



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 08/13/2014 08:46 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 08/13/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 08/13/2014 01:42 PM
 First Team Leader Assigned: [REDACTED] Date/Time 08/13/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 08/13/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 4 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: Facsimile
 Notification: None
 Narrative: TFACTS: No history found with information provided
 Family Case ID's: None
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated No
 Child Death No



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 26 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: [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: 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:



**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: 08/13/2014

Assignment Date: 08/13/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/08/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Case Closure

D. Case Workers

Case Worker: [REDACTED]

Date: 01/08/2015

Team Leader: [REDACTED]

Date: 01/08/2015

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:

CPSI was not able to interview the victim due to the victim deceased on 8/12/14.

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

CPSI received autopsy report. The Forensic Center was notified by [REDACTED] who reported that the decedant was discovered between the adult mattress and a crib. Jurisdiction for death was accepted by the Medical Examiner's Office. The investigator responded to the [REDACTED] arriving at 0740 hours performed a brief body examination and documented the decedent with photographs. The decedent was transported to the [REDACTED] for examination and disposition to the funeral home. It was proceeded to the residence where a re-enactment was performed and photographed by investigator, [REDACTED]. The summary stated that the cause of death was wedging and the manner of death was accidental.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

The perpetrator is unknown

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

CPSI spoke with the referent. The referent said that the body of [REDACTED] [REDACTED] was received and stated that there were no marks or bruises found on [REDACTED] and the autopsy is still pending

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

The Department received a referral on [REDACTED] [REDACTED] alleging Neglect Death and the perpetrator is listed as unknown. According to the referral it was reported five month old infant, [REDACTED] [REDACTED] was discovered unresponsive while at his residence located at [REDACTED]. The descendant's mother called 911 and began CPR until the paramedics arrived and was transported to [REDACTED]. The child was treated at [REDACTED] and pronounced dead at 0541 hours on 8/12/14. CPSI interviewed the parents and it was reported that [REDACTED] was in the bed with them and rolled over and got caught in between the mattress and the bed. The autopsy was received and reported that the cause of death was accidental wedging and the baby was caught in between the mattress and crib.

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] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 07/24/2015

Contact Method:

Contact Time: 02:36 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2015

Completed date: 07/24/2015

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: 07/24/2015 02:47 PM Entered By: [REDACTED]

The case has been investigated by CPSI [REDACTED] and all investigative tasks have been completed. The client died from being wedged between the bed and his crib. The CPSI has made home visits and obtained statements from the parents, siblings and collateals. Background checks have been completed and medical records are scanned in the case file and have been reviewed. The case was staffed in CPSI and AG [REDACTED] signed off on the investigation classification being AUPU. The case has been reviewed by IC [REDACTED] and western RID [REDACTED]. The case has also been reviewed by [REDACTED] special assistant to the Deputy Commissioner and is approved for closure. Copies of the 740 and its classification will be forwarded to the judge and the AG.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/08/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2015

Completed date: 07/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2015 10:24 AM Entered By: [REDACTED]

[REDACTED] Closing Summary:

The Department of Children's Services (Office of Child Safety) CPIT unit received a referral on 8/13/14 with an allegation of Neglect Death regarding non-custodial child [REDACTED] with the perpetrator listed as unknown. According to the referral it was reported five month old infant, [REDACTED] was discovered unresponsive while at his residence located at [REDACTED]. The descendant's mother called 911 and began CPR until the paramedics arrived and was transported to [REDACTED]. The child was treated at [REDACTED] and pronounced dead at 0541 hours on 8/12/14. CPSI received autopsy report on 1/2/15.

The investigation into this incident was conducted by the [REDACTED] Police Department [REDACTED] DCS [REDACTED] and [REDACTED] County [REDACTED].

The report to DCS listed the alleged perpetrator of Child Neglect Death as Unknown Perpetrator. Numerous interviews were conducted of family, law enforcement and medical professionals.

As part of the investigation, [REDACTED] parents and siblings were interviewed. On 8/13/14 CPSI [REDACTED] interviewed the family at the home located at [REDACTED]. CPSI spoke with the mother, [REDACTED] at the home located at [REDACTED]. Ms. [REDACTED] stated her, paramour, [REDACTED] (father) and children, [REDACTED] (7 yrs old), [REDACTED] and [REDACTED] (2) all reside in the same home. Ms. [REDACTED] stated that [REDACTED] has her own room, [REDACTED] and [REDACTED] share a bedroom and [REDACTED] has a babycrib in their room. Ms. [REDACTED] stated that on 8/12/14 they all went to bed around 10:30 p.m. Ms. [REDACTED] stated that [REDACTED] will sometimes sleep in the crib or in their bed with her and Mr. [REDACTED]. Ms. [REDACTED] stated that on this particular night [REDACTED] slept with them. Ms. [REDACTED] stated that [REDACTED] usually wakes up through the night but he did not wake up on this particular night. Ms. [REDACTED] stated that she woke up around 5:00 a.m. to use the restroom and she crawled over Mr. [REDACTED] while [REDACTED] was sleeping on the other side of the bed because she did not want to wake the baby. Ms. [REDACTED] stated that when she got back to the bedroom she pulled the cover back and did not see [REDACTED]. Ms. [REDACTED] reported that she found [REDACTED] positioned on the left side of the mattress face down pinned between the bed and the baby bed with milk running out the side of his mouth. Ms. [REDACTED] stated that she immediately picked [REDACTED] up and called 911. Ms. [REDACTED] stated that while she was on the phone the operator instructed her to give [REDACTED] CPR until the paramedics arrived.

