



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 04/27/2015 12:39 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 04/27/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 04/27/2015 01:07 PM
 First Team Leader Assigned: [REDACTED] Date/Time 04/27/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 04/27/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: E-mail
 Narrative: Family Case IDs: [REDACTED]
 History when the mother was a child: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open: 0
 Substantiated: 0
 Death: 0



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Tennessee Child Abuse Hotline Summary**

Number of Screen Outs: 1

History (not listed above): Yes.

Investigation/ [REDACTED] Substantial Risk Physical Injury and Drug Exposed Infant/Allegation Unsubstantiated / Perpetrator Unsubstantiated/ 01/20/2004

County: [REDACTED]

Notification: email

School/ Daycare: Unknown.

Native American Descent: no.

Directions: none given.

Reporter's name/relationship: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

The child, [REDACTED] is not currently in DCS Custody.

Reporter states: [REDACTED] (1 month) and an unknown male (8) reside with their mother, [REDACTED] and her mother, whose information is unknown to the referent. No one else resides in the home with the family at this time.

The referent stated that Law Enforcement got involved on 4/27/2015 at approximate 12:44am because a woman was observed to run out of the home stating that the baby is "dead." The referent later learned that the woman who ran out of the home was the mother, [REDACTED]

The referent stated that Law Enforcement took [REDACTED] from [REDACTED] who was holding her. The referent stated that the child, [REDACTED] was warm to the touch, but unresponsive. The referent stated that Law Enforcement started doing CPR on [REDACTED]. The child was never revived when Law Enforcement tried to attempt CPR. It is reported that EMS was contacted. It is unknown if EMS was able to revive the [REDACTED] at this time. [REDACTED] was transported to [REDACTED] Hospital where she was pronounced dead on 4/27/2015. The identity of the doctor that was treating the child at [REDACTED] Hospital is unknown.

The referent stated there was dried blood observed around [REDACTED] mouth and nose. It is unknown if there were any marks, or bruises, on the child's face due to the dried blood observed. There was also blood observed on [REDACTED] forehead over the child's left eye, but it is unknown if it was dried blood or an "open gash" when observed by the referent. The referent did not observe any other marks, or bruises on [REDACTED] when she was observed on 4/27/2015.

It is unknown the reason why [REDACTED] had the dried blood around her mouth and nose. It is unknown the circumstances around the child's death. It is unknown if an autopsy will be completed at this time. The referent stated that the Homicide team through Law Enforcement is going to complete an investigation.

Neither the mother, unknown male (8), or the grandmother has been spoken with by Law Enforcement at this time.

The referent observed the unknown male on 4/27/2015. The unknown male is reported to be scared due to the incident that occurred. It is not believed that the unknown male is afraid to be in the home with his mother or grandmother. The unknown male was not observed with any marks, bruises, or any signs of physical abuse at this time.

It is unknown if there are any previous instances of a child suffering or of a child dying at this time. It is unknown if there are any known patterns of abuse in the home. The referent stated that Law Enforcement has been in the home previous times. It is reported that Law Enforcement was previously responding to the home due someone trying to break in. No one was arrested during those instances. The referent did state that [REDACTED] has a failure to appear warrant due to a traffic stop. The warrant was issued in [REDACTED] in 2012.



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It is unknown if anyone in the home has issues with drugs or alcohol at this time. It is unknown if anyone in the home has any issues with mental health at this time. It is unknown if there is domestic violence in the home.

██████████, the unknown grandmother, and the unknown male (8) are currently at ██████████ Hospital at the time of the report.

The referent is requesting immediate assistance.

Special Needs or Disabilities: none reported.

Child's current location/is the child safe at this time: Unknown male (8) is currently at ██████████ Hospital/safe.

Perpetrator's location at this time: The unknown grandmother and ██████████ are currently at ██████████ Hospital

Any other safety concerns for the child(ren) or worker who may respond: none reported.

History of domestic violence in the home: Unknown.

Per SDM: Investigation p1 on 04-27-15 @ 01:50am, ██████████ TL. ██████████
██████████ RA ██████████ and ██████████ Region notification group.

Recipients	Time Issued	Response Received	Devices	Responses
██████████	04-27-15 01:50:20 AM	██████████ ---	██████████	Left Message
	04-27-15 01:50:20 AM	██████████ ---	PRIVATE Voicemail	
	04-27-15 01:50:21 AM	██████████ ---	██████████	
Email Sent				
	04-27-15 01:55:21 AM	██████████ 04-27-15 01:56:12 AM	██████████	Received
	04-27-15 01:55:21 AM	██████████ ---	PRIVATE Voicemail	



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 7 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 22 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 65 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:

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: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

SSN: [REDACTED] **Race:** Unable to [REDACTED] **Age:** [REDACTED]

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: 04/27/2015

Assignment Date: 04/27/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/08/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

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

D. Case Workers

Case Worker: [REDACTED]

Date: 10/26/2015

Team Leader: [REDACTED]

Date: 10/26/2015

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:

04/27/2015, the child [REDACTED] was found warm to the touch, but unresponsive. Law Enforcement started doing CPR on [REDACTED]. The child was never revived when Law Enforcement tried to attempt CPR. EMS was contacted. It is unknown if EMS was able to revive the [REDACTED] at this time [REDACTED] was transported to [REