



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

Case # 2014.164

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	10/02/2014
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	10/02/2014	
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County: ██████████
Parents' Names:	Mother: ██████████	Father: ██████████			
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:					

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

On 10/2/14, the Department received a referral with an allegation of Neglect Death regarding 2 year old ██████████. The alleged perpetrator is Unknown.

It is reported that ██████████ and her grandmother and guardian ██████████ from ██████████ was in ██████████ visiting with her adult daughter. ██████████ was playing with some other children at ██████████ when she complained that she felt tired. ██████████ went and sat down with the other family and began having trouble breathing. The family described she began having a seizure and they flagged down a park security officer to call 911. EMS responded and transported ██████████ who by this time was not breathing, to ██████████. ██████████ was pronounced dead at the hospital. ██████████ was reported to not have any signs of trauma, assault and appeared well-nourished. ██████████ sent ██████████ body to the ██████████ Medical Examiner's Office for an autopsy. The autopsy was conducted on 10-3-14.

Contact was made with ██████████ of the ██████████ ██████████ reported there was no foul play issue and the autopsy did not reflect anything of that nature. ██████████ reported the final results of the autopsy is pending for the toxicology report.

**If this is a near death certified by a physician, identify physician by name and provide contact information:**

Name of Physician:	██████████	Telephone #	( ) -
Street Address:	██████████	City/State/Zip:	██████████

**Describe (in detail) interview with family:**

On 10/3/14, CM made contact with ██████████. Mrs. ██████████ stated that she is currently still in ██████████ at a funeral home. Mrs. ██████████ stated that she was instructed to find a funeral home to make the arrangements. Mrs. ██████████ stated that she has to select a casket for ██████████ to be sent back home to ██████████. Mrs. ██████████ stated that she is going to try to leave out Sunday night. Mrs. ██████████ stated that ██████████ body should arrive in ██████████ by Monday or Tuesday.

On 10/6/14, CM made a home visit with the family. CM spoke privately with Mrs. ██████████. Mrs. ██████████ stated that she went to ██████████ on 9/28/14 for her daughter's ██████████ baby shower. CM inquired of Mrs. ██████████ of who all accompanied her on the trip. Mrs. ██████████ stated that her daughter ██████████ and ██████████ went with her to ██████████. Mrs. ██████████ stated that they all went to the park. Mrs. ██████████ stated that ██████████ was playing like she normally does. Mrs. ██████████ stated that ██████████ was playing with her other grandbabies (██████████). Mrs. ██████████ stated that they were playing on the swings and slides and just being normal kids. Mrs. ██████████ stated that she got on the swings and slides too. Mrs. ██████████ stated that after awhile on the slide, ██████████ started saying that she was tired. Mrs. ██████████ stated that she told ██████████ she is going to take her to ██████████ to sit down and rest. Mrs. ██████████ stated that ██████████ went and sat down with ██████████. Mrs. ██████████ stated that after awhile, ██████████ hollered to her to say that something was wrong with ██████████. Mrs. ██████████ stated that

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Intake #:

Investigation #:

Date of Referral Case # 2024 164

she got off the slide and ran to her. Mrs. [REDACTED] stated that when she got to her, she noticed that one of her eyes had rolled back in her head. Mrs. [REDACTED] stated that the other eye was closed. Mrs. [REDACTED] stated that everything was happening so fast. Mrs. [REDACTED] stated that her daughter, [REDACTED] is in the medical field and started giving [REDACTED] CPR. Mrs. [REDACTED] stated that 911 was called by security and after a certain amount of time, the 911 operator told [REDACTED] to stop. Mrs. [REDACTED] stated that she held her baby and knew she was gone. Mrs. [REDACTED] stated that she felt [REDACTED] take her last breath. Mrs. [REDACTED] stated that the ambulance arrived and they worked on her. Mrs. [REDACTED] stated that the EMT's contacted the hospital and transported her. Mrs. [REDACTED] stated that they would not let her ride in the ambulance with [REDACTED]

CM inquired of Mrs. [REDACTED] of [REDACTED] mother. Mrs. [REDACTED] stated that [REDACTED] mom ([REDACTED]) made it to [REDACTED] after she found out what happened. Mrs. [REDACTED] stated that [REDACTED] was not able to see her. Mrs. [REDACTED] stated that the coroner had already come to take the body for an autopsy. Mrs. [REDACTED] stated that [REDACTED] lives somewhere in [REDACTED]. Mrs. [REDACTED] stated that she lives from place to place. Mrs. [REDACTED] stated that is how she was given custody of [REDACTED]. Mrs. [REDACTED] stated that [REDACTED] was not stable. Mrs. [REDACTED] stated that she tried to include [REDACTED] in [REDACTED] life as much as she could. Mrs. [REDACTED] stated that she never refused her access. Mrs. [REDACTED] stated that her son [REDACTED] is incarcerated in [REDACTED].

Mrs. [REDACTED] was asked if [REDACTED] had any medical conditions. Mrs. [REDACTED] stated that she did not have anything medically wrong with her. Mrs. [REDACTED] stated that she has never been hospitalized for anything. Mrs. [REDACTED] stated that she was up-to-date on her shots. Mrs. [REDACTED] stated that sometimes she would get bronchitis after having a cold, but other than that, there was nothing wrong with her.

CM spoke privately with [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was her normal happy self. Ms. [REDACTED] stated that she did not notice anything different about her. Ms. [REDACTED] stated that she played well with her cousins. Ms. [REDACTED] stated that [REDACTED] even helped her in the mornings with getting the kids ready for school. Ms. [REDACTED] stated that [REDACTED] would try to wake the kids up and tell them to get ready for school. Ms. [REDACTED] stated that [REDACTED] was her little helper.

CM spoke privately with [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was fine before she went to [REDACTED]. Ms. [REDACTED] stated that she never suspected anything wrong with her. Ms. [REDACTED] stated that she was always playing and just having fun. Ms. [REDACTED] stated that she was a very happy little girl. Ms. [REDACTED] stated that on the day her mother, [REDACTED] and [REDACTED] left for [REDACTED], she was excited about going on the trip. Ms. [REDACTED] stated that she was playing with her cousins until they left. Ms. [REDACTED] stated that her dad (Mr. [REDACTED]) came outside and gave everybody candy before they left. Ms. [REDACTED] stated that she never expected anything like this to happen.

CM spoke privately with [REDACTED]. Ms. [REDACTED] stated that they were all at the park. Ms. [REDACTED] stated that [REDACTED] was acting normal, running around just being [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was running and playing on the slide. Ms. [REDACTED] stated that her mom brought [REDACTED] to her and she sat down next to her to rest. Ms. [REDACTED] stated that after a few minutes or so (unable to recall exact amount of time), she noticed [REDACTED] head was kind of slumped down. Ms. [REDACTED] stated that she said to [REDACTED] "wake up". Ms. [REDACTED] stated that she held [REDACTED] chin and raised her head upward. Ms. [REDACTED] stated that she noticed that [REDACTED] eyes were rolling in the back of her head. Ms. [REDACTED] stated that she hollered to her mother that something was wrong with [REDACTED]. Ms. [REDACTED] stated that they saw park security and asked security to call 911. Ms. [REDACTED] stated that her sister [REDACTED] started giving [REDACTED] CPR. Ms. [REDACTED] stated that security was on speakerphone with 911. Ms. [REDACTED] stated after several attempts of CPR, [REDACTED] was not responding and the 911 operator told her sister to stop. Ms. [REDACTED] stated that she was trying to calm her mother down. Ms. [REDACTED] stated that the ambulance arrived and did what they do and then transported [REDACTED] to the hospital.

CM spoke privately with [REDACTED]. Mr. [REDACTED] stated that he cannot believe that his baby is gone. Mr. [REDACTED] stated that [REDACTED] was their baby. Mr. [REDACTED] stated that they have had her every since she was born. Mr. [REDACTED] stated that they just got legal custody of her on last year. Mr. [REDACTED] stated that he knows that [REDACTED] is an angel in heaven. Mr. [REDACTED] stated that he is having a hard time believing that she is gone. Mr. [REDACTED] stated that they decorated her room and she had everything she needed. Mr. [REDACTED] stated that they tried giving her the best. Mr. [REDACTED] stated that he had her on his health insurance at work because he wanted her to have the best doctors. Mr. [REDACTED] stated that he is interested in knowing what the toxicology reports says.

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Distribution: Child's Case File

CS-0635, Rev. 07/13

RDA 2993

Page 2

CM spoke privately with [REDACTED] [REDACTED] stated that her little cousin is gone. [REDACTED] stated that she is going to miss her. [REDACTED] stated that [REDACTED] liked playing with her.

CM attempted to speak with [REDACTED] privately. [REDACTED] was observed to not be receptive to this CM's attempt to engage with her.

[REDACTED] is not age appropriate for interviewing but he did say to this CM "hi". [REDACTED] was observed to be very friendly and attempted to show this CM large sized letters of the alphabet. [REDACTED] was observed to attempt to identify those letters he showed to this CM.

On October 9<sup>th</sup>, CM made contact with Mrs. [REDACTED] Mrs. [REDACTED] stated that she, her husband ([REDACTED]) and their two children ([REDACTED] 2 & [REDACTED] Jr. 4) were in [REDACTED] on the 26th of September. Mrs. [REDACTED] stated that they were in [REDACTED] for her baby shower which was on the 27th of September. Mrs. [REDACTED] stated that they all left for [REDACTED] on that Sunday the 28th of September. Mrs. [REDACTED] stated that [REDACTED] her mother and sister ([REDACTED]) went home with them.

CM inquired of Mrs. [REDACTED] of [REDACTED] daily activities prior to the visit to the park. Mrs. [REDACTED] stated that [REDACTED] was being normal [REDACTED] Mrs. [REDACTED] stated that she played with her little cousins. Mrs. [REDACTED] stated that she took naps when her kids took naps. Mrs. [REDACTED] stated that she was talking and laughing. Mrs. [REDACTED] stated that she was fine. Mrs. [REDACTED] stated that she had no fever or was sick. Mrs. [REDACTED] stated that she was fine. Mrs. [REDACTED] stated that they went to the park on October 2nd. Mrs. [REDACTED] stated that the weather was nice outside. Mrs. [REDACTED] stated that temperature was in the 70's on that day. Mrs. [REDACTED] stated that her little ones and [REDACTED] were playing. Mrs. [REDACTED] stated that [REDACTED] was on the slide. Mrs. [REDACTED] stated that after a little while, they took the kids to use the restroom. Mrs. [REDACTED] stated that after letting them use the restroom, the kids went back to playing. Mrs. [REDACTED] stated that her mom and [REDACTED] were on the slide. Mrs. [REDACTED] stated that her mom was at the top of the slide and [REDACTED] had slid to the bottom of the slide. Mrs. [REDACTED] stated that when [REDACTED] got to the bottom, she reported being tired. Mrs. [REDACTED] stated that her sister got [REDACTED] and was sitting next to her. Mrs. [REDACTED] stated that [REDACTED] started looking like she could not sit up. Mrs. [REDACTED] stated that something was wrong with her. Mrs. [REDACTED] stated that [REDACTED] appeared faint. Mrs. [REDACTED] stated that she thought that maybe she was hot, so they went to crank up the van to turn on the air conditioner. Mrs. [REDACTED] stated that she also took off her shirt. Mrs. [REDACTED] stated that [REDACTED] was taking slow breaths. Mrs. [REDACTED] stated that it seemed like she was breathing every other breath. Mrs. [REDACTED] stated that she looked for a pulse, but could not find one. Mrs. [REDACTED] stated that she started giving her CPR. Mrs. [REDACTED] stated that the park security had 911 on the phone. Mrs. [REDACTED] stated that she reported to them that her breathing was shallow. Mrs. [REDACTED] stated that she was instructed to stop CPR. Mrs. [REDACTED] stated that she was trying to keep her mom calm. Mrs. [REDACTED] stated that she was trying to keep her mom from seeing her because she knew that something was wrong. Mrs. [REDACTED] stated that ambulance arrived. Mrs. [REDACTED] stated that her mom was unable to ride in the ambulance, so they followed it to the hospital. Mrs. [REDACTED] stated that when the hospital did all that they could do, they were told that she did not make it.

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

Hospitalization was unnecessary, child was treated in the emergency room and death was pronounced at the hospital

**Describe disposition of body (Death):**

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

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

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

Type: [REDACTED] Case #: [REDACTED]

**Describe law enforcement or court involvement, if applicable:**

N/A

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

Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected?  No  Yes List organizations requesting information: None

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

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

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

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



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 10/02/2014 09:53 PM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 10/02/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County: [REDACTED] [REDACTED]  
 Date/Time Assigned : 10/03/2014 03:38 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 10/03/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 10/03/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	3 Yrs	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: E-mail  
 Narrative: \*\*\*\*This child is not in DCS custody.  
 TFACTS:  
 Family Case IDs: [REDACTED]  
 Open Court Custody/FSS/FCIP: No  
 Closed Court Custody: No  
 Open CPS: No  
 Substantiated: No

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

Death: No

Screened out: No

History (not listed above): No

County: [REDACTED]

Notification: Email

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: [REDACTED]

Referent's name/relationship: [REDACTED]

The referent stated: \*\*\*\*This child is not in DCS custody.

[REDACTED] ([REDACTED] 2) resided with her paternal grandmother, [REDACTED] (DOB: unknown) in [REDACTED]. At this time, there are no other children known to be residing in the home.

This evening at 10:24 p.m. EST, an email was received from [REDACTED] with the [REDACTED] Department stating the following:

"On 10-2-14 [REDACTED], notified me of a deceased child at [REDACTED] Hospital. The child, 2-year old [REDACTED] was playing at [REDACTED] located at [REDACTED] with some other children when she complained that she felt tired. She went and sat down with the other family and began having trouble breathing. The family described that the child began having a seizure and they flagged down a park security officer. The park security officer called 911. EMS responded and transported the child, who by this time was not breathing, to the hospital. The child was pronounced at the hospital. The child's grandmother and guardian, [REDACTED] was in town from [REDACTED] visiting her adult daughter at [REDACTED]. There are not any signs of trauma or assault to the child and the child seems well-nourished. [REDACTED] had the child sent to the [REDACTED] Office for an autopsy which is scheduled for tomorrow morning, 10-3-14."

[REDACTED] can be reached at [REDACTED].

It is unknown how long [REDACTED] and [REDACTED] had been in [REDACTED] visiting. The name of [REDACTED]'s adult daughter is also unknown by the referent, and there is no additional information known about her.

According to the referent, [REDACTED] is not investigating this incident.

Child's current location/is the child safe at this time: Deceased

Perpetrator's location at this time: Unknown

Special Needs or Disabilities: Unknown

Is there Domestic Violence in the home: Unknown

Any other safety concerns for the child(ren) or worker who may respond: Unknown

Per SDM: Investigation P1 [REDACTED] is not responding. The child was a resident of [REDACTED]. The cause of death is unknown at this time. [REDACTED], CM3, on 10-2-14 at 11:14 p.m.

County notified via MIR3

[REDACTED] - Time Issued: 11:25:51 PM // Completed: 11:26:40 PM

Email notification sent to [REDACTED] and [REDACTED] Regional Administrator, [REDACTED]. Email also forwarded to the [REDACTED] notification group.



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

**Participant(s)**

**Name:** Unknown Participant [REDACTED], Unknown

**Gender:**

**Date of Birth:**

**Participant 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  
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 3 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: UNKNOWN

Contact Comments: This is the guardian's phone [REDACTED] - paternal grandmother)

**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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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: 10/02/2014  
 Street Address:  
 City/State/Zip:

Investigation ID: [REDACTED]  
 Assignment Date: 10/03/2014

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 03/09/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed  
 Comments:

**D. Case Workers**

Case Worker: [REDACTED] Date: 03/09/2015  
 Team Leader: [REDACTED] Date: 03/19/2015

**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:**

The family home was observed to be appropriate with no visible safety hazards.

