



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

Case # 2014.135

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	08/22/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	08/22/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	mother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						
Describe (in detail) circumstances surrounding death/near death:						
<p>On 8/22/2014 ██████████ was feeding ██████████ at 7:00 am this morning. ██████████ stated she dozed off and when she woke up ██████████ was bleeding from his nose and mouth. ██████████ called EMS and transported ██████████ to the hospital. ██████████ tried to revive but ██████████ passed away around 8:30.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	N/A	Telephone #	(N/A)	-		
Street Address:	N/A	City/State/Zip:	N/A			
Describe (in detail) interview with family:						
<p>On 8/22/2014 CPSI ██████████ spoke with ██████████ explained that ██████████ had awoken up around 7:00am and ██████████ held ██████████ and given him a bottle. ██████████ stated she and ██████████ had fallen back asleep. ██████████ explained that she awoke at 7:41 am and there was blood coming from ██████████ nose and mouth. ██████████ explained she began trying to revive ██████████ but she knew he was already gone. ██████████ explained she called 911 but ██████████ body felt light and when EMS got to the home they began trying to revive ██████████ The mother reported no problems during pregnancy. Child had a 2 week and 1 month medical check up with ██████████. no problems were found, according to the mother.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
██████████ was taken to ██████████ where she was pronounced deceased.						
Describe disposition of body (Death):		It was reported that blood coming from the infant's nose and mouth. No other physical marks were identified on the body.				
Name of Medical Examiner/Coroner:	██████████	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				
Type:	N/A	Case #:				
Describe law enforcement or court involvement, if applicable:						
Law enforcement responded to the 911 call made by ██████████. No foul play is suspected per Investigator ██████████ Police Department.						
Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):						

Mother and child have gone to the maternal grandmother's home to stay as they don't feel they can't remain in their home where the other child passed away. [REDACTED] was observed by Investigator [REDACTED] and the child was healthy, being held by her father talking and running from grandmother to grandmother. Both grandmother's were in the home at the time of the visit. Maternal Grandmother reported that it was only mother, newborn and [REDACTED] in the home at the time [REDACTED] passed away. The maternal grandmother reported no concerns with the care the mother provided to the children and she reported she saw the children almost every day. Father stated he was not in the home, but would spend the night sometimes. He expressed no concerns for the care of either of his children by their mother. The paternal grandmother did not express any concerns with the care of the children. She was very supportive of the father during this time of grief. No concerns found at this time and no indication of foul play.

Name: [REDACTED]	Age: 2 years old
Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
11/17/2002	[REDACTED]	sexual abuse	[REDACTED]	unknow person	unsubstantiated
03/21/2012	[REDACTED]	drug exposed infant	[REDACTED]	[REDACTED]	unsubstantiated
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

Contact Person: [REDACTED]	Telephone Number: [REDACTED]
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

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

Email to: [REDACTED]
within forty-eight (48) hours of notification
Include subject line (in RED): CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 08/22/2014 12:37 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 08/22/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 08/22/2014 01:50 PM
First Team Leader Assigned: [REDACTED] Date/Time 08/22/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 08/22/2014 12:00 AM

Allegations

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

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: This is not a custodial child.

TFACTS:

Family Case IDs: [REDACTED]
Associated Family Case IDs (not reflected in the history below, for [REDACTED] as an ACV): [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated Yes



**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: Black/African Age: 3 Yrs

Address: [REDACTED]

Deceased Date:

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: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 1 Yr

Address: [REDACTED]

Deceased Date:

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: [REDACTED] **Race:** Black/African **Age:** 23 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 08/22/2014

Assignment Date: 08/22/2014

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 09/23/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [REDACTED] came to the attention of the department when it was reported that on 08/22/14 the mother, [REDACTED] stated that was feeding [REDACTED] around 7:00 a.m. [REDACTED] reports that she "dosed off" while feeding [REDACTED]. The mother, [REDACTED] woke up at 7:41 a.m. to find blood coming out of [REDACTED] mouth and nose. EMS was contacted and arrived on scene. EMS worked on [REDACTED] for about 45 minutes, and he died around 8:30 a.m. on the scene. EMS (Emergency Medical Services) was unable to revive [REDACTED]. An autopsy is being performed at this time and results are still pending. Law Enforcement has been notified about the incident. [REDACTED] was home when the incident took place. It is not believed that [REDACTED] has been interviewed at this time. The parents, [REDACTED], are aware that this information is being reported. [REDACTED], can be found at the address below

D. Case Workers

Case Worker: [REDACTED]

Date: 09/23/2014

Team Leader: [REDACTED]

Date: 10/01/2014

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:

[REDACTED] is 2 years old and was very over whelmed at all the commotion going on. [REDACTED] was in her father arms and said the words daddy and mom.

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 [REDACTED] talked with [REDACTED] with the [REDACTED] Police Department who stated that this death of



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]

[REDACTED] is not looking criminal. Inv. [REDACTED] stated that she had talked to [REDACTED] and said that he doesn't see anything that looks that way to him, it will more than likely be SIDS related.

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

[REDACTED] explained that [REDACTED] woke up at 7 for a bottle. [REDACTED] explained that [REDACTED] was on similac formula and drank 2 to 3 oz every 2 hours. [REDACTED] explained she was sitting up on the corner of couch. [REDACTED] explained that she dozed off. [REDACTED] stated that she woke up at 7:41am and [REDACTED] had blood coming from his mouth and nose. [REDACTED] explained [REDACTED] body felt very light to her and she knew [REDACTED] was already gone. [REDACTED] called 911.

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

On 8/22/2014 CPSI [REDACTED] talked with [REDACTED] the maternal grandmother of [REDACTED]. [REDACTED] stated that [REDACTED] was a good mother and would not do anything to hurt [REDACTED]. [REDACTED] explained that [REDACTED] has always cared for her children.

On 8/22/2014 CPSI [REDACTED] spoke with [REDACTED] the paternal grandmother of [REDACTED]. [REDACTED] stated she has never had a concern with [REDACTED] as a mother. [REDACTED] stated [REDACTED] was a healthy baby.

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

DCS policy defines Child Death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop or failure to stop another person's direct action that resulted in the death of the child.

On 8/22/2014 CPSI [REDACTED] responded to a P1 with allegations of child death. When CPSI [REDACTED] arrived at [REDACTED] with the [REDACTED] Police Department was already on assisting medical personnel with the investigation. It was reported to CPSI [REDACTED] that [REDACTED] was feeding [REDACTED] at 7:00am this morning. [REDACTED] stated she dozed off and when she woke up [REDACTED] was bleeding from his nose and mouth. [REDACTED] called EMS and transported [REDACTED] to the hospital. [REDACTED] tried to revive but [REDACTED] passed away around 8:30.

On 8/22/2014 CPSI [REDACTED] spoke with [REDACTED] explained that [REDACTED] had awoken up around 7:00am and [REDACTED] held [REDACTED] and given him a bottle. [REDACTED] stated she and [REDACTED] had fallen back asleep. [REDACTED] explained that she awoke at 7:41 am and there was blood coming from [REDACTED] nose and mouth. [REDACTED] explained she began trying to revive [REDACTED] but she knew he was already gone. [REDACTED] explained she called 911 but [REDACTED] body was light and when EMS got to the home they began trying to revive [REDACTED].

CPSI [REDACTED] observed the only sibling to [REDACTED]. [REDACTED] was not verbal but appeared to be happy and health. [REDACTED] was rotate from her mother's arms to her father's lap. [REDACTED] would move from parent to parent with easy. [REDACTED] appeared comfortable with family members and did not display any form of abuse. [REDACTED] was just too young to understand what was going on around her.

CPSI [REDACTED] interviewed both maternal and paternal grandmothers who did not disclose ever witness any form of abuse.

At this time CPSI [REDACTED] has received the autopsy and the case of death for [REDACTED]. The cause of death for [REDACTED] is reported in the autopsy is probable asphyxia and the contributory cause of death was co-sleeping with adult. The manner of death was declared an accident and the circumstance of death was unsafe sleeping environment. At this time there is this investigation is closed with allegation unsubstantiated and perpetrator 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]

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: 07/27/2015

Contact Method:

Contact Time: 02:50 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/27/2015

Completed date: 07/27/2015

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: 07/27/2015 02:53 PM Entered By: [REDACTED]

Lead Investigator [REDACTED] was reviewing case for closure. E-mail was sent from IC and RID for the go ahead to close the case. The allegations of child neglect death are unsubstantiated based on the autopsy and evidence collected. The case file was given to LI for closure as LI [REDACTED] is on leave.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/22/2015

Contact Method:

Contact Time: 03:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/22/2015

Completed date: 06/22/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/22/2015 04:18 PM Entered By: [REDACTED]

Case was reviewed on this date. Case needs to be prepared for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 06/09/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/14/2015
 Completed date: 07/10/2015 Completed By: System Completed
 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: 06/14/2015 01:26 PM Entered By: [REDACTED]

On 8/22/2014 The Department of Children Services received a referral for neglectful death with the alleged child victim being [REDACTED]. The birth mother of [REDACTED] is [REDACTED].

On the morning of 8/22/2014 [REDACTED] woke up for his 7:00 a.m. feeding. [REDACTED] prepared the bottle and proceeded to feed [REDACTED]. [REDACTED] explained that she was sitting up on the couch in the living room of the family home. [REDACTED] explained that she dozed off while feeding [REDACTED] and when she woke up, [REDACTED] had blood coming from his nose and mouth. [REDACTED] called EMS for help and [REDACTED] was pronounced dead at the [REDACTED] on 8/22/2015 at 8:30 a.m.

Investigator [REDACTED] Police Department assisted met CPSI [REDACTED] with this investigation.

Investigator [REDACTED] and CPSI [REDACTED] arrived at [REDACTED] and together we reviewed the details of [REDACTED] death. [REDACTED] and CPSI [REDACTED] interviewed [REDACTED] about the actions surrounding the death of [REDACTED].

[REDACTED] to explain what happened to [REDACTED]. [REDACTED] explained that [REDACTED] woke up at the same time every morning at 7:00 a.m. to be fed. [REDACTED] stated she prepared the bottle and sat on the couch, with her back in the corner of the couch, to feed [REDACTED]. [REDACTED] explained that [REDACTED] was sucking the bottle as he always did and [REDACTED] appeared to be fine. [REDACTED] stated that she dozed off and when she woke up there was blood coming for [REDACTED] nose and mouth. The bottle that [REDACTED] had sucked from was still sitting on the floor beside the couch.

CPSI [REDACTED] spoke with [REDACTED]. [REDACTED] stated that [REDACTED] is struggling and grieving badly. [REDACTED] stated that [REDACTED] does not like to stay at home. [REDACTED] stated that she carries [REDACTED] to the family home and then waits on her to shower and get [REDACTED] a change of clothes. [REDACTED] stated that [REDACTED] is doing well and that she was too young to understand.

CPSI [REDACTED] spoke with [REDACTED]. [REDACTED] explained that [REDACTED] was doing ok. [REDACTED] explained that [REDACTED] did not want to go and has good days and bad days. [REDACTED] explained that [REDACTED] likes staying with [REDACTED]. [REDACTED] explained that [REDACTED] cannot stay in the apartment for long periods of time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

DCS policy defines Child Death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop or failure to stop another person's direct action that resulted in the death of the child.

On 10/24/2015 in [REDACTED] at the [REDACTED]. The Child Protective Investigation Team was held and the team chooses to unsubstantiated the allegations of neglect death and unsubstantiated the perpetrator, [REDACTED].

[REDACTED] was very cooperative during the investigation. [REDACTED] was able to reenact her actions on the morning of her son's death. She appeared to grieve [REDACTED] death and appeared to be heartbroken at the loss of her son.

There was a preponderance of the evidence to unsubstantiate the allegation of neglect death of [REDACTED]

This case should be closed and classified as allegation unsubstantiated and 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: 05/20/2015

Contact Method:

Contact Time: 06:03 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/20/2015

Completed date: 05/20/2015

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: 05/20/2015 06:05 PM

Entered By: [REDACTED]

FFA was update in TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/20/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/20/2015
Completed date:	05/20/2015	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: 05/20/2015 02:46 PM Entered By: [REDACTED]

Case being reviewed for final approval for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2015

Contact Method:

Contact Time: 03:39 AM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/15/2015

Completed date: 04/15/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/15/2015 03:40 PM Entered By: [REDACTED]

Case was staffed on this date. Case needs to be reviewed for approval of closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/04/2015 Contact Method:
 Contact Time: 10:02 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/04/2015
 Completed date: 03/04/2015 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: 03/04/2015 10:03 AM Entered By: [REDACTED]

DCS policy defines Child Death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop or failure to stop another person's direct action that resulted in the death of the child.

On 8/22/2014 CPSI [REDACTED] responded to a P1 with allegations of child death. When CPSI [REDACTED] arrived at [REDACTED] with the [REDACTED] Police Department was already on assisting medical personnel with the investigation. It was reported to CPSI [REDACTED] that [REDACTED] was feeding [REDACTED] at 7:00am this morning. [REDACTED] stated she dozed off and when she woke up [REDACTED] was bleeding from his nose and mouth. [REDACTED] called EMS and transported [REDACTED] to the hospital. [REDACTED] tried to revive but [REDACTED] passed away around 8:30.

On 8/22/2014 CPSI [REDACTED] spoke with [REDACTED] explained that [REDACTED] had awoken up around 7:00am and [REDACTED] held [REDACTED] and given him a bottle. [REDACTED] stated she and [REDACTED] had fallen back asleep. [REDACTED] explained that she awoke at 7:41 am and there was blood coming from [REDACTED] nose and mouth. [REDACTED] explained she began trying to revive [REDACTED] but she knew he was already gone. [REDACTED] explained she called 911 but [REDACTED] body was light and when EMS got to the home they began trying to revive [REDACTED]

CPSI [REDACTED] observed the only sibling to [REDACTED]. [REDACTED] was not verbal but appeared to be happy and health. [REDACTED] was rotate from her mother's arms to her father's lap, [REDACTED] would move from parent to parent with easy. [REDACTED] appeared comfortable with family members and did not display any form of abuse. [REDACTED] was just too young to understand what was going on around her.

CPSI [REDACTED] interviewed both maternal and paternal grandmothers who did not disclose ever witness any form of abuse.

At this time CPSI [REDACTED] has received the autopsy and the case of death for [REDACTED]. The cause of death for [REDACTED] is reported in the autopsy is probable asphyxia and the contributory cause of death was co-sleeping with adult. The manner of death was declared an accident and the circumstance of death was unsafe sleeping environment. At this time there is this investigation is closed with allegation unsubstantiated and perpetrator



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/03/2015

Contact Method:

Contact Time: 10:12 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/04/2015

Completed date: 03/04/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/04/2015 10:14 AM Entered By: [REDACTED]

LI [REDACTED] has reviewed this case will be send to RIP and TC for review to prepare for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/18/2015 Contact Method:
 Contact Time: 01:06 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/18/2015
 Completed date: 02/18/2015 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: 02/18/2015 01:09 PM Entered By: [REDACTED]

At the time that DCS referral the family composition was the mother of the children [REDACTED] and the older sister [REDACTED] living in the family home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/10/2015 Contact Method:
 Contact Time: 09:13 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/10/2015
 Completed date: 02/10/2015 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: 02/10/2015 09:16 AM Entered By: [REDACTED]

The autopsy report was placed in the file and uploaded to TFACT stating cause of death was probable asphyxia.



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: 11/03/2014 Contact Method:
 Contact Time: 01:36 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/03/2014
 Completed date: 11/03/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/03/2014 01:40 PM Entered By: [REDACTED]

[REDACTED] Police department returned back ground checks for [REDACTED] as no record.
 [REDACTED] Police department returned back ground checks for [REDACTED] as failure to comply and evading arrest, weapon unlawful carrying, narc, simple possession and aggravated assault, false report, driving on suspended license, simple assault.



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: 10/29/2014

Contact Method:

Contact Time: 04:03 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/29/2014

Completed date: 10/29/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/29/2014 04:04 PM Entered By: [REDACTED]

Case was staffed on this date. A request for review has been submitted.



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: 10/27/2014 Contact Method:
 Contact Time: 01:45 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/27/2014
 Completed date: 10/27/2014 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: 10/27/2014 01:46 PM Entered By: [REDACTED]

Neglect - Failure to provide for a child's physical survival needs to the extent that there is harm or risk of harm to the child's health or safety. This may include, but is not limited to abandonment, lack of supervision, life-endangering physical hygiene, lack of adequate nutrition that places the child below the normal growth curve, lack of shelter, lack of medical or dental that results in health-threatening conditions, and the inability to meet basic clothing needs of a child. In its most severe form, physical neglect may result in great bodily harm or death.

