency. [REDACTED] invited this CPSI into home, and led this CPSI into her bedroom.

[REDACTED] began the visit by introducing this CPSI to 7 y/o [REDACTED], 6 y/o [REDACTED], and 2 y/o [REDACTED]. [REDACTED] then began to show this CPSI the belongings of the deceased, 3 m/o [REDACTED].

[REDACTED] stated that on last evening, 06/26/2014, she returned home from her mother's house around 9 pm. [REDACTED] stated when she came in she undressed [REDACTED] fed him, and laid him down on his back on his favorite circular pillow when he went to sleep. (It should be noted during this visit the pillow was not observed due to relatives taking it from the home for coping) [REDACTED] stated 9:30pm was his normal bedtime, and he would sleep all night. [REDACTED] stated when she went to bed she was lying on the right side of the bed, and [REDACTED] pillow was between her and the wall. [REDACTED] stated around 11:30 pm she heard [REDACTED] make a noise, and she woke up, checked on him, and went back to bed because he seemed fine. [REDACTED] stated she woke up around 5:30 am, which is their normal wake up time, and he looked ok, however his tongue was slightly visible between his lips. [REDACTED] stated he was still lying on his pillow on his back, but was slightly turned towards her. [REDACTED] stated she was a little cold, so she grabbed some socks for [REDACTED]. [REDACTED] stated when she grabbed his leg to put the sock on he felt cold. [REDACTED] stated she then opened his shirt to feel his stomach/chest area and he felt like he had been in a freezer. [REDACTED] stated at that time, she picked [REDACTED] up and proceeded to the thermostat to adjust the air, but while walking through the home she heard a voice on the porch. [REDACTED] stated she then proceeded to the front door and it was her neighbor. [REDACTED] stated she felt something was wrong, but she was scared to find out. [REDACTED] stated when she got on her porch, she gave [REDACTED] to her neighbor [REDACTED] known as [REDACTED]. [REDACTED] stated shortly after she gave [REDACTED] to [REDACTED] he said to her "I know you don't want to hear this but I think he is gone." [REDACTED] stated at that time she panicked and began running door to door seeking a ride to the fire station. [REDACTED] stated a neighbor [REDACTED] took her and [REDACTED] to the fire station. [REDACTED] stated she held [REDACTED] the whole way there and he wasn't breathing.

[REDACTED] stated that [REDACTED] is the father of [REDACTED] and he is incarcerated at the [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] [REDACTED] stated that the chaplain notified [REDACTED] of [REDACTED] passing, and she plans to visit him later today.

[REDACTED] stated prior to this incident, she had not noticed any health issues with [REDACTED]. [REDACTED] stated just the day before he was laughing and holding his head up. [REDACTED] stated she fed him table food at times because he begged for it, and she acknowledged that it was not what he should've been eating but she spoiled him. [REDACTED] stated that she was with him daily, whether at her house or at her mother's house, where the children attend day care.

[REDACTED] stated she is unemployed, and receives \$750 foodstamps monthly. [REDACTED] stated much of her support comes from her mother. [REDACTED] stated the children's primary care clinic is [REDACTED].

[REDACTED] offered grief services to the birthmother for herself and the children, which she declined at this time. Throughout this visit, [REDACTED] was emotional, and found constant reminders of [REDACTED] in the bedroom. There were also silent periods throughout this interview as if she would lose focus reminiscing.

Narrative Type: Addendum 1 Entry Date/Time: 06/08/2015 11:56 AM Entered By: [REDACTED]

This case manager explained and provided [REDACTED], birth mother with copies of The Client Rights Handbook, HIPPA Notice of Privacy Practices, and the Notification of Equal Process to Programs and Services and Grievance Procedures. The mother signed the Native American Veto Verification Form and the Authorization for Release of Information.