**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 report from [REDACTED] reported the following:

Results and Conclusions:

**SUMMARY OF FINDINGS:**

- I. Non-dysmorphic, African-American female child appearing consistent with the reported age of 2 years, 10 months
- II. Aortic valve cusp fenestrations



**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]

- III. Cardiomegaly with left ventricular hypertrophy (101 grams)
- IV. Focal adipose infiltration of the right ventricular myocardium
- V. Bilateral pulmonary congestion and edema
- VI. Minor healing abrasions of torso and left knee. No evidence of significant recent or remote traumatic injuries
- VII. Ancillary studies:
  - A. Blood toxicologic testing results: negative comprehensive drug screen
  - B. Vitreous fluid analysis: within normal limits, per [REDACTED]
  - C. Blood and lung cultures positive for contaminating organisms, per [REDACTED]
  - D. Spleen cultures negative, per [REDACTED]
  - E. Throat respiratory viral cultures negative, per [REDACTED]

**CAUSE OF DEATH:**

Cardia dysrhythmia  
 Due to: Aortic valve fenestrations and resultant cardiomegaly

**MANNER OF DEATH:**

Natural

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

The alleged perpetrator is unknown

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

The Department received a referral on 10/2/14 with an allegation of Neglect Death regarding 2 year old [REDACTED]. The alleged perpetrator is Unknown.

It is reported that a deceased child at [REDACTED]. The child, 2-year old [REDACTED] was playing at [REDACTED], located a [REDACTED] with some other children when she complained that she felt tired. She went and sat down with the other family and began having trouble breathing. The family described that the child began having a seizure and they flagged down a park security officer. The park security officer called 911. EMS responded and transported the child, who by this time was not breathing, to the hospital. The child was pronounced at the hospital. The child's grandmother and guardian, [REDACTED] was in town from [REDACTED] visiting her adult daughter at [REDACTED]. There are not any signs of trauma or assault to the child and the child seems well-nourished. [REDACTED] had the child sent to the [REDACTED] Office for an autopsy which is scheduled for tomorrow morning, 10-3-14." It is unknown how long [REDACTED] and [REDACTED] had been in [REDACTED] visiting. The name of [REDACTED]'s adult daughter is also unknown by the referent, and there is no additional information known about her.

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

The autopsy completed by the [REDACTED] concluded the Manner of Death: NATURAL



**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]

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

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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] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/09/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/10/2015

Completed date: 06/10/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/10/2015 08:28 AM      Entered By: [REDACTED]

Case submitted for review on this date for possible closure. Case referred to [REDACTED] for final approval.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: System Completed

Contact Date: 04/16/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/16/2015

Completed date: 05/17/2015

Completed By: System Completed

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/16/2015 11:14 AM      Entered By: [REDACTED]

This case was submitted for review. The 740 has been completed and will be forwarded to Juvenile Court Judge and District Attorney for classification. A copy of the medical record and autopsy report has been placed in the case file. The case was presented to morning CPIT on 10-6-14, [REDACTED]. The case has been reviewed by [REDACTED] [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/13/2015

Contact Method: Correspondence

Contact Time: 11:38 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/13/2015

Completed date: 04/13/2015

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: 04/13/2015 01:29 PM Entered By: [REDACTED]

CM received a response on 4/13/15 via email from [REDACTED]

CM observed [REDACTED] to state the following:

The child's death was natural

Classification would be Allegation Unsubstantiated

CM has placed copy of email in the file



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/13/2015

Contact Method: Correspondence

Contact Time: 10:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/13/2015

Completed date: 04/13/2015

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: 04/13/2015 10:57 AM      Entered By: [REDACTED]

CM sent an email to [REDACTED] regarding status of review of autopsy of [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/13/2015	Contact Method:
Contact Time: 09:00 AM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/20/2015
Completed date: 04/24/2015	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: 04/20/2015 11:54 AM	Entered By: [REDACTED]
Narrative Type: Original	Entry Date/Time: 03/02/2015 11:53:09	Entered By: [REDACTED]

CM is submitting this case to Lead Investigator [REDACTED] for review

The TN Department of Children Services received a referral on 10/2/14 with an allegation of Neglect Death regarding 2 year old [REDACTED]. The alleged perpetrator is Unknown. At the time of the referral, [REDACTED] was in the custody of her paternal grandparents, [REDACTED]. TFACTS does not reflect any history regarding this family.

It is reported that a deceased child, 2 year old [REDACTED] at [REDACTED] in [REDACTED] was playing at [REDACTED] with some other children when she complained that she felt tired and began having trouble breathing. The family described that the child began having a seizure and they flagged down a park security officer and 911 was called. EMS responded and transported the child, who by this time was not breathing, to the hospital. The child was pronounced at the hospital. The child's grandmother and guardian, [REDACTED] was in town from [REDACTED] visiting her adult daughter [REDACTED].

On 10/2/14, [REDACTED] with the [REDACTED] in [REDACTED] spoke with and was informed by [REDACTED] of a deceased child, [REDACTED] at [REDACTED]. Attempts were made to revive [REDACTED] but was unsuccessful. [REDACTED] was pronounced at the hospital on 10/2/14.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

On 9/28/14, [REDACTED] went to [REDACTED] with her paternal grandmother and guardian, [REDACTED] and paternal aunt [REDACTED] to attend a baby shower of another paternal aunt, [REDACTED]. Mrs. [REDACTED] reported not suspecting anything being wrong with [REDACTED] or her having any known medical issues or conditions prior to her death. Mrs. [REDACTED] reported [REDACTED] as always playing as she normally does. Mrs. [REDACTED] reported [REDACTED] disposition as being a happy little girl. Mrs. [REDACTED] reported [REDACTED] reported to her that while playing at the park, she reported to her as being tired. Mrs. [REDACTED] directed [REDACTED] to go to her aunt [REDACTED] to sit down and rest. Mrs. [REDACTED] reported that [REDACTED] hollered out to her that something was wrong with [REDACTED]. Mrs. [REDACTED] reported that one of [REDACTED] eyes had rolled back in her head.

[REDACTED] reported [REDACTED] as being her normal self, running around and playing. Ms. [REDACTED] reported shortly after [REDACTED] came to sit down to rest, she noticed that her head had slumped down and was asked to wake up. Ms. [REDACTED] reported that [REDACTED] did not respond and from there while park security was contacted, Cardiac Pulmonary Resuscitation was being administered by paternal aunt, [REDACTED] and 911 was dispatched. While 911 was on the phone with the family it was decided by the 911 operator to cease efforts of CPR. [REDACTED] was transported by ambulance to the hospital where she was pronounced.

[REDACTED] paternal aunt reported [REDACTED] as being fine, playing and having fun prior to her leaving for [REDACTED]. Ms. [REDACTED] reported never suspecting anything being wrong with her. [REDACTED] paternal grandfather reported having [REDACTED] since birth. Mr. [REDACTED] reported making sure that [REDACTED] had everything she needed and trying to give her the best. Mr. [REDACTED] expressed a strong interest in knowing the cause of [REDACTED] death. [REDACTED] paternal aunt reported [REDACTED] as being her normal happy self. Ms. [REDACTED] reported not noticing anything different with [REDACTED]. Ms. [REDACTED] described [REDACTED] as being her little helper.

Mrs. [REDACTED] reported that [REDACTED] mother, [REDACTED] lives from place to place somewhere in [REDACTED]. Mrs. [REDACTED] stated that [REDACTED] made it to [REDACTED] after finding out what happened to [REDACTED] but was unable to view the body before it was taken to the coroner's office. Mrs. [REDACTED] reported including [REDACTED] in [REDACTED] life as much as possible. Mrs. [REDACTED] reported that her son, [REDACTED] is incarcerated in [REDACTED].

**NEGLECT DEATH:**

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

Department of Children's Services policy work aid 1 (E) defines the following criteria for Child Neglect Death:

- Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- Any child death caused by abuse or neglect resulting from the parent or caretaker's 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.