[REDACTED] had passed away at the time CPSI [REDACTED] responded to the referral. CPSI [REDACTED] obtained medical records and prenatal records from the [REDACTED] and [REDACTED]. There is one other child living in the family home and [REDACTED] was interviewed but was too young to provide a statement.

[REDACTED] denied that she ever abused [REDACTED] [REDACTED] explained that [REDACTED] woke up at 7 for a bottle. [REDACTED] explained that [REDACTED] was on simlac formula and drank 2 to 3 oz every 2 hours. [REDACTED] explained she was sitting up on the corner of couch. [REDACTED] explained that she dozed off. [REDACTED] stated that she woke up at 7:41am and [REDACTED] had blood coming from his mouth and nose. [REDACTED] explained [REDACTED] body felt very light to her and she knew [REDACTED] was already gone. [REDACTED] called 911.

[REDACTED] denied any knowledge of any abuse. He said [REDACTED] was the primary caretaker of [REDACTED] and she was a good mother.

At this time there is no evidence to support the allegations of neglect death as defined by DCS policy. There is no medical evidence and no witnesses to support the allegations of neglect death. The investigation is closed as allegations are unsubstantiated and perpetrator unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/26/2014 Contact Method:
 Contact Time: 02:42 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/26/2014
 Completed date: 10/26/2014 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: 10/26/2014 02:43 PM Entered By: [REDACTED]

On 08/22/2014 CPSI [REDACTED] received a referral for neglect death on [REDACTED] with allegations against [REDACTED]. CPSI [REDACTED] responded to the hospital where CPSI [REDACTED] found [REDACTED] had passed away. [REDACTED] was stand over [REDACTED] mourning his death. CPSI [REDACTED] spoke with [REDACTED] who stated that [REDACTED] had been feeding [REDACTED] and dozed off and when [REDACTED] woke up there was blood coming from [REDACTED] mouth and nose. CPSI [REDACTED] left the hospital and went to [REDACTED] to speak with [REDACTED]. [REDACTED] explained that [REDACTED] woke up at 7 for a bottle. [REDACTED] explained that [REDACTED] was on simlac formula and drank 2 to 3 oz every 2 hours. [REDACTED] explained she was sitting up on the corner of couch. [REDACTED] explained that she dozed off. [REDACTED] stated that she woke up at 7:41am and [REDACTED] had blood coming from his mouth and nose. [REDACTED] explained [REDACTED] body felt very light to her and she knew [REDACTED] was already gone. [REDACTED] called 911. CPSI [REDACTED] went to [REDACTED] and took pictures of [REDACTED] apartment and where [REDACTED] had expired. CPSI [REDACTED] obtained back ground check and medical record on [REDACTED] pregnancy with [REDACTED] and medical records on [REDACTED] with no alarming information in the records. On 9/30/2014 [REDACTED] reported to [REDACTED] that he doesn't see anything that looks criminal and it will more than likely be SIDS related. On 10/23/2014 CPSI [REDACTED] spoke with [REDACTED] who was grieving for [REDACTED]. On 10/24/2014 the case was CPIT and the case classified as unsubstantiated. CPSI [REDACTED] completed a referral for grief counselling for [REDACTED]. CPSI [REDACTED] is requested the case be closed.



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: 10/24/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/26/2014

Completed date: 10/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/26/2014 01:33 PM Entered By: [REDACTED]

A Health Connect referral was completed for grieve counseling.



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: 10/24/2014

Contact Method:

Contact Time: 04:11 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 04:12 PM Entered By: [REDACTED]

CPSI [REDACTED] received [REDACTED] records and placed the records in the 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:	10/24/2014	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/26/2014
Completed date:	10/26/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/26/2014 01:52 PM Entered By: [REDACTED]

On 10/24/2014 CPSI [REDACTED] spoke with [REDACTED] stated that [REDACTED] is struggling and grieving badly. [REDACTED] stated that [REDACTED] does not like to stay at home. [REDACTED] stated that she carries [REDACTED] and then waits on her to shower and get [REDACTED] a change of clothes. [REDACTED] stated that [REDACTED] is doing well and that she was too young to understand. [REDACTED] stated she will continue to help [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: 10/24/2014

Contact Method:

Contact Time: 02:04 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/26/2014

Completed date: 10/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/26/2014 02:09 PM Entered By: [REDACTED]

A TFACTS history search was completed and the following case was found will allegations of drug exposed infant and lack of supervision on [REDACTED] by [REDACTED], [REDACTED] was classified as allegation unsubstantiated and perpetrator unsubstantiated but [REDACTED] was classified on allegation substantiated but perpetrator unknown on the allegations of drug exposed infant.



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: 10/24/2014

Contact Method:

Contact Time: 12:50 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/26/2014

Completed date: 10/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/26/2014 12:51 PM Entered By: [REDACTED]

CPSI [REDACTED] received the police reported concerning the death of [REDACTED] and placed it in the 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: 10/24/2014 Contact Method: Face To Face
 Contact Time: 11:50 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Provider Office Created Date: 10/26/2014
 Completed date: 10/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/26/2014 01:56 PM Entered By: [REDACTED]

On 10/24/2014 CPIT was held and this case was classified as allegation unsubstantiated and perpetrator unsubstantiated.

Narrative Type: Addendum 2 Entry Date/Time: 05/21/2015 11:42 AM Entered By: [REDACTED]

The 740 was completed and the classification to the Judge and DA was completed.