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:	06/28/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/02/2014
Completed date:	07/02/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	ACV Interview/Observation, Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2014 11:11 AM Entered By: [REDACTED]

[REDACTED] observed:

[REDACTED], 7 y/o was observed dressed in a blue and white striped shirt and blue jean shorts. He appeared to be neatly dressed, with a somewhat fresh haircut. This CPSI did not observe any marks or bruises on [REDACTED] during this visit. [REDACTED] was very active during this visit, as there were relatives and children running throughout the house. No interview was conducted.

[REDACTED], 6 y/o was observed dressed in a orange shirt with plaid shorts. He appeared to be neatly dressed, with a well managed dreadlock/braids. This CPSI did not observe any marks or bruises on [REDACTED] during this visit. [REDACTED] was very active during this visit, as there were relatives and children running throughout the house. No interview was conducted.

[REDACTED], 2 y/o was observed dressed in a yellow and pink romper. She appeared to be neatly dressed. This CPSI did not observe any marks or bruises on [REDACTED] during this visit. [REDACTED] was very shy with this CPSI during the visit, as there were relatives and children running throughout the house. No interview was conducted. [REDACTED] has damaged front teeth, that will soon be pulled out by the dentist to make way for her adult teeth to come in. The mother stated that her teeth breakage is possibly a result of the formula she was given or [REDACTED] continued sucking/biting on a bottle.



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: 06/27/2014 Contact Method: Attempted Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/30/2014
 Completed date: 06/30/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 03:00 PM Entered By: [REDACTED]
 [REDACTED] and [REDACTED] made an unsuccessful home visit to [REDACTED]. At the time of this CPSI's visit, there appeared to be no one at the residence. [REDACTED] left a note in the front door of the home.



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: 06/27/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/30/2014 03:12 PM Entered By: [REDACTED]

[REDACTED], 3 m/o was pronounced dead on 06/27/2014 and is currently in the care of the [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: 06/27/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 11:43 AM Entered By: [REDACTED]

This CPSI submitted a Notice of Child Death, Form CS-0635 and an autopsy request to [REDACTED]. The forms were forwarded to the appropriate locations.



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: 06/27/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 02:59 PM Entered By: [REDACTED]

[REDACTED] received a P-1 referral alleging Neglect Death against [REDACTED], 3 m/o by his birthmother [REDACTED].

The referral stated the [REDACTED] is investigating the death of Baby [REDACTED], Case # [REDACTED]. This 3 month-old infant was found unresponsive in bed with his mother on 0530 hrs on the morning of 6/27/14. The mother transported the decedent to the fire station for assistance. Paramedics with [REDACTED] Fire Department Fire Station [REDACTED] pronounced death at the fire station. The decedent's residence is located at [REDACTED]. A scene investigation was conducted by the [REDACTED] and the [REDACTED] Police Department, and the decedent's remains were transported to the [REDACTED] office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED]. Three siblings, age 7,6,and 3) also live in the house.



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: 06/27/2014

Contact Method:

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

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: 06/30/2014 05:44 PM Entered By: [REDACTED]

On June 27, 2014 at 12:57 PM, a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] @ 1:08 PM C.S.T. with the allegation of Neglect Death. The alleged victim is [REDACTED]. The alleged perpetrator is [REDACTED], birth mother. The referral was assessed and assigned by [REDACTED] on 6/27/14 to Investigator, [REDACTED]. Response time needs to be met. All of the children in the household will need to be interviewed and assessed for safety and well -being. It is unknown at this time if the child(ren) are of Native American descent. The referent letter was mailed on 6/27/14. Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy.



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: 06/27/2014 Contact Method: Phone Call
 Contact Time: 01:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/30/2014
 Completed date: 06/30/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/30/2014 05:37 PM Entered By: [REDACTED]

LI contacted [REDACTED], Investigator with the [REDACTED]. [REDACTED] reported [REDACTED] did not have any marks or bruises on his body that would be indicative of abuse. She reported the baby was co-sleeping with his mother, [REDACTED], in an adult bed. [REDACTED] reported there were no signs of Sudden Infant Death in the preliminary findings. [REDACTED] noted the autopsy report was still pending at this time.



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: 6/27/14 12:57 PM

Date of Assessment: 6/28/14 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.



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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: _____