[REDACTED] County Child Protective Investigation Team was convened on 10/6/14 and it was deemed necessary by Attorney General [REDACTED] for the Department of Children's Services to Handle as Appropriate

The autopsy completed by the [REDACTED] concluded the Manner of Death:  
 NATURAL





**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: System Completed

Contact Date: 03/11/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2015

Completed date: 04/11/2015

Completed By: System Completed

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time:

Entered By:



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/16/2015

Completed date: 04/16/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/16/2015 11:09 AM      Entered By: [REDACTED]

The autopsy report for [REDACTED] was forwarded to [REDACTED] for review.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 04/13/2015

Completed date: 04/13/2015

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: 04/13/2015 10:54 AM Entered By: [REDACTED]

CM forwarded autopsy report via email regarding [REDACTED] to [REDACTED] Team Service Director [REDACTED]

CM received confirmation via email from Ms. [REDACTED] indicating autopsy was forwarded to [REDACTED]

Special Victims Unit for review



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/28/2015

Contact Method:

Contact Time: 06:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/02/2015

Completed date: 03/09/2015

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: 03/02/2015 11:53 AM Entered By: [REDACTED]

CM is submitting this case to [REDACTED] for review

The TN Department of Children Services received a referral on 10/2/14 with an allegation of Neglect Death regarding 2 year old [REDACTED]. The alleged perpetrator is Unknown. At the time of the referral, [REDACTED] was in the custody of her paternal grandparents, [REDACTED] and [REDACTED]. TFACTS does not reflect any history regarding this family.

It is reported that a deceased child, 2 year old [REDACTED] at [REDACTED] was playing at [REDACTED] with some other children when she complained that she felt tired and began having trouble breathing. The family described that the child began having a seizure and they flagged down a park security officer and 911 was called. EMS responded and transported the child, who by this time was not breathing, to the hospital. The child was pronounced at the hospital. The child's grandmother and guardian, [REDACTED] was in town from [REDACTED] visiting her adult daughter [REDACTED].

On 10/2/14, [REDACTED] with the [REDACTED] spoke with and was informed by [REDACTED] of a deceased child, [REDACTED] at [REDACTED]. Attempts were made to revive [REDACTED] but was unsuccessful. [REDACTED] was pronounced at the hospital on 10/2/14.

On 9/28/14, [REDACTED] went to [REDACTED] with her paternal grandmother and guardian, [REDACTED] and paternal aunt [REDACTED] to attend a baby shower of another paternal aunt, [REDACTED]. Mrs. [REDACTED] reported not suspecting anything being wrong with [REDACTED] or her having any known medical issues or conditions prior to her



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

death. Mrs. [REDACTED] reported [REDACTED] as always playing as she normally does. Mrs. [REDACTED] reported [REDACTED] disposition as being a happy little girl. Mrs. [REDACTED] reported [REDACTED] reported to her that while playing at the park, she reported to her as being tired. Mrs. [REDACTED] directed [REDACTED] to go to her aunt [REDACTED] to sit down and rest. Mrs. [REDACTED] reported that [REDACTED] hollered out to her that something was wrong with [REDACTED]. Mrs. [REDACTED] reported that one of [REDACTED] eyes had rolled back in her head.

[REDACTED] [REDACTED] reported [REDACTED] as being her normal self, running around and playing. Ms. [REDACTED] reported shortly after [REDACTED] came to sit down to rest, she noticed that her head had slumped down and was asked to wake up. Ms. [REDACTED] reported that [REDACTED] did not respond and from there while park security was contacted, Cardiac Pulmonary Resuscitation was being administered by paternal aunt, [REDACTED] [REDACTED] and 911 was dispatched. While 911 was on the phone with the family it was decided by the 911 operator to cease efforts of CPR. [REDACTED] was transported by ambulance to the hospital where she was pronounced.

[REDACTED] [REDACTED] paternal aunt reported [REDACTED] as being fine, playing and having fun prior to her leaving for [REDACTED]. Ms. [REDACTED] reported never suspecting anything being wrong with her. [REDACTED] [REDACTED] paternal grandfather reported having [REDACTED] since birth. Mr. [REDACTED] reported making sure that [REDACTED] had everything she needed and trying to give her the best. Mr. [REDACTED] expressed a strong interest in knowing the cause of [REDACTED] death. [REDACTED] [REDACTED] paternal aunt reported [REDACTED] as being her normal happy self. Ms. [REDACTED] reported not noticing anything different with [REDACTED]. Ms. [REDACTED] described [REDACTED] as being her little helper.

Mrs. [REDACTED] reported that [REDACTED] mother, [REDACTED] lives from place to place somewhere in [REDACTED]. Mrs. [REDACTED] stated that [REDACTED] made it to [REDACTED] after finding out what happened to [REDACTED] but was unable to view the body before it was taken to the coroner's office. Mrs. [REDACTED] reported including [REDACTED] in [REDACTED] life as much as possible. Mrs. [REDACTED] reported that her son, [REDACTED] [REDACTED] is incarcerated in [REDACTED].

**NEGLECT DEATH:**

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

Department of Children's Services policy work aid 1 (E) defines the following criteria for Child Neglect Death:

- Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- Any child death caused by abuse or neglect resulting from the parent or caretaker's 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.

[REDACTED] Child Protective Investigation Team was convened on 10/6/14 and it was deemed necessary by [REDACTED] for the Department of Children's Services to Handle as Appropriate

The autopsy completed by the [REDACTED] concluded the Manner of Death:  
 NATURAL

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



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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

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The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death



**Tennessee Department of Children's Services  
Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/25/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 03/02/2015

Completed date: 03/02/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/02/2015 09:13 AM Entered By: [REDACTED]

CM received autopsy report from [REDACTED]

CM observed the following:

Results and Conclusions:

**SUMMARY OF FINDINGS:**

- I. Non-dysmorphic, African-American female child appearing consistent with the reported age of 2 years, 10 months
- II. Aortic valve cusp fenestrations
- III. Cardiomegaly with left ventricular hypertrophy (101 grams)
- IV. Focal adipose infiltration of the right ventricular myocardium
- V. Bilateral pulmonary congestion and edema
- VI. Minor healing abrasions of torso and left knee. No evidence of significant recent or remote traumatic injuries
- VII. Ancillary studies:
  - A. Blood toxicologic testing results: negative comprehensive drug screen
  - B. Vitreous fluid analysis: within normal limits, per [REDACTED] Hospital
  - C. Blood and lung cultures positive for contaminating organisms, per [REDACTED] Hospital Labs
  - D. Spleen cultures negative, per [REDACTED] Hospital Labs
  - E. Throat respiratory viral cultures negative, per [REDACTED] [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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

---

CAUSE OF DEATH:

Cardia dysrhythmia  
Due to: Aortic valve fenestrations and resultant cardiomegaly

MANNER OF DEATH:

Natural

CM has placed copy of autopsy report in the file



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/05/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 03/02/2015

Completed date: 03/02/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/02/2015 08:46 AM Entered By: [REDACTED]

Closing SDM Safety Assessment is Safe



## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/03/2015 Contact Method: Face To Face  
 Contact Time: 06:15 PM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/09/2015  
 Completed date: 03/09/2015 Completed By: [REDACTED]  
 Purpose(s): Service Planning  
 Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/09/2015 09:01 AM Entered By: [REDACTED]

CM made contact at the home of [REDACTED]

CM spoke with [REDACTED] pat. grandmother, [REDACTED] pat. cousin & [REDACTED] pat. cousin. CM observed [REDACTED] to be neat in appearance appropriately dressed for the current weather conditions. CM did not observe [REDACTED] to have any visible marks or bruises. CM observed [REDACTED] to be neat in appearance appropriately dressed for the current weather conditions. CM was informed by Mrs. [REDACTED] that [REDACTED] is with his mom at the store.

