



Notice of Child Death/Preliminary Near Death

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/14/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> PRELIMINARY NEAR DEATH	Date of Death/Preliminary Near Death:	11/14/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	██████████	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	██████████		
If child is in DCS custody, list placement type and name:						

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

Summary of Referral states: ██████████ lived with her parents, ██████████, and five older siblings ██████████ (13) ██████████ (11), ██████████ (8) ██████████ (4), and ██████████ (3) in ██████████ had been seen by her primary care clinic in June 2014 for her one year old well child check up and was observed to be healthy. On the evening of November 13, 2014 ██████████ and all the children were all at home while ██████████ was at work. ██████████ worked from 4PM until midnight. ██████████ returned home from work to find that the older children (██████████) had not done their chores so she got them up to complete their chores As the boys were returning back to bed ██████████ found ██████████ to be unresponsive and not breathing in his bed. The family called 911 and CPR was initiated at the home by EMS. ██████████ was transported to ██████████ by ambulance. CPR was continued at the hospital without any return of a heartbeat or breathe. Hospital staff did not see any bruising or obvious signs of trauma to the child's body. ██████████ (1) died at ██████████ at 1:39am on November 14, 2014. All of the siblings of ██████████ were present at the hospital and none of the children have any visible injuries and there is no concern for their well-being. ██████████ is currently in the emergency department. There will be pictures taken of ██████████ body. Currently, the exact cause of death is not known. An autopsy will be performed and the Medical Examiner Office has been notified.

If this is a preliminary 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:

CPSI ██████████ interviewed ██████████, birth mother, on 11/14/2014 about 800am at her family residence. She reported yesterday 11/13/2014 she got all the school aged children ready for school and she took ██████████ to the bus stop. She reported ██████████ caught the bus in front of the house. ██████████ reported she was home for a few hours and she did the 3 years old hair. She reported she then went to pick the three boys from school as the oldest two had doctor's appointments. She reported they all stopped at ██████████ fast food on the way to their check-ups and they were all at the doctor's office until about 3pm. ██████████ reported at this time she left the doctors office as the father had arrived and she went straight to work at ██████████ until 12am. She reported when she arrived home she noticed ██████████ had not done their chores, so she woke them up to do their chores. She reported ██████████ was cleaning the bathroom, so she proceeded to go into her bedroom and take her work clothes off and laid in the bed. She reported the next thing that happened was ██████████ came running into her bedroom with ██████████ and she jumped up and got ██████████ from ██████████ and laid ██████████ on the living room floor and started CPR. ██████████ reported by this time she was in a panic and could not dial 911 as her phone was locked, so ██████████ ended up speaking with the 911 operators and she continued CPR until the ambulance arrived. She reported ██████████ did have a runny nose and cough for the past few days, but she did not seek medical attention for her because she didn't have a fever and thought it was from the change in weather.



CPSI [redacted] interviewed [redacted], birth father, on 11/14/2014 about 8:15am at his family home. He reported he went to school yesterday 11/13/2014 from 7:45am until about 1:30pm when he met his family at the doctor's office. He reported the doctor picked up [redacted] while they were there at the clinic because she was whinning. [redacted] reported he brought all the children home from the doctor's office as his wife had to go to work. He reported once everyone was settled in at home he ran to work to get his pay stub. He reported on the way back he stopped at [redacted] reported when he returned home all the children were playing and watching TV. He reported [redacted] came and sat on his lap on the couch in the living room and they both ate what he had just purchased from [redacted]. He reported he spoke to [redacted] via telephone a little before 9pm and then at 9pm he laid down and went to sleep. [redacted] reported he did not wake up again until [redacted] brought [redacted] the baby in their bedroom after she had returned home from work. He reported [redacted] woke him up and at first he was a little disoriented. He reported after this everything is blurry until he and the children arrived to the hospital to find out [redacted] had passed.

CPSI [redacted] interviewed [redacted], sibling, on 11/14/2014 about 8:30am at his family home. He reported that his sibling, [redacted], heard [redacted] crying, so [redacted] brought [redacted] to him. He reported he laid [redacted] in the bed next to him. He reported [redacted] went to sleep and then he went to sleep. [redacted] reported he was awakened by his mother because he had not done his chores. He reported when he returned back to the bed from completing his chores he did not hear [redacted] breathing, so he put his ear to her chest and his hand on her stomach to find she was not moving. [redacted] said that he then picked [redacted] up and carried her to their mother in the bedroom.

CPSI [redacted] interviewed [redacted], sibling, on 11/14/2014 about 8:45am at her family home. She reported yesterday 11/13/2014 she woke up, ate breakfast, and went to school. She reported she came back home. She reported when she arrived home from school everyone was gone as her brothers had a doctor's appointment. [redacted] reported she started her homework. She reported everyone returned home except her mother (as she was at work) and everyone was playing. She reported she ate dinner and then continued to finish her homework. She reported her brothers went to sleep and she continued to do her homework. [redacted] reported she laid down and awakened to her mom and dad screaming, so she got up, went to the living room and called 911.

