



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

Case # 2014.139

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	08/24/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	08/24/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████	(putative)	
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	Unknown	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					

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

██████████ (ACV) was observed by ██████████ (family friend) at approximately 14:30 on 08/24/2014. ██████████ observed the child in the mother's bed. During this observation, he noticed something coming out of the child's nose and asked the mother if she had put something in the child's nose. The mother then observed the child and noticed blood and "foam" coming out of the child's nose. ██████████ (maternal grandmother) then observed the child and cleared the child's nose and began CPR. ██████████ contacted 911 and the grandmother followed instructions provided by the 911 operator. EMS arrived to the scene and transported the child to ██████████ Regional Medical Center.

The child arrived to the hospital at 15:10 and CPR efforts continued. Rectal temperature at the time of arrival to ██████████ Regional Medical Center was 85 degrees. The child was cold to the touch, non blanchable skin, purple skin color and no movement. There was foamy blood noted from the nose, dried blood on the face at arrival. Heart tones absent and pulses were absent. There were no breath sounds. The child was administered epinephrine at 15:13 and 15:17. ██████████ was pronounced dead at 15:20.

Dr. ██████████ stated that he was not able to provide a cause of death, but did state that there was no obvious signs of trauma.

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:

Case Manager spoke with ██████████ on 08/24/2014. ██████████ (mother) stated that she fed ██████████ (ACV) at approximately 06:00 on 08/24/2014. ██████████ stated that she was up with ██████████ approximately one hour and placed her in the bed with her after the feeding in order for them to return to sleep. ██████████ stated that ██████████ drank two to three ounces. ██████████ stated that ██████████ did not have any difficulty taking the bottle and appeared to be physically well. ██████████ stated that ██████████ does have her own sleeping area, but she chose to put ██████████ in the bed. ██████████ stated that ██████████ was placed in the bed between herself and her four year old child, ██████████ (sibling). ██████████ stated that ██████████ was sleeping on the side of the bed near the window and she was on the outside of the bed near the door. ██████████ stated that there were no blankets on the bed, but there was a comforter located at the foot of the bed. ██████████ stated that ██████████ was not placed on or near a pillow.

██████████ stated that ██████████ (family friend) came to the home at approximately 14:30. ██████████ stated that she got out of bed and went to fix ██████████ a bottle. ██████████ stated that ██████████ went into the bedroom to see ██████████ and asked her what was in ██████████ nose. ██████████ stated that she then looked at ██████████ face and saw blood and "foam" coming out of ██████████ nose. ██████████ stated that she got her mother, ██████████ stated that her mother performed CPR on ██████████ until EMS arrived to the home.

██████████ stated that she did not see ██████████ face when she got out of the bed because ██████████ was lying on her back and her head was turned toward the wall (away from the mother). ██████████ stated that she just glanced over her shoulder before she got out of the bed and she did not notice anything unusual. ██████████ stated that the only thing she really saw on ██████████ was the back of her head and part of the right side of her face.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

stated that has been congested for about a week and she attempted to get into the doctor, but was not able to get an appointment with Dr. (PCP), so she took to (NPC) last Monday, 08/18/2014. stated that told her that was not sick but to use saline drops as directed and to clear the nose with an aspirator. stated that she has been using the drops and clearing her nose at least three to four times a day. stated that was also seen by Co. Health Department on 08/20/2014 for their WIC appointment. stated that the Health Department talked with her about the congestion and stated that if continued to be congested that she needs to follow up with their PCP.

provided the Case Manager with a sheet of paper that she had been writing notes on for baby book. had noted on the paper that had gone to Dr. for her first check up and then noted that on 08/15/2014 that she had taken to for the congestion in her chest and nose.

denied any significant medical history regarding . stated that has always taken her bottle well. stated was now taking approximately 5 ounces at each feeding and she usually ate every three to four hours. stated that takes Similac for sensitive stomach, formula.

stated that she has not used any illegal drugs, but that she has taken Tylenol three and a valium within the past 48 hours. took a drug screen and tested positive for opiates and benzodiazepine. stated that she has a prescription for the Tylenol three, but not the valium. stated that she took the valium before she was pregnant and she had some left, so she took it. stated that she does not take it every day and she takes it when she has a migraine. stated that she also took the Tylenol three because she has a migraine, but it was prescribed to her at County General Hospital when was a patient. stated that she had severe cramps after giving birth to so they prescribed her the Tylenol three. was not able to show the Case Manager the prescription bottle for this medication.

stated that was at Co. General Hospital because she had an "episode" of sleep apnea. stated that the episode happened while she was in the hospital in shortly after her birth. stated that stayed at the hospital in for about a week and they were discharged home. stated that she was not given any specific instructions regarding apnea episode and they told her that was "fine". stated that she and her mother were instructed how to perform CPR.

stated that it is normal for them to sleep in that late, because stays up very late watching cartoons on TV. stated that the household is usually awake in the evenings and throughout most of the night. stated that was still young and slept most of the time, so the schedule did not affect her. stated that if (2yr old sibling) is at home then they usually get up earlier. stated that has been with her great grandmother () since 08/20/2014.

Case Manager spoke with again on 08/25/2014. stated that she did observe at approximately 10:00. stated that she got up and went to use the bathroom and when she returned to the bed she moved over some. stated that she knows that was breathing at that time because "stirred some."

(4yr old sibling) was interviewed with the maternal grandmother present on 08/24/2014, but the grandmother did not speak during the interview, per the Case Manager's request. was not willing to speak with the Case Manager unless her grandmother was present.

stated that they were at the hospital because her sister, died this day. stated that she knew her sister was dead because she saw the blood from her nose and it went all the way to her ear. stated that her sister did not look like that last night when her momma put her in the bassinet. stated that she did not see her sister look like that until she woke up. stated that she woke up because someone was yelling at that is when she saw her sister look like that. stated that her sister was in her momma's bed when she woke up. stated that her momma did get up sometime after they went to sleep and gave her sister a bottle. stated that she did not see her mother put her sister in the bed with them. stated that she sleeps with either her mother or her . stated that the baby sleeps in her bassinet or in the bed with them.

stated that her momma and her Nana takes care of her and her sister's at home. stated that her momma and her Nana both give her baths and fix their food. stated that the only thing that bothers her at home was taking a bath, because sometimes the water is cold. stated that and her sister () also bothers her some because she bites and pinches her. denied being scared of anyone or anything in the home.

Case Manager spoke with again on 08/25/2014. Case Manager spoke with about what time she goes to sleep and what time she gets up. stated that she goes to bed when the sun comes up. stated that when she gets up the sun is still up and then it goes down and she stays up until the sun comes up again.

Case Manager then spoke with [redacted] on 08/24/2014. [redacted] stated that she was asleep on the couch in the living room until [redacted] came to the home at approximately 14:30 and she talked to him for a couple of minutes before [redacted] came into the living room. [redacted] stated that [redacted] talked with [redacted] for a few minutes and then went to fix [redacted] a bottle. [redacted] stated that [redacted] went into the bedroom to check on [redacted] and that is when he saw something in [redacted] nose. [redacted] then went into the bedroom and [redacted] asked [redacted] about it. [redacted] state that [redacted] was upset and brought the baby out of the room to her and said that she thought [redacted] was dying. [redacted] stated that she began CPR and [redacted] called 911. [redacted] stated that she began CPR on the couch and then moved [redacted] to the end table, because the 911 operator instructed her to put [redacted] on a hard surface. [redacted] stated that she gave [redacted] two breaths over the nose and mouth and then did chest compressions. [redacted] stated that she tilted [redacted] head back when she gave the breaths. [redacted] stated that before she started the breaths, she did clear [redacted] nose with the aspirator. [redacted] stated that it was a "blood blob" coming out of [redacted] nose. [redacted] stated that EMT arrived and they took [redacted] to the hospital. [redacted] stated that they stayed at the house a little longer because the police were asking questions, when they arrived to the home after EMS. [redacted] stated that the police put the aspirator and the blanket with blood on it in an evidence bag.

[redacted] stated that it was normal for them to all sleep in until 15:00 or 16:00. [redacted] stated that [redacted] does sleep in her bassinet and in the bed with her mother some. [redacted] stated that [redacted] usually eats every three to four hours and takes about five ounces at each feeding. [redacted] stated that she has been putting cereal in [redacted] formula. [redacted] stated that she was doing this because [redacted] did not get full and was going through a lot of formula.

[redacted] stated that she went with [redacted] to the appointment with [redacted] and to the WIC appointment. [redacted] repeated the same information regarding both appointments.

[redacted] stated that she has never had any concerns regarding [redacted] caring for the children and [redacted] was the one that provided care for her children the majority of the time. [redacted] stated that she help [redacted] not because [redacted] was not doing anything, but because she wanted to.

Case Manager spoke with [redacted] again on 08/25/2014. [redacted] stated that [redacted] did get up at some point and she gave her some cookies to snack on, but she is not sure what time that was. [redacted] stated that the food in the bedroom was what they had eaten the night before.

Case Manager spoke with [redacted] (maternal great grandmother) on 08/24/2014. [redacted] confirmed that she has had [redacted] in her care since Wednesday. [redacted] stated that [redacted] is very attached to her and she keeps her a great deal of the time. [redacted] stated that she has never had any concerns regarding how [redacted] cared for the children. [redacted] stated that she has never had any concerns regarding the children at all. [redacted] stated that she last saw [redacted] about a week ago and [redacted] appeared to be healthy at that time.

Inv. [redacted] (Police Department) spoke with [redacted] and provided the Case Manager with the following information on 08/24/2014. Inv. [redacted] stated that [redacted] stated that he got to the home around 14:30 or 14:45 and he was invited into the home by [redacted] stated that he, [redacted] and [redacted] were in the living room for a few minutes and he went into the bedroom to check on [redacted] and that is when he noticed something in [redacted] nose. [redacted] stated that he asked [redacted] was it was and that is when they noticed that something was not right with [redacted] [redacted] stated that he called 911 while [redacted] performed CPR on [redacted] [redacted] stated that [redacted] was in the bed when he observed her. [redacted] stated that [redacted] was on her back with her head facing the window. [redacted] stated that [redacted] was dressed in an onesie and there were no blankets or pillows on or near her face.

[redacted] stated that he has never had any concerns regarding how [redacted] cared for the children and saw the children at least two or three times a week, when he came to the home.

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

N/A

Describe disposition of body (Death):	Child was transported to [redacted] Medical Examiner's office		
Name of Medical Examiner/Coroner:	Did not make scene (DA requested autopsy)	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Type:	Investigation/Drug exposed infant	Case #:	[redacted]

Describe law enforcement or court involvement, if applicable:

There is no current court involvement with the family through the Department.
 Law enforcement is also currently investigating the death of [REDACTED] at this time.

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):

[REDACTED], who is 4 years of age, and [REDACTED], who is 2 years of age, will remain in their mother's legal custody at this time with close monitoring and family assistance. [REDACTED] will reside in the home with the mother, and the maternal grandmother, [REDACTED], will also reside in the home to assist the mother in caring for the child at this time. [REDACTED] will remain in the home of her maternal great grandmother, where she has been residing since Wednesday, August 20, 2014. Due to the circumstances surrounding [REDACTED] death, the same risk factors are not present for either [REDACTED] due to their ages; therefore, at this time, it poses no safety or well-being risk to those minor children to continue in the legal custody of their mother. The maternal grandmother residing in the home has agreed to contact the Case Manager if there are any concerns that arise. Likewise, the maternal great grandmother with whom [REDACTED] is residing with at this time has agreed contact Case Manager if any issues or concerns arise. The Case Manager has also spoken with the family about the need to follow through with services to address grief/mental health counseling needs and current concerns regarding the mother's positive drug screen.

Name: [REDACTED]	Age: 4
Name: [REDACTED]	Age: 2
Name: [REDACTED]	Age: [REDACTED]
Name: [REDACTED]	Age: [REDACTED]
Name: [REDACTED]	Age: [REDACTED]

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
07/02/2012	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	ASPS
06/23/2014	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	ASPS
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

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

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

**Email to: [REDACTED]
 within forty-eight (48) hours of notification**

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

Intake #:	██████████	Investigation #:	██████████	Date of Referral	08/20/2014	Case # 2014-139
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: 08/24/2014 03:55 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 08/24/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 08/24/2014 07:06 PM
 First Team Leader Assigned: [REDACTED] Date/Time 08/25/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 08/25/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	10 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

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

TFACTS: Yes

Family Case IDs: [REDACTED] [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS Yes, 06-23-2014, # [REDACTED] DEI, Case Manager: [REDACTED], Supervisor: [REDACTED]



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

Substantiated Yes, 07/10/2014, # [REDACTED] DEI, Perpetrator: [REDACTED]

Death No

Screened out Yes, 4

History (not listed above): Yes

- 09/25/2011, # [REDACTED] PHA, Unsubstantiated
- 11/21/2008, # [REDACTED] DEC, Unsubstantiated
- 12/21/2004, # [REDACTED] Substantial Risk Physical Injury, PHA, Unsubstantiated
- 09/24/2004, # [REDACTED] PHA, Unsubstantiated

County: [REDACTED]
 Notification: None
 School/ Daycare: Unknown
 Native American Descent: No
 Directions/Address: [REDACTED]

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] /2mos lives with [REDACTED] (Mother). It is unknown if there are other children in the home.

Today the [REDACTED] Regional Medical Center received a phone call from EMS stating that they were "running lights and sirens" and would be at the hospital in 3 minutes with a child ([REDACTED] that was in cardiac arrest. [REDACTED] arrived at the hospital at 3:10PM and Dr [REDACTED] administered CPR and other life saving measures, but she did not survive. The approximate time of death is unknown. There were no obvious injuries visible, so it is unknown how [REDACTED] died at this time. The orders for the autopsy are currently being processed. Police officers are currently on scene investigating the death. [REDACTED] and other family members are also at the hospital. No further information is known at this time. Immediate DCS assistance is being requested.

Special Needs or Disabilities: None
 Child's current location/is the child safe at this time: Hospital
 Perpetrator's location at this time: Unknown
 Any other safety concerns for the child or worker who may respond: None

Per SDM: Investigative Track, P1. [REDACTED] CM 3 @ 4:41pm on 8-24-14

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	08-24-14 05:08:49 PM	[REDACTED]	08-24-14 05:09:50 PM	[REDACTED]
Received	08-24-14 05:08:50 PM	---	[REDACTED]	
Email Sent				

[REDACTED] notified @ 5:17pm on 8-24-14

Northwest Regional Administrator, [REDACTED] also was notified



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 10 Mos

Address [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

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]
Referral Date: 08/24/2014
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 02/27/2015

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 3 rows of allegation data.

C. Disposition Decision

Disposition Decision: Continue DCS Services
Comments: There is not enough evidence to support the allegations.

D. Case Workers

Case Worker: [Redacted] Date: 01/05/2015
Team Leader: [Redacted] Date: 01/05/2015

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:

Case Manager observed the bedroom that [Redacted] and her children sleep in. There is a queen size bed located against the far wall of the room. There was a bassinet that was located next to the bed, near the door of the bedroom. The bassinet had toys and other items in it. There were five pillows located at the head of the bed. There was a zip loc bag of cookies located near the head of the bed and a baby bottle (full of formula) located under the bag of cookies. There were also two cookies lying near the center of the bed. Case



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

Case Name : ██████████

Investigation ID: ██████████

Manager observed a comforter near the foot of the bed on the mother's side and approximately half way up on the opposite side. There was a dresser with baby care items located on the top and a TV also on the top. There were two storage bins, with drawers in them that had the children's clothing in them. Case Manager observed food in styrofoam trays located on the storage bins. Case Manager observed lighter, but did not observe any illegal substances in the room. There were some cookies located on the floor near the bed and other items on the floor. The items on the floor did not cover the floor and Case Manager was able to walk through the room with ease.

Case Manager noted that there was no central heat and air in the home. The family cooled the home by using ceiling fans, box fans and one window unit that is located in the living room. There was a ceiling fan located in ██████████ bedroom.

Case Manager observed ██████████ at ██████████ home. ██████████ appeared to be physically healthy and was dressed in a t-shirt and shorts. ██████████ was able to tell the Case Manager her name and age. ██████████ was interested in looking at the Case Manager's phone and the picture that she had taken of ██████████ ██████████ appears to be reaching developmental milestones.

██████████ stated that they were at the hospital because her sister ██████████ died this day. ██████████ stated that she knew her sister was dead because she saw the blood from her nose and it went all the way to her ear. ██████████ stated that her sister did not look like that last night when her momma put her in the bassinet. ██████████ stated that she did not see her sister look like that until she woke up. ██████████ stated that she woke up because someone was yelling at that is when she saw her sister look like that. ██████████ stated that her sister was in her momma's bed when she woke up. ██████████ stated that her momma did get up sometime after they went to sleep and gave her sister a bottle. ██████████ stated that she did not see her mother put her sister in the bed with them. ██████████ stated that she sleeps with either her mother or her Nana (██████████) ██████████ stated that the baby sleeps in her bassinet or in the bed with them.

██████████ stated that her momma and her Nana take care of her and her sister's at home. ██████████ stated that her momma and her Nana both give her baths and fix her food.

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

Autopsy reported stated that the Cause of Death is Sudden Unexplained Death in Infancy and the manner of death is unknown.

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

There was no identified perpetrator for the allegation of neglect death.

██████████ stated that she has not used any illegal drugs, but that she has taken Tylenol three and a valium within the past 48 hours. ██████████ took a drug screen and tested positive for opiates and benzodiazepine. ██████████ stated that she has a prescription for the Tylenol three, but not the valium. ██████████ stated that she took the valium before she was pregnant and she had some left, so she took it. ██████████ stated that she does not take it every day and she takes it when she has a migraine. ██████████ stated that she also took the Tylenol three because she has a migraine, but it was prescribed to her at ██████████ County General Hospital when ██████████ was staying there. ██████████ stated that she had severe cramps after giving birth to ██████████ so they prescribed her the Tylenol three.

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

██████████ arrived at ██████████ Regional Medical Center at 3:10PM on 08/24/2014 and Dr. ██████████ administered CPR and other life saving measures, but she did not survive. The approximate time of death is unknown. There were no obvious injuries visible, so it is unknown how ██████████ died at this time. The orders for



**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 autopsy are currently being processed. Police officers are currently on scene investigating the death.

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

There is not enough evidence to support the allegations.

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: 04/14/2015 Contact Method:
 Contact Time: 01:50 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/14/2015
 Completed date: 04/14/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/14/2015 01:52 PM Entered By: [REDACTED]

Final approval to close case was given on this date by RID [REDACTED] and Central Office of Child Safety.



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: 02/27/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/27/2015
 Completed date: 02/27/2015 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: 02/27/2015 03:01 PM Entered By: [REDACTED]

Closure request will be sent on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████ Region

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	02/27/2015	Contact Method:	
Contact Time:	03:40 AM	Contact Duration:	Less than 30
Entered By:	██████████	Recorded For:	
Location:		Created Date:	02/27/2015
Completed date:	02/27/2015	Completed By:	██████████
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/27/2015 03:55 AM Entered By: ██████████

The case was assigned on 8/24/15 with the allegation of neglect death with the alleged perpetrator being unknown. ██████████ was found deceased in her home on 8/24/15 ██████████ was in the custody of her biological mother at the time of her death. There was an open child protective services investigation with the allegation of non severe drug exposed infant with the alleged perpetrator being identified as her mother (██████████), at the time of ██████████ death.