Ms. [REDACTED] stated that she did not find out she was pregnant until after she was four months and she did not receive



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

any prenatal care. Ms. [REDACTED] stated that [REDACTED] was premature (32 weeks) and he was born at the [REDACTED] and weighed 3 lbs. Ms. [REDACTED] stated that at the time of his birth [REDACTED] experienced heart drops, breathing problems and acid reflux in which he stayed two months in the hospital after his birth. Ms. [REDACTED] stated that after he was discharged from the hospital that he was put on vitamin drops for seven days. Ms. [REDACTED] stated that [REDACTED] did not have any other health problems and he would go to his follow up doctor appointments at [REDACTED] on [REDACTED] in [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was last seen at the doctor on July 8, 2014 for his four month shots and that there were no problems when he was seen at the doctor.

CPSI also spoke with Mr. [REDACTED] (father) on 8/13/14 and he stated [REDACTED] slept with them that night and he was sleep the entire night. Mr. [REDACTED] stated that he did not realize what happened until Ms. [REDACTED] screamed and he observed Ms. [REDACTED] holding the baby. Mr. [REDACTED] stated that the ambulance came within fifteen minutes and transported him to the hospital.

CPSI spoke with sibling, [REDACTED] (7) and she stated that she saw her brother, [REDACTED] the other day. [REDACTED] stated that her mother called the police. [REDACTED] stated that she see is in the second grade and enjoys going to school. [REDACTED] did not provide any other information to this worker about her brother. [REDACTED] did not have any marks or bruises at the time of the visit.

CPSI did not interview the other siblings, [REDACTED] (2 yrs old) due to the child was too young to be interviewed. [REDACTED] was playing at the time of the visit and he was neat and clean. [REDACTED] did not have any marks or bruises.

CPSI attempted to interview sibling, [REDACTED] at the time of the visit. [REDACTED] was running around playing with his brother, [REDACTED] at the time of the visit and the mother instructed him to sit down. [REDACTED] started crying at the time and did not want to talk with this worker. [REDACTED] was observed to be neat and clean at the time of the visit. [REDACTED] did not have any marks or bruises at the time.

CPSI observed the home to have working utilities, food and adequate furniture. CPSI observed the room of the siblings and all of the siblings had appropriate bedding. CPSI also observed the room where [REDACTED] was found deceased. [REDACTED] had his own crib and the crib was located in the parents room next to the parents bed. CPSI was not able to make face to face with [REDACTED] due to the child was deceased and transported the forensic center for the autopsy.

CPSI spoke with the grandmother, [REDACTED] on 10/24/14. Ms. [REDACTED] said that she is the mother of [REDACTED]. Ms. [REDACTED] said that the parents are doing fine at this time and that they have their moments when their said about [REDACTED] death. Ms. [REDACTED] said that the mother and father are good parents and they take good care of their other children. Ms. [REDACTED] stated that she has no issues or concerns about the safety of the other children. Ms. [REDACTED] said that she is a support person for the family.

CPSI spoke with [REDACTED] (aunt) on 10/24/14. Ms. [REDACTED] said that the family is doing well considering that [REDACTED] passed away a few months ago. [REDACTED] said the mother is holding herself up well and ensuring that she takes care of the other children. Ms. [REDACTED] said that she helps the mother whenever she needs help. Ms. [REDACTED] believes that the baby's death was an accident and that the parents would never do anything to harm the baby. Ms. [REDACTED] stated that the children are doing fine but they still talk about their brother and how they miss him.

Child Protective Service Investigator spoke with [REDACTED] at [REDACTED] on 8/14/14. Mr. [REDACTED] reported there were no marks or bruises found on [REDACTED] and the autopsy is still pending. CPSI conducted a DCS Check (TFACTS), Juvenile Court ([REDACTED]) and [REDACTED] Police Check on the family and there was no history found through the checks. Child Protective Service Investigator received medical records from the [REDACTED] on [REDACTED]. The medical report consisted if at least 300 pages and was scanned in TFACTS and enclosed in case file. According to the medical report obtained medical records from [REDACTED]. According to the medical records the mother's pregnancy [REDACTED] was complicated by rupture of membranes since 2/26/14. The victim had poor respiratory efforts noted and recarations. The infant was admitted to intermediate care for observation and oxygen requirement placed on his binasal cannula at infant and had jaundice.

DCS Policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

-
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.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 7/8/15. Attorney General [REDACTED] [REDACTED] approved the case for closure and classified the allegation as AUPU and there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

The Department of Children's Services found no evidence found due to the autopsy from the [REDACTED] reported the death was an accidental death due to wedging. 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] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/08/2015

Contact Method:

Contact Time: 09:15 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/08/2015

Completed date: 07/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2015 09:25 AM Entered By: [REDACTED]

The final notification of the classification will be forwarded to Juvenile Court.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/08/2015

Contact Method:

Contact Time: 09:10 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/08/2015

Completed date: 07/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2015 09:24 AM Entered By: [REDACTED]

The final notification of the closing classification will be forwarded to Attorney General.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/08/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2015

Completed date: 07/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2015 09:17 AM Entered By: [REDACTED]

The case was reviewed by Attorney General, [REDACTED] [REDACTED] and she approved the case for closure and classified as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2015

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact, Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 12:35 PM Entered By: [REDACTED]

CPSI made ten day visit with said children at the daycare [REDACTED] [REDACTED] [REDACTED] [REDACTED]. The children were playing outside at the time of the visit. The children stated they were fine. The children were groomed properly and did not have any marks or bruises.

CPSI talked with the director, Ms. [REDACTED] and said that the children have been attending the daycare for a few months. Ms. [REDACTED] said that she has never seen any type of abuse or neglect with any of the children. Ms. [REDACTED] said she feels the mother is taking good care of the children and have no concerns with the family.

Narrative Type: Addendum 1 Entry Date/Time: 07/08/2015 09:15 AM Entered By: [REDACTED]

Ms. [REDACTED] verified the children are up to date on their immunizations.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/26/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 03:22 PM Entered By: [REDACTED]

CPSI obtained medical records from [REDACTED] [REDACTED] [REDACTED]. According to the medical records the mother's pregnancy [REDACTED] [REDACTED] was complicated by rupture of membranes since 2/26/14. The victim had poor respiratory efforts noted and recarations. The infant was admitted to intermediate care for observation and oxygen requirement placed on his binasal cannula at infant and had jaundice.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/16/2015

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/08/2015

Completed date: 07/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2015 09:14 AM Entered By: [REDACTED]

CPSI has attempted to contact [REDACTED] [REDACTED] [REDACTED] via phone, face to face and fax to obtain medical records for the siblings. CPSI has not received any medical records. CPSI did make a visit to [REDACTED] [REDACTED] [REDACTED] and they verified that they attend [REDACTED] [REDACTED] [REDACTED] (Ms. [REDACTED]) and they are up to date on their immunizations and well beings and that this worker would have to fax off the release form for medical records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/20/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 03:01 PM Entered By: [REDACTED]

CPSI spoke with DCS, [REDACTED] [REDACTED] and she said she has not heard back from [REDACTED] [REDACTED] [REDACTED] CPSI needs medical records to complete investigation in order for case closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 02:57 PM Entered By: [REDACTED]

CPSI spoke with DCS, [REDACTED] [REDACTED] and she said she has not heard back from [REDACTED] [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/27/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 02:55 PM Entered By: [REDACTED]

CPSI spoke with the DCS Nurse, [REDACTED] [REDACTED] to assist this worker with obtaining medical records. CPSI advised the nurse that [REDACTED] [REDACTED] [REDACTED] had to have the death certificate in order to obtain medical records and provided her with the release form for said victim. CPSI was informed that she spoke with [REDACTED] [REDACTED] and requested medical records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 02:48 PM Entered By: [REDACTED]

CPSI went to the home to get death certificate to obtain medical records on said victim. The mother could not locate the death certificate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/24/2015 Contact Method:
 Contact Time: 12:38 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/24/2015
 Completed date: 03/24/2015 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: 03/24/2015 12:42 PM Entered By: [REDACTED]

This investigation has gone overdue and will remain open until the CPSI receives the medical records that have been requested for the surviving siblings. The CPSI called inquiring about the records on 3-23-15 and did not receive a response or a call back. The CPSI is going to make an office visit in an attempt to get a copy of the medical records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/11/2015 Contact Method:
 Contact Time: 10:44 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/11/2015
 Completed date: 02/11/2015 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: 02/11/2015 11:37 AM Entered By: [REDACTED]

The case has been reviewed with CPSI [REDACTED] who has been given the following directives to help move this investigation toward closure: The surviving siblings have not been seen for the month of February by the CPSI. The CPSI must obtain all available medical records for the client/siblings from the [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED]. The CPSI referred the family to [REDACTED] [REDACTED] for services any conversations held with the service provider need to be documented. The initial notification to the Judge and AG should be documented along with the day that the case was originally presented to CPIT and the instructions given by the AG who reviewed the case. The case will be returned to CPIT for final review by the [REDACTED] after the review is completed the Judge and the [REDACTED] office will be notified through the protocol set up by the region. Final notification is to be documented by the CPSI as well as the [REDACTED] name who signed off on the case. The cause and manner of death have been addressed in the autopsy, this case will be forwarded to [REDACTED] [REDACTED] [REDACTED] [REDACTED] for review after these tasks have been completed and documented.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/26/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/26/2015
Completed date:	01/26/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/26/2015 12:46 PM Entered By: [REDACTED]

The Department of Children's Services (Office of Child Safety) CPIT unit received a referral on 8/13/14 with an allegation of Neglect Death regarding non-custodial child [REDACTED] with the perpetrator listed as unknown. According to the referral it was reported five month old infant, [REDACTED] was discovered unresponsive while at his residence located at [REDACTED]. The descendants mother called 911 and began CPR until the paramedics arrived and was transported to [REDACTED]. The child was treated at [REDACTED] and pronounced dead at 0541 hours on 8/12/14. CPSI received autopsy report on 1/2/15.

The investigation into this incident was conducted by the [REDACTED] Police Department [REDACTED] DCS [REDACTED] and [REDACTED].

The report to DCS listed the alleged perpetrator of Child Neglect Death as Unknown Perpetrator. Numerous interviews were conducted of family, law enforcement and medical professionals.

As part of the investigation, [REDACTED] parents and siblings were interviewed. On 8/13/14 CPSI [REDACTED] interviewed the family at the home located at [REDACTED]. CPSI spoke with the mother, [REDACTED] at the home located at [REDACTED]. [REDACTED] stated her, paramour, [REDACTED] and children, [REDACTED] (7 yrs old), [REDACTED] (4) and [REDACTED] (2) all reside in the same home. Ms. [REDACTED] stated that [REDACTED] has her own room, [REDACTED] and [REDACTED] share a bedroom and [REDACTED] has a babycrib in their room. Ms. [REDACTED] stated that on 8/12/14 they all went to bed around 10:30 p.m. Ms. [REDACTED] stated that [REDACTED] will sometimes sleep in the crib or in their bed with her and Mr. [REDACTED]. Ms. [REDACTED] stated that on this particular night [REDACTED] slept with them. Ms. [REDACTED] stated that [REDACTED] usually wakes up through the night but he did not wake up on this particular night. Ms. [REDACTED] stated that she woke up around 5:00 a.m. to use the restroom and she crawled over Mr. [REDACTED] while [REDACTED] was sleeping on the other side of the bed because she did not want to wake the baby. Ms. [REDACTED] stated that when she got back to the bedroom she pulled the cover back and did not see [REDACTED]. Ms. [REDACTED] reported that she found [REDACTED] positioned on the left side of the mattress face down pinned between the bed and the baby bed with milk running out the side of his mouth. Ms. [REDACTED] stated that she immediately picked [REDACTED] up and called 911. Ms. [REDACTED] stated that while she was on the phone the operator instructed her to give [REDACTED] CPR until the paramedics arrived.

Ms. [REDACTED] stated that she did not find out she was pregnant until after she was four months and she did not receive



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

any prenatal care. Ms. [REDACTED] stated that [REDACTED] was premature (32 weeks) and he was born at the [REDACTED] and weighed 3 lbs. Ms. [REDACTED] stated that at the time of his birth [REDACTED] experienced heart drops, breathing problems and acid reflux in which he stayed two months in the hospital after his birth. Ms. [REDACTED] stated that after he was discharged from the hospital that he was put on vitamin drops for seven days. Ms. [REDACTED] stated that [REDACTED] did not have any other health problems and he would go to his follow up doctor appointments at [REDACTED] on [REDACTED] in [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was last seen at the doctor on July 8, 2014 for his four month shots and that there were no problems when he was seen at the doctor.

CPSI also spoke with Mr. [REDACTED] (father) on 8/13/14 and he stated [REDACTED] slept with them that night and he was sleep the entire night. Mr. [REDACTED] stated that he did not realize what happened until Ms. [REDACTED] screamed and he observed Ms. [REDACTED] holding the baby. Mr. [REDACTED] stated that the ambulance came within fifteen minutes and transported him to the hospital.

CPSI spoke with sibling, [REDACTED] (7) and she stated that she saw her brother, [REDACTED] the other day. [REDACTED] stated that her mother called the police. [REDACTED] stated that she see is in the second grade and enjoys going to school. [REDACTED] did not provide any other information to this worker about her brother. [REDACTED] did not have any marks or bruises at the time of the visit.

CPSI did not interview the other siblings, [REDACTED] (2 yrs old) due to the child was too young to be interviewed. [REDACTED] was playing at the time of the visit and he was neat and clean. [REDACTED] did not have any marks or bruises.

CPSI attempted to interview sibling, [REDACTED] at the time of the visit. [REDACTED] was running around playing with his brother, [REDACTED] at the time of the visit and the mother instructed him to sit down. [REDACTED] started crying at the time and did not want to talk with this worker. [REDACTED] was observed to be neat and clean at the time of the visit. [REDACTED] did not have any marks or bruises at the time.

CPSI observed the home to have working utilities, food and adequate furniture. CPSI observed the room of the siblings and all of the siblings had appropriate bedding. CPSI also observed the room where [REDACTED] was found deceased. [REDACTED] had his own crib and the crib was located in the parents room next to the parents bed. CPSI was not able to make face to face with [REDACTED] due to the child was deceased and transported the forensic center for the autopsy.

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.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 8/14/14. Attorney General [REDACTED] heard the case and stamped the case as DCS to Handle as Appropriate.

CPSI received autopsy report on 1/2/15. [REDACTED] was notified by [REDACTED] who reported that the decedent was discovered between the adult mattress and a crib. Jurisdiction for death was accepted by the Medical Examiner's Office. The investigator responded to the [REDACTED] arriving at 0740 hours performed a brief body examination and documented the decedent with photographs. The decedent was transported to the [REDACTED] for examination and disposition to the funeral home. [REDACTED] proceeded to the residence where a re-enactment was performed and photographed by investigator. The summary stated that the cause of death was wedging and the manner of death was accidental. There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed as 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] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 1 Entry Date/Time: 07/08/2015 09:21 AM Entered By: [REDACTED]

The closing summary entered on this date was an old closing summary. CPSI entered the new closing summary on 7/8/15. See Case Recording.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/26/2015

Contact Method:

Contact Time:

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 12:48 PM Entered By: [REDACTED]

Attorney General and Judge were made aware of allegations.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2015

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 12:45 PM Entered By: [REDACTED]

FINAL CASE SUMMARY:

NEGLECT DEATH:

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

The Department received a referral on [REDACTED] [REDACTED] alleging Neglect Death and the perpetrator is listed as unknown. According to the referral it was reported five month old infant, [REDACTED] [REDACTED] was discovered unresponsive while at his residence located at [REDACTED]. The descendant's mother called 911 and began CPR until the paramedics arrived and was transported to [REDACTED]. The child was treated at [REDACTED] and pronounced dead at 0541 hours on 8/12/14. CPSI interviewed the parents and it was reported that [REDACTED] was in the bed with them and rolled over and got caught in between the mattress and the bed. The autopsy was received and reported that the cause of death was accidental wedging and the baby was caught in between the mattress and crib. The allegation of Neglect Death will be classified as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 01/08/2015	Contact Method:
Contact Time: 11:30 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/08/2015
Completed date: 01/08/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 01/08/2015 12:42 PM Entered By: [REDACTED]

The Department of Children's Services (Office of Child Safety) CPIT unit received a referral on 8/13/14 with an allegation of Neglect Death regarding non-custodial child [REDACTED] with the perpetrator listed as unknown. According to the referral it was reported five month old infant, [REDACTED] was discovered unresponsive while at his residence located at [REDACTED]. The descendants mother called 911 and began CPR until the paramedics arrived and was transported to [REDACTED]. The child was treated at [REDACTED] and pronounced dead at 0541 hours on 8/12/14.

On 8/13/14 CPSI [REDACTED] interviewed the family at the home located at [REDACTED]. CPSI spoke with the mother, [REDACTED] at the home located at [REDACTED]. Ms. [REDACTED] stated her, paramour, [REDACTED] (father) and children, [REDACTED] (7 yrs old), [REDACTED] (4) and [REDACTED] (2) all reside in the same home. Ms. [REDACTED] stated that [REDACTED] has her own room, [REDACTED] and [REDACTED] share a bedroom and [REDACTED] has a babycrib in their room. Ms. [REDACTED] stated that on 8/12/14 they all went to bed around 10:30 p.m. Ms. [REDACTED] stated that [REDACTED] will sometimes sleep in the crib or in their bed with her and Mr. [REDACTED]. Ms. [REDACTED] stated that on this particular night [REDACTED] slept with them. Ms. [REDACTED] stated that [REDACTED] usually wakes up through the night but he did not wake up on this particular night. Ms. [REDACTED] stated that she woke up around 5:00 a.m. to use the restroom and she crawled over Mr. [REDACTED] while [REDACTED] was sleeping on the other side of the bed because she did not want to wake the baby. Ms. [REDACTED] stated that when she got back to the bedroom she pulled the cover back and did not see [REDACTED]. Ms. [REDACTED] reported that she found [REDACTED] positioned on the left side of the mattress face down pinned between the bed and the baby bed with milk running out the side of his mouth. Ms. [REDACTED] stated that she immediately picked [REDACTED] up and called 911. Ms. [REDACTED] stated that while she was on the phone the operator instructed her to give [REDACTED] CPR until the paramedics arrived. Ms. [REDACTED] stated that she did not find out she was pregnant until after she was four months and she did not receive any prenatal care. Ms. [REDACTED] stated that [REDACTED] was premature (32 weeks) and he was born at the [REDACTED] and weighed 3 lbs. Ms. [REDACTED] stated that at the time of his birth [REDACTED] experienced heart drops, breathing problems and acid reflux in which he stayed two months in the hospital after his birth. Ms. [REDACTED] stated that after he was discharged from the hospital that he was put on vitamin drops for seven days. Ms. [REDACTED] stated that [REDACTED] did not have any other health problems and he would go to his follow up doctor appointments at [REDACTED] on [REDACTED] in [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was last seen at the doctor on July 8, 2014 for his four month shots and that there were no problems when he was seen at the doctor. CPSI also spoke with Mr. [REDACTED] (father) on 8/13/14 and he stated [REDACTED] slept with them that night and he was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████ ██████████

Case Status: Close

Organization: ██████████ Region

sleep the entire night. Mr. ██████████ stated that he did not realize what happened until Ms. ██████████ screamed and he observed Ms. ██████████ holding the baby. Mr. ██████████ stated that the ambulance came within fifteen minutes and transported him to the hospital. CPSI spoke with sibling, ██████████ (7) and she stated that she saw her brother, ██████████ the other day. ██████████ stated that her mother called the police. ██████████ stated that she see is in the second grade and enjoys going to school. ██████████ did not provide any other information to this worker about her brother. ██████████ did not have any marks or bruises at the time of the visit. CPSI did not interview the other siblings, ██████████ (2 yrs old) due to the child was too young to be interviewed. ██████████ was playing at the time of the visit and he was neat and clean. ██████████ did not have any marks or bruises. CPSI attempted to interview sibling, ██████████ ██████████ at the time of the visit. ██████████ was running around playing with his brother, ██████████ at the time of the visit and the mother instructed him to sit down. ██████████ started crying at the time and did not want to talk with this worker. ██████████ was observed to be neat and clean at the time of the visit. ██████████ did not have any marks or bruises at the time. CPSI observed the home to have working utilities, food and adequate furniture. CPSI observed the room of the siblings and that all of the siblings had appropriate bedding. CPSI also observed the room where ██████████ was found deceased. ██████████ had his own crib and the crib was located in the parents room next to the parents bed. CPSI was not able to make face to face with ██████████ due to the child was deceased and transported the forensic center for the autopsy.

CPSI received autopsy report on 1/2/15. ██████████ was notified by ██████████ ██████████ who reported that the decedent was discovered between the adult mattress and a crib. Jurisdiction for death was accepted by the Medical Examiner's Office. The investigator responded to the ██████████ arriving at 0740 hours performed a brief body examination and documented the decedent with photographs. The decedent was transported to the ██████████ for examination and disposition to the funeral home. Investigator, ██████████ proceeded to the residence where a re-enactment was performed and photographed by investigator. The summary stated that the cause of death was wedging and the manner of death was accidental.

Narrative Type: Created In Error Entry Date/Time: 01/26/2015 12:04 PM Entered By: ██████████

The closing summary entered on this date was an old closing summary. CPSI entered the new closing summary on 1/26/14. See Case Recording.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 09:08 AM Entered By: [REDACTED]

The closing SDM is rated as Safe.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2015

Contact Method:

Contact Time: 08:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 09:08 AM Entered By: [REDACTED]

CPSI completed 740 Form and enclosed in case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method: Face To Face

Contact Time: 05:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 12:05 PM Entered By: [REDACTED]

CPSI went to the home to make monthly visit with said family. The mother said things are going fine and that she received the autopsy report stating that it was an accidental death. The mother said things are slowly getting back to normal and the children are doing fine. CPSI observed the home to be neat and clean at the time of the visit. CPSI spoke with [REDACTED] and she said that she had a good Christmas and she got a lot of clothes and toys. [REDACTED] said that she still misses her brother. CPSI observed [REDACTED] and [REDACTED] playing with toy trucks at the time. The children were groomed properly and did not have any marks or bruises.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/07/2015 Contact Method:
 Contact Time: 02:25 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/07/2015
 Completed date: 01/07/2015 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: 01/07/2015 02:34 PM Entered By: [REDACTED]

The case has been reviewed with CPSI [REDACTED] along with the autopsy report that states that the cause of death was accidental. The CPSI will need to update her documentation and include the home visits that occurred in November and December of 2014 along with a final visit within ten days of submitting the case for review. Services have been offered to the family through [REDACTED] and that case has been closed. The surviving siblings have been taken to their PCP to ensure that they are healthy. The case will be reviewed and forwarded to upper management once the CPSI has document that all investigative tasks that have been completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/02/2015	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	01/08/2015
Completed date:	01/08/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Medical Exam		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/08/2015 12:23 PM Entered By: [REDACTED]

CPSI received the autopsy report on [REDACTED] [REDACTED]. The Department received a referral on [REDACTED] [REDACTED] alleging Neglect Death and the perpetrator is listed as unknown. According to the referral it was reported five month old infant, [REDACTED] [REDACTED] was discovered unresponsive while at his residence located at [REDACTED]. The descendant's mother called 911 and began CPR until the paramedics arrived and was transported to [REDACTED]. The child was treated at [REDACTED] and pronounced dead at 0541 hours on 8/12/14. The Forensic Center was notified by [REDACTED] [REDACTED] who reported that the decedent was discovered between the adult mattress and a crib. Jurisdiction for death was accepted by the Medical Examiner's Office. The investigator responded to the [REDACTED] arriving at 0740 hours performed a brief body examination and documented the decedent with photographs. The decedent was transported to the [REDACTED] [REDACTED] for examination and disposition to the funeral home. It was proceeded to the residence where a re-enactment was performed and photographed by investigator, [REDACTED] [REDACTED]. The summary stated that the cause of death was wedging and the manner of death was accidental.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/22/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 12:08 PM Entered By: [REDACTED]

CPSI went to the home for monthly visit on said family. CPSI observed that the children were sleep at the time of the visit. The children were sleep in their beds and appeared to be groomed properly at the time of the visit. The mother said that it has been tough during the holidays since [REDACTED] has passed away but they are doing fine. CPSI informed the mother that this worker is waiting for the autopsy report before the case can be closed. The mother said that she understands and willing to cooperate with the Department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/12/2014	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/08/2015
Completed date:	01/08/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/08/2015 12:13 PM Entered By: [REDACTED]

CPSI made a visit with [REDACTED] at the school. [REDACTED] said she is doing fine and that she enjoys going to school. [REDACTED] said that she likes to go to school but she is excited to get out for Christmas so that she can get presents. CPSI observed said child was groomed properly at the time of the visit. CPSI spoke with school personnel and it was reported that they have no concerns with [REDACTED]

CPSI went to the home to see the other siblings. [REDACTED] and [REDACTED] were watching television at the time of the visit. The father said that they have been doing fine and that [REDACTED] [REDACTED] came to the home and provided information on grief counseling. CPSI advised the father that this worker will follow up next month. The home was neat and clean at the time of the visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/23/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 11:02 AM Entered By: [REDACTED]

CPSI contacted the [REDACTED] County Medical Examiner's Office in regards to the autopsy report on [REDACTED] [REDACTED]. The Medical Exam Office staff stated that the autopsy report is still pending. CPSI will follow back up to see the report is completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/16/2014	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:	10/24/2014
Completed date:	10/24/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/24/2014 11:28 AM Entered By: [REDACTED]

CPSI made monthly visit with said family. The mother said she is doing better and that she is still coping with [REDACTED] death. The mother said the children are doing fine and that they are not having any type of behavior problems since [REDACTED] death. The mother said the children say they miss their brother. The mother said a counselor from [REDACTED] came to the home to address grief counseling with her and the children. The mother said the counselor provided them with information in regards to the death. The mother said the counselor asked if the kids were having any problems and she informed her they did not. The mother said they did not need any other services and that the counselor advised that they will close their case. The home was neat and clean at the time of the visit.

CPSI was not able to interview [REDACTED] and [REDACTED] due to the children were sleep at the time of the visit. The child was groomed properly and did not have any marks or bruises.