Narrative Type: Addendum 1 Entry Date/Time: 02/18/2015 01:42 PM Entered By: [REDACTED]

[REDACTED] is the DA for [REDACTED]. [REDACTED] attended CPIT on 10/24/2014 and the [REDACTED] case was discussed with the CPIT team. It was the decision of the CPIT team to unsubstantiate the allegations of neglectful death against [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: 10/23/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/26/2014

Completed date: 10/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/26/2014 02:45 PM Entered By: [REDACTED]

A SDM was completed and the [REDACTED] deemed safe.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/23/2014 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/26/2014
 Completed date: 10/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/26/2014 02:26 PM Entered By: [REDACTED]

On 10/24/2014 CPSI [REDACTED] arrived at [REDACTED]. CPSI [REDACTED] sat down with [REDACTED] and [REDACTED] in the living room in private. CPSI [REDACTED] enquired how [REDACTED] was doing. [REDACTED] explained that she and several of her friends were all pregnant at the same time and then now their babies are all 3 or 4 months old. [REDACTED] explained it is so hard to see her friends with their babies. CPSI [REDACTED] talked with [REDACTED] about grief counseling. [REDACTED] stated she thinks she could use the counseling. CPSI [REDACTED] explained she would check into [REDACTED]. CPSI [REDACTED] talked with [REDACTED] about where she was living. [REDACTED] stated she cannot stay in her apartment it was just too hard. [REDACTED] stated she stays with her mother a lot. [REDACTED] began to asked questions about why [REDACTED] died. CPSI [REDACTED] explained that the autopsy had not come back but a preliminary report feels it was SIDS. CPSI [REDACTED] played finger plays with [REDACTED] and sang songs with the toddler. CPSI [REDACTED] explained that the case was going to be closed but if she needed anything to just call. [REDACTED] began to cry and hugged CPSI [REDACTED]. CPSI [REDACTED] expressed how sorry she was for the loss of the infant. CPSI [REDACTED] she was make sure the [REDACTED] contacted [REDACTED]. CPSI [REDACTED] thanked [REDACTED] for her time.

Narrative Type: Addendum 1 Entry Date/Time: 04/22/2015 09:26 AM Entered By: [REDACTED]

The home on [REDACTED] was clean and well organized. CPSI [REDACTED] did not observe any safety hazards in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/23/2014 Contact Method: Face To Face
 Contact Time: 01:50 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/26/2014
 Completed date: 10/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/26/2014 01:51 PM Entered By: [REDACTED]

On 10/23/2014 CPSI [REDACTED] spoke with [REDACTED] [REDACTED] explained that [REDACTED] was doing ok. [REDACTED] explained that [REDACTED] did not want to go and has good days and bad days. [REDACTED] explained that [REDACTED] likes staying with [REDACTED] [REDACTED] explained that [REDACTED] cannot stay in the apartment for long periods of time. [REDACTED] explained she will continue to help [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 04/22/2015 09:23 AM Entered By: [REDACTED]

[REDACTED] stated she does not like going to her apartment and staying at her apartment.



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:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2015

Completed date: 06/09/2015

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: 06/09/2015 03:51 PM Entered By: [REDACTED]

This case was classified as allegation unsubstantiated and perpetrator unsubstantiated on 10/01/2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/30/2014 Contact Method:
 Contact Time: 11:04 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/26/2014
 Completed date: 10/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/26/2014 02:01 PM Entered By: [REDACTED]

CPSI [REDACTED] talked with [REDACTED] with the [REDACTED] Police Department who stated that this death of [REDACTED] is not looking criminal. [REDACTED] stated that she had talked to [REDACTED] and said that he doesn't see anything that looks that way to him, it will more than likely be SIDS related.



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: 09/23/2014

Contact Method:

Contact Time: 06:08 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/20/2015

Completed date: 05/20/2015

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: 05/20/2015 06:09 PM Entered By: [REDACTED]

Classification notification to the Judge and DA was created on 9/23/2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/17/2014 Contact Method:
Contact Time: 09:26 AM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For:
Location: Created Date: 09/17/2014
Completed date: 09/17/2014 Completed By: [REDACTED]
Purpose(s): Service Planning
Contact Type(s): Administrative Review
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/17/2014 09:30 AM Entered By: [REDACTED]

Case is being staff on this date. Investigator needs to upload documents in TFACTS, and follow with ACV and and HV. Investigator will put in services for grief, due to the incident that has occurred.

Narrative Type: Addendum 1 Entry Date/Time: 11/03/2014 01:53 PM Entered By: [REDACTED]

CPSI [REDACTED] explained that the medical records from [REDACTED] in [REDACTED] and [REDACTED] in [REDACTED] did not reveal any abuse and showed that [REDACTED] received prenatal care and [REDACTED] had already been seen at [REDACTED] center for his two week checkup. At [REDACTED] 2 week check no signs of abuse were reported and it appeared that [REDACTED] was meeting is age appropriate milestones.

CPSI [REDACTED] was asked to upload all medical documents, and make another home visit to the family home to see [REDACTED] and [REDACTED] to see how the family was doing since the death of [REDACTED] CPSI [REDACTED] was asked to talk with [REDACTED] about grief counselling and make a referral to ensure [REDACTED] received grief counselling.



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: 09/04/2014

Contact Method: Correspondence

Contact Time: 02:05 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/04/2014

Completed date: 09/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2014 02:07 PM Entered By: [REDACTED]

SSMS check is clear for [REDACTED]

SSMS check is clear for [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 11/03/2014 02:26 PM Entered By: [REDACTED]

This case note was an error and the completion of this case note made a duplicate entry.



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: 08/27/2014

Contact Method:

Contact Time: 03:56 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/27/2014

Completed date: 08/27/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/27/2014 03:59 PM Entered By: [REDACTED]

CPSI [REDACTED] received the medical records for [REDACTED] from [REDACTED] a copy was placed in the file.

Narrative Type: Addendum 1 Entry Date/Time: 11/03/2014 02:34 PM Entered By: [REDACTED]

The record for [REDACTED] center on [REDACTED] did not indicated that [REDACTED] had any notable problems during the pregnancy that would affect [REDACTED] in a terminal way before or after the birth. The records were uploaded in TFACTS and placed in the family file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/27/2014 Contact Method: Correspondence
 Contact Time: 03:06 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/27/2014
 Completed date: 08/27/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/27/2014 03:06 PM Entered By: [REDACTED]
 SSMS check is clear for [REDACTED]
 SSMS check is clear 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: 08/27/2014

Contact Method: Correspondence

Contact Time: 03:04 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/27/2014

Completed date: 08/27/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/27/2014 03:05 PM Entered By: [REDACTED]

Back ground checks for the following: national sex offender, sex offender, abuse registry, meth offender registry, felony offender, returned as no results found [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: 08/27/2014 Contact Method:
 Contact Time: 02:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/27/2014
 Completed date: 08/27/2014 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: 08/27/2014 02:00 PM Entered By: [REDACTED]

[REDACTED] came to the attention of the department when it was reported that on 08/22/14 the mother, [REDACTED] stated that was feeding [REDACTED] around 7:00 a.m. [REDACTED] reports that she "dosed off" while feeding [REDACTED]. The mother, [REDACTED] woke up at 7:41 a.m. to find blood coming out of [REDACTED] mouth and nose. EMS was contacted and arrived on scene. EMS worked on [REDACTED] for about 45 minutes, and he died around 8:30 a.m. on the scene. EMS (Emergency Medical Services) was unable to revive [REDACTED]. An autopsy is being performed at this time and results are still pending. Law Enforcement has been notified about the incident [REDACTED] was home when the incident took place. It is not believed that [REDACTED] has been interviewed at this time. The parents, [REDACTED], are aware that this information is being reported. [REDACTED], can be found at the address below

Narrative Type: Addendum 1 Entry Date/Time: 02/18/2015 01:20 PM Entered By: [REDACTED]

On 8/22/2014 the Department of Children Services received a referral at 12:37 pm and [REDACTED] was the alleged child victim and [REDACTED] was the alleged perpetrator and [REDACTED] birth mother. The referral listed neglect death as the allegation and the referral was given a P1 priority response time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/27/2014	Contact Method:	Correspondence
Contact Time:	01:57 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/27/2014
Completed date:	08/27/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact,Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/27/2014 01:58 PM Entered By: [REDACTED]
 CPSI [REDACTED] created the judges letter.

Narrative Type: Addendum 1 Entry Date/Time: 03/04/2015 10:22 AM Entered By: [REDACTED]
 Judicial notification was completed when the Judges letter was created and mailed to the 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: 08/27/2014 Contact Method:
 Contact Time: 01:17 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/26/2014
 Completed date: 10/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/26/2014 01:27 PM Entered By: [REDACTED]

[REDACTED] County Sheriffs office returned back ground checks for [REDACTED] as warrant for failure to appear (2) and [REDACTED] as no arrest record.

[REDACTED] Police department back ground check for [REDACTED] as no record and [REDACTED] as failure to comply, evading arrest, unlawful possession and carrying of a weapon, simple possession of marijuana, aggravated assault, false report, driving on suspended, simple possession of marijuana, unlawful drug paraphernalia, driving on suspended, aggravated assault, simple assault, driving while unlicensed, driving on suspended license.



**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:	08/26/2014	Contact Method:	
Contact Time:	03:43 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/26/2014
Completed date:	08/26/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/26/2014 03:45 PM Entered By: [REDACTED]

A formal request was made to obtain the autopsy report from the

[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/25/2014

Contact Method:

Contact Time: 03:07 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 03:09 PM Entered By: [REDACTED]

CPSI [REDACTED] received the medical records for [REDACTED] from [REDACTED] and the records were placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/25/2014 Contact Method:
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/26/2014
 Completed date: 08/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 03:19 PM Entered By: [REDACTED]
 CPSI [REDACTED] made a formal request for medical records from [REDACTED] and [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 11/03/2014 02:22 PM Entered By: [REDACTED]

Medical records from [REDACTED] for [REDACTED] because [REDACTED] is where [REDACTED] reported she received prenatal care while pregnant with [REDACTED]. It was reported to me that [REDACTED] had been to the doctor for his 2 week checkup at [REDACTED] therefor a request for medical records on [REDACTED] were requested. [REDACTED] passed away at [REDACTED] therefore a request of medical records were complete and sent to [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/23/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/20/2015

Completed date: 05/20/2015

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: 05/20/2015 06:12 PM Entered By: [REDACTED]

A copy of the 680 was sent to law enforcement and DA for the notification of the case.

Narrative Type: Addendum 1 Entry Date/Time: 05/21/2015 11:40 AM Entered By: [REDACTED]

This was the initial notification to the DA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/09/2015

Completed date: 06/09/2015

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: 06/09/2015 03:41 PM Entered By: [REDACTED]

CPSI [REDACTED] established all persons in this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/20/2015

Completed date: 05/20/2015

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: 05/20/2015 06:06 PM Entered By: [REDACTED]

Child death notification form was completed and sent for approval on 8/22/2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 04:02 PM Entered By: [REDACTED]

A SDM was completed and [REDACTED] was deemed safe.