CPSI [redacted] interviewed [redacted], sibling, on 11/14/2014 about 9:20am at a relative's home. He reported yesterday he got to school by bus, but his mother picked him up from school as he had a check-up along with [redacted]. He reported he was driven home from the doctor by his father about 4pm because it was still light outside. He reported he was watching TV and about 9pm he went to bed. [redacted] reported his mother then woke him and [redacted] up to do their chores and then he went to get back in his bed. He reported his brother went to get in his own bed and checked on [redacted] to find out she was not breathing. [redacted] reported [redacted] carried his sister [redacted] into his parents room and his sister [redacted] called the police. He reported the police came with the ambulance and they took her to the hospital.

CPSI [redacted] observed [redacted] (4) and [redacted] (3) on 11/14/2014 about 930am at a relatives home but did not interview them due about the incident do to their ages. [redacted] did tell CPSI [redacted] "hi."

CPSI [redacted] interviewed [redacted], the children's maternal grandmother, on 11/14/2014 while at the family residence. She reported about two months ago [redacted] stayed overnight with her at her [redacted] address and she had no concerns.

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

NA

Describe disposition of body (Death):	Pronounced dead at [redacted] Hospital		
Name of Medical Examiner/Coroner:		Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Did CPS open an investigation on this Death/Preliminary	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
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Near Death? No Yes

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

Type: [REDACTED] Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:
 [REDACTED] responded to [REDACTED] on 11/14/2014. [REDACTED] spoke with the mother and other family members in the home. [REDACTED] responded to the scene and obtained photographs.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Preliminary Near Death) (attach safety plan, if applicable):
 CPSI [REDACTED] interviewed [REDACTED] (13) and [REDACTED] (11) at the family home. CPSI [REDACTED] interviewed [REDACTED] (8) and observed [REDACTED] (4) and [REDACTED] (3) at a relatives home. CPSI [REDACTED] observed [REDACTED] (4) and [REDACTED] (3) on 11/14/2014 about 930am at a relatives home but did not interview them due about the incident do to their ages. CPSI [REDACTED] interviewed [REDACTED], the children's maternal grandmother, on 11/14/2014 while at the family residence. She reported about two months ago [REDACTED] stayed overnight with her at her [REDACTED] address and she had no concerns. During home visit there were no concerns regarding the children remaining in the home with the mother.

Name: [REDACTED]	Age: 13
Name: [REDACTED]	Age: 11
Name: [REDACTED]	Age: 8
Name: [REDACTED]	Age: 4
Name: [REDACTED]	Age: 3

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
10/24/2007	[REDACTED]	Drug Exposed/ Physical Abuse	[REDACTED]	[REDACTED]	Allegation Unsubstantiated Perpetrator Unsubstantiated
10/30/2007	[REDACTED]	Substantial Risk Physical Injury	[REDACTED]	[REDACTED]	Unable To Be Completed
10/27/2006	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Unsubstantiated Perpetrator Unsubstantiated
09/17/2003	[REDACTED]	Abandonment	[REDACTED]	[REDACTED]	Allegation Unsubstantiated Perpetrator Unsubstantiated
/ /					
/ /					
/ /					

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

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

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

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

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
 Distribution: Child's Case File



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 11/14/2014 05:10 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 11/14/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 11/14/2014 09:27 AM
 First Team Leader Assigned: [REDACTED] Date/Time 11/17/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 11/17/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: TFACTS:

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody NO

Open: None

Substantiated: None

Death: None prior

Number of Screen Outs: 0

History (not listed above): Yes,



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

INV# [REDACTED] DEC/PHA, Unsubstantiated, 1/14/08
 INV# [REDACTED] PHA, Unsubstantiated, 12/19/06
 INV# [REDACTED] ABN, Unsubstantiated, 6/5/04
 INV# [REDACTED] SRPI, Unable to Complete, 12/12/07

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

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (1) died at [REDACTED] at 1:39am on November 14, 2014. The child lived with her parents, [REDACTED], and five older siblings in [REDACTED]. The reporter does not have the names of the older children, but says they range in age from 3 years to 13 years old.

[REDACTED] had been seen at the primary care clinic in June 2014 for her year old well child checkup and was observed to be healthy. On November 13, 2014, the children's father was at home with the children while his wife was at work from 4 PM until Midnight. When the children's mother got home, she found that the older children had not done their chores, so she got them up to do their chores. As the children were going back to bed, they found [REDACTED] in her brother, [REDACTED] bed, and she was unresponsive and not breathing. The family called 911 and CPR was initiated at the home by EMS. [REDACTED] was transported to [REDACTED] by ambulance. CPR was continued at the hospital without any return of heartbeat or breathing and she was pronounced dead at 1:39am. Hospital staff did not see any bruising or obvious signs of trauma to the child's body.