CM asked Mrs. [REDACTED] how is she doing. Mrs. [REDACTED] stated that she is doing fine. Mrs. [REDACTED] stated that everyone has their good and bad days. Mrs. [REDACTED] stated that she was told by the medical examiner that [REDACTED] had a heart defect. Mrs. [REDACTED] stated that she never showed any signs that something was wrong with her heart. Mrs. [REDACTED] stated that she was always active. Mrs. [REDACTED] stated that she was always on the move. CM inquired of Mrs. [REDACTED] of any services needed for herself and family. Mrs. [REDACTED] stated that her church family is always checking on her. Mrs. [REDACTED] stated that she gets phone calls from church members all of the time. Mrs. [REDACTED] stated that overall, everyone is doing as well as to be expected. Mrs. [REDACTED] stated that [REDACTED] will truly be missed. Mrs. [REDACTED] stated that [REDACTED] is in a better place and she receives consolation in that.

CM spoke privately with [REDACTED] and asked [REDACTED] how she is doing on this evening. [REDACTED] stated that she is doing fine. CM asked [REDACTED] if she had a good day at school on today. [REDACTED] stated that she had a pretty good day. [REDACTED] stated that she is staying busy. [REDACTED] stated that there is a lot of work she has to do in the 4th grade. CM encouraged [REDACTED] to continue to do her very best in school.

CM spoke privately with [REDACTED] and asked how she is doing on this evening. [REDACTED] stated fine. CM asked [REDACTED] how was her day at school. [REDACTED] stated fine. [REDACTED] stated that she had a substitute teacher.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

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[REDACTED] stated that the teacher did not let them do very much in class. [REDACTED] stated that the teacher was on her cell phone talking a lot. CM stated to [REDACTED] that hopefully her teacher will return to the classroom on tomorrow.

CM concluded her visit with the family and informed Mrs. [REDACTED] to contact this CM should she reconsider counseling or other services for her family



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 02/03/2015 Contact Method: Face To Face  
 Contact Time: 06:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/02/2015  
 Completed date: 03/06/2015 Completed By: TFACTS, [REDACTED]  
 Purpose(s): Service Planning  
 Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/02/2015 09:55 AM Entered By: [REDACTED]

CM made contact at the home of [REDACTED]

CM spoke with [REDACTED] pat. grandmother, [REDACTED] pat. cousin & [REDACTED] pat. cousin. CM observed [REDACTED] to be neat in appearance appropriately dressed for the current weather conditions. CM did not observe [REDACTED] to have any visible marks or bruises. CM observed [REDACTED] to be neat in appearance appropriately dressed for the current weather conditions. CM was informed by Mrs. [REDACTED] that [REDACTED] is with his mom at the store.

CM asked Mrs. [REDACTED] how is she doing. Mrs. [REDACTED] stated that she is doing fine. Mrs. [REDACTED] stated that everyone has their good and bad days. Mrs. [REDACTED] stated that she was told by the medical examiner that [REDACTED] had a heart defect. Mrs. [REDACTED] stated that she never showed any signs that something was wrong with her heart. Mrs. [REDACTED] stated that she was always active. Mrs. [REDACTED] stated that she was always on the move. CM inquired of Mrs. [REDACTED] of any services needed for herself and family. Mrs. [REDACTED] stated that her church family is always checking on her. Mrs. [REDACTED] stated that she gets phone calls from church members all of the time. Mrs. [REDACTED] stated that overall, everyone is doing as well as to be expected. Mrs. [REDACTED] stated that [REDACTED] will truly be missed. Mrs. [REDACTED] stated that [REDACTED] is in a better place and she receives consolation in that.

CM asked [REDACTED] how she is doing on today. [REDACTED] stated that she is doing fine. CM asked [REDACTED] how is school. [REDACTED] stated that school is fine. [REDACTED] stated that

Narrative Type: Created In Error Entry Date/Time: 03/06/2015 01:33 PM Entered By: [REDACTED]

incomplete case recording



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/23/2015

Contact Method: Correspondence

Contact Time: 02:22 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED] [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: 01/26/2015 10:23 AM Entered By: [REDACTED]

CM emailed [REDACTED] [REDACTED] [REDACTED] [REDACTED] on 1/23/15 regarding status of autopsy request made on [REDACTED]

CM received a response from Mr. [REDACTED] on 1/23/15 reporting that he placed the autopsy in the mail on today.

Mr. [REDACTED] reported the copy should arrive in a couple of days



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/12/2015

Contact Method: Correspondence

Contact Time: 01:12 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 10:34 AM Entered By: [REDACTED]

CM emailed [REDACTED] regarding an update on request for autopsy report of [REDACTED]

Mr. [REDACTED] responded to this CM reporting that he has received the autopsy report and will forward it to this CM this afternoon (1/12/15)



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/09/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/12/2015

Completed date: 01/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/12/2015 10:02 AM Entered By: [REDACTED]

This case was staffed with CPSI [REDACTED] for updates. Follow up with the coroner's office via email on status of autopsy report. Although it has been noted that the coroner office indicated it could take between 90 up 120 days to receive the autopsy report. Document, Ms. [REDACTED] reported that the family continues to receive support from their Church, during your visit with the family.

Narrative Type: Addendum 1 Entry Date/Time: 01/12/2015 10:16 AM Entered By: [REDACTED]

Engage school age children [REDACTED] and [REDACTED] during your next visit.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/02/2015

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

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

CM made contact at home of [REDACTED]

CM inquired of Mrs. [REDACTED] of how her family is doing. Mrs. [REDACTED] stated that they made it through the New Year. Mrs. [REDACTED] stated that this is a New Year and she is hopeful it will bring better days. Mrs. [REDACTED] stated that she misses [REDACTED] but is very thankful to God for the time she was blessed to have with her.

CM inquired of Mrs. [REDACTED] of any services that DCS may be able to provide to her family. Mrs. [REDACTED] stated that her family are doing well and currently does not need anything. Mrs. [REDACTED] stated that they are still waiting to hear from the coroner's office.

CM observed [REDACTED] [REDACTED] and [REDACTED] to be neat in appearance with no visible signs of abuse or neglect.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/05/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/15/2014

Completed date: 12/15/2014

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: 12/15/2014 01:57 PM Entered By: [REDACTED]

CM made contact at home of [REDACTED]

CM inquired of Mrs. [REDACTED] of how her family is doing. Mrs. [REDACTED] stated that they are doing pretty good. Mrs. [REDACTED] stated that they have their good and bad days. Mrs. [REDACTED] stated that it was a little difficult over the Thanksgiving holiday. Mrs. [REDACTED] stated that it was not the same without [REDACTED]. Mrs. [REDACTED] stated that they are still waiting on the cause of death. CM inquired of Mrs. [REDACTED] of any services that DCS may be able to provide to her family. Mrs. [REDACTED] stated that she appreciates the offer but there is nothing she can think of. Mrs. [REDACTED] stated that they are just waiting and hopefully will hear from the coroner's office very soon.

CM observed [REDACTED] and [REDACTED] to be neat in appearance with no visible signs of abuse or neglect.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/17/2014

Contact Method: Correspondence

Contact Time: 04:18 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/04/2014

Completed date: 12/04/2014

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: 12/04/2014 11:11 AM Entered By: [REDACTED]

CM sent an email to [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] in [REDACTED] regarding status of autopsy of [REDACTED]

Mr. [REDACTED] responded to email reporting that it generally takes 90-120 days from the date of death before complete autopsy results are available

Mr. [REDACTED] will forward autopsy results as soon as they are completed



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/06/2014	Contact Method: Face To Face
Contact Time: 06:00 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 11/18/2014
Completed date: 11/18/2014	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: 11/18/2014 08:42 AM      Entered By: [REDACTED]

CM made contact at home of [REDACTED] for a follow-up with the family. CM inquired of Mrs. [REDACTED] of how her family is coping. Mrs. [REDACTED] stated that they are doing pretty good. Mrs. [REDACTED] stated that they have their good and bad days. Mrs. [REDACTED] stated that they are still waiting on the cause of death. CM inquired of Mrs. [REDACTED] of any services that DCS may provide to her family. Mrs. [REDACTED] stated that there is nothing that she can think of. Mrs. [REDACTED] stated that they are receiving a lot of support from her church family. CM asked Mrs. [REDACTED] to contact her if there is something that DCS could possibly assist in helping her family.

CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to be appropriately dressed for the current weather conditions. CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to be appropriately dressed for the current weather conditions. CM observed [REDACTED] to be neat in appearance and appropriately dressed for the current weather conditions.

CM spoke briefly with [REDACTED] and [REDACTED] to inquire on how they are doing. CM observed both children to report that they are doing fine. CM observed [REDACTED] to be smiling behind his pacifier and running around playing in the living room.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2014	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/04/2014
Completed date:	11/04/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/04/2014 03:32 PM      Entered By: [REDACTED]

This case was reviewed and staffed for updates. A follow up visit needs to be made to the family's home. Ms. [REDACTED] has indicated that she would seek grief through her Church. Inquire if there are any other services that the family is in need of and discuss other services available. Upon completion of task, the case will be prepared for review.



**Tennessee Department of Children's Services  
Case Recording Summary**

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/24/2014	Contact Method:
Contact Time: 09:00 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/24/2014
Completed date: 10/24/2014	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: 10/24/2014 11:01 AM    Entered By: [REDACTED]  
 CM has received medical records from [REDACTED] regarding [REDACTED]

CM has placed copies in the file

Narrative Type: Addendum 1    Entry Date/Time: 01/05/2015 02:52 PM    Entered By: [REDACTED]  
 CM observed medical records regarding doctor visits of [REDACTED] to report the following:

- 24 month old visit
  - alert and active
  - plan/referral, HEP A (vaccination)
- 18 month old visit
  - alert & active
  - plan/referral, Allegra
- 15 month old visit
  - alert & active
  - plan/referral, MMR, Hib, Hep A, DTap (Vaccinations)



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/10/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 10/10/2014

Completed date: 10/10/2014

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: 10/10/2014 10:54 AM      Entered By: [REDACTED]

CM made contact at Juvenile Court to obtain copy of custody order regarding [REDACTED]

CM observed the following findings and recommendations:

Permanent legal guardianship of [REDACTED] [REDACTED] [REDACTED] to be awarded to [REDACTED]

The order was signed on February 17, 2014

CM has placed copy in the file



**Tennessee Department of Children's Services  
Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/10/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/10/2014
Completed date:	10/10/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

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

CM faxed release of information to [REDACTED] requesting medical records of [REDACTED]

CM has received confirmation of fax



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/09/2014

Contact Method: Phone Call

Contact Time: 01:00 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): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/09/2014 01:21 PM      Entered By: [REDACTED]

CM made contact with [REDACTED] regarding [REDACTED]

Mr. [REDACTED] stated that there were no signs of abuse or neglect and she appeared well nourished. Mr. [REDACTED] stated that he is currently waiting on the toxicology results and he needs her pediatric records. Mr. [REDACTED] stated that he will subpoena the pediatric records. Mr. [REDACTED] stated that he will provide this CM with the copies of the autopsy report, pediatric records and other records regarding the case. Mr. [REDACTED] requested that this CM email him with the request for the records. Mr. [REDACTED] provided this CM his email address.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/09/2014

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/09/2014

Completed date: 11/04/2014

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: 10/09/2014 01:08 PM Entered By: [REDACTED]

CM made contact with [REDACTED] pat. aunt of [REDACTED] CM extended condolences to Mrs. [REDACTED] on the loss of [REDACTED]

Mrs. [REDACTED] stated that she, her husband [REDACTED] and their two children ([REDACTED] 2 & [REDACTED] 4) were in [REDACTED] on the 26th of September. Mrs. [REDACTED] stated that they were in [REDACTED] for her baby shower which was on the 27th of September. Mrs. [REDACTED] stated that they all left for [REDACTED] on that Sunday the 28th of September. Mrs. [REDACTED] stated that [REDACTED] her mother and sister [REDACTED] went home with them.

CM inquired of Mrs. [REDACTED] of [REDACTED] daily activities prior to the visit to the park. Mrs. [REDACTED] stated that [REDACTED] was being normal [REDACTED] Mrs. [REDACTED] stated that she played with her little cousins. Mrs. [REDACTED] stated that she took naps when her kids took naps. Mrs. [REDACTED] stated that she was talking and laughing. Mrs. [REDACTED] stated that she was fine. Mrs. [REDACTED] stated that she had no fever or was sick. Mrs. [REDACTED] stated that she was fine. Mrs. [REDACTED] stated that they went to the park on October 2nd. Mrs. [REDACTED] stated that the weather was nice outside. Mrs. [REDACTED] stated that temperature was in the 70's on that day. Mrs. [REDACTED] stated that her little ones and [REDACTED] were playing. Mrs. [REDACTED] stated that [REDACTED] was on the slide. Mrs. [REDACTED] stated that after a little while, they took the kids to use the restroom. Mrs. [REDACTED] stated that after letting them use the restroom, the kids went back to playing. Mrs. [REDACTED] stated that her mom and [REDACTED] were on the slide. Mrs. [REDACTED] stated that her mom was at the top of the slide and [REDACTED] had slid to the bottom of the slide. Mrs. [REDACTED] stated that when [REDACTED] got to the bottom, she reported being tired. Mrs. [REDACTED] stated that her sister got [REDACTED] and was sitting next to her. Mrs. [REDACTED] stated that [REDACTED] started looking like she could not sit up. Mrs. [REDACTED] stated that something was wrong with her. Mrs. [REDACTED] stated that [REDACTED] appeared faint. Mrs. [REDACTED] stated that she thought that maybe she was hot, so they went to crank up the van to turn on the air conditioner. Mrs. [REDACTED] stated that she also took off her shirt. Mrs. [REDACTED] stated that [REDACTED] was taking slow breaths. Mrs. [REDACTED] stated that it seemed like she was breathing every other breath. Mrs. [REDACTED] stated that she looked for a pulse, but could not find one. Mrs. [REDACTED] stated that she started giving her CPR. Mrs. [REDACTED] stated that the park security had 911 on the phone. Mrs. [REDACTED] stated that she reported to them that her breathing was shallow. Mrs. [REDACTED] stated that she was instructed to stop CPR. Mrs. [REDACTED] stated that she was trying to keep her mom calm. Mrs. [REDACTED] stated that she was trying to keep her mom from seeing her because she knew that something was wrong. Mrs. [REDACTED] stated that ambulance arrived. Mrs. [REDACTED] stated that her mom was unable to ride in the ambulance, so they followed it to the hospital. Mrs. [REDACTED] stated that when the hospital did all that they could do,



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

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they were told that she did not make it.

Mrs. [REDACTED] stated that she went into pre-term labor on that night. Mrs. [REDACTED] stated that her baby is due November 2nd. Mrs. [REDACTED] stated that she had actually dilated 2-3 centimeters but the doctors stabilized her and sent her home. Mrs. [REDACTED] stated that she got the clearance from her doctor to travel to [REDACTED] for [REDACTED] funeral on Saturday (Oct. 11th).