Narrative Type: Addendum 1 Entry Date/Time: 11/03/2014 03:11 PM Entered By: [REDACTED]

[REDACTED] is the sister of [REDACTED]. [REDACTED] was observed by Investigator [REDACTED] and the child was healthy, being held by her father only to people she know and running from grandmother to grandmother. It was very apparent that [REDACTED] felt close to the grandmothers and had a very close relationship with both parents. [REDACTED] would hug and talked to both parent, [REDACTED] was physical able to move around and over obstaccals such as jumping from a bottom step or running to a grandmoter's lap. [REDACTED] was responsive to [REDACTED] needs and wants and it was easy to observe [REDACTED] was safe in the care of her mother and grandparents.



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: 08/22/2014 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/26/2014
 Completed date: 08/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 03:17 PM Entered By: [REDACTED]

On 8/22/2014 CPSI [REDACTED] talked with [REDACTED] the maternal grandmother of [REDACTED]. [REDACTED] stated that [REDACTED] was a good mother and would not do anything to hurt [REDACTED]. [REDACTED] explained that [REDACTED] has always cared for her children.

On 8/22/2014 CPSI [REDACTED] spoke with [REDACTED] the paternal grandmother of [REDACTED]. [REDACTED] stated she has never had a concern with [REDACTED] as a mother. [REDACTED] stated [REDACTED] was a healthy baby.

Narrative Type: Addendum 1 Entry Date/Time: 11/03/2014 03:24 PM Entered By: [REDACTED]

[REDACTED] explained that she sees [REDACTED] and [REDACTED] every day. [REDACTED] stated that [REDACTED] does not have a vehicle therefore [REDACTED] carries [REDACTED] and [REDACTED] where they needed to go. [REDACTED] explained that she cares for [REDACTED] and will help [REDACTED] get [REDACTED] and [REDACTED] any thing they needed. [REDACTED] stated she will help [REDACTED] during this time of grief. [REDACTED] carries [REDACTED] and [REDACTED] every where they need to go therefore she has daily interactions with the family.

[REDACTED] explained that even though [REDACTED] was a young mother she always cared for her children. [REDACTED] stated she had never had any doubt of the kind of mother [REDACTED] was to her children. [REDACTED] stated she always carried the children to the doctor and cared for them when the children were sick. [REDACTED] stated [REDACTED] always sought ways to get the things the children needed and if not she would as [REDACTED] stated she loves her grandchildren and will help in any way. [REDACTED] explained that she had daily interactions with [REDACTED] either by phone or in person. [REDACTED] explained that [REDACTED] would always call [REDACTED] to explained where she was going to be and how she could be reached.



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: 08/22/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/09/2015

Completed date: 06/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/09/2015 03:49 PM Entered By: [REDACTED]

[REDACTED] died on 8/22/2014 at 8:30 am at [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/22/2014 Contact Method: Face To Face
 Contact Time: 08:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/26/2014
 Completed date: 08/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 03:10 PM Entered By: [REDACTED]

Home Visit/Face to Face Template

Child Protective Services Investigator [REDACTED] (CPSI) made a home visit/face to face to initiate the investigation.

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 the 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.

*Section I: Interview with [REDACTED] in private at [REDACTED] in [REDACTED].

Document:

Concerns of child: When CPSI [REDACTED] arrived [REDACTED] had already passed away and was lying on the examine table.
 Child's feelings in general, about school, about services: [REDACTED] had passed away.
 Discussion of case planning process in age-appropriate manner. [REDACTED] had passed away.

*Section I: Interview with [REDACTED] at the family home in [REDACTED]

Document:

Concerns of child: [REDACTED] is 2 years old and was very over whelmed at all the commotion going on. [REDACTED] was in her father arms and said the words daddy and mom.
 Child's feelings in general, about school, about services: [REDACTED] is two years old and not very talkative.
 Discussion of case planning process in age-appropriate manner. [REDACTED] is two years old and not very talkative.

*Section II: Interview with [REDACTED] in private at the family home in [REDACTED] [REDACTED] stated she and the children both go to [REDACTED]. [REDACTED] stated she did not have any mental health issues.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated she did not have any physical health disabilities. [REDACTED] stated she did not take any medications. [REDACTED] stated she did not have any domestic violence history. [REDACTED] stated she did not use alcohol or drugs. [REDACTED] stated the children stay home with her during the day. [REDACTED] stated she had one other DCS. [REDACTED] stated that she did not have any police history. [REDACTED] stated she was not employed. [REDACTED] stated she graduated from high school. [REDACTED] stated she gets [REDACTED].

Discussion of current safety and risk concerns: [REDACTED] explained that [REDACTED] woke up at 7 for a bottle. [REDACTED] explained that [REDACTED] was on simlac formula and drank 2 to 3 oz every 2 hours. [REDACTED] explained she was sitting up on the corner of couch. [REDACTED] explained that she dozed off. [REDACTED] stated that she woke up at 7:41am and [REDACTED] had blood coming from his mouth and nose. [REDACTED] explained [REDACTED] body felt very light to her and she knew [REDACTED] was already gone. [REDACTED] called 911.

Discussion of child's well-being needs ex: sharing info about, eliciting her perceptions of child's health, development, mental health, education; [REDACTED] explained that [REDACTED] had just been to the doctor at [REDACTED] and the doctor stated [REDACTED] was doing fine. [REDACTED] explained that [REDACTED] was doing well and she had no concerns for [REDACTED].

Discussion of status of case: CFTM decisions, preparing for next CFTM, goal/action steps and timeframes: CPSI [REDACTED] explained that she would get all the medical reports needed and she would be in touch with the family.

Discussion of services delivery and parent's feeling on effectiveness of services. [REDACTED] appeared to be grieving and had periods of crying [REDACTED] understood CPSI [REDACTED] was just doing her job.