Due to Department of Children Services policies the open investigation was transferred to this Case Manager and the current investigation was assigned to this Case Manager. The allegation of drug exposed child was added to this case, due to the mother testing positive for substances at the time of the child's death and due to there being two surviving sisters in the home with the mother.

The investigation case regarding drug exposed infant with the alleged victim being ██████████ and the alleged perpetrator being ██████████ was completed and closed with the classification of allegation substantiated/perpetrator substantiated due to the mother and child testing positive for substances that the mother did not have a prescription for.

The neglect death investigation was conducted by Case Manager and by Investigator (██████████ Police Department).

The following information was provided to the Department regarding when the events in the home when the child was discovered to be not breathing and the pronouncement of death by the doctor at ██████████ Regional Medical Center: ██████████ (Alleged Child Victim, ACV) was observed by ██████████ (family friend) at approximately 14:30 on 08/24/2014. ██████████ observed the child in the mother's bed. During this observation, he noticed something coming out of the child's nose and asked the mother if she had put something in the child's nose. The mother then observed the child and noticed blood and "foam" coming out of the child's nose ██████████ (maternal grandmother) then observed the child and cleared the child's nose and began CPR. ██████████ contacted 911 and the grandmother followed instructions provided by the 911 operator. EMS arrived to the scene and transported the child to ██████████ Regional Medical Center. The child arrived to the hospital at 15:10 and CPR efforts continued. Rectal temperature at the time of arrival to ██████████ Regional Medical Center was 85 degrees. The child was cold to the touch, non blanchable skin, purple skin



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color and no movement. There was foamy blood noted from the nose, dried blood on the face at arrival. Heart tones absent and pulses were absent. There were no breath sounds. The child was administered epinephrine at 15:13 and 15:17. ██████████ was pronounced dead at 15:20.

Dr. ██████████ was the attending physician and he stated that he was not able to provide a cause of death, but did state there was no obvious signs of trauma.

The mother provided the following statement on 8/24/15 regarding ██████████ death and the events of the day ██████████ died:

██████████ (mother) stated that she fed ██████████ (ACV) at approximately 06:00 on 08/24/2014. ██████████ stated that she was up with ██████████ approximately one hour and placed her in the bed with her after the feeding in order for them to return to sleep. ██████████ stated that ██████████ drank two to three ounces. ██████████ stated that ██████████ did not have any difficulty taking the bottle and appeared to be physically well. ██████████ stated that ██████████ does have her own sleeping area, but she chose to put ██████████ in the bed. ██████████ stated that ██████████ was placed in the bed between herself and her four year old child, ██████████ (sibling). ██████████ stated that ██████████ was sleeping on the side of the bed near the window and she was on the outside of the bed near the door. ██████████ stated that there were no blankets on the bed, but there was a comforter located at the foot of the bed. ██████████ stated that ██████████ was not placed on or near a pillow.

██████████ stated that ██████████ (family friend) came to the home at approximately 14:30. ██████████ stated that she got out of bed and went to fix ██████████ a bottle. ██████████ stated that ██████████ went into the bedroom to see ██████████ and asked her what was in ██████████ nose. ██████████ stated that she then looked at ██████████ face and saw blood and "foam" coming out of ██████████ nose. ██████████ stated that she got her mother, ██████████ stated that her mother performed CPR on ██████████ until EMS arrived to the home.

██████████ stated that she has not used any illegal drugs, but that she has taken Tylenol three and a valium within the past 48 hours. ██████████ took a drug screen and tested positive for opiates and benzodiazepine. ██████████ stated that she has a prescription for the Tylenol three, but not the valium. ██████████ stated that she took the valium before she was pregnant and she had some left, so she took it. ██████████ stated that she does not take it every day and she takes it when she has a migraine.

██████████ (maternal grandmother/witness) was also interviewed on 8/24/15 and provided the following statement:

██████████ stated that she was asleep on the couch in the living room until ██████████ came to the home at approximately 14:30 and she talked to him for a couple of minutes before ██████████ came into the living room. ██████████ stated that ██████████ talked with ██████████ for a few minutes and then went to fix ██████████ a bottle. ██████████ stated that ██████████ went into the bedroom to check on ██████████ and that is when he saw something in ██████████ nose. ██████████ then went into the bedroom and ██████████ asked ██████████ about it. ██████████ state that ██████████ was upset and brought the baby out of the room to her and said that she thought ██████████ was dying. ██████████ stated that she began CPR and ██████████ called 911. ██████████ stated that she began CPR on the couch and then moved ██████████ to the end table, because the 911 operator instructed her to put ██████████ on a hard surface. ██████████ stated that she gave ██████████ two breaths over the nose and mouth and then did chest compressions. ██████████ stated that she tilted ██████████ head back when she gave the breaths. ██████████ stated that before she started the breaths, she did clear ██████████ nose with the aspirator. ██████████ stated that it was a "blood blob" coming out of ██████████ nose.

██████████ (family friend) was interviewed on 8/24/15 and provided the following information:

that ██████████ stated that he got to the home around 14:30 or 14:45 and he was invited into the home by ██████████ stated that he, ██████████ and ██████████ were in the living room for a few minutes and he went into the bedroom to check on ██████████ and that is when he noticed something in ██████████ nose. ██████████ stated that he asked ██████████ was it was and that is when they noticed that something was not right with ██████████ stated that he called 911 while ██████████ performed CPR on ██████████ stated that ██████████ was in the bed when he observed her. ██████████ stated that ██████████ was on her back with her head facing the window. ██████████ stated that ██████████ was dressed in an onesie and there were no blankets or pillows on or near her face.

The oldest child in the home was interviewed on 8/24/15 and provided the following statement:

██████████ stated that they were at the hospital because her sister, ██████████ died this day. ██████████ stated that she knew her sister was dead because she saw the blood from her nose and it went all the way to her ear. ██████████ stated that her



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sister did not look like that last night when her momma put her in the bassinet. ██████████ stated that she did not see her sister look like that until she woke up. ██████████ stated that she woke up because someone was yelling at that is when she saw her sister look like that. ██████████ stated that her sister was in her momma's bed when she woke up. ██████████ stated that her momma did get up sometime after they went to sleep and gave her sister a bottle. ██████████ stated that she did not see her mother put her sister in the bed with them. ██████████ stated that she sleeps with either her mother or her Nana (██████████) stated that the baby sleeps in her bassinet or in the bed with them.

An autopsy was conducted on ██████████ and the findings were as follows:

Cause of death is Sudden Unexplained Infant Death.

The contributory cause of death was neonatal abstinence syndrome, premature birth, co-sleeping in adult bed.

The manner of death could not be determined.

The definition of neglect death is:

Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse. Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

The information gathered in this case does not meet the criteria for neglect death, therefore the allegation of neglect death is classified as allegation unsubstantiated/perpetrator unsubstantiated.

Case was presented to Child Protection Investigation Team (CPIT) on January 1, 2015 and they are in agreement with the classification, due to the lack of evidence to support the allegation.

Case Manager also investigated the drug exposed child allegation in which the following tasks were completed throughout the life of the case.

Throughout the case the mother was given a hair follicle in which she did not test positive for any illegal substances. The mother was also given random drug screens in which the mother did not test positive for any illegal substances. The mother did test positive for medication that she was prescribed. Case Manager conducted pill counts and there was not a concern about the mother abusing her medication. The mother participated in counseling at ██████████.

The mother also participated in parenting classes with the ██████████ Center.

The oldest child was interviewed regarding the allegation of drug exposed child and provided the following information:

██████████ stated that her momma and her Nana takes care of her and her sister's at home. ██████████ stated that her momma and her Nana both give her baths and fix their food. ██████████ stated that the only thing that bothers her at home was taking a bath, because sometimes the water is cold. ██████████ stated that and her sister (██████████) also bothers her some because she bites and pinches her. ██████████ denied being scared of anyone or anything in the home.

Case Manager also spoke with the mother's probation officer, that stated that the only violation the mother has recently had was not paying her fines and denied any current concerns.

Case Manager observed the children and the home environment throughout the investigation and there were no concerns regarding the care of ██████████ and ██████████. The children appeared to be of average height and weight for their ages. Both children appear to be reaching developmental milestones. There were no marks or bruises observed on the children throughout the investigation.

The definition of drug exposed child is:

This allegation pertains to a person, under the age of 18 who: a) Has been exposed to or is at risk of exposure to a drug or chemical substance (including but not limited to alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamine, heroin, inhalants) that could adversely affect the child's physical, mental or emotional functioning; or b) Has a parent/caregiver that uses drugs or chemical substances that impacts or is at risk of impacting their ability to adequately care for the child.



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The information gathered throughout the case does not meet the criteria for drug exposed child, therefore the classification is allegation unsubstantiated/perpetrator unsubstantiated.

The allegation of drug exposed child was not presented to CPIT due to being classified as non severe.

Case is being recommended for closure on this date.

Narrative Type: Addendum 2 Entry Date/Time: 03/23/2015 01:04 PM Entered By: [REDACTED]

Notification of report and 740 sent to Juvenile Judge and DA

Narrative Type: Addendum 1 Entry Date/Time: 02/27/2015 01:07 PM Entered By: [REDACTED]

Safety assessment completed 8/24/14

740 completed

FAST completed



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: 02/23/2015

Contact Method: Correspondence

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/27/2015

Completed date: 02/27/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/27/2015 03:49 AM Entered By: [REDACTED]

Case Manager contacted [REDACTED]). [REDACTED] stated that [REDACTED] did participate with parenting classes.



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: 02/19/2015 Contact Method: Phone Call
 Contact Time: 02:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/27/2015
 Completed date: 02/27/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/27/2015 03:41 AM Entered By: [REDACTED]

Case Manager contacted [REDACTED] with [REDACTED] probation on this date. [REDACTED] stated that he does have [REDACTED] on probation. [REDACTED] stated that he is going to violate [REDACTED] due to not paying fines. [REDACTED] stated that is the only reason for violating her and there were no other concerns at this time.