All of the children are present at the hospital and none of the other children have any injuries and there is no concern for their well-being. [REDACTED] is currently in the emergency department. The police are talking with the child's father and will talk with her mother when they finish. There will pictures taken of [REDACTED] body. If the family has left the hospital by the time a DCS representative is able to get to the hospital, please contact [REDACTED] at [REDACTED] pager, for their location.

**Per TFACTS, three of the older children are as follows; [REDACTED] (13), [REDACTED] (11) and [REDACTED] (8).

Special Needs or Disabilities: None known
 Child's current location/is the child safe at this time: Older siblings at hospital with parents and are considered safe
 Perpetrator's location at this time: Unknown
 Any other safety concerns for the child(ren) or worker who may respond: Unknown at this time, the home has been secured by the police and the family will not be allowed to return until the police have released the scene.
 Domestic Violence present in the home: There is no report of domestic violence among the family members.

Per SDM: Investigative Track, P1, [REDACTED], CM 2 on November 14, 2014 at 6:03am.

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	11-14-14 06:27:09 AM CST	06:27:09 AM CST	11-14-14 06:28:21 AM CST	+ [REDACTED]
Received	11-14-14 06:27:11 AM CST	---	[REDACTED]	
Email Sent				



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

Email notification sent to EI DCS Child Death or Preliminary Death Alert group with RA [REDACTED] cc'd. Email notification also sent to [REDACTED] Notification group on 11-14-14 @ 06:33am [REDACTED], TL



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 8 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 30 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age: 35 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age: Deceased

Address: [REDACTED]

Deceased Date: 11/14/2014

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

Contact Comments: Mother's cell phone [REDACTED]

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 11 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age: 13 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

Age: 35 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 11/14/2014

Assignment Date: 11/17/2014

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/28/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: CPSI [REDACTED] classifies Allegation Neglect Death as Allegation Unsubstantiated Perpetrator Unsubstantiated per policy 14.7.

D. Case Workers

Case Worker: [REDACTED]

Date: 01/28/2015

Team Leader: [REDACTED]

Date: 01/29/2015

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:

On 11/14/2014 CPSI [REDACTED] interviewed and observed all surviving children in the [REDACTED] family home. The children interviewed and observed were [REDACTED] (14), [REDACTED] (11), [REDACTED] (8), [REDACTED] (4), and [REDACTED] (3). None of the children made any disclosures regarding abuse or neglect. All the children reported they were home with both of their parents [REDACTED] when [REDACTED] was found to be unresponsive in the family home during the during of 11/13/2014 and 11/14/2014. CPSI [REDACTED] observed no visible marks or bruises on any of the children and all the children appeared to be healthy and well developed.

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

On 11/14/2014 CPSI [REDACTED] interviewed [REDACTED], the children's maternal grandmother, on 11/14/2014 privately while at the [REDACTED] family residence. She reported about two months ago [REDACTED] stayed overnight with her at her [REDACTED] address and she had no concerns. CPSI [REDACTED] ended face to face contact with [REDACTED] by thanking her for working with CPSI [REDACTED] and by giving her CPSI [REDACTED] contact information.



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]

On 01/22/2015 CPSI [REDACTED] received an email from [REDACTED]. She reported she believes that the [REDACTED] family just needs time to heal on their own as she met with them 12/24/2014 from 9:00am to 10:45am at their family home.

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

During this investigation no alleged perpetrator was identified to be interviewed.

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

During this investigation no witnesses were identified.

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

CPSI [REDACTED] classifies Allegation Neglect Death as Allegation Unsubstantiated Perpetrator Unsubstantiated per policy 14.7 as CPSI [REDACTED] did not find enough evidence to substantiate anyone has the abuser. The medical exam reported no signs of trauma, but that [REDACTED] had a middle ear infection, possibly viral or bacterial respiratory infection, and asthma. In addition, her toxicology was negative.

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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]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/27/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/27/2015

Completed date: 04/27/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/27/2015 10:33 AM Entered By: [REDACTED]

This case will be closed and classified as AUPU

The autopsy reported the cause of death as acute tracheitis/bronchitis (likely viral), the contributory cause of death as bronchial asthma, acute otitis media, and the manner of death natural.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/20/2015

Contact Method:

Contact Time: 11:25 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/20/2015

Completed date: 04/20/2015

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/20/2015 11:28 AM Entered By: [REDACTED]

The Department of Children's Services (DCS) Child Protective Services Unit received a referral on 11/14/2014 with an allegation of Child Neglect Death regarding non-custodial child [REDACTED].