CPSI spoke with [REDACTED] at the time of the visit. [REDACTED] stated that school is going ok and that she made the honor roll on her report card. [REDACTED] stated that she misses her brother. [REDACTED] was groomed properly at the time of the visit and did not have any marks or bruises



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2014

Contact Method: Attempted Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 11:52 AM Entered By: [REDACTED]

CPSI went to the home for monthly visit. No one was at the home at the time of the visit. CPSI also contacted the family by phone and left a message. CPSI will follow back up with the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 11:50 AM Entered By: [REDACTED]

CPSI contacted [REDACTED] School in regards to [REDACTED]. The school staff said they have no issues or concerns with [REDACTED] and that she has not had any behavior problems. The staff said it appears that the mother is involved with her schooling. The school did not report any type of past abuse or neglect with the children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2014

Contact Method: Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 11:46 AM Entered By: [REDACTED]

Collateral

CPSI spoke with the grandmother, [REDACTED] [REDACTED] in regards to the family. Ms. [REDACTED] said that she is the mother of [REDACTED] [REDACTED]. Ms. [REDACTED] said that the parents are doing fine at this time and that they have their moments when their said about [REDACTED] death. Ms. [REDACTED] said that the mother and father are good parents and they take good care of their other children. Ms. [REDACTED] stated that she has no issues or concerns about the safety of the other children. Ms. [REDACTED] said that she is a support person for the family.

[REDACTED] (aunt). Ms. [REDACTED] said that the family is doing well considering that [REDACTED] passed away a few months ago. Ms. [REDACTED] said the mother is holding herself up well and ensuring that she takes care of the other children. Ms. [REDACTED] said that she helps the mother whenever she needs help. Ms. [REDACTED] believes that the baby's death was an accident and that the parents would never do anything to harm the baby. Ms. [REDACTED] stated that the children are doing fine but they still talk about their brother and how they miss him.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 11:32 AM Entered By: [REDACTED]

CPSI sent off referral form to [REDACTED] [REDACTED] in regards to grief counseling for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/18/2014

Contact Method:

Contact Time: 10:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2014 10:49 AM Entered By: [REDACTED]

The following Internet Records Clearance inquiries were completed on [REDACTED] [REDACTED]

Justice System Inquiry: Negative

Tennessee Felony Registry: Negative

Methamphetamine Offender Registry: Negative

Tennessee Sexual Offender Registry: Negative

National Sexual Offender Registry: Negative

Tennessee Dept. of Health Vulnerable Person: Negative



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/18/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2014 11:11 AM Entered By: [REDACTED]

CPSI contacted the mother to follow up with family. The mother stated that they are doing ok and that she is happy one minute and sad the next minute. The mother stated that the children are the same way. The mother stated that [REDACTED] was released to [REDACTED] and the funeral is arranged for 8/22/14 at 12:00 p.m. at [REDACTED]. CPSI informed the mother that the Department will request grief counseling.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/18/2014

Contact Method:

Contact Time: 10:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2014 10:57 AM Entered By: [REDACTED]

CPSI sent a smss check to [REDACTED] [REDACTED] on [REDACTED] [REDACTED] and [REDACTED] [REDACTED] and there was nothing found on the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/18/2014

Contact Method:

Contact Time: 10:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2014 10:48 AM Entered By: [REDACTED]

The following Internet Records Clearance inquiries were completed on the [REDACTED] [REDACTED]

Justice System Inquiry (JSSI): (2013) Failure to Pay County Fine, Violation of Child Restraint Law, (2010) Violation of Probation, (2009) Theft of Property (500 or less)

Tennessee Felony Registry: Negative

Methamphetamine Offender Registry: Negative

Tennessee Sexual Offender Registry: Negative

National Sexual Offender Registry: Negative

Tennessee Dept. of Health Vulnerable Person: Negative



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2014 10:50 AM Entered By: [REDACTED]

CPSI explained and had Ms. [REDACTED] and Mr. [REDACTED] to complete the following: Client Rights Handbook Acknowledgement; HIPPA Notice of Privacy Practices-Client Acknowledge; Notification of Equal Access to Programs and Services and Grievance Procedures; Native American Heritage Veto Verification; TNDCS Authorization for Release of Information to DCS and Notification of Release; and TNDCS Authorization for Release of Information to DCS: TennCare Eligibility.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/18/2014 10:35 AM Entered By: [REDACTED]

Household Composition

[REDACTED] (mother)
[REDACTED] (father)
[REDACTED] (victim)
[REDACTED] (sibling)
[REDACTED] (sibling)
[REDACTED] (sibling)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2014

Contact Method:

Contact Time: 09:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2014 10:29 AM Entered By: [REDACTED]

The family has no history with the Department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2014 10:28 AM Entered By: [REDACTED]

The initial SDM was completed on the siblings and the score is safe.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 12:27 PM Entered By: [REDACTED]

CPSI spoke with the referent. The referent said that the body of [REDACTED] [REDACTED] was received and stated that there were no marks or bruises found on [REDACTED] and the autopsy is still pending



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 12:30 PM Entered By: [REDACTED]

The initial notification was forwarded to the DA and Judge on 8/14/14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2014

Contact Method:

Contact Time: 08:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2014 10:33 AM Entered By: [REDACTED]

CPSI faxed off for the autopsy request on [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2014 10:31 AM Entered By: [REDACTED]

CPSI spoke with [REDACTED] at the [REDACTED] on 8/14/14. Mr. [REDACTED] stated that there were no marks or bruises found on [REDACTED] and the autopsy is still pending



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2014

Contact Method:

Contact Time: 07:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2014 10:30 AM Entered By: [REDACTED]

CPSI completed Death fatality Form on [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 08/13/2014 Contact Method: Face To Face
Contact Time: 03:30 PM Contact Duration: Less than 01 Hour
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 08/18/2014
Completed date: 08/18/2014 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Initial ACV Face To Face, Parent/Caretaker Interview, Sibling Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/18/2014 10:27 AM Entered By: [REDACTED]

On 8/13/14 CPSI interviewed the family at the home located at [REDACTED]

CPSI spoke with the mother, [REDACTED] at the home located at [REDACTED]. Ms. [REDACTED] stated that her, paramour, [REDACTED] (father) and children, [REDACTED] (7 yrs old), [REDACTED] (4) and [REDACTED] (2) all reside in the same home. Ms. [REDACTED] stated that [REDACTED] has her own room, [REDACTED] and [REDACTED] share a bedroom and [REDACTED] has a babycrib in their room. Ms. [REDACTED] stated that on 8/12/14 they all went to bed around 10:30 p.m. Ms. [REDACTED] stated that [REDACTED] will sometimes sleep in the crib or in their bed with her and [REDACTED]. Ms. [REDACTED] stated that on this particular night [REDACTED] slept with them. Ms. [REDACTED] stated that [REDACTED] usually wakes up through the night but he did not wake up on this particular night. Ms. [REDACTED] stated that she woke up around 5:00 a.m. to use the restroom and she crawled over Mr. [REDACTED] while [REDACTED] was sleeping on the other side of the bed because she did not want to wake the baby. Ms. [REDACTED] stated that when she got back to the bedroom she pulled the cover back and did not see [REDACTED]. Ms. [REDACTED] reported that she found [REDACTED] positioned on the left side of the mattress face down pinned between the bed and the baby bed with milk running out the side of his mouth. Ms. [REDACTED] stated that she immediately picked [REDACTED] up and called 911. Ms. [REDACTED] stated that while she was on the phone the operator instructed her to give [REDACTED] CPR until the paramedics arrived.

Ms. [REDACTED] stated that she did not find out she was pregnant until after she was four months and she did not receive any prenatal care. Ms. [REDACTED] stated that [REDACTED] was premature (32 weeks) and he was born at the [REDACTED] [REDACTED] and weighed 3 lbs. Ms. [REDACTED] stated that at the time of his birth [REDACTED] experienced heart drops, breathing problems and acid reflux in which he stayed two months in the hospital after his birth. Ms. [REDACTED] stated that after he was discharged from the hospital that he was put on vitamin drops for seven days. Ms. [REDACTED] stated that [REDACTED] did not have any other health problems and he would go to his follow up doctor appointments at [REDACTED] [REDACTED] on [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was last seen at the doctor on July 8, 2014 for his four month shots and that there were no problems when he was seen at the doctor.

Mr. [REDACTED] (father) stated that [REDACTED] slept with them that night and he was sleep the entire night. Mr. [REDACTED] stated that he did not realize what happened until Ms. [REDACTED] screamed and he observed Ms. [REDACTED] holding the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

baby. Mr. [REDACTED] stated that the ambulance came within fifteen minutes and transported him to the hospital.

CPSI spoke with sibling, [REDACTED] (7) and she stated that she saw her brother, [REDACTED] the other day. [REDACTED] stated that her mother called the police. [REDACTED] stated that she see is in the second grade and enjoys going to school. [REDACTED] did not provide any other information to this worker about her brother. [REDACTED] did not have any marks or bruises at the time of the visit.

CPSI did not interview the other siblings, [REDACTED] (2 yrs old) due to the child was too young to be interviewed. [REDACTED] was playing at the time of the visit and he was neat and clean. [REDACTED] did not have any marks or bruises.

CPSI attempted to interview sibling, [REDACTED] [REDACTED] at the time of the visit. [REDACTED] was running around playing with his brother, [REDACTED] at the time of the visit and the mother instructed him to sit down. [REDACTED] started crying at the time and did not want to talk with this worker. [REDACTED] was observed to be neat and clean at the time of the visit. [REDACTED] did not have any marks or bruises at the time.

CPSI observed the home to have working utilities, food and adequate furniture. CPSI observed the room of the siblings and that all of the siblings had appropriate bedding. CPSI also observed the room where [REDACTED] was found deceased. [REDACTED] had his own crib and the crib was located in the parents room next to the parents bed. CPSI was not able to make face to face with [REDACTED] due to the child was deceased and transported the forensic center for the autopsy.

The mother works at [REDACTED] [REDACTED] (7 days a week 9-4) and the father works at [REDACTED] [REDACTED]. The mother stated that she receives Food Stamps in the amount of \$213.00 and TN Care. The mother stated that she is willing to accept grief counseling services. The mother stated that when the baby is released he will be transported by [REDACTED]. The mother stated that he will be buried there due to they have a family plot in [REDACTED]. CPSI will follow up with family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 09:07 AM Entered By: [REDACTED]

The Department received a referral on [REDACTED] [REDACTED] alleging Neglect Death and the perpetrator is listed as unknown. According to the referral it was reported five month old infant, [REDACTED] [REDACTED] was discovered unresponsive while at his residence located at [REDACTED]. The descendant's mother called 911 and began CPR until the paramedics arrived and was transported to [REDACTED]. The child was treated at [REDACTED] and pronounced dead at 0541 hours on 8/12/14.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 8/13/14 8:46 AM

Date of Assessment: 8/14/14 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: _____