Narrative Type: Addendum 1 Entry Date/Time: 02/27/2015 10:01 AM Entered By: [REDACTED]

Mr. [REDACTED] stated that there were no concerns about illegal drug use at this time.



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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: 02/10/2015

Contact Method: Correspondence

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/27/2015

Completed date: 02/27/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/27/2015 10:05 AM Entered By: [REDACTED]

Case Manager sent a request for information to [REDACTED] on this date.



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: 02/09/2015 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/27/2015
 Completed date: 02/27/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/27/2015 03:17 AM Entered By: [REDACTED]

Case Manager went to the home on this date. Case Manager was invited into the home by [REDACTED] Case Manager spoke with [REDACTED] and [REDACTED] during this visit.

[REDACTED] stated that they are all better now and the stomach virus lasted for about three days, with all of them getting sick. [REDACTED] stated that she continues to go to [REDACTED] counseling. [REDACTED] stated that she is also on house arrest and has to wear an ankle monitor at this time. [REDACTED] stated that her probation officer has told her that she needs to stay at home more and that is one reason why she has put the monitor on her. [REDACTED] stated that she also had a shop lifting charge around Christmas. [REDACTED] stated that she likes her probation officer and she believes that she is really trying to help her. [REDACTED] stated that she still deals with periods of depression, but thinks that it is getting better. [REDACTED] agreed to take a drug screen on this date. [REDACTED] was positive for amphetamine and opiates. [REDACTED] provided the Case Manager with her medication. Case Manager observed the medication and there were no concerns about the medication being taken inappropriately. Both medications were prescribed by the same doctor.

Case Manager observed both children. They played throughout the visit. There were no marks or bruises observed on either child during this visit. Both girls appeared to be healthy and there were no developmental concerns.

[REDACTED] stated that they have more better days and they are all trying to focus on the girls. [REDACTED] stated that [REDACTED] continues to go to counseling and continues to work with her probation officer to make sure that she stays out of trouble.

Case Manager encourage [REDACTED] to continue to work with her counseling and also work with her probation officer to address her legal issues. Case Manager explained that there should not be a need for further visit and that she was going to recommend the case for closure.

Narrative Type: Addendum 2 Entry Date/Time: 03/23/2015 01:14 PM Entered By: [REDACTED]

LI [REDACTED] contacted CPSI [REDACTED] in regards to what Ms. [REDACTED] tested positive for on this date. CPSI explained that she had



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

entered in error that Ms. [REDACTED] tested positive for opiates on this date. She tested positive for benzo instead. CPSI [REDACTED] observed the two prescriptions and the bottles on this date. They were Adderall and Alprazolam.

Narrative Type: Addendum 1 Entry Date/Time: 02/27/2015 10:04 AM Entered By: [REDACTED]

Case Manager observed [REDACTED] workbook on this date.



Tennessee Department of Children's Services
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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/02/2015

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/27/2015

Completed date: 02/27/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/27/2015 02:03 AM Entered By: [REDACTED]

Case Manager went to the home on this date. Case Manager briefly observed the children during this visit. According to the [REDACTED] and [REDACTED] the entire family had the stomach flu. The children did appear to be sick and were lying on the couch. [REDACTED] also appeared to be sick, her face was pale and she was lying on the couch with the children.

Due to the family being sick, Case Manager explained that she would return to the home next week for a visit.



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/30/2015

Contact Method: Attempted Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/25/2015

Completed date: 02/25/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/25/2015 02:03 PM Entered By: [REDACTED]

Case Manager went to the home on this date. Case Manager was not able to make contact with anyone.



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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/30/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 02/02/2015
Completed date: 02/02/2015	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: 02/02/2015 01:01 PM Entered By: [REDACTED]

Case staffed with CPSI on this date. CPSI [REDACTED] states that the mother and the children are living with the grandmother who is very supportive. According to the grandmother the children are always with her and are being cared for. Mother has been spending alot of time with a new boyfriend but she leaves the children with the grandmother when she is at his home. The grandmother does not feel that mother is taken anything not prescribed to her or that she is using drugs. CPSI will make a visit to grandmothers on this date to see children and mother. She is also going to check with [REDACTED] counseling to see if mother is still attending.



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/06/2015	Contact Method:	
Contact Time:	09:34 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/06/2015
Completed date:	01/06/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/06/2015 09:35 AM Entered By: [REDACTED]

Family composition:

[REDACTED] (birth mother)
 [REDACTED] (ACV)
 [REDACTED] (ACV)
 [REDACTED] (maternal grandmother)



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/05/2015	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/06/2015
Completed date:	01/06/2015	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: 01/06/2015 09:34 AM Entered By: [REDACTED]

Case was presented to CPIT on this date. CPIT was in agreement with the classification of allegation unsubstantiated/ perpetrator unsubstantiated, due to the findings of the autopsy and lack of evidence. There will not be any criminal prosecution. The CPIT form was signed and has been place in the file.



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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: 12/03/2014	Contact Method: Face To Face
Contact Time: 02:10 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/03/2014
Completed date: 12/03/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/03/2014 02:39 PM Entered By: [REDACTED]

Case Manager went to the home on this date. Case Manager was invited into the home by [REDACTED] (grandmother). [REDACTED] stated that [REDACTED] was not at home at this time and [REDACTED] was staying at her boyfriend's home right now. [REDACTED] stated that everybody is doing better, but they all still have their moments. [REDACTED] stated that they did get a call from the medical examiner and they explained the autopsy to [REDACTED]. [REDACTED] stated that [REDACTED] got upset and threw the phone. [REDACTED] stated that [REDACTED] is upset because they cannot tell her anything other than the SUDI and they cannot provide a specific reason why [REDACTED] died. [REDACTED] stated that she is not sure how [REDACTED] is doing because [REDACTED] has been withdrawing from them. [REDACTED] stated that she does not think that [REDACTED] is using drugs, but it appears that she is wrapping herself up in the boy that she has started seeing. [REDACTED] stated that she does not have a problem with the guy that she is seeing, but she does have a problem with her not spending as much time with the children, especially since they lost [REDACTED]. [REDACTED] stated that one reason they decided to move was because [REDACTED] was not doing well and would not go to the bathroom by herself or do anything by herself. [REDACTED] stated that since they moved that has not been an issue. [REDACTED] stated that the girls have been doing well and right now they just want to be with her all the time. [REDACTED] stated that they have always all lived together, so for them to want to be with her is not that big of a deal, because she does spoil them.

Case Manager spoke with [REDACTED]. [REDACTED] stated that she likes the new house because she is not scared anymore. [REDACTED] stated that she was scared in her old house because her sister died in the bedroom that was next to the living room. [REDACTED] stated that she turned five and she stated that she does not want to go to school next year. [REDACTED] talked about games that she played on her grandmother's phone and that her grandmother bought her some games to play. [REDACTED] appeared to be healthy and was dressed appropriately.

Case Manager observed [REDACTED] during this visit. [REDACTED] appeared to be healthy and was dressed appropriately. [REDACTED] spoke to the Case Manager asked repeated much of what her sister said, when her sister was talking to the Case Manager. [REDACTED] also told the Case Manager that she was not one anymore and that she was two.

There were no developmental concerns noted for either child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Manager stated that she would follow up with [REDACTED] at a later date.



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:	12/02/2014	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/03/2014
Completed date:	12/03/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/03/2014 02:02 PM Entered By: [REDACTED]

[REDACTED] came into the DCS office on this date for parenting classes. [REDACTED] stated that the last two classes were cancelled and she did not miss them. [REDACTED] stated that she is now going to [REDACTED] counseling, because her probation officer recommended it. [REDACTED] stated that her probation officer also got everything paid for, so it was of no cost her. [REDACTED] stated that she just does not like [REDACTED] and she went for her first appointment at [REDACTED] she likes them better. [REDACTED] stated that everyone is doing better. [REDACTED] stated that they have moved and she meant to contact the Case Manager, but she forgot. [REDACTED] stated that she is currently living at [REDACTED] [REDACTED] stated that the Case Manager could come by the home anytime on 12/3/14.



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: 12/02/2014 Contact Method:
 Contact Time: 11:25 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/02/2014
 Completed date: 12/02/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/02/2014 11:33 AM Entered By: [REDACTED]

Case staffed with CPSI [REDACTED] Autopsy is back and states SUDI. CPSI went to the home on 11/25/14 and it did appear the family has moved. CPSI will attempt to locate. CPSI has received [REDACTED] records. Parenting continues. She will check with them to find out their new address.



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:	12/01/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/01/2014
Completed date:	12/01/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/01/2014 10:29 AM Entered By: [REDACTED]

A copy of the autopsy report was received on this date from DA [REDACTED]

Report stated that the cause of death is Sudden Unexplained Infant Death.
 The contributory cause of death was neonatal abstinence syndrome, premature birth, co-sleeping in adult bed.
 The manner of death could not be determined.

A copy of the report was scanned into TFACTS on this date.

A copy of the report was sent to RID [REDACTED] PC [REDACTED] IC [REDACTED] and LI [REDACTED]



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: 11/25/2014

Contact Method: Attempted Face To Face

Contact Time: 01:56 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2014 02:02 PM Entered By: [REDACTED]

Case Manager went to the home on this date. The home was vacant and it is unknown where the family has moved to at this time.



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: 10/21/2014

Contact Method:

Contact Time: 02:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/21/2014

Completed date: 10/21/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/21/2014 02:43 PM Entered By: [REDACTED]

Case Manager sent a release of information to [REDACTED] on this date and requested the records for [REDACTED].



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: 10/21/2014

Contact Method: Face To Face

Contact Time: 02:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/21/2014

Completed date: 10/21/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/21/2014 02:42 PM Entered By: [REDACTED]

[REDACTED] came into the DCS office on this date for parenting classes. [REDACTED] stated that she has not gone to PCS, but still plans on making an appointment. [REDACTED] stated that her probation officer sent her [REDACTED] for an Alcohol and Drug assessment and then her regular doctor sent her to a walk in clinic to address depression. [REDACTED] stated with the other appointment she has not had time to get to PCS. Case Manager explained that it was not necessary for [REDACTED] to go to PCS if she is going to appointments at [REDACTED] stated that she has gone to two appointments and the last one was last week. [REDACTED] stated that she is doing okay, but still gets depressed. Case Manager asked [REDACTED] to meet with her after her parenting class and [REDACTED] stated that she would.



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: 10/09/2014	Contact Method:
Contact Time: 12:47 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/09/2014
Completed date: 10/09/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/09/2014 01:12 PM Entered By: [REDACTED]

Case staffed on this date with CPSI [REDACTED] IC [REDACTED] and Li [REDACTED]. CPSI has received the requested medical records at this time. Records from [REDACTED] state that ACV was brought in approx. a week before the death. Mother brought the child to the clinic. Before the child left the medical staff asked that the mother take the child down the hall to have lab work completed. Mother left the clinic before this was done. Records state that the mother's speech was slurred. The clinic did not make a report to DCS. Hair follicle test have come back on the mother and it was negative for all drugs. CPSI had requested a nail test. At this time mother is participating in Parenting classess at the DCS office. After this staffing CPSI [REDACTED] was advised to contact legal and make a request for in-home services as well. Also, CPSI is to email fiscal on this date and request the nail test again. She is to also complete random drug screens and continue regular contact with child/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:	10/09/2014	Contact Method:	
Contact Time:	10:33 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/09/2014
Completed date:	10/09/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/09/2014 10:36 AM Entered By: [REDACTED]

[REDACTED] contacted the Case Manager on this date. [REDACTED] stated that [REDACTED] cannot live in the home with anyone under the age of 18, he cannot date a person with children under the age of 18 and cannot be left alone with anyone under the age of 18. [REDACTED] stated that he can confirm that [REDACTED] is not living in the home located at [REDACTED] because they have a GPS monitoring system on [REDACTED] is required to be at home from 6pm to 6am and according to the GPS log he has been at his home during those hours since he returned to probation under them.

[REDACTED] stated that he has asked [REDACTED] about the home at [REDACTED] and his claim has been that they are family friends. Case Manager confirmed that she has been provided the same information from 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: 10/09/2014 Contact Method:
 Contact Time: 08:50 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/09/2014
 Completed date: 10/09/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/09/2014 08:58 AM Entered By: [REDACTED]

Case Manager contacted [REDACTED] Police Department, Investigation Secretary). [REDACTED] stated that the sex offenders to report to her. [REDACTED] stated that [REDACTED] now reports to [REDACTED], because he is back on probation. [REDACTED] stated that [REDACTED] act was against a 14 yr old girl and he is not supposed to live in the home with children. [REDACTED] provided the Case Manager with [REDACTED] probation officer) number of [REDACTED]

Case Manager contacted [REDACTED] on this date. Case Manager was not able to make contact with [REDACTED] Case Manager left a voice mail asking for him to call her.



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: 10/06/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/09/2014

Completed date: 10/09/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/09/2014 08:54 AM Entered By: [REDACTED]

Case was staffed with CPIT on this date. It was determined that the case would be passed at this time and that the case would be presented again at a later date.

Case Manager was informed during this time that [REDACTED] (family friend) was on the sex offender registry, but they were not certain of his terms in order for him to be in compliance with the registry.

Case Manganer did confirm that [REDACTED] is on the sex offender registry for 10/19/2002 SEXUAL BATTERY, 10/20/1979 CRIMINAL ATTEMPT TO COMMIT RAPE.



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: 09/30/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/01/2014

Completed date: 10/01/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/01/2014 02:54 PM Entered By: [REDACTED]

Case Manager confirmed that [REDACTED] did come to the parenting class at the DCS office on this date.



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: 09/26/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/26/2014

Completed date: 09/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/26/2014 08:47 AM Entered By: [REDACTED]

Case Manager received the results of the hair follicle test on this date. The results were negative for all substances.



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: 09/23/2014

Contact Method: Phone Call

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/26/2014

Completed date: 09/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/26/2014 08:44 AM Entered By: [REDACTED]

Case Manager sent a text message to [REDACTED] earlier this date reminding her about the parenting class at the DCS office on this date.

[REDACTED] contacted the Case Manager while at the DCS office and she stated that she was currently at the office and they have asked her to return next week to begin her classes, because they are currently on the last lesson for this session of parenting classes. Case Manager explained that would be good so she can start at the beginning. [REDACTED] stated that she would return the next week.



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: 09/22/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/23/2014

Completed date: 09/23/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 05:24 AM Entered By: [REDACTED]

Case Manager contacted [REDACTED] on this date. Case Manager was told that [REDACTED] did come to the clinic last week to have her nail test completed.



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: 09/16/2014	Contact Method: Face To Face
Contact Time: 12:30 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 09/16/2014
Completed date: 09/16/2014	Completed By: [REDACTED]
Purpose(s): Service Planning, Well Being	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/16/2014 01:44 PM Entered By: [REDACTED]

Case Manager made an unannounced visit to the home on this date. Case Manager spoke with [REDACTED] during this visit. Case Manager was invited into the home by [REDACTED] stated that she did not make her appointment with [REDACTED] and she was just still too upset and was not sleeping very much that week, so they rescheduled it. [REDACTED] stated that her appointment is next week. [REDACTED] stated that she would make the appointment next week. [REDACTED] stated that she did go to her doctor and they have prescribed her some medication, but she is not taking it all the time, because it "knocks her out" so she will only take it if her mother is at home to watch the kids. [REDACTED] showed the Case Manager her medication bottle and it was Trazodone that was filled on 08/26/2014 and there were 30 pills for the original script and there were 24 pills left in the bottle. The medication was prescribed by NP [REDACTED]. There are two refills with this prescription. [REDACTED] stated that she is not taking anything else except her heart bun medication. [REDACTED] showed the Case Manager a pill bottle for Ranitidine that was filled on 08/26/2014.

[REDACTED] stated that she is having good days and bad days. [REDACTED] stated that today was the first day that she slept past 8am. [REDACTED] stated that she has been getting some sleep, but not a lot. [REDACTED] stated that her mother was not at home at this time because she had to go to court. [REDACTED] stated that she would rather her mother tell her why she had to go to court, because she does not know if her mother wants the Case Manager to know her business.

[REDACTED] stated that she did go to the DCS off on Tuesday to try and participate in the parenting class, but the person at the front desk told her that there was not a parenting class. [REDACTED] stated she attempted to contact the Case Manager, to find out what time she was supposed to be there. (Case Manager did have a missed call from [REDACTED] on Tuesday 09/09/2014).

Case Manager provided [REDACTED] with the times for the parenting class that was held at the DCS office by the [REDACTED]. Case Manager also explained to [REDACTED] that she did not need to miss another appointment with [REDACTED] and that she needed to begin the counseling services. Case Manager explained that the nail follicle test had been approved and that she would need to go to [REDACTED] this week in order to get the test done.

[REDACTED] stated that she understood this and she would go before Friday to get the nail follicle. [REDACTED] stated that she would not miss the next appointment at [REDACTED] and that she would also go the parenting class next week.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Manager observed [REDACTED] and [REDACTED] during this visit. [REDACTED] was asleep on the couch throughout the visit. [REDACTED] appeared to be healthy and was dressed in her pajamas. [REDACTED] played with a toy or ran around the living room throughout the visit. [REDACTED] appeared to be healthy and was dressed in her pajamas.

Case Manager observed the home and the home did have some clutter and was not as organized as it has been in other visits. The Case Manager did not observe any environmental hazards during the visit.

Case Manager stated that she would follow up with the family at a later date, but if they did need anything to contact the Case Manager.



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: 09/04/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/04/2014

Completed date: 09/04/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2014 08:54 AM Entered By: [REDACTED]

Request for a 10 panel hair/nail follicle was completed on this date.



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: 08/28/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2014

Completed date: 08/28/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2014 09:10 AM Entered By: [REDACTED]

All medical records for [REDACTED] have been uploaded to the document section.



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:	08/27/2014	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/28/2014
Completed date:	08/28/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/28/2014 09:06 AM Entered By: [REDACTED]

Medical Records were received from [REDACTED] County Health Department and [REDACTED] with [REDACTED] on this date.

Records from [REDACTED] were dated 08/15/2014. The plan noted in the chart for this visit was as follows:
 Labs and chest x-ray. Mom stated that she only came here because her doctor Dr. [REDACTED] was out sick and she is going back there for IMM and regular care. Encouraged mom to use saline nasal washing every 1-2 hours with manual suctioning today. Every comment to mom, she replied in slurred speech, I know I have two other kids. Mother left and did not go to x-ray or lab.

Records from the Health Department are dated 08/20/14. Weight at the visit was 7lbs and 7oz. Length was 20 4/8 and head measurement was 36 1/2 cm. Final assessment was well child.



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:	08/27/2014	Contact Method:	
Contact Time:	12:35 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/27/2014
Completed date:	08/27/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/27/2014 12:38 PM Entered By: [REDACTED]

This case has two intakes: one prior from 6/23/14 is almost completed. The mother did not obtain the hair follicle as indicated by previous investigator. CPSI to ensure PSG submitted for another hair follicle test to ensure prescription medication is added to the panel for screening as mom's choice is prescription drugs. The second intake is the child fatality that occurred on Sunday August 24, 2014 and remains under investigation. The mother has been interviewed and indicated the child was asleep in the bed with her and the 4 year old sibling with no pillows or covers around the child. Mother indicated she awoke around 10:00 AM and noticed the child was still asleep. At approximately 2:30 PM a friend came by and woke them up and at that point she noticed the child was not breathing and contact was made with 911. CPSI went to the hospital and spoke with medical personnel and Law enforcement. Medical records have been received from the Emergency Room. Medical Records from previous doctor visits have been requested and not yet received. Once records are received they will be upload them into the documents section of TFACTS. Other child was observed that was in the home at the time of the incident, as well as the child that was with a relative during the time of the incident. Mother and children residing with the maternal grandmother in the home in which the incident occurred. Continue investigative tasks.



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:	08/27/2014	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/28/2014
Completed date:	08/28/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/28/2014 10:27 AM Entered By: [REDACTED]

Inv. [REDACTED] contacted the Case Manager on this date. Inv. [REDACTED] stated that the Medical Examiner contacted him yesterday afternoon to inform him that the autopsy was complete and that there was not obvious cause of death at this time. Inv. [REDACTED] stated that they are waiting on toxicology reports at this time in order to complete the autopsy report.



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:	
Contact Time:	02:37 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/26/2014
Completed date:	08/26/2014	Completed By:	[REDACTED]
Purpose(s):	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 02:46 PM Entered By: [REDACTED]

Request for all medical and social history for [REDACTED] were sent to the following on this date:

Family [REDACTED]
 [REDACTED] Co. Health Department
 [REDACTED] Regional Medical Center
 [REDACTED]

Request was not sent to [REDACTED] Co. General Hospital because they were located in the family file.

Notes from that are as follows:

- Mother tested positive for THC, amphetamine, benzo, barbiturates, opiates and cocaine during her prenatal care
- Mother has admitted to using hydrocodone, THC, adderall and gabapentin during her pregnancy
- 06/23 NAS 1-6 last 24 hrs infant with increased jitteriness 6/24 NAS 4-7 in the am. one time score up to 13 6/25 NAS 3-7 6/26 NAS 0-5. Minimal stimulation provided during NICU stay due decrease risk of withdrawal. Mom is aware and will need to continue simlac sensitive formulas as outpatient.

Discharge notes state- neonatal abstinence syndrome, maternal drug abuse, nutritional support.
 Mother was advised to avoid cobedding and passive smoking emphasized. CPR video was viewed by the mother.



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:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/26/2014
Completed date:	08/26/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/26/2014 02:49 PM Entered By: [REDACTED]

[REDACTED] contacted the Case Manager on this date. [REDACTED] stated that her Alcohol and Drug assessment appointment has been rescheduled for September 4, 2014 at 1:00pm. Case Manager explained to [REDACTED] that is she needed a ride to contact the Case Manager at least 24 hours before the appointment so she can make arrangements. [REDACTED] stated that she should have a ride and she would contact the Case Manager if she did need a ride.



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: Face To Face
Contact Time: 12:00 PM	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): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/26/2014 03:06 PM Entered By: [REDACTED]

Case Manager went to the home on this date to create a non custodial permanency plan with the family. Present at the meeting were [REDACTED] and Case Manager. [REDACTED] was at the home during this visit, but did not participate due to her age. [REDACTED] appeared to be healthy and was dressed in a tank top and skirt. [REDACTED] was painting her toenails and her Aunt [REDACTED] was helping her fix her hair, while the Case Manager met with the mother and grandmother. [REDACTED] showed the Case Manager her room. The room has been organized and the bedding placed on the bed. A dresser had been added to the room. [REDACTED] stated that she and [REDACTED] were going to sleep in that room now. [REDACTED] appeared to be healthy and there were not visible marks or bruises during this visit.

Case Manager observed the home. The family has cleaned the home and they are organizing some of [REDACTED] belongings. [REDACTED] stated that it is hard for her to look at [REDACTED] clothes and she has begun to put them in the bassinet in order to begin moving [REDACTED] belongings. [REDACTED] stated that she thought it was too soon to move the clothes, but [REDACTED] does not do well each time she sees the clothes. [REDACTED] stated that she is concerned about [REDACTED] because she is not sleeping and she is beginning to get her days confused. [REDACTED] stated that she has tried to tell [REDACTED] that she needs to go to the doctor and talk with them about it, because if she does not sleep, then she will not be able to function. [REDACTED] stated that everytime she closes her eyes she sees the blood coming from [REDACTED] nose and she can not get that image out of her head. [REDACTED] stated that she needs to sleep, but she just can't. Case Manager advised [REDACTED] to go and speak with her doctor.

Case Manager spoke with [REDACTED] about not turning to illegal substances or anyone elses prescriptions. Case Manager also spoke with [REDACTED] that if she prescribed something that she has to take it as it is prescribed. [REDACTED] stated that she understood this.

Case Manager began speaking with the family about the concerns that the Department has at this time. [REDACTED] stated that she is upset because she spoke with her OBGYN Dr. [REDACTED] about having a problem with pills during her pregnancy. [REDACTED] stated that she asked him for help and he told her that there was nothing that he could do for her and she just needed to quit taking them. [REDACTED] stated that she has asked for help from another doctor during her pregnancy with [REDACTED] and she was told the same thing by them. [REDACTED] stated that they just "looked down on her" and they were "mean to her" about everything. [REDACTED] stated that she did not know where to go or what to do to get



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

any help.

[REDACTED] stated that she was with [REDACTED] when she asked Dr. [REDACTED] for help, but he would do anything or even recommend a place where she could go and get help. [REDACTED] stated that she used to have a cocaine addiction and she was able to get help, but she was not pregnant. [REDACTED] stated that it is hard to find somewhere that is willing to help someone that is pregnant. [REDACTED] stated that they thought they could address after the baby was born and then they had to move and things have just been crazy for them and now [REDACTED] has died.

Case Manager explained that the Department is going to work with the family to address this drug addiction in order to ensure the safety of [REDACTED] and [REDACTED]. [REDACTED] and [REDACTED] both agreed that they needed assistance to help [REDACTED] deal with everything that is going on and to ensure that she does not turn to drugs during this time or at any other time.

The plan was written and the following information was determined:

The meeting was convened due to the allegations of drug exposed infant/child and due to the death of the infant child [REDACTED] where the cause of death is unknown at this time.

Strengths were identified as follows:

- Family support
- Mother is able to meet the immediate needs of the children
- Both children appear to be physically healthy
- Family has access to transportation
- Family has access to community services and uses them when necessary
- Children are reaching developmental milestones and mother works with children to prepare them for school

Concerns were identified as follows:

- Mother has admitted to use of medication that is not prescribed to her
- Mother has recent history of drug use that includes THC that contained cocaine, Adderall and valium.

-The children are to remain in the custody of their mother at this time and the Department will continue to work with the family to ensure the safety of the children.

[REDACTED] will provide her children with a drug free environment and she will also remain drug free.

[REDACTED] and her children will be able to grieve the death of [REDACTED] in a healthy manner that is not harmful to the health and/or safety of [REDACTED] and [REDACTED].

[REDACTED] will have increased knowledge to parent two young children and be able to demonstrate this knowledge in her parenting skills.

[REDACTED] will not take any medications that are not prescribed to her and she will not take any illegal substances

[REDACTED] will contact Professional Care Services by 08/29/2014 to schedule an appointment for an alcohol and drug assessment

[REDACTED] will notify the Case Manager of the appointment date and time.

[REDACTED] will keep the appointment and follow all recommendations from the appointment

[REDACTED] will take and pass random drug screens to include but not limited to hair/nail follicle and urine drug screens.

-Case Manager will contact PCS to ensure that counseling appointments are kept and address any concerns with the family if they arise.

- [REDACTED] will not take any medication that is not prescribed to her

[REDACTED] will take medications that are prescribed to her per the directions provided by medical/counseling professionals

[REDACTED] will participate with counseling services that address the death of a child

[REDACTED] will notify the Case Manager if there are any changes in the children's behaviors

-Case Manager will assist the family in locating appropriate counseling services

[REDACTED] will contact the Case Manager if there are any changes that are concerning in [REDACTED] behavior or the children's behaviors

[REDACTED] will participate with parenting classes every Tuesday at the Department of Children Services office from 2pm till 3:30pm

[REDACTED] will begin the classes on 09/02/14

Case Manager will speak with [REDACTED] to ensure that [REDACTED] is participating with parenting classes



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] will not schedule other counseling or doctor's appointments during this timeframe to ensure that she is able to attend [REDACTED] will continue the parenting classes until they are complete, which is approximately 12 sessions [REDACTED] will find appropriate child care for [REDACTED] and [REDACTED] during the class time Person to complete the tasks are identified above. Unless otherwise noted all expected dates of achievement are 10/10/2014.



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:

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

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

Child Fatality Notification was emailed to [REDACTED] > on this date.



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: 08/25/2014 Contact Method: Face To Face
 Contact Time: 01:30 PM 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): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]
Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/26/2014 03:22 PM Entered By: [REDACTED]

Case Manager went to the home on this date. Case Manager spoke with [REDACTED] and [REDACTED] during this visit. Case Manager was invited into the home by [REDACTED].

Case Manager spoke with [REDACTED] about the morning of 08/24/2014 again. [REDACTED] repeated most of the information that she had provided the day before. [REDACTED] did add that she got up around 10 am to go to the bathroom and when she returned to the bed she scooted [REDACTED] over some. [REDACTED] stated that [REDACTED] was breathing at that time, because [REDACTED] stirred some when she moved her. [REDACTED] stated that she got into the bed and was on her side, so when she would turn to check on [REDACTED] she could only see the side of [REDACTED] face. [REDACTED] stated that she should have known something was wrong when [REDACTED] did not wake up to eat or even make a sound. [REDACTED] stated that she feels like she has failed [REDACTED] [REDACTED] stated she does not know why she did not notice something.