[REDACTED] was born [REDACTED]. She lived in [REDACTED] with her parents [REDACTED] siblings are [REDACTED] (age 13), [REDACTED] (age 11), [REDACTED] (age 8), [REDACTED] (age 4), and [REDACTED] (age 3). [REDACTED] had been seen in June 2014 for her 1 year old well child check-up. On November 13, 2014 the children's father was home with the children while his wife was at work from 4PM until midnight. When the children's mother returned home from work she discovered [REDACTED] and [REDACTED] had not completed their chores. She got the children up to finish their chores. As the children were going back to bed, [REDACTED] found [REDACTED] in his bed unresponsive and not breathing. The family called 911 and CPR was initiated. [REDACTED] was transported to [REDACTED] by ambulance. CPR was continued at the hospital without any return of heartbeat or breathing and [REDACTED] was pronounced deceased at 1:39AM November 14, 2014. Hospital staff did not see any bruising or obvious signs of trauma to the child's body. All of the other children were present at the hospital and none of them had any visible injuries and there was no concern for their well-being. [REDACTED] cause of death is unknown as the autopsy is still pending.

The investigation into the incident was conducted by [REDACTED], DCS Child Protective Services Unit Lead Investigator [REDACTED], and [REDACTED].

The report to DCS listed an unknown person as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted with family members and medical professionals.

As part of the investigation, [REDACTED] with the Medical Examiner's Office was interviewed. He reported [REDACTED] had a middle ear infection, possibly morexella which is a respiratory infection in the lungs which could of been viral or bacterial, and asthma. He reported [REDACTED] preliminary autopsy had no indications of trauma. He reported [REDACTED] brain fluid was clear and her toxicology was negative.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was initially presented to the [REDACTED] Child Protective Investigation Team on 01/29/2015. The Team members were unable to come up with an agreement that there was insufficient or sufficient evidence to unsubstantiate or substantiate the allegation of Child Neglect Death due to the final autopsy report still pending.

CPSI [REDACTED] received the final autopsy report on 03/17/2015 by mail from the [REDACTED]. The autopsy reported the cause of death as acute tracheitis/bronchitis (likely viral), the contributory cause of death as bronchial asthma, acute otitis media, and the manner of death natural.

It appears [REDACTED] combination of middle ear infection, respiratory infection, and asthma caused her death.

The case was presented to the [REDACTED] Child Protective Investigative Team on 04/02/2015. The Team Members were able to come up with an agreement that there is insufficient evidence to substantiate the allegation of Child Neglect Death due to the final autopsy report.

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

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/02/2015

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/03/2015

Completed date: 04/03/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/03/2015 10:33 AM Entered By: [REDACTED]

CPSI [REDACTED] presented this case to the Child Protective Investigation Team (CPIT) on this day and at this time. All parties agreed with the classification Allegation Unsubstantiated Perpetrator Unsubstantiated. CPSI [REDACTED] had form 0561 completed and signed to be placed in case 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: 03/27/2015

Contact Method:

Contact Time: 12:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/27/2015

Completed date: 03/27/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/27/2015 12:58 PM Entered By: [REDACTED]

CPSI [REDACTED] sent [REDACTED] fax requesting all the medical records they have on file for [REDACTED] by fax number [REDACTED] with her release of information attached that was signed by her mother [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: 03/17/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/17/2015

Completed date: 03/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/17/2015 09:45 AM Entered By: [REDACTED]

CPSI [REDACTED] received the autopsy report for [REDACTED] by mail from the [REDACTED]. The report listed the cause of death as acute tracheitis/bronchitis (likely viral), the contributory cause of death as bronchial asthma, acute otitis media, and the manner of death natural. CPSI [REDACTED] reviewed the entire report to be placed in case 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: 03/09/2015

Contact Method:

Contact Time: 12:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/09/2015

Completed date: 03/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

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

CPSI [REDACTED] called the Medical Examiner's Office at [REDACTED] and spoke to [REDACTED]. She reported that [REDACTED] autopsy report is completed and that she would send the report to CPSI [REDACTED] by fax, email, or mail. CPSI [REDACTED] ended phone conversation by thanking her for her time and for speaking with CPSI [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/28/2015	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/28/2015
Completed date:	02/12/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/28/2015 12:01 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Child Protective Services Unit received a referral on 11/14/2014 with an allegation of Child Neglect Death regarding non-custodial child [REDACTED].