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/07/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/14/2015

Completed date: 05/14/2015

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: 05/14/2015 09:02 AM      Entered By: [REDACTED]

CM observed TFACT's to not have any investigations or assessment cases involving this family



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/07/2014

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/07/2014

Completed date: 10/07/2014

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: 10/07/2014 08:26 AM Entered By: [REDACTED]

CM completed JSSI, TBI, TN Sex Offender and Meth Offender Registries checks on [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED]

CM observed JSSI to have history regarding [REDACTED] [REDACTED]

1. Child Passenger Safety Responsibility

CM did not observe JSSI to have any history regarding [REDACTED] [REDACTED]

CM did not observe TBI, TN Sex Offender or Meth Offender Registry to have any history regarding [REDACTED] [REDACTED]

CM observed JSSI to have history regarding [REDACTED] [REDACTED]

1. Violation of Seat Belt Law
2. Speed limit 35 mph zone
3. No driver's license
4. Driving while license suspended/revoked/cancelled
5. Passing bad checks \$500 or less
6. Disorderly conduct
7. Malicious mischief
8. Contempt of juvenile court
9. Attempt to commit felony
10. Grand larceny

CM did not observe TBI, TN Sex Offender or Meth Offender Registries to have any history regarding [REDACTED] [REDACTED]

CM did not observe JSSI, TBI, TN Sex Offender or Meth Offender Registries to have any history regarding [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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

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CM has placed all copies in the file



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/06/2014

Contact Method:

Contact Time: 08:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/07/2014

Completed date: 10/07/2014

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: 10/07/2014 08:48 AM Entered By: [REDACTED]

The household composition consists of:

[REDACTED] paternal grandfather/guardian, DOB: [REDACTED] Age: 51  
 [REDACTED] paternal grandmother/guardian DOB: [REDACTED] Age: 50  
 [REDACTED] paternal aunt DOB: [REDACTED] Age: 23  
 [REDACTED] paternal aunt DOB: [REDACTED] Age: 22  
 [REDACTED] paternal aunt DOB: [REDACTED] Age: 32  
 [REDACTED] pat. cousin DOB: [REDACTED] Age: 9  
 [REDACTED] pat. cousin DOB: [REDACTED] Age: 5  
 [REDACTED] pat. cousin DOB: [REDACTED] Age: 1



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 10/06/2014 Contact Method: Face To Face  
Contact Time: 05:30 PM Contact Duration: Less than 02 Hour  
Entered By: [REDACTED] Recorded For:  
Location: Family Home Created Date: 10/07/2014  
Completed date: 11/04/2014 Completed By: [REDACTED]  
Purpose(s): Service Planning, Permanency, Safety - Child/Community, Well Being  
Contact Type(s): Collateral Contact, Parent/Caretaker Interview, Other Child Living in the Home  
Interview/Observation, Other Persons Living in Home Interview/Observation  
Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/07/2014 04:00 PM Entered By: [REDACTED]

Child: [REDACTED] (deceased)

Date of Contact: 10/6/14

Beginning Time: 5:30 pm

Ending Time: 7:30 pm

Purpose for Contact/Meeting: To make contact with the family

Allegations: A referral was received for Neglect Death

Safety:

Safety Assessment Score: Safe

Permanency: [REDACTED] resided with her paternal grandparents/guardians, aunts and cousins

Family Support: birth mother & father, pat. grandparents, aunts and cousins

Well Being:

Medical: [REDACTED] received medical care from [REDACTED]

Mental/Behavioral Health: There are no known mental or behavioral health issues

Substance Abuse: There is no known substance abuse issue

Education: [REDACTED] was not attending a daycare

**Documentation of Contact:**

Summary of Interaction and Discussion of Purpose of Visit: CM extended condolences to the family upon entering the home. CM spoke privately with Mrs. [REDACTED] Mrs. [REDACTED] stated that she went to [REDACTED] on 9/28/14 for her daughter's [REDACTED] baby shower. CM inquired of Mrs. [REDACTED] of who all accompanied her on the trip. Mrs. [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

stated that her daughter [REDACTED] and [REDACTED] went with her to [REDACTED]. Mrs. [REDACTED] stated that they all went to the park. Mrs. [REDACTED] stated that [REDACTED] was playing like she normally does. Mrs. [REDACTED] stated that [REDACTED] was playing with her other grandbabies ([REDACTED] children). Mrs. [REDACTED] stated that they were playing on the swings and slides and just being normal kids. Mrs. [REDACTED] stated that she got on the swings and slides too. Mrs. [REDACTED] stated that after awhile on the slide, [REDACTED] started saying that she was tired. Mrs. [REDACTED] stated that she told [REDACTED] she is going to take her to [REDACTED] to sit down and rest. Mrs. [REDACTED] stated that [REDACTED] went and sat down with [REDACTED]. Mrs. [REDACTED] stated that after awhile, [REDACTED] hollered to her to say that something was wrong with [REDACTED]. Mrs. [REDACTED] stated that she got off the slide and ran to her. Mrs. [REDACTED] stated that when she got to her, she noticed that one of her eyes had rolled back in her head. Mrs. [REDACTED] stated that the other eye was closed. Mrs. [REDACTED] stated that everything was happening so fast. Mrs. [REDACTED] stated that her daughter, [REDACTED] is in the medical field and started giving [REDACTED] CPR. Mrs. [REDACTED] stated that 911 was called by security and after a certain amount of time, the 911 operator told [REDACTED] to stop. Mrs. [REDACTED] stated that she held her baby and knew she was gone. Mrs. [REDACTED] stated that she felt [REDACTED] take her last breath. Mrs. [REDACTED] stated that the ambulance arrived and they worked on her. Mrs. [REDACTED] stated that the EMT's contacted the hospital and transported her. Mrs. [REDACTED] stated that they would not let her ride in the ambulance with [REDACTED].

CM inquired of Mrs. [REDACTED] of [REDACTED] mother. Mrs. [REDACTED] stated that [REDACTED] mom ([REDACTED]) made it to [REDACTED] after she found out what happened. Mrs. [REDACTED] stated that [REDACTED] was not able to see her. Mrs. [REDACTED] stated that the coroner had already come to take the body for an autopsy. Mrs. [REDACTED] stated that [REDACTED] lives somewhere in [REDACTED]. Mrs. [REDACTED] stated that she lives from place to place. Mrs. [REDACTED] stated that is how she was given custody of [REDACTED]. Mrs. [REDACTED] stated that [REDACTED] was not stable. Mrs. [REDACTED] stated that she tried to include [REDACTED] in [REDACTED] life as much as she could. Mrs. [REDACTED] stated that she never refused her access. Mrs. [REDACTED] stated that her son ([REDACTED]) is incarcerated in [REDACTED].

CM inquired of Mrs. [REDACTED] of [REDACTED] having any medical conditions. Mrs. [REDACTED] stated that she did not have anything medically wrong with her. Mrs. [REDACTED] stated that she has never been hospitalized for anything. Mrs. [REDACTED] stated that she was up-to-date on her shots. Mrs. [REDACTED] stated that sometimes she would get bronchitis after having a cold, but other than that, there was nothing wrong with her.

CM explained the DCS forms to Mrs. [REDACTED]. CM observed Mrs. [REDACTED] to sign: HIPPA, Release of Information, Notification of Equal Access, Client's Right Handbook & Native American Heritage.

CM spoke privately with [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was her normal happy self. Ms. [REDACTED] stated that she did not notice anything different about her. Ms. [REDACTED] stated that she played well with her cousins. Ms. [REDACTED] stated that [REDACTED] even helped her in the mornings with getting the kids ready for school. Ms. [REDACTED] stated that [REDACTED] would try to wake the kids up and tell them to get ready for school. Ms. [REDACTED] stated that [REDACTED] was her little helper.

CM spoke privately with [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was fine before she went to [REDACTED]. Ms. [REDACTED] stated that she never suspected anything wrong with her. Ms. [REDACTED] stated that she was always playing and just having fun. Ms. [REDACTED] stated that she was a very happy little girl. Ms. [REDACTED] stated that on the day her mother, [REDACTED] and [REDACTED] left for [REDACTED] she was excited about going on the trip. Ms. [REDACTED] stated that she was playing with her cousins until they left. Ms. [REDACTED] stated that her dad (Mr. [REDACTED]) came outside and gave everybody candy before they left. Ms. [REDACTED] stated that she never expected anything like this to happen.