*Section III: Interview with [REDACTED] in private at the family home.

Discussion of current safety and risk concerns: [REDACTED] stated that he was not in the family home at the time of [REDACTED] death but he did stay there from time to time. [REDACTED] stated that [REDACTED] was a good mother and he knew he had not hurt [REDACTED] stated he still could not believe that [REDACTED] was gone it all seemed so unreal.

Discussion of child's well-being needs ex: sharing info about, eliciting her perceptions of child's health, development, mental health, education; [REDACTED] stated he had no concerns for [REDACTED] or [REDACTED] explained he was the father of both the children.

Discussion of status of case: CFTM decisions, preparing for next CFTM, goal/action steps and timeframes: CPSI [REDACTED] explained she would get the medical records needed.

Discussion of services delivery and parent's feeling on effectiveness of services. [REDACTED] stated CPS was no good and would not sign any paper because he said he needed to talk to a lawyer first.

*The family identified [REDACTED] and [REDACTED] as a support.

*Section V: CPSI observed:

Document: pictures were taken and placed in the file.

1. Interactions between mother/father and child, [REDACTED] were very loving and responsive to one another and to [REDACTED].
2. Observation and presentation CPSI [REDACTED] did not observe any slurred speech, injuries, developmental delays or handicaps, clothing, red eyes, with any member of the family.
3. Observation of interactions between mother/father and other children in home, CPSI [REDACTED] did not observe [REDACTED] with any other children other than [REDACTED] and they were very loving to [REDACTED].
4. Observation of physical environment. The home was an apartment complex and the outside of the home was free of debris. The inside of the family home was disorganized and needed to be cleaned.

*Required: Section VI: Next Steps: CPSI [REDACTED] stated she would get all medical records needed and be in touch with the family.

Narrative Type: Addendum 1 Entry Date/Time: 11/03/2014 05:13 PM Entered By: [REDACTED]

*Section I: [REDACTED] was observed lying on an examine table. [REDACTED] was observed with no apparent physical signs of abuse. [REDACTED] had pads on his chest and back where the hospital staff had tried to revive [REDACTED]. [REDACTED] had a ventilator in his mouth which was used to help [REDACTED] breathe. [REDACTED] appeared to be developing at an age appropriate level. [REDACTED] appeared to be a healthy one month old baby that had passed away by an unknown cause at the time CPSI [REDACTED] responded.

*Section I: Interview with [REDACTED] in private at the family home.

Document:

[REDACTED] is the sister [REDACTED] was observed by Investigator [REDACTED] and the child was healthy, being held by her father and only talking to people she know and running from grandmother to grandmother. It was very apparent that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] felt close to the grandmothers and had a very close relationship with both parents. [REDACTED] would hug and talked to both parent, [REDACTED] was physical able to move around and over obstacles such as jumping from a bottom step or running to a grandmother's lap. [REDACTED] was responsive to [REDACTED] needs and wants and it was easy to observe [REDACTED] was safe in the care of her mother and grandparents.

*Section II: CPSI [REDACTED] interviewed [REDACTED] at the family home in [REDACTED]

CPSI [REDACTED] how sorry she was for her lost. CPSI [REDACTED] explained that she was there to help and would do anything to help the family. CPSI [REDACTED] explained that the investigation did not mean that anything was wrong or that anything bad took place. CPSI [REDACTED] explained that all child deaths had to be investigation by the state.

[REDACTED] explained [REDACTED] woke up about 7 every morning and that [REDACTED] usually drank 2 to 3 oz. in a bottle at a time.

[REDACTED] explained that she took [REDACTED] to the doctor on 7/23/2014 and he was seen by [REDACTED] for [REDACTED] new born medical check. On 8/18/2014 [REDACTED] took [REDACTED] to see [REDACTED] at [REDACTED] and no abuse was observed on [REDACTED] and it was reported that [REDACTED] was meeting his age appropriate milestones. [REDACTED] explained that she would be staying at her mothers' [REDACTED] for support during this troubling time. [REDACTED] explained that if CPSI [REDACTED] needed [REDACTED] to call [REDACTED] the paternal grandmother of the children and she would get [REDACTED] the message. CPSI [REDACTED] explained she would check into grief counselling and contact [REDACTED] with where that services was provided.

CPSI [REDACTED] interviewed [REDACTED] the father of [REDACTED] and [REDACTED] stated he just could not believe that [REDACTED] was gone. [REDACTED] stated he had just watched a commercial explaining that the family had taken a lot of pictures of their child and they were glad they did because now their child was gone. [REDACTED] stated he never thought that would be him and [REDACTED] stated he did not live in the family home but stayed in the family home sometimes. [REDACTED] stated that [REDACTED] was a good mother and would never hurt his children.

[REDACTED] and [REDACTED] were very concerned where [REDACTED] who she was with and what she was doing. [REDACTED] carried [REDACTED] and when he finally sat down, [REDACTED] was in his lap. [REDACTED] was stated what she wanted and [REDACTED] would go get it or ask a grandmother to get it. [REDACTED] was seen kissing [REDACTED] forehead and talking to [REDACTED] [REDACTED] was very loving to [REDACTED] and redirected [REDACTED] to stay close to [REDACTED] It appeared that [REDACTED] were very loving and caring parents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/20/2014

Contact Method:

Contact Time: 06:19 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/20/2015

Completed date: 05/20/2015

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: 05/20/2015 06:20 PM Entered By: [REDACTED]

A FAST was completed and the family reassessed.



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: 8/22/14 12:37 PM

Date of Assessment: 8/22/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence or 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.

- 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: _____