[REDACTED] was born [REDACTED]. She lived in [REDACTED] with her parents [REDACTED] and [REDACTED] siblings are [REDACTED] (age 13), [REDACTED] (age 11), [REDACTED] (age 8), [REDACTED] (age 4), and [REDACTED] (age 3). [REDACTED] had been seen in June 2014 for her 1 year old well child check-up. On November 13, 2014 the children's father was home with the children while his wife was at work from 4PM until midnight. When the children's mother returned home from work she discovered [REDACTED] had not completed their chores. She got the children up to finish their chores. As the children were going back to bed, [REDACTED] found [REDACTED] in his bed unresponsive and not breathing. The family called 911 and CPR was initiated. [REDACTED] was transported to [REDACTED] by ambulance. CPR was continued at the hospital without any return of heartbeat or breathing and [REDACTED] was pronounced deceased at 1:39AM November 14, 2014. Hospital staff did not see any bruising or obvious signs of trauma to the child's body. All of the other children were present at the hospital and none of them had any visible injuries and there was no concern for their well-being. [REDACTED] cause of death is unknown as the autopsy is still pending.

The investigation into the incident was conducted by [REDACTED], DCS Child Protective Services Unit Lead Investigator [REDACTED], and [REDACTED].

The report to DCS listed an unknown person as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted with family members and medical professionals.

As part of the investigation, [REDACTED] with the Medical Examiner's Office was interviewed. He reported [REDACTED] had a middle ear infection, possibly morexella which is a respiratory infection in the lungs which could of been viral or bacterial, and asthma. He reported [REDACTED] preliminary autopsy had no indications of trauma. He reported [REDACTED] brain fluid was clear and her toxicology was negative.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was initially presented to the [REDACTED] Child Protective Investigation Team on 01/29/2015. The Team members were unable to come up with an agreement that there was insufficient or sufficient evidence to unsubstantiate or substantiate the allegation of Child Neglect Death due to the final autopsy report still pending.

It appears [REDACTED] combination of middle ear infection, respiratory infection and asthma caused her death.

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

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

Pending Autopsy Report



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/22/2015	Contact Method:	Correspondence
Contact Time:	10:40 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/28/2015
Completed date:	01/28/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/28/2015 11:35 AM Entered By: [REDACTED]

CPSI [REDACTED] received an email from [REDACTED]. She reported she believes that the [REDACTED] family just needs time to heal on their own as she met with them 12/24/2014 from 9:00am to 10:45am at their family home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2015

Contact Method:

Contact Time: 12:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/14/2015

Completed date: 01/14/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/14/2015 12:40 PM Entered By: [REDACTED]

CPSI [REDACTED] received medical records via fax from [REDACTED] and [REDACTED] regarding [REDACTED]. CPSI [REDACTED] reviewed all records from both providers and placed the medical records in case 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: 01/13/2015

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2015

Completed date: 01/13/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/13/2015 09:10 AM Entered By: [REDACTED]

CPSI [REDACTED] received Parenting Assessment [REDACTED] completed with Family Solutions on 12/20/2014. The Assessment recommended that [REDACTED] complete a Psychological Examination to assess his psychological status and further assess his mental health needs, if any, and follow all recommendations; complete an Alcohol and Drug Assessment to identify triggers that cause him to continue his drug use, and determine specific alternatives to avoid drug use; with random drug tests, and that in-home Famil Support Services are provided to monitor and further assess any parenting needs and that he follow all recommendations from the service provider. CPSI [REDACTED] kept copy of Parenting Assessment for case 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: 12/30/2014

Contact Method:

Contact Time: 10:35 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/30/2014

Completed date: 12/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/30/2014 10:49 AM Entered By: [REDACTED]

CPSI [REDACTED] sent [REDACTED] fax requesting [REDACTED]' medical records via fax number [REDACTED] with her release of information attached.



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: 12/11/2014

Contact Method: Face To Face

Contact Time: 09:55 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/11/2014

Completed date: 12/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Medical Exam

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/11/2014 10:34 AM Entered By: [REDACTED]

CPSI [REDACTED] met with [REDACTED] with [REDACTED] Department and [REDACTED] at the [REDACTED] to discuss the medical exam [REDACTED] conducted on [REDACTED] after she was pronounced deceased. [REDACTED] reported [REDACTED] had a middle ear infection, possibly morexella which is a respiratory infection in the lungs which could of been viral or bacterial, and asthma. [REDACTED] reported he saw no signs of trauma. [REDACTED] reported [REDACTED] brain fluid was clear and her toxicology was negative. CPSI [REDACTED] ended face to face contact with [REDACTED] by thanking him for his time and for working with CPSI [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: 12/05/2014

Contact Method:

Contact Time: 11:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/10/2014

Completed date: 12/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2014 08:18 AM Entered By: [REDACTED]

CPSI [REDACTED] submitted a PSG for grief counseling for the [REDACTED] 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: Completed

Contact Date: 12/04/2014

Contact Method:

Contact Time: 09:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/10/2014

Completed date: 12/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2014 08:17 AM Entered By: [REDACTED]

CPSI [REDACTED] submitted a PSG for a parenting assessment to be completed on [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: 11/14/2014

Contact Method: Face To Face

Contact Time: 09:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 11/20/2014

Completed date: 11/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/20/2014 12:45 PM Entered By: [REDACTED]

SIBLING INTERVIEW DATE: 11/14/2014

Child Protective Service Investigator (CPSI) [REDACTED] met with [REDACTED] (3) privately at a relatives home to initiate the investigation of neglect death. Child Protective Services Investigator (CPSI) [REDACTED] did not interview the child about the incident due to her age. CPSI did observe [REDACTED] to be dressed appropriately for the weather and to be free of any visible marks or bruises.