CM spoke privately with [REDACTED]. Ms. [REDACTED] stated that they were all at the park. Ms. [REDACTED] stated that [REDACTED] was acting normal, running around just being [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was running and playing on the slide. Ms. [REDACTED] stated that her mom brought [REDACTED] to her and she sat down next to her to rest. Ms. [REDACTED] stated that after a few minutes or so (unable to recall exact amount of time), she noticed [REDACTED] head was kind of slumped down. Ms. [REDACTED] stated that she said to [REDACTED] "wake up". Ms. [REDACTED] stated that she held [REDACTED] chin and raised her head



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

upward. Ms. [REDACTED] stated that she noticed that [REDACTED] eyes were rolling in the back of her head. Ms. [REDACTED] stated that she hollered to her mother that something was wrong with [REDACTED]. Ms. [REDACTED] stated that they saw park security and asked security to call 911. Ms. [REDACTED] stated that her sister [REDACTED] started giving [REDACTED] CPR. Ms. [REDACTED] stated that security was on speakerphone with 911. Ms. [REDACTED] stated after several attempts of CPR, [REDACTED] was not responding and the 911 operator told her sister to stop. Ms. [REDACTED] stated that she was trying to calm her mother down. Ms. [REDACTED] stated that the ambulance arrived and did what they do and then transported [REDACTED] to the hospital.

CM spoke privately with [REDACTED] [REDACTED]. Mr. [REDACTED] stated that he cannot believe that his baby is gone. Mr. [REDACTED] stated that [REDACTED] was their baby. Mr. [REDACTED] stated that they have had her every since she was born. Mr. [REDACTED] stated that they just got legal custody of her on last year. Mr. [REDACTED] stated that he knows that [REDACTED] is an angel in heaven. Mr. [REDACTED] stated that he is having a hard time believing that she is gone. Mr. [REDACTED] stated that they decorated her room and she had everything she needed. Mr. [REDACTED] stated that they tried giving her the best. Mr. [REDACTED] stated that he had her on his health insurance at work because he wanted her to have the best doctors. Mr. [REDACTED] stated that he is interested in knowing what the toxicology reports says.

CM spoke privately with [REDACTED] [REDACTED] stated that her little cousin is gone. [REDACTED] stated that she is going to miss her. [REDACTED] stated that [REDACTED] liked playing with her.

CM attempted to speak with [REDACTED]. CM observed [REDACTED] to not be receptive to this CM's attempt to engage with her.

[REDACTED] is not age appropriate for interviewing but he did say to this CM "hi". CM observed [REDACTED] to be very friendly and attempted to show this CM large sized letters of the alphabet. CM observed [REDACTED] to attempt to identify those letters he showed to this CM.

Worker Observations: CM observed the family home to be appropriate with no visible safety hazards.

Appearance of Children: CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED]

Interaction Among Children, Family, and Worker: CM observed this family interactions to appear to be natural, positive and appropriate

Assessment of Progress: CM has completed home visit with family. The funeral will be held on Sat. October 11, 2014 @ 11:00 am at the family church. The family will receive grief support from their place of worship

Summary of Agreements/Decisions Made: CM make contact with [REDACTED] to request medical records, request medical records from primary care physician [REDACTED] and request autopsy report [REDACTED]



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/06/2014

Contact Method: Face To Face

Contact Time: 05:30 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 12/29/2014

Completed date: 12/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/29/2014 04:34 PM Entered By: [REDACTED]

[REDACTED] was present with family in [REDACTED] [REDACTED] [REDACTED] at the time of her death.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/06/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/07/2014

Completed date: 10/07/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/07/2014 08:18 AM      Entered By: [REDACTED]

Initial SDM Safety Assessment is Safe



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**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 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/09/2015

Completed date: 06/09/2015

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: 06/09/2015 09:41 AM      Entered By: [REDACTED]

The case was presented to morning CPIT session on 10-6-14, [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/06/2014

Contact Method: Phone Call

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/06/2014

Completed date: 10/06/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/06/2014 08:45 AM      Entered By: [REDACTED]

CM received a return call from the referent.

According to the referent, there was no foul play issue. The referent reported that the autopsy did not turn up anything of that nature. The referent reported that the final results of the autopsy is pending for the toxicology results.

The referent reported that there was no additional information to be reported.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/03/2014

Contact Method: Phone Call

Contact Time: 03:41 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/06/2014

Completed date: 10/10/2014

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: 10/06/2014 10:38 AM Entered By: [REDACTED]

CM made contact with [REDACTED] CM introduced herself to Mrs. [REDACTED] and extended her condolence regarding the loss of [REDACTED] Mrs. [REDACTED] stated that she is currently still in [REDACTED] at a funeral home. Mrs. [REDACTED] stated that she was instructed to find a funeral home to make the arrangements. Mrs. [REDACTED] stated that she has to select a casket for [REDACTED] to be sent back home to [REDACTED] CM inquired of Mrs. [REDACTED] of her expected arrival back to [REDACTED] Mrs. [REDACTED] stated that she is going to try to leave out Sunday night. CM inquired of Mrs. [REDACTED] of the expected arrival of [REDACTED] to [REDACTED] Mrs. [REDACTED] stated that [REDACTED] should arrive in [REDACTED] by Monday or Tuesday. CM informed Mrs. [REDACTED] that this CM will need to meet with her once she arrives back in [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/03/2014

Contact Method:

Contact Time: 03:40 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 03:42 PM Entered By: [REDACTED]

A P (1) referral was called in to Central Intake on (10-2-14), at (3:56) p.m. Case assigned to Team 45 on (10-3-14) with the allegation of (Neglect Death) in regard to [REDACTED] age (2) years. The alleged perpetrator is Unknown.

Response is due on (10-3-14); (3:56) p.m. The referent letter was email on (10-2-14) via Carat system. Juvenile Court (Judge) and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/03/2014

Contact Method:

Contact Time: 03:40 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 03:59 PM Entered By: [REDACTED]

Document contact with the paternal grandmother, [REDACTED] Ms. [REDACTED] explained that she is currently in [REDACTED] Ms. [REDACTED] said she was making funeral arrangements and will contact CPSI [REDACTED] when she leaves possibly Sunday night (October 5, 2014). [REDACTED] is the only sibling of her mother, [REDACTED] according to Ms. [REDACTED] the paternal grandmother. Ms. [REDACTED] household composition is need to be documented. Inquire if there are any other children in the home of Ms. [REDACTED] Obtain contact information for [REDACTED] mother and father. Follow up with [REDACTED] on status of autopsy and request medical records. Ask Ms. [REDACTED] to sign release of information for [REDACTED] to obtain the medical records.



**Tennessee Department of Children's Services  
Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/03/2014	Contact Method:	Attempted Phone Call
Contact Time:	03:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/06/2014
Completed date:	10/06/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/06/2014 08:41 AM      Entered By: [REDACTED]

CM attempted to make contact with the referent. CM was unsuccessful at making contact with the referent. CM left a voicemail message requesting a return call.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/02/2014

Contact Method:

Contact Time: 09:53 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/06/2014

Completed date: 10/06/2014

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: 10/06/2014 08:37 AM Entered By: [REDACTED]

The Department received a referral on 10/2/14 with an allegation of Neglect Death regarding 2 year old [REDACTED]. The alleged perpetrator is Unknown.

It is reported that a deceased child at [REDACTED]. The child, 2-year old [REDACTED] was playing at [REDACTED], located at [REDACTED] with some other children when she complained that she felt tired. She went and sat down with the other family and began having trouble breathing. The family described that the child began having a seizure and they flagged down a park security officer. The park security officer called 911. EMS responded and transported the child, who by this time was not breathing, to the hospital. The child was pronounced at the hospital. The child's grandmother and guardian, [REDACTED] was in town from [REDACTED] visiting her adult daughter at [REDACTED]. There are not any signs of trauma or assault to the child and the child seems well-nourished. [REDACTED] had the child sent to the [REDACTED] for an autopsy which is scheduled for tomorrow morning, 10-3-14." It is unknown how long [REDACTED] and [REDACTED] had been in [REDACTED] visting. The name of [REDACTED] adult daughter is also unknown by the referent, and there is no additional information known about her.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 10/2/14 9:53 PM

Date of Assessment: 10/6/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

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

Yes    No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
  - Death of a child due to abuse or neglect.
  - Care taker fears that s/he will maltreat the child.
  - Threat to cause harm or retaliate against the child.
  - Excessive discipline or physical force.
  - Drug-affected infant/child.
  - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



Tennessee Department of Children's Services  
SDM™ Safety Assessment

Section 3: Safety Decision

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

- 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: \_\_\_\_\_