Case Manager spoke with [REDACTED] again regarding what time she went to bed. [REDACTED] stated that she does not go to bed until the sun comes up and when she wakes up the sun is still up. [REDACTED] stated that while she is awake it gets dark, but when it gets light again she goes back to sleep. [REDACTED] stated that she was sad because her sister was dead and she will not get to see her sister again. [REDACTED] stated that her sister is in heaven and God is taking care of her now. [REDACTED] wanted to know why her sister died and also stated that she is scared to go to sleep because she may not wake up. [REDACTED] explained to her that they do not know why her sister died, but also talked to her about how it was safe for her to go to sleep.

Case Manager spoke with [REDACTED] about the schedule in the home again. [REDACTED] repeated the same information that she had provided the day before. [REDACTED] stated that there are times when [REDACTED] will get up and get something to eat or she will ask her to get her something. [REDACTED] stated that she did give [REDACTED] the bag of cookies that was located in the bed, but she is not sure of the time she gave them to her.

Case Manager spoke with [REDACTED] about the hair follicle and Alcohol and Drug assessment appointment that she has missed. [REDACTED] stated that she missed the appointments because they were told they had to move on the 8th and it took them a week to get everything moved. [REDACTED] stated that then they all got sick with sinus infections and head colds this past week. Case Manager spoke with [REDACTED] about the importance of the alcohol and drug assessment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] stated that she would get this done.

Case Manager explained that she would request the hair follicle again for next month, so wait until she contacts her about that before she goes to rapid care for the hair follicle. [REDACTED] stated that she would.

[REDACTED] signed a release of information for [REDACTED] and herself on this date. These have been placed in the file.

Case Manager left the home due to a number of family and friends coming to the home.



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:	08/25/2014	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/26/2014
Completed date:	08/26/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/26/2014 01:50 PM Entered By: [REDACTED]

Case Manager requested and received the criminal backgrounds for [REDACTED] and [REDACTED] from [REDACTED] Police Department.

[REDACTED] does not have any drug related charges. She does have a history of domestic assault, failure to provide insurance, simple assault, shoplifting, driving without a license, violation of probation. Her arrest history begins in 2012 and the most recent arrest was in July of 2014 due for driving on a suspended.

[REDACTED] has an extensive arrest history beginning in 1999 and extending until August 2013. The history includes criminal trespassing, driving without a license, public intoxication, failure to appear, forgery, theft of property, shoplifting, aggravated burglary, resisting arrest, contributing to the delinquency of a minor, criminal trespassing, drug paraphernalia (2005), leaving the scene, sale of cocaine or opium (2005), and failure to provide proof of insurance.

This information has been placed in the file.



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: 08/25/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 03:07 PM Entered By: [REDACTED]

Case Manager contacted [REDACTED] on this date and was advised that [REDACTED] had not completed a hair follicle at this time.



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: 08/24/2014 Contact Method:
 Contact Time: 06:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/25/2014
 Completed date: 08/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/25/2014 01:11 PM Entered By: [REDACTED]

Case staffed on this date after receiving P1 Neglect Death. Case staffed on-going on this date with Inv. [REDACTED] and IC [REDACTED]
 IC [REDACTED] staffed case with RID [REDACTED]



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: 08/24/2014

Contact Method: Face To Face

Contact Time: 06:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 12:05 PM Entered By: [REDACTED]

CPIT was convened on this date and case was discussed with Inv [REDACTED] and ADA [REDACTED].



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: 08/24/2014

Contact Method:

Contact Time: 05:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 12:04 PM Entered By: [REDACTED]

Case Manager notified LI [REDACTED] IC [REDACTED] and PC [REDACTED] of the child death on this date.



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: 08/24/2014 Contact Method: Face To Face
Contact Time: 05:30 PM Contact Duration: Less than 05 Hour
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 08/25/2014
Completed date: 08/26/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Collateral Contact,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: 08/25/2014 02:08 PM Entered By: [REDACTED]

Case Manager went to [REDACTED] Regional Medical Center on this date in response to a Priority one call stating that there was a child death.

Case Manager spoke with Inv. [REDACTED] (Police Department) upon arrival. Inv. [REDACTED] stated that Dr. [REDACTED] (coroner) would not be coming to the hospital and asked for the Charge nurse to sign off for the child to be sent for autopsy. Inv. [REDACTED] stated that the charge nurse did not feel comfortable signing for Dr. [REDACTED] and when they contacted Dr. [REDACTED] again, he would not answer his phone calls. Inv. [REDACTED] stated that he had to contact [REDACTED] (Assistant District Attorney) for her to complete an order for the autopsy.

Case Manager observed the body of [REDACTED] had a substance attached to her nose that was red in color. Inv. [REDACTED] advised that the substance was mucus and froth that came from the infant's nose. There was a dried substance on the left side of [REDACTED] face that appeared to be blood. This substance was located to the left of the nose, down the cheek and on the left eye lid. [REDACTED] was not clothed. [REDACTED] skin in the fold of her right leg appeared to be purple in color. [REDACTED] upper arms also appeared to be bluish/purple in color. [REDACTED] face appeared to be bluish/purple in color. There were no obvious signs of trauma to [REDACTED] body. Case Manager did not observe [REDACTED] back. Case Manager spoke with Inv. [REDACTED] who stated that he had taken pictures of [REDACTED] entire body and he would provide the Case Manager with a copy of the pictures. Case Manager did take picture of [REDACTED] and this has been placed in the file.

Case Manager obtained a copy of the order for autopsy and this has been placed in the file.

Case Manager obtained a copy of the emergency room doctor's notes and they have been placed in the file. His notes stated that following:

The child arrived to the hospital at 15:10 and CPR efforts continued. Rectal temperature at the time of arrival to [REDACTED] Regional Medical Center was 85 degrees. The child was cold to the touch, non blanchable skin, purple skin color and no movement. There was foamy blood noted from the nose, dried blood on the face at arrival. Heart tones absent and pulses were absent. There were no breath sounds. The child was administered epinephrine at 15:13 and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

15:17 ██████████ was pronounced dead at 15:20.

Dr. ██████████ stated that he was not able to provide a cause of death, but did state that there were no obvious signs of trauma.

██████████ (mother) stated that she fed ██████████ (ACV) at approximately 06:00 on 08/24/2014. ██████████ stated that she was up with ██████████ approximately one hour and placed her in the bed with her after the feeding in order for them to return to sleep. ██████████ stated that ██████████ drank two to three ounces. ██████████ stated that ██████████ did not have any difficulty taking the bottle and appeared to be physically well. ██████████ stated that ██████████ does have her own sleeping area, but she chose to put ██████████ in the bed. ██████████ stated that ██████████ was placed in the bed between herself and her four year old child, ██████████ (sibling). ██████████ stated that ██████████ was sleeping on the side of the bed near the window and she was on the outside of the bed near the door. ██████████ stated that there were no blankets on the bed, but there was a comforter located at the foot of the bed. ██████████ stated that ██████████ was not placed on or near a pillow.

██████████ stated that ██████████ (family friend) came to the home at approximately 14:30. ██████████ stated that she got out of bed and went to fix ██████████ a bottle. ██████████ stated that ██████████ went into the bedroom to see ██████████ and asked her what was in ██████████ nose. ██████████ stated that she then looked at ██████████ face and saw blood and "foam" coming out of ██████████ nose. ██████████ stated that she got her mother ██████████ stated that her mother performed CPR on ██████████ until EMS arrived to the home.

██████████ stated that she did not see ██████████ face when she got out of the bed because ██████████ was lying on her back and her head was turned toward the wall (away from the mother). ██████████ stated that she just glanced over her shoulder before she got out of the bed and she did not notice anything unusual. ██████████ stated that the only thing she really saw on ██████████ was the back of her head and part of the right side of her face.

██████████ stated that ██████████ has been congested for about a week now and she attempted to get ██████████ into the doctor, but was not able to get an appointment with Dr. ██████████ (PCP), so she took ██████████ to ██████████ (NPC) last Monday, 08/18/2014. ██████████ stated that ██████████ told her that ██████████ was not sick but to use saline drops as directed and to clear the nose with an aspirator. ██████████ stated that she has been using the drops and clearing her nose at least three to four times a day. ██████████ stated that ██████████ was also seen by ██████████ Co. Health Department on 08/20/2014 for their WIC appointment. ██████████ stated that the Health Department talked with her about the congestion and stated that if ██████████ continued to be congested that she needs to follow up with their PCP.

██████████ provided the Case Manager with a sheet of paper that she had been writing notes on for ██████████ baby book. ██████████ had noted on the paper that ██████████ had gone to Dr. ██████████ for her first check up and then noted that on 08/15/2014 that she had taken ██████████ to ██████████ for the congestion in her chest and nose.

██████████ denied any significant medical history regarding ██████████ ██████████ stated that ██████████ has always taken her bottle well. ██████████ stated ██████████ was now taking approximately 5 ounces at each feeding and she usually ate every three to four hours. ██████████ stated that ██████████ takes Similac for sensitive stomach, formula. ██████████ stated that she has not used any illegal drugs, but that she has taken Tylenol three and a valium within the past 48 hours. ██████████ took a drug screen and tested positive for opiates and benzodiazepine. ██████████ stated that she has a prescription for the Tylenol three, but not the valium. ██████████ stated that she took the valium before she was pregnant and she had some left, so she took it. ██████████ stated that she does not take it every day and she takes it when she has a migraine. ██████████ stated that she also took the Tylenol three because she has a migraine, but it was prescribed to her at ██████████ County General Hospital when ██████████ was staying there. ██████████ stated that she had severe cramps after giving birth to ██████████ so they prescribed her the Tylenol three. ██████████ was not able to show the Case Manager the prescription bottle for this medication.

██████████ stated that ██████████ was at ██████████ Co. General Hospital because she had an "episode" of sleep apnea. ██████████ stated that the episode happened while she was in the hospital in ██████████ shortly after her birth. ██████████ stated that ██████████ stayed at the hospital in ██████████ for about a week and they were discharged home. ██████████ stated that she was not given any specific instructions regarding ██████████ apnea episode and they told her that ██████████ was "fine". ██████████ stated that she and her mother were instructed how to preform CPR.

██████████ stated that it is normal for them to sleep in that late, because ██████████ stays up very late watching cartoons on TV. ██████████ stated that the household is usually awake in the evenings and throughout most of the night. ██████████ stated that ██████████ was still young and slept most of the time, so the schedule did not affect her. ██████████ stated that if



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Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

██████████ (2yr old sibling) is at home then they usually get up earlier. ██████████ stated that ██████████ has been with her great grandmother (██████████) since 08/20/2014.

██████████ (4yr old sibling) was interviewed with the maternal grandmother present, but the grandmother did not speak during the interview, per the Case Manager's request. ██████████ was not willing to speak with the Case Manager unless her grandmother was present.

██████████ stated that they were at the hospital because her sister ██████████ died this day. ██████████ stated that she knew her sister was dead because she saw the blood from her nose and it went all the way to her ear. ██████████ stated that her sister did not look like that last night when her momma put her in the bassinet. ██████████ stated that she did not see her sister look like that until she woke up. ██████████ stated that she woke up because someone was yelling at that is when she saw her sister look like that. ██████████ stated that her sister was in her momma's bed when she woke up. ██████████ stated that her momma did get up sometime after they went to sleep and gave her sister a bottle. ██████████ stated that she did not see her mother put her sister in the bed with them. ██████████ stated that she sleeps with either her mother or her Nana ██████████ stated that the baby sleeps in her bassinet or in the bed with them.

██████████ stated that her momma and her Nana take care of her and her sister's at home. ██████████ stated that her momma and her Nana both give her baths and fix her food. ██████████ stated that the only thing that bothers her at home was taking a bath, because sometimes the water is cold and her sister (██████████) because she bites and pinches her. ██████████ denied being scared of anyone or anything in the home.

██████████ appeared to be physically healthy and was dressed in her nightgown. ██████████ did not have any visible marks or bruises observed during this visit.

Case Manager then spoke with ██████████ stated that she was asleep on the couch in the living room until ██████████ came to the home at approximately 14:30 and she talked to him for a couple of minutes before ██████████ came into the living room. ██████████ stated that ██████████ talked with ██████████ for a few minutes and then went to fix ██████████ a bottle. ██████████ stated that ██████████ went into the bedroom to check on ██████████ and that is when he saw something in ██████████ nose. ██████████ then went into the bedroom and ██████████ asked ██████████ about it. ██████████ state that ██████████ was upset and brought the baby out of the room to her and said that she thought ██████████ was dying. ██████████ stated that she began CPR and ██████████ called 911. ██████████ stated that she began CPR on the couch and then moved ██████████ to the end table, because the 911 operator instructed her to put ██████████ on a hard surface. ██████████ stated that she gave ██████████ two breaths over the nose and mouth and then did chest compressions. ██████████ stated that she tilted ██████████ head back when she gave the breaths. ██████████ stated that before she started the breaths, she did clear ██████████ nose with the aspirator. ██████████ stated that it was a "blood blob" coming out of ██████████ nose. ██████████ stated that EMT arrived and they took ██████████ to the hospital. ██████████ stated that they stayed at the house a little longer because the police were asking questions when they arrived to the home after EMS. ██████████ stated that the police put the aspirator and the blanket with blood on it in an evidence bag.

██████████ stated that it was normal for them to all sleep in until 15:00 or 16:00. ██████████ stated that ██████████ does sleep in her bassinet and in the bed with her mother some. ██████████ stated that ██████████ usually eats every three to four hours and takes about five ounces at each feeding. ██████████ stated that she has been putting cereal in ██████████ formula. ██████████ stated that she was doing this because ██████████ did not get full and was going through a lot of formula.

██████████ stated that she went with ██████████ to the appointment with ██████████ and to the WIC appointment. ██████████ repeated the same information regarding both appointments.

██████████ stated that she has never had any concerns regarding ██████████ caring for the children and ██████████ was the one that provided care for her children the majority of the time. ██████████ stated that she help ██████████ not because ██████████ was not doing anything, but because she wanted to.

Case Manager spoke with ██████████ (maternal great grandmother). ██████████ confirmed that she has had ██████████ in her care since Wednesday. ██████████ stated that ██████████ is very attached to her and she keeps her a great deal of the time. ██████████ stated that she has never had any concerns regarding how ██████████ cared for the children. ██████████ stated that she has never had any concerns regarding the children at all. ██████████ stated that she last saw ██████████ about a week ago and ██████████ appeared to be healthy at that time.

Case Manager observed ██████████ at ██████████ home. ██████████ appeared to be physically healthy and was dressed



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

in a t-shirt and shorts. [REDACTED] was able to tell the Case Manager her name and age. [REDACTED] was interested in looking at the Case Manager's phone and the picture that she had taken of [REDACTED]. [REDACTED] appears to be reaching developmental milestones and there were no concerns noted during this visit. Case Manager did not observe any marks or bruises on [REDACTED] during this visit.

Inv. [REDACTED] ([REDACTED] Police Department) spoke with [REDACTED] and provided the Case Manager with the following information. Inv. [REDACTED] stated that [REDACTED] stated that he got to the home around 14:30 or 14:45 and he was invited into the home by [REDACTED]. [REDACTED] stated that he, [REDACTED] and [REDACTED] were in the living room for a few minutes and he went into the bedroom to check on [REDACTED] and that is when he noticed something in [REDACTED] nose. [REDACTED] stated that he asked [REDACTED] was it was and that is when they noticed that something was not right with [REDACTED]. [REDACTED] stated that he called 911 while [REDACTED] performed CPR on [REDACTED]. [REDACTED] stated that [REDACTED] was in the bed when he observed her. [REDACTED] stated that [REDACTED] was on her back with her head facing the window. [REDACTED] stated that [REDACTED] was dressed in an onesie and there were no blankets or pillows on or near her face.

[REDACTED] stated that he has never had any concerns regarding how [REDACTED] cared for the children and saw the children at least two or three times a week, when he came to the home.

Case Manager and Inv. [REDACTED] went to the home on this date. [REDACTED] invited the Case Manager and Inv. [REDACTED] into the home. Inv. [REDACTED] asked [REDACTED] to stay in the living room, while pictures were being taken of [REDACTED] bedroom.

Case Manager observed the bedroom that [REDACTED] and her children sleep in. There is a queen size bed located against the far wall of the room. There was a bassinet that was located next to the bed, near the door of the bedroom. The bassinet had toys and other items in it. There were five pillows located at the head of the bed. There was a zip loc bag of cookies located near the head of the bed and a baby bottle (full of formula) located under the bag of cookies. There were also two cookies lying near the center of the bed. Case Manager observed a comforter near the foot of the bed on the mother's side and approximately half way up on the opposite side. There was a dresser with baby care items located on the top and a TV also on the top. There were two storage bins, with drawers in them that had the children's clothing in them. Case Manager observed food in styrofoam trays located on the storage bins. Case Manager observed lighter, but did not observe any illegal substances in the room. There were some cookies located on the floor near the bed and other items on the floor. The items on the floor did not cover the floor and Case Manager was able to walk through the room with ease.

Case Manager observed the living room. There are two couches, a TV and an end table located in the living room, along with some of the children's toys. Case Manager observed a pill bottle in a child's chair. [REDACTED] stated that the pill bottle was hers and it was there because she took a blood pressure pill after the ambulance left with [REDACTED]. There were no hazards observed in the living room.

Case Manager observed the kitchen. There were some dirty dishes and some food that was sitting out in the kitchen. Some of the food had been set out earlier in the day to defrost. There were no obvious hazards observed in this room.

Case Manager observed the bathroom and it appeared to be clean and there were no hazards observed.

Case Manager observed the second bedroom of the home. This bedroom is located in the back of the house. [REDACTED] stated that the room was going to be [REDACTED] and [REDACTED] room. Case Manager observed a mattress lying on box springs in the floor. The dyer was also in this bedroom. There were some boxes in the room that [REDACTED] stated were from the moving into the home. [REDACTED] stated that they did not run the dyer if the children were in the room.

Case Manager noted that there was no central heat and air in the home. The family cooled the home by using ceiling fans, box fans and one window unit that is located in the living room. There was a ceiling fan located in [REDACTED] bedroom.

[REDACTED] arrived to the home. When [REDACTED] arrived to the home Inv. [REDACTED] asked [REDACTED] to reenact the events from earlier this date. [REDACTED] agreed to do so and dolls were use to represent the children. Case Manager and Inv. [REDACTED] took photos of each stage of the reenactment. [REDACTED] also agreed to participate and she demonstrated how



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she preformed CPR on [REDACTED] Pictures were also taken of this.

Inv. [REDACTED] stated that he would provide the Case Manager with a copy of the pictures.

Inv. [REDACTED] also stated that he would provide the Case Manager with a copy of the SUIDI form when he completed it.



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/24/2014

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 12:01 PM Entered By: [REDACTED]

Case was assigned on this date with a priority one response time. Case was assigned as a severe abuse investigation with the allegation of neglect death. The alleged victim is [REDACTED] and the alleged perpetrator is unknown.

Report states:

[REDACTED] arrived at [REDACTED] Regional Medical Center at 3:10PM on 08/24/2014 and Dr. [REDACTED] administered CPR and other life saving measures, but she did not survive. The approximate time of death is unknown. There were no obvious injuries visible, so it is unknown how [REDACTED] died at this time. The orders for the autopsy are currently being processed. Police officers are currently on scene investigating the death.

Search for history was completed on this date.

There is one prior case with the allegation of drug exposed infant and this case was classified as ASPS.

There is one open case with the allegation of drug exposed infant regarding [REDACTED] and it is classified as ASPS.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 8/24/14 3:55 PM Date of Assessment: 8/24/14 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 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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SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): _____

Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



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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: _____