Case # 2014.111

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 07/12/2014 08:42 AM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 07/12/2014

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 07/12/2014 11:07 AM

First Team Leader Assigned: [redacted]

Date/Time 07/12/2014 12:00 AM

First Case Manager [redacted]

Date/Time 07/12/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	Deceased	Neglect Death	Yes	Unknown Participant [redacted] Unknown	None

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: None

Narrative: ********** THE CHILD IS NOT IN DCS CUSTODY**********

TFACTS History: No History Found, Based on the information provided

County: [redacted]
Notification: None
School/ Daycare: Unknown
Native American Descent: No
Directions: N/A

NOTE: The race, address and contact number for the family is listed under the ACV's demographic information.

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

Reporter's name/relationship: [redacted]

Reporter states:
At this point, Law Enforcement (LE) is only able to provide the limited information contained in this report. LE was unable to provide any additional details or specifics about this information at this point.

The child, [redacted] (age 1) resides with his parents, [redacted]. Also living in the home is [redacted] sister; [redacted] (age 10).

[redacted] (DOB, [redacted] passed away today. Today, [redacted] was found unresponsive at the family's home. According to the paternal grandfather, ([redacted]) the parents contacted him at approximately 4:00 a.m. "because the mother's water broke and they (the parents) needed to get to the hospital. The grandfather arrived at the home at approximately 5:00 a.m. The parents went on to the hospital once the grandfather arrived at the home.

According to the grandfather, [redacted] went to wake [redacted] up at 8:00 a.m. and stated that "he wouldn't wake up." The grandfather went to check on [redacted] and found [redacted] "blue in color and unresponsive." Law Enforcement (LE) and EMS were contacted and went to the home. LE, Family Crisis Team, Medical Examiner and [redacted] DCS Worker ([redacted] are currently at the scene at the home. [redacted] is currently at the home with the grandfather. The mother gave birth to a baby boy (name unknown) today a [redacted] The mother, father and baby are currently at [redacted]

This is all of the information that the reporter had to provide at this time.

Per SDM; Investigative Track P1. [redacted] @ 10:02am on 7-12-14

Recipients	Time Issued	Response Received	Devices	Responses
[redacted]	07-12-14 10:06:33 AM	[redacted]	07-12-14 10:07:16 AM	[redacted] [redacted] Received
	07-12-14 10:06:35 AM	[redacted]	---	[redacted]
Email Sent				

[redacted] 10:30am on 7-12-14

[redacted] also was notified

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

Participant(s)

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

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: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: White | Age: 12 Yrs

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: [redacted]

Gender: Male | Date of Birth [redacted] | Partipant ID: [redacted]

SSN: | Race: White | Age: Deceased

Address: [redacted]

Deceased Date: 07/12/2014

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

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: Male

Date of Birth [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 39 Yrs

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: [redacted]

Gender: Female

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 40 Yrs

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: [redacted] | Partipant ID: [redacted]

SSN: | Race: | Age: 2 Yrs

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: Date of Birth: Partipant ID: [redacted]

SSN: Race: Age:

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:

Case # 2014.111

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: 07/12/2014

Assignment Date: 07/07/2015

Street Adress: [redacted]

City/State/Zip: [redacted]

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse / CSEM	Classified By / Classified Date
1	[redacted]	[redacted]	Neglect Death	Participant [redacted] Unknow		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] 10/22/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments:

D. Case Workers

Case Worker: [redacted]

Date: 10/22/2014

Team Leader [redacted]

Date: 10/22/2014

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:

CPSI arrived to the home and observed the deceased child in the baby bed. The child had dark blue purple color to his face, arms and legs. There was white on splotches on the left of the face. There were no blankets or pillows observed in the bed because they were taken for evidence. The medical examiner [redacted] confirmed there were 2 blankets and 1 pillow taken from the bed. The pillow was reported to have mucus on it where the child was laying. ME [redacted] denied any other substances or mucus on anything else on the baby bed. It did not appear the child had any marks or bruises.

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

SERVICES ARE that the parents signed the Safe Sleep form for their new child [redacted]. They were aware of Safe Sleep with [redacted] and were cooperative but grieved during the investigation.
10/22/14 CPIT Classification Meeting: This case was presented to Child Protective Investigative Team for classification. It was determined that the case is Unsubstantiated.

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

There is no perpetrator named in this case. All parties Corroborate each other's stories.

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

[redacted] stated [redacted] had a tempature throughout the day but only gave [redacted] children's Tylenol on the morning of 7/11 because his tempature. He said he was always told to give Tylenol if his tempature was greater then 100.1 or 100.5 but could not remember. [redacted] said he and his wife had taken [redacted] to the pediatrician on 7/11 for his 18 month checkup to get 3 shots. They went to [redacted] and told him about [redacted] fever. [redacted] said he did have to stay a bit longer because [redacted] arm puffed up and was red after the shots. There were then released with no issues. ([redacted] showed a picture to investigators of [redacted] standing up at the doctor's office holding a sippy cup to his mouth. This was emotional for [redacted] and stopped talking momentarily.) [redacted] stated [redacted] had been to all appointments and checkups but hasn't had too many recently because he is older. He had more doctor appointments when he was younger because he was premature.

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

10/22/14 Closing Summary: This case came to the attention of the Department on 7/12/14 with allegations of Neglect Death. It was alleged that [redacted] (18 months) passed away on this day while in his bed. The grandfather, [redacted] said the mother and father went to the hospital to give birth to their new child when [redacted] was found to be blue in his bed. Upon further investigation it was learned that [redacted] (father and mother) had went to the hospital at 5am due to her water breaking. They called the paternal grandparents to care for [redacted] (10). The paternal grandparents did not check on the children due to it being early in the morning. [redacted] then described going in to [redacted] room at approximately 7:15am and seeing his face "blue" and "red and blue dots on his back. She also stated [redacted] was lethargic and had a fever 1 or 2 days prior to his death. [redacted] (father) states he lays [redacted] down in bed on his back but will move throughout the night due to his age. [redacted] was taken to the 18 month checkup on 7/11 and was confirmed to have a fever at this time . The autopsy results show the main cause of death is positional asphyxia due to a febrile seizure and this is manner of death is natural. This case is closed as Allegations Unsubstantiated Perpetrator Unsubstantiated.

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/31/2015
Completed date:	07/31/2015	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2015 10:22 AM Entered By: [redacted]

This case came to the attention of the Department on 7/12/14 with allegations of Neglect Death. The grandfather, [redacted] had called the police because [redacted] (10) had found his grandson [redacted] not waking up in his bed. He was announced deceased on 7/12/14 by the coroner.

On 7/12/14, Child Protective Service (CPS) [redacted] traveled to the home along with [redacted] and found the child, [redacted] to be deceased. [redacted] assisted in the interviews. The alleged perpetrator is unknown throughout this investigation. Child Protective Investigations Team (CPIT) was timely convened.

During the interviews, it was learned that [redacted] (father and mother) went to the hospital at 5am due to beginning labor with their new child. They called the paternal grandparents to come over to care for [redacted] The paternal grandparents did not check on the children when they came over because they were still sleep in this early morning. The step-sister, [redacted] then described going in to [redacted] room at approximately 7:15am and seeing [redacted] face "blue" and "red" along with dots on his back. [redacted] (father) states he lays [redacted] down in bed on his back but will move throughout the night due to his age. [redacted] and [redacted] took [redacted] to his 18 month old checkup on 7/11 and the medical records confirmed he had a fever at this time.

The Department policy regarding is as follows:
DCS policy Work Aid 1 (E) 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 the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.
This case was presented to [redacted] Child Protective Investigative Team on 10/22/14 and it was determined this case be Unsubstantiated. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death. The interviews of all family members showed no wrong doing. [redacted] autopsy gave great detail of how a child of 18 months would be likely to die of a rare congenital condition in which sleep-related seizures originates in the anomalous epileptogenic focus in the hippocampus. This in turn causes upper

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

airway occlusion and/or cardiac arrhythmia with hypertension. Microdysgenesis is not specific for epilepsy since it has been reported in both the normal brains and brains of patients with other neurological issues. Studies show in about one third of these toddlers, there is no individual or family history of febrile seizures.

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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

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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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

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Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:16 AM Entered By: [redacted]

This case has been reviewed by [redacted] and feedback has been given to the team via email.

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:	04/10/2015	Contact Method:	
Contact Time:	11:40 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	DCS Office	Created Date:	04/10/2015
Completed date:	04/10/2015	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/10/2015 10:42 AM Entered By: [redacted]

[redacted] staffed this fatality case with [redacted] on this date and time.

This case is waiting on the [redacted] to approve this case for closure. There are no new updates.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	03/17/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	DCS Office	Created Date:	03/17/2015
Completed date:	03/17/2015	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/17/2015 12:31 PM Entered By [redacted]

[redacted] staffed this case for a monthly review.

All of the investigative tasks have been completed in this case.

We are awaiting final review by [redacted] to be able to close 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:	02/25/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	DCS Office	Created Date:	02/25/2015
Completed date:	02/25/2015	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/25/2015 08:07 AM Entered By: [redacted]

[redacted] staffed this case with [redacted] on this date.

[redacted] has seen the sibling of [redacted] on 2/23/15 with no concerns.

He also reports that [redacted] (10 year old step sibling) did go to Bereavement camp this past summer because of the brochures of information [redacted] gave them on this service.

This case is being sent to [redacted] today for final review.

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:	02/23/2015	Contact Method:	Face To Face
Contact Time:	05:15 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/25/2015
Completed date:	02/25/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/25/2015 07:43 AM Entered By: [redacted]

2/23/15 5:15pm
[redacted]

FF with [redacted] by [redacted]
[redacted] was sitting on the living room floor on a blanket. He seemed content and making baby noises. CPSI asked if he was crawling or standing. [redacted] replied he will act like he will crawl but doesn't not do it. [redacted] stated [redacted] is a lot like [redacted] in that he does not take any interest in walking or crawling. [redacted] was looking around the room at his mother and father was there. He was dressed appropriate with no concerns.

FF with [redacted] and [redacted]
[redacted] asked if this would be the last visit with DCS because he feels as if the Department is looking at them like they did something wrong. [redacted] had a copy of the autopsy and understood the reason for [redacted] death. [redacted] said she cried the last time CPSI came out to do a home visit and likes to know when DCS is coming out to her home.

Narrative Type: Addendum 1 Entry Date/Time: 02/25/2015 07:55 AM Entered By: [redacted]

[redacted] stated [redacted] did go to the Bereavement camp over the summer due to having the brochures from DCS. She said [redacted] plans on going next summer.