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: 11/14/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 11/20/2014

Completed date: 11/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/20/2014 12:43 PM Entered By: [REDACTED]

SIBLING INTERVIEW DATE: 11/14/2014

Child Protective Service Investigator (CPSI) [REDACTED] met with [REDACTED] (4) privately at a relatives home to initiate the investigation of neglect death. Child Protective Services Investigator (CPSI) [REDACTED] did not interview the child about the incident due to his age. [REDACTED] did tell CPSI [REDACTED] "hi". CPSI did observe [REDACTED] to be dressed appropriately for the weather and to be free of any visible marks or bruises.



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: 11/14/2014

Contact Method: Face To Face

Contact Time: 09:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 11/20/2014

Completed date: 11/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/20/2014 12:34 PM Entered By: [REDACTED]

SIBLING INTERVIEW DATE:11/14/2014

Child Protective Services Investigator [REDACTED] (CPSI) met with [REDACTED] (8) privately at a relatives home at the kitchen table to initiate the investigation of neglect death. In order to engage [REDACTED] CPSI [REDACTED] explained to him CPSI [REDACTED] was sorry for his loss and the current report made to the Tennessee Department of Children's Services and the Investigation process.

CPSI [REDACTED] interviewed [REDACTED] on 11/14/2014 about 9:20am at a relatives home. He reported yesterday he got to school by bus but his mother picked him up from school as he had a check-up along with [REDACTED]. He reported he was driven home from the doctor by his father about 4pm because it was still light outside. He reported he was watching TV and about 9pm he went to bed. He reported his mother than woke him and [REDACTED] up to do their chores and then he went to get back in his bed. He reported his brother went to get in his own bed and checked on [REDACTED] to find out she was not breathing. He reported [REDACTED] carried his sister [REDACTED] into his parents room and his sister [REDACTED] called the police. He reported the police came with the ambulance and they took [REDACTED] to the hospital.

CPSI [REDACTED] ended face to face by thanking [REDACTED] for his time and speaking with CPSI [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: 11/14/2014

Contact Method: Face To Face

Contact Time: 08:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/20/2014

Completed date: 11/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/20/2014 12:48 PM Entered By: [REDACTED]

Collateral Interview:

CPSI [REDACTED] interviewed [REDACTED], the children's maternal grandmother, on 11/14/2014 privately while at the [REDACTED] family residence. She reported about two months ago [REDACTED] stayed overnight with her at her [REDACTED] address and she had no concerns. CPSI [REDACTED] ended face to face contact with [REDACTED] by thanking her for working with CPSI [REDACTED] and by giving her CPSI [REDACTED] contact information.



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:	11/14/2014	Contact Method:	Face To Face
Contact Time:	08:45 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/20/2014
Completed date:	11/20/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2014 12:28 PM Entered By: [REDACTED]

SIBLING INTERVIEW DATE:11/14/2014

Child Protective Services Investigator [REDACTED] (CPSI) met with [REDACTED] (13) privately at her family home in the living room to initiate the investigation of neglect death. In order to engage [REDACTED] CPSI [REDACTED] explained to her CPSI [REDACTED] was sorry for her loss and the current report made to the Tennessee Department of Children's Services and the investigation process.

CPSI [REDACTED] interviewed [REDACTED] on 11/14/2014 about 845am at her family home. She reported yesterday 11/13/2014 she woke up, ate breakfast, and went to school. She reported she came back home. She reported when she arrived home from school everyone was gone as her brother's had a doctor's appointment. She reported she started her homework. She reported everyone returned home except her mother (as she was at work) and everyone was playing. She reported she ate dinner and then continued to finish her homework. She reported her brother's went to sleep and she continued to do her homework. She reported she laid down and awakened to her mom and dad screaming so she got up and went to where the screaming was (the living room) and called 911.

CPSI [REDACTED] ended face to face contact with [REDACTED] by thanking for speaking with CPSI [REDACTED] during this hard time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/14/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/20/2014

Completed date: 11/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2014 12:19 PM Entered By: [REDACTED]

SIBLING INTERVIEW DATE:11/14/2014

Child Protective Services Investigator [REDACTED] (CPSI) met with [REDACTED] (11) privately at his family home in the living room to initiate the investigation of neglect death. In order to engage [REDACTED] CPSI [REDACTED] explained to him CPSI [REDACTED] was sorry for his loss and the current report made to the Tennessee Department of Children's Services and the Investigation process.

CPSI [REDACTED] interviewed [REDACTED] on 11/14/2014 about 830am at his family home. He reported on the evening of 11/13/2014 [REDACTED] heard [REDACTED] crying so [REDACTED] brought [REDACTED] to him. He reported he laid [REDACTED] in the bed next to him. He reported [REDACTED] went to sleep and then he went to sleep. He reported he was awakened by his mother because he had not done his chores. He reported when he returned back to the bed from completing his chores he did not hear [REDACTED] breathing so he put his ear to her chest and his hand on her stomach to find she was not moving. He reported he then picked [REDACTED] up and carried her to their mother in the bedroom and then 911 was called.

CPSI [REDACTED] ended face to face by thanking [REDACTED] for speaking with CPSI [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:	11/14/2014	Contact Method:	Face To Face
Contact Time:	08:20 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/20/2014
Completed date:	11/20/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/20/2014 12:13 PM Entered By: [REDACTED]
 INITIAL PARENT INTERVIEW DATE:11/14/2014

Child Protective Services Investigator [REDACTED] (CPSI) met with [REDACTED] privately at his family home in the living room to initiate the investigation of neglect death. In order to engage [REDACTED], CPSI [REDACTED] explained to [REDACTED] CPSI [REDACTED] was sorry for his loss and the current report made to the Tennessee Department of Children's Services and the Investigation process.

CPSI [REDACTED] interviewed [REDACTED] on 11/14/2014 about 815am at his family home. He reported he went to school yesterday 11/13/2014 from 745am until about 130pm when he met his family at the doctor's office. He reported the doctor picked up [REDACTED] while they were there at the clinic because she was whinning. He reported he brought all the children home from the doctor's office as his wife had to go to work. He reported once everyone was settled in at home he ran to work to get his pay stub. He reported on the way back he stopped at [REDACTED]. He reported when he returned home all the children were playing and watching TV. He reported [REDACTED] came and sat on his lap on the couch in the living room and they both ate on what he had just purchased from [REDACTED]. He reported he spoke to [REDACTED] via telephone a little before 9pm and then at 9pm he laid down and went to sleep. He reported he did not wake up again until [REDACTED] brought [REDACTED] the baby in their bedroom after she had returned home from work. He reported [REDACTED] woke him up and at first he was a little disoriented. He reported after this everything is blurry until he and the children arrived to the hospital to find out [REDACTED] had passed.

CPSI [REDACTED] ended face to face contact with [REDACTED] by informing him CPSI [REDACTED] had given [REDACTED] a list of counseling services for him and his 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:	Completed
Contact Date:	11/14/2014	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/20/2014
Completed date:	11/20/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/20/2014 11:44 AM Entered By: [REDACTED]
 INITIAL PARENT INTERVIEW DATE:11/14/2014

Child Protective Services Investigator [REDACTED] (CPSI) met with [REDACTED] privately at her family home in the living room to initiate the investigation of neglect death. In order to engage [REDACTED], CPSI [REDACTED] explained to [REDACTED] CPSI [REDACTED] was sorry for her loss and the current report made to the Tennessee Department of Children's Services and the Investigation process.

CPSI provided, explained, reviewed, and allowed [REDACTED] an opportunity to ask questions for the following forms: Clients' Rights Handbook and Notice of Privacy Practices. CPSI had the Clients' Rights Handbook acknowledgement form, HIPAA Notice of Privacy Practices Client Acknowledgement form, Notification of Equal Access to Programs and Services and Grievance Procedures form, Native American Heritage Veto Verification form, and 0559 Release of Information signed by [REDACTED].

CPSI [REDACTED] interviewed [REDACTED] on 11/14/2014 about 8:00am at her family residence. She reported yesterday 11/13/2014 she got all the school aged children ready for school and she took [REDACTED] (13) and [REDACTED] (11) to the bus stop. She reported [REDACTED] (8) caught the bus in front of the house. She reported she was home for a few hours so she did [REDACTED] (3) hair. She reported she then went to pick the boys from school as the oldest two had doctor's appointments. She reported they all stopped at [REDACTED] on the way to their check-ups and they were all at the doctor's office until about 3pm. She reported at this time she left the doctors office as the father had arrived and she went straight to work at [REDACTED] until 12am. She reported when she arrived home she noticed [REDACTED] had not done their chores so she woke them up to do their chores. She reported [REDACTED] was cleaning the bathroom so she proceeded to go into her bedroom and take her work clothes off and laid in the bed playing on her cellphone and eventually turned the TV on. She reported the next thing that happened was [REDACTED] came running into her bedroom with [REDACTED] and she jumped up and got [REDACTED] from [REDACTED] and laid [REDACTED] on the living room floor and started CPR. She reported by this time she was in a panic and could not dial 911 as her phone was locked so [REDACTED] ended up speaking with the 911 operators and she continued CPR until the ambulance arrived. She reported [REDACTED] did have a runny nose and cough for the past few days but she did not seek medical attention for her because she had no fever and thought it was from the chage of weather.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

CPSI [REDACTED] ended face to face contact with [REDACTED] by giving her a list of counseling services for her and 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: Completed

Contact Date: 11/14/2014

Contact Method: Face To Face

Contact Time: 07:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/28/2015

Completed date: 01/28/2015

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]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/28/2015 12:50 PM Entered By: [REDACTED]

CPSI [REDACTED] did not interview or observe the child [REDACTED] as she was pronounced decease 1:39AM on 11/14/2014 at [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/14/2014

Contact Method: Phone Call

Contact Time: 07:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/20/2014

Completed date: 11/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/20/2014 11:41 AM Entered By: [REDACTED]

Lead Investigator [REDACTED] called and spoke to the referent in this case via telephone. The reporter had no additional information for the Lead Investigator.

Confidential Notification Letter sent to the referent by email through the CARAT System.



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: 11/14/2014

Contact Method:

Contact Time: 06:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/20/2014

Completed date: 11/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2014 11:05 AM Entered By: [REDACTED]

INITIAL CASE SUMMARY:

[REDACTED] was assigned the following P1 referral by [REDACTED] [REDACTED]:

[REDACTED] (1) died at [REDACTED] at 1:39am on November 14, 2014. The child lived with her parents, [REDACTED] and five older siblings in [REDACTED]. The reporter does not have the names of the older children, but says they range in age from 3 years to 13 years old. [REDACTED] had been seen at the primary care clinic in June 2014 for her year old well child checkup and was observed to be healthy. On November 13, 2014, the children's father was at home with the children while his wife was at work from 4 PM until Midnight. When the children's mother got home, she found that the older children had not done their chores, so she got them up to do their chores. As the children were going back to bed, they found [REDACTED] in her brother, [REDACTED] bed, and she was unresponsive and not breathing. The family called 911 and CPR was initiated at the home by EMS. [REDACTED] was transported to [REDACTED] by ambulance. CPR was continued at the hospital without any return of heartbeat or breathing and she was pronounced dead at 1:39am. Hospital staff did not see any bruising or obvious signs of trauma to the child's body. All of the children are present at the hospital and none of the other children have any injuries and there is no concern for their well-being. [REDACTED] is currently in the emergency department. The police are talking with the child's father and will talk with her mother when they finish. There will be pictures taken of [REDACTED] body. If the family has left the hospital by the time a DCS representative is able to get to the hospital, please contact [REDACTED] pager, for their location.

**Per TFACTS, three of the older children are as follows; [REDACTED] (13), [REDACTED] (11) and [REDACTED] (8).

Alleged Perpetrator(s) and Relationship(s): Unknown Perpetrator & Relationship Other Non-Relative

CPIT convened per local protocol in this case as the allegations are Severe.

CPSI [REDACTED] verified the family's history of involvement with DCS through a search with DCS through a search of TNKids/TFACTS and the following history was found:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

CASE ID: [REDACTED]
ACV: [REDACTED]
AP: [REDACTED]
Allegation: Drug Exposed and Physical Abuse
Classification: Allegation Unsubstantiated Perpetrator Unsubstantiated

CASE ID: [REDACTED]
ACV: [REDACTED]
AP: [REDACTED]
Allegation: Substantial Risk Physical Injury
Classification: Unable To Be Completed

CASE ID: [REDACTED]
ACV: [REDACTED]
AP: [REDACTED]
Allegation: Physical Abuse
Classification: Allegation Unsubstantiated Perpetrator Unsubstantiated

CASE ID: [REDACTED]
ACV: [REDACTED]
AP: [REDACTED]
Allegation: Abandonment
Classification: Allegation Unsubstantiated Perpetrator Unsubstantiated

Family Composition:

- [REDACTED] (Father)
- [REDACTED] (Mother)
- [REDACTED] (Sibling-13 years old)
- [REDACTED] (Sibling-11 years old)
- [REDACTED] (Sibling- 8 years old)
- [REDACTED] (Sibling- 4 years old)
- [REDACTED] (Sibling- 3 years old)
- [REDACTED] (ACV- 1 year old)

"Daily notice of referral pursuant to 37-105 sent to Juv. Ct, Law Enforcement as applicable."



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SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 11/14/14 5:10 AM

Date of Assessment: 11/14/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 6

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): Review autopsy report

Protective Custody Interventions:

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



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SDM™ Safety Assessment

Section 3: Safety Decision

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

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____