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:	System Completed
Contact Date:	02/13/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/13/2015
Completed date:	03/16/2015	Completed By:	System Completed
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/13/2015 08:26 AM Entered By: [redacted]

Administrative Review

The family has enrolled Bereavement Camp for the 10 year old that visits the home. They are going to continue this service for [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/06/2015	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	School	Created Date:	02/13/2015
Completed date:	02/13/2015	Completed By:	[redacted]
Purpose(s):	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: 02/13/2015 08:09 AM Entered By: [redacted]

2/6/15 9:30am
FF with [redacted] (grandmother) at [redacted] states she is working at [redacted] and stated she remembered [redacted] She advised [redacted] is doing great and showed pictures to [redacted] said her son is doing better but the death of [redacted] is still weighing on him. She states the family has been supportive of each other and have been going to church.
CPSI then asked about [redacted] She stated [redacted] is doing okay and knows she thinks about her brother. [redacted] says [redacted] went to a Bereavement Camp for children this past summer. She advised she signed up [redacted] to this program when she was given the packet of information by [redacted] did not remember giving this Breavement information to the family. She states [redacted] did not like it at first but [redacted] did meet some really nice friends there and still contacts them through Facebook.
CPSI informed [redacted] that CPSI may have to contact the father about a home visit. She agreed and stated she would tell [redacted] showed pictures of [redacted] and states he is a healthy child. The parents have been doing well with him and have taken extra precautions with [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:	01/12/2015	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	Less than 45
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	DCS Office	Created Date:	01/12/2015
Completed date:	01/12/2015	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/12/2015 03:43 PM Entered By: [redacted]

[redacted] staffed this case with [redacted] on this date and time. This case came to the attention of the Department with an allegation of Neglect Death.
[redacted] was assigned this case as a Priority 1 and response was met by [redacted]

[redacted] staffed this case with his supervision at the time the case was assigned and throughout the investigation. [redacted] placed an administrative review in the case once LI was transferred to this office. In that review, the list of policy requirements was documented to [redacted] so that he could make certain that all the requirements were met before classification and closing of this case.

[redacted] attended CPIT where the unanimous classification decision was to Unsubstantiate this case.
[redacted] has obtained the medical file and autopsy report, which have been uploaded to this case.
According to the investigation, it was reported that the child, [redacted] (age 1) lived with his parents, [redacted]. Also living in the home is [redacted] sister; [redacted] (age 10).
[redacted] was found unresponsive at the family's home. According to the paternal grandfather, [redacted] the parents contacted him at approximately 4:00 a.m. "because the mother's water broke and they (the parents) needed to get to the hospital. The grandfather arrived at the home at approximately 5:00 a.m. The parents went on to the hospital once the grandfather arrived at the home.

According to the grandfather, [redacted] went to wake [redacted] up at 8:00 a.m. and stated that "he wouldn't wake up." The grandfather went to check on [redacted] and found [redacted] "blue in color and unresponsive." Law Enforcement (LE) and EMS were contacted and went to the home. LE, Family Crisis Team, Medical Examiner and [redacted] CPS [redacted]) responded to the home. [redacted] remained at the home with the grandfather. The mother gave birth to a baby boy at [redacted]

According to [redacted] the date of death was entered into TFACTS as required by policy. CPIT was convened and the Notification of Child Death was completed. [redacted] reviewed policy and history on this family. The other children have been seen in the home. Interviews were held in conjunction with law enforcement to include the parents, grandparents and siblings. The SDM was completed in a timely manner. Due to this not being an abuse death, the other child was not medically examined. [redacted] visited the home in compliance with policy. A

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

photograph was obtained of the bed in which the child died. It is placed in the hard file. Pictures of the child were taken by law enforcement. Medical records were obtained as well as the autopsy and those are scanned into TFACTS.

[redacted] has met with the parents and reviewed Safe Sleep and has a signed copy in the file.

A review was held on this day with [redacted] to make sure all requirements have been met and this case is ready to be reviewed by Central Office.

The Child Death Summary has been placed into the file as well today as required by policy.

Action Steps:
Send this file to [redacted] for review.

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:	01/12/2015	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/12/2015
Completed date:	01/12/2015	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/12/2015 03:12 PM Entered By: [redacted]

1/12/15
This case came to the attention of the Department on 7/12/14 with allegations of Neglect Death. The grandfather, [redacted] had called the police because [redacted] (10) had found his grandson, [redacted] not waking up in his bed. He was announced deceased on 7/12/14 by the coroner.
On 7/12/14, Child Protective Service [redacted] traveled to the home along with [redacted] and found the child, [redacted] to be deceased. [redacted] assisted in the interviews. The alleged perpetrator is unknown throughout this investigation.
During the interviews, it was learned that [redacted] (father and mother) had went to the hospital at 5am due to beginning labor with their new child. They called the paternal grandparents to come over to care for [redacted] The paternal grandparents did not check on the children when they came over because they were still sleep in this early morning. The step-sister, [redacted] then described going in to [redacted] room at approximately 7:15am and seeing [redacted] face "blue" and "red" along with dots on his back. [redacted] (father) states he lays [redacted] down in bed on his back but will move throughout the night due to his age. [redacted] took [redacted] to his 18 month old checkup on 7/11 and the medical records confirmed he had a fever at this time.

The Department policy regarding is as follows:
DCS policy Work Aid 1 (E) 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 the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.
This case was presented to [redacted] Child Protective Investigative Team on 10/22/14 and it was determined this case be Unsubstantiated. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death. The interviews of all family members showed no wrong doing. [redacted] autopsy gave great detail of how a child of 18 months would be likely to die of a rare congenital condition in which sleep-related seizures originates in the anomalous epilleptogenic focus in the hippocampus. This in turn causes upper

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

airway occlusion and/or cardiac arrhythmia with hypertension. Microdysgenesis is not specific for epilepsy since it has been reported in both the normal brains and brains of patients with other neurological issues. Studies show in about one third of these toddlers, there is no individual or family history of febrile seizures.

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:	11/19/2014	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	11/19/2014
Completed date:	11/19/2014	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2014 12:52 PM Entered By [redacted]

11/19/14
Medical Records were received on this day for [redacted] from [redacted] . The documents showed [redacted] had an 18 month old check up visit on 7/11/14. [redacted] was the attending pysician The concerns noted was the following:
In addition to the 18 month old checkup pt with 101 (temporal) X 1 Day - 99.9 this am.

The documents will be in the file for reference.

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:	10/22/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/22/2014
Completed date:	10/22/2014	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/22/2014 10:01 AM Entered By: [redacted]

10/22/14 Closing Summary: This case came to the attention of the Department on 7/12/14 with allegations of Neglect Death. It was alleged that [redacted] (18 months) passed away on this day while in his bed. The grandfather, [redacted] said the mother and father went to the hospital to give birth to their new child when [redacted] was found to be blue in his bed. Upon further investigation it was learned that [redacted] (father and mother) had went to the hospital at 5am due to her water breaking. They called the paternal grandparents to care for [redacted] (10). The paternal grandparents did not check on the children due to it being early in the morning. [redacted] then described going in to [redacted] room at approximately 7:15am and seeing his face "blue" and "red and blue dots on his back. She also stated [redacted] was lethargic and had a fever 1 or 2 days prior to his death. [redacted] (father) states he lays [redacted] down in bed on his back but will move throughout the night due to his age. [redacted] was taken to the 18 month checkup on 7/11 and was confirmed to have a fever at this time . The autopsy results show the main cause of death is positional asphyxia due to a febrile seizure and this is manner of death is natural. This case is closed as Allegations Unsubstantiated Perpetrator Unsubstantiated.

SERVICES ARE that the parents signed the Safe Sleep form for their new child [redacted] They were aware of Safe Sleep with [redacted] and were cooperative but grieved during the investigation.

10/22/14 740: A copy of the Classification and Summary will be submitted to [redacted] for review. Upon approval, a copy is then sent by [redacted] to the Juvenile Court Judge.

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:	10/22/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/22/2014
Completed date:	10/22/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Participant [redacted] Unknow

Narrative Details

Narrative Type: Original Entry Date/Time: 10/22/2014 09:29 AM Entered By [redacted]

10/22/14 CPIT Classification Meeting: This case was presented to Child Protective Investigative Team for classification. It was determined that the case is Unsubstantiated.

Narrative Type: Addendum 1 Entry Date/Time: 07/30/2015 09:44 AM Entered By: [redacted]

Present for the presentation of all DCS and law enforcement details were submitted, questions were asked, and the unanimous classification decision was AUPU.

[redacted] Juvenile Court

[redacted] District Attorney's Office

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	10/16/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/22/2014
Completed date:	10/22/2014	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	Medical Exam		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/22/2014 09:41 AM Entered By: [redacted]

10/16/14
The final autopsy results for [redacted] was received on this day. The summary from [redacted] is as follows:

Based on the complete autopsy findings with scene investigation and ancillery studies, the main cause of death of [redacted] is positional asphyxia due to febrile seizure. The entity of sleep-related deaths in the prone position in toddlers experiencing fever who also have hippocampal and temporal lobe anomalies has been described over the past several years. Hippocampal/temporal lobe maldevelopment or microdysgenesis is considered the defining characteristic of this rare congenital condition in which sleep-related seizures originates in the anomalous epileptogenic focus in the hippocampus. This in turn causes upper airway occlusion and/or cardiac arrhythmia with hypertension. Microdysgenesis is not specific for epilepsy since it has been reported in both the normal brains and brains of patients with other neurological issues. IN about one third of these toddlers, there is no individual or family history of febrile seizures.

The manner of death is natural.

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:	10/01/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/09/2014
Completed date:	10/09/2014	Completed By:	[redacted]
Purpose(s):	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: 10/09/2014 12:04 PM Entered By: [redacted]

10/1/14
Email to [redacted]
CPSI sent an email requesting the autopsy report. [redacted] responded and stated he had checked last week on the status and it is not returned yet. He stated he would check again and let me 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:	09/27/2014	Contact Method:	
Contact Time:	10:00 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	DCS Office	Created Date:	09/27/2014
Completed date:	09/27/2014	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: 09/27/2014 09:59 PM Entered By: [redacted]

[redacted] has taken off this team as of 9/22/14. [redacted] was assigned this Neglect Death prior to [redacted] being assigned supervisor. [redacted] places the following requirements and recommendations according to policy in this case:
Child Death/Near Death:

a) Required:
Follow DCS Policy 20.27 Child Death-Near Death Rapid Response
Enter Date of Death within one (1) hour of case assignment
Convene CPIT
Provide Form CS-0635 Notification of Child Death/Near Death Report to Central Office Notification Team via Child Safety Dedicated mailbox: [redacted]
Review DCS History, link and establish case within 5 business days of case assignment
Contact referent and send referent notification letter
Observe near child victim
Interview other children in the home, observe all non-verbal children in the home (e.g., infants) within thirty (30) days of case assignment.

Complete initial SDM Assessment on surviving children (and victim if near death)
Enter all case dictation within five (5) business days of when contacts occurred.
Assess risk to other children in the home
Obtain a medical exam of other children in the home if the death is suspected to be a result of abuse or neglect
Visit home and location of incident
Photograph location of incident
Interview parent/caregiver or obtain interview from law enforcement
Interview other adults living in the home
Obtain medical exam and/or treatment for the alleged victim (if near death)
Obtain medical records (previous and current) of alleged child victim
Obtain autopsy from DCS Safety Nurse who will request an autopsy report from the Medical Examiner when available
Interview perpetrator or obtain interview from law enforcement
Interview witnesses, collaterals, other professionals or agencies

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Complete background checks
Complete Structured Decision Making (SDM) or other assessments as appropriate (initially at
Note: It is not required for the DCS case manager to observe the deceased child
b) Recommended:
Refer for psychological evaluation of children or parents/caretakers (see note attached) as applicable

Arrange counseling services for family
Consult with Well-Being Unit
Take photographs of near fatality child victim, as appropriate
Conduct other records checks (educational, mental health, community/social services agency).

[redacted] will staff with [redacted] as this case progresses. Some of the recommendations and requirements have already been met.

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:	08/21/2014	Contact Method:	Face To Face
Contact Time:	09:15 AM	Contact Duration:	Less than 45
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	08/21/2014
Completed date:	08/21/2014	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2014 01:10 PM Entered By: [redacted]

8/21/14 9:15am
[redacted]

FF with [redacted] was observed in a baby carrier napping. He did have a blanket on him and a striped thin outfit on. There were no concerns and when CPSI was looking at him, he yawned and stretched in the baby carrier.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.
****During this process of presenting the family with the above documents, [redacted] said he did not know why any medical records were needed for [redacted] He stated he would feel more comfortable when the autopsy returned; medical records could be received by the Department at this time. [redacted] said [redacted] could call at anytime.

Interview with [redacted] with [redacted]
They both sat in the living room with CPSI. [redacted] stated they had been in contact with their [redacted] about the autopsy results of their deceased child. [redacted] had called the medical examiner and they heard [redacted] had "brain swelling" and this could have been a cause of death. [redacted] said once she heard this, she did some research about the vaccinations [redacted] had the day before his death. She found the MMR vaccination has a rare side effect of brain swelling and she thinks this is what happened. [redacted] did not believe the autopsy would show shots would have caused this. [redacted] started crying during some of this conversation and CPSI changed the subject.

[redacted] said they are going to return to work in October. They are now trying to sell their home because they need a change and also were going to sale before this incident occurred.
The next visit for [redacted] is on September 18 for the 2 month visit. [redacted] then asked about shots/vaccinations for [redacted] (infant) and [redacted] said she is not going to allow any vaccinations on her new child. She advised she has already

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted]

found out the process from the doctor. [redacted] said she is going to sign the form stating she does not want the shots/vaccinations for [redacted] CPSI advised to talk to [redacted] to get a better understanding.
[redacted] were both frustrated about the lack of urgency from the medical examiner's office but are happy they have found out about the brain swelling.

******SAFE SLEEP HOME ASSESSMENT WAS COMPLETED and SIGNED ON THIS DAY.
[redacted] stated they have fallen asleep with [redacted] in their arms but woke up to put him in the bassinet in the bedroom. They always lay [redacted] on his back and swaddle him with a blanket. There are no loose items in the crib. This was observed to be true.

Narrative Type: Addendum 1 Entry Date/Time: 07/28/2015 10:39 AM Entered By: [redacted]

[redacted]
Family Composition:
Children:
[redacted] Deceased
Mother:
[redacted]
Father:
[redacted]

REFERRAL AND REFERRANT:
This case came to the attention of the Department on 7/12/2014 with allegations of neglect death. The referral reads as follows: The child, [redacted] (age 1) resides with his parents, [redacted] Also living in the home is [redacted] sister; [redacted] (age 10).

[redacted] (DOB, [redacted]) passed away today. Today, [redacted] was found unresponsive at the family's home. According to the paternal grandfather, ([redacted]) the parents contacted him at approximately 4:00 a.m. "because the mother's water broke and they (the parents) needed to get to the hospital. The grandfather arrived at the home at approximately 5:00 a.m. The parents went on to the hospital once the grandfather arrived at the home.

According to the grandfather, [redacted] went to wake [redacted] up at 8:00 a.m. and stated that "he wouldn't wake up." The grandfather went to check on [redacted] and found [redacted] "blue in color and unresponsive." Law Enforcement (LE) and EMS were contacted and went to the home. LE, Family Crisis Team, Medical Examiner and [redacted] DCS Worker ([redacted]) are currently at the scene at the home. [redacted] is currently at the home with the grandfather. The mother gave birth to a baby boy (name unknown) today at [redacted] The mother, father and baby are currently at [redacted]

This is all of the information that the reporter had to provide at this time.

CPS Central Intake received this report on 7/12/2014 @ 8:43 am and assigned a P1 response. The case was assigned to [redacted] on 7/12/2014 with the response due immediately.
This case came to the attention of the Department on 7/12/2014 and was assigned to [redacted] on 7/12/2014 as a P1. Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification is made to the District Attorney's Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff) as requested per Juvenile Court [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:	07/14/2014	Contact Method:	Face To Face
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/28/2015
Completed date:	07/28/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/28/2015 10:41 AM Entered By: [redacted]

Child Protective Investigation Team was convened with [redacted] will not be working this case. Due to the fatality [redacted] will take over 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:	07/12/2014	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/30/2015
Completed date:	07/30/2015	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2015 10:03 AM Entered By: [redacted]

SDM was completed by [redacted] [redacted] on this date. The Safety Decision was "SAFE". The form was signed and is placed in the hard copy 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:	07/12/2014	Contact Method:	Face To Face
Contact Time:	12:30 PM	Contact Duration:	Less than 45
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	07/14/2014
Completed date:	07/14/2014	Completed By:	[redacted]
Purpose(s):	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: 07/14/2014 12:47 PM Entered By: [redacted]

7/12/14 12:25pm

[redacted]

Interview with [redacted] brought a nurse in the room with him for support.
During the interview [redacted] was emotional and could not finish sentences due to [redacted] death. He was tearful and stated "I thought this was supposed to be a good day?.
[redacted] advised he is a [redacted] on [redacted]. He says he works 4 days on and 3 days off and rotates. [redacted] says he and his wife, [redacted] share the equal duties of caretaking for [redacted]

[redacted] told [redacted] was pregnant and her water broke before 5 am and he called the paternal grandfather, [redacted] He said they arrived about 20 minutes later and he and his wife got to the hospital about 5:45am. [redacted] asked about the children before they left. [redacted] advised [redacted] were in bed and did not check on them. He stated he did have a video monitor and looked at it to see if [redacted] was okay. [redacted] said [redacted] was lying on his stomach with his face turned out. He said [redacted] will be laid on his back at night and will move all over the baby bed throughout the night.
[redacted] stated [redacted] had a tempature throughout the day but only gave [redacted] children's Tylenol on the morning of 7/11 because his tempature. He said he was always told to give Tylenol if his tempature was greater then 100.1 or 100.5 but could not remember.
[redacted] said he and his wife had taken [redacted] to the pediatrician on 7/11 for his 18 month checkup to get 3 shots. They went to [redacted] and told him about [redacted] fever. [redacted] said he did have to stay a bit longer because [redacted] arm puffed up and was red after the shots. There were then released with no issues. [redacted] showed a picture to investigators of [redacted] standing up at the doctor's office holding a sippy cup to his mouth. This was emotional for [redacted] and stopped talking momentarily. [redacted] stated [redacted] had been to all appointments and checkups but hasn't had too many recently because he is older. He had more doctor appointments when he was younger because he was premature.
On 7/11, [redacted] reported [redacted] did not eat a lot but took some bites of chicken nuggets. After the doctor, [redacted] seemed to be doing better and [redacted] said he could feel his fever break. He knew [redacted] had been teething but thinks that was the only issue. At 8pm the fever seemed to come back and [redacted] lay down with [redacted] on the couch. [redacted] and [redacted] had gone to [redacted] at this time. [redacted] lay on [redacted] chest and was looking towards the TV. He could feel his fever break after lying down and said [redacted] temperature was 99.9. [redacted] asked if anything else was abnormal

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization	[redacted]

on this day and [redacted] stated [redacted] did not have many pee diapers on 7/11. He was drinking normally and played at times. [redacted] asked who the primary caretaker was and [redacted] said he and his wife share the same responsibility. He advised he will lay [redacted] to bed when he is home because [redacted] has scoliosis. She still lays [redacted] down but he does it when home because of her issues. He denies this health problem affecting her parenting. His favorite juice is apple and was within the normal range on the developmental charts at the doctor's office.

[redacted] left and CPSI gave [redacted] a DCS handbook along with safe sleep pamphlets. The nurse in the room stated they have also went over safe sleep with [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:	07/12/2014	Contact Method:	Face To Face
Contact Time:	12:05 PM	Contact Duration:	Less than 01 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	07/14/2014
Completed date:	07/14/2014	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2014 11:23 AM Entered By: [redacted]

7/12/14 12:05pm
[redacted]
Investigators arrived and saw [redacted] and her mother in the lobby of the hospital. [redacted] mother, [redacted] stated it would be okay if [redacted] spoke to investigators alone. She told [redacted] she could sit with her if it was needed.

Interview with [redacted] (10). This was a private interview with [redacted]
[redacted] said she shares visitation with her dad and mother. She will stay 2 days on and 2 days off along with every other weekend. She stated she likes spending time with both parents and did not have any complaints. She said her father and step-mother love each other and does not see them fight.
[redacted] said she wakened at 7:15am from her bed and went to find her mother and father. She then went downstairs and saw her pappy. He told her [redacted] went in the labor. [redacted] said this was expected and was not scared.
[redacted] was excited about her new baby brother and wanted to get [redacted] up to go to the hospital with her grandparents. She went to the room and reported [redacted] was face down in the pillow and noticed he was blue on his face and red and blue dots on his back. She then yelled for [redacted] and told his something was wrong with [redacted] then came to the room and reportedly "freaked out". She reported [redacted] door was cracked but not closed.
[redacted] then told investigators about the previous day (7/11). She advised she went to the mall with her father and returned home around 2:30pm. [redacted] says she knows [redacted] went to the doctor at 9:45am to get his shots. When he returned home, she remembers he stayed up for 10 minutes and then took a nap for 1 hour and 30 minutes. She says he usually naps for 3 hours.
[redacted] was asked how [redacted] was acting on 7/11 and she said he seemed lazy and laid around. She advised he is usually jumping around and eating. On 7/11, he did not have much of an appetite but at watermelon in the morning before going to the doctor at 9:45am. They had Chick Fil A and cheeseburger pie and [redacted] only ate a few bites of each.
[redacted] advised [redacted] takes a bottle and cereal before bed but on 7/11, [redacted] only took a bottle of whole milk. She advised she was gone when [redacted] went to sleep on 7/11 because she and [redacted] had went to [redacted] She advised her father, [redacted] always lays [redacted] down on his back in bed. [redacted] states she knows [redacted] will twist and turn throughout the night. She denies any toys being in his bed but is usually a blanket and a pillow.
[redacted] thinks Thursday (7/10) is when [redacted] started to have a fever and said he did not eat much on 7/10. [redacted] also

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

denied being sick recently and when asked about her parents being sick, she says they were sick 2 months ago. [redacted] says she would be okay to go to someone to talk about what happened this morning. She said she is just going to do stuff to try not to think about what happened.

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:	07/12/2014	Contact Method:	Face To Face
Contact Time:	09:45 AM	Contact Duration:	Less than 02 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/14/2014
Completed date:	07/14/2014	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2014 10:58 AM Entered By: [redacted]

HV- The home was clean and sanitary. It was located in a nice subdivision in north [redacted] All bedrooms were clean and no clutter was viewed.

7/12/14 9:50am
[redacted]
Interview with [redacted] (paternal grandmother). This interview was private and was conducted by [redacted].

[redacted] stated she is the mother of the father, [redacted] called her around 4am to tell her that [redacted] water broke and they needed to go to hospital. She and her husband then put on clothes to go over to [redacted] home to watch the children, [redacted]
When [redacted] arrived, [redacted] told her she could give a half of a syringe dropper of Tylenol if [redacted] had a fever. She said he had a fever and given him some the day before. [redacted] left about 5 10 minutes after they arrived. She did not check on either [redacted] because they were sleeping when they arrived to the home.
As it got later in the morning, [redacted] washed her hair to get ready to get the kids up to go to the hospital. During this time, [redacted] got up and read the note left by her step-mother, [redacted] read the note about her new baby brother arriving, and wanted to wake her baby brother up. [redacted] finished washing her hair and heard [redacted] yelling at her husband. She came out of the room and heard [redacted] saying [redacted] had a blue place on his side. She also saw [redacted] on the floor crying. [redacted] went to the room where [redacted] was laying and observed him on his stomach and his arms above his head. She described his shirt was bunched up towards his chest and she lowered his shirt. [redacted] said 1 blanket was covering his legs and the other blanket was at the bottom of the bed. She saw blue color on his face and side and she began rubbing him after they called 911. [redacted] says she described what she saw to the 911 operator and the lady told her she did not think CPR could help the child. [redacted] stated she maybe should have tried CPR and wanted to know if she did the right thing.

[redacted] denied [redacted] falling or being sick in the past few days. He did have a fever but had went to have his 18 month checkup on 7/11. She said he was given 3 shots for Chicken Pox, Pregestrian (?), and another unknown shot. [redacted] was born as C-Section child and was premature. It was reported he had to stay in the NICU for 2 months because of his trouble breathing. [redacted] was currently teething and knows this because she had him a few days the

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted]

previous week. While [redacted] was with her, he was playing and acting like a normal 18 month old.
[redacted] asked more family medical history and [redacted] said she knows [redacted] has had 1 miscarriage before the [redacted] is [redacted] birth daughter and stays half the time with [redacted] and [redacted] and the other half with her mother.
[redacted] showed investigators her call log and communication with [redacted].
At 7:05am, [redacted] sent a text message asking if [redacted] was awake
At 7:45am, [redacted] sent a text message asking her to bring 2 cans of Copenhagen to the hospital.
At 8:02am, [redacted] sent a Picture of the new born child, [redacted]
At 8:09am, [redacted] called [redacted] to ask if they got the picture of the new born child.

[redacted] stated when [redacted] called she told him there was a problem with [redacted] She proceeded to tell him that the thought [redacted] had passed away. [redacted] immediately said "what" starting yelling and crying away from the phone.

7/12/14 10:55am
Interview with [redacted]. This was a private interview by the same investigators.

[redacted] stood up during the interview and it appeared he was still distraught about the recent events. He is the father of [redacted]
He advised he got a call from [redacted] at 4:36am. [redacted] said he knows the time because he answered the phone. They got their clothes on and arrived to [redacted] home around 5am. He denied going upstairs to check on the children but remembers looking at the baby monitor to see [redacted] said it appeared [redacted] was lying on his stomach with his hands above his head. He says the monitor was blurry and he did not have the best eyes to see anything else.
[redacted] then said [redacted] got up and wanted to wake up [redacted] around 7:30am. [redacted] went to his bedroom and came back to him to say something was wrong with [redacted] said he rushed upstairs and saw [redacted] was blue on his face when he turned him over. He then yelled for his wife and she came in shortly after. [redacted] said he was in the same position he had seen earlier this morning. [redacted] had a blanket on and it was slightly above waist. He also had a shirt on and it was bunched up a bit. He did not know if the door to [redacted] room was open or closed because [redacted] went in the room first. He advised he did see a little mucus on the pillow but did not seeing anything else abnormal.
[redacted] made comments that he didn't know what [redacted] were going to do. He remembers [redacted] calling about receiving the picture of the new born baby and [redacted] had to report the bad news to him.
[redacted] says he knows [redacted] had shots/immunizations on the previous day. He asked the medical examiner if this was a cause in his death. [redacted] explained the purpose of the autopsy.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/12/2014	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/30/2015
Completed date:	07/30/2015	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2015 10:14 AM Entered By: [redacted]

Family Composition:

[redacted] DOB [redacted] deceased child

[redacted], DOB [redacted] father

[redacted] DOB [redacted] mother

[redacted] DOB [redacted] sibling

[redacted] DOB [redacted] sibling

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:	07/12/2014	Contact Method:	Face To Face
Contact Time:	09:20 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/14/2014
Completed date:	07/14/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2014 09:29 AM Entered By: [redacted]

7/12/14 9:20am
[redacted]
FF with [redacted] by [redacted]
CPSI arrived to the home and observed the deceased child in the baby bed. The child had dark blue purple color to his face, arms and legs. There was white on splotches on the left of the face. There were no blankets or pillows observed in the bed because they were taken for evidence. The [redacted] confirmed there were 2 blankets and 1 pillow taken from the bed. The pillow was reported to have mucus on it where the child was laying. [redacted] denied any other substances or mucus on anything else on the baby bed. It did not appear the child had any marks or bruises. An autopsy was going to take place at [redacted] on 7/12 or 7/13.
A picture was taken of the baby bed after the child was taken by paramedics.

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:	07/12/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/12/2014
Completed date:	07/12/2014	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: 07/12/2014 11:15 AM Entered By: [redacted]

BEGINNING CASE SUMMARY

On 07/12/14 at 8:42 a.m. central time, a referral was called into Child Abuse Hotline. The referral was screened into [redacted] as a P1 with allegations of neglect death.

The alleged child victim is listed as [redacted], age 1. The alleged perpetrators are listed as: Unknown. Response is due: immediately.

The referral states the following:
Reporter states:
At this point, Law Enforcement (LE) is only able to provide the limited information contained in this report. LE was unable to provide any additional details or specifics about this information at this point.

The child, [redacted] (age 1) resides with his parents, [redacted] Also living in the home is [redacted] sister; [redacted] (age 10).
[redacted] (DOB, [redacted]) passed away today. Today, [redacted] was found unresponsive at the family's home. According to the paternal grandfather, ([redacted]) the parents contacted him at approximately 4:00 a.m. "because the mother's water broke and they (the parents) needed to get to the hospital. The grandfather arrived at the home at approximately 5:00 a.m. The parents went on to the hospital once the grandfather arrived at the home.

According to the grandfather, [redacted] went to wake [redacted] up at 8:00 a.m. and stated that "he wouldn't wake up." The grandfather went to check on [redacted] and found [redacted] "blue in color and unresponsive." Law Enforcement (LE) and EMS were contacted and went to the home. LE, Family Crisis Team, Medical Examiner and [redacted] DCS Worker [redacted]) are currently at the scene at the home. [redacted] is currently at the home with the grandfather. The mother gave birth to a baby boy (name unknown) today at [redacted] The mother, father and baby are currently at [redacted]
This is all of the information that the reporter had to provide at this time.

The case is assigned to [redacted] It is not known if this child is of Native American descent. This information will need to be obtained when response is met. A follow up phone call will be made and documented with

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

the referent within 15 working days of referral per policy, unless the referent is anonymous.

This family has the following TFACTS history:
No history found.

Severe Abuse Notification is made to the District Attorney's Office by local protocol. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge according to local protocol.

Narrative Type: Addendum 1 Entry Date/Time: 07/28/2015 10:40 AM Entered By: [redacted]

7/12/2014
[redacted] spoke briefly with the referent who had no further information at this time.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Assessment

Family Name: [redacted]

County: [redacted]

Date of Referral: 7/12/14 8:42 AM

Assessment Type: Initial

TN DCS Intake ID #: [redacted]

Worker: [redacted]

Date of Assessment: 7/12/14 12:00 AM

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes	No		
☐	☒	1.	Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply): ☐ Serious injury or abuse to child other than accidental. ☐ Death of a child due to abuse or neglect. ☐ Care taker fears that s/he will maltreat the child. ☐ Threat to cause harm or retaliate against the child. ☐ Excessive discipline or physical force. ☐ Drug-affected infant/child. ☐ Methamphetamine lab exposure.
☐	☒	2.	Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
☐	☒	3.	Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
☐	☒	4.	Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
☐	☒	5.	The family refuses access to the child, or there is reason to believe that the family is about to flee.
☐	☒	6.	Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
☐	☒	7.	The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
☐	☒	8.	Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
☐	☒	9.	Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

☐ ☒ 10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.

☐ ☒ 11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.

☐ ☒ 12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.

☐ ☒ 13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

☐ 1. Intervention or direct services by worker as part of a safety plan.

☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.

☐ 3. Use of community agencies or services as immediate safety resources.

☐ 4. Have caretaker appropriately protect the victim from the alleged perpetrator.

☐ 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

☐ 6. Have the non-offending caretaker move to a safe environment with the child.

☐ 7. Legal action planned or initiated - child remains in the home.

☐ 8. Other (Specify): _____

Protective Custody Interventions:

☐ 9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.

☐ 10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

[X] 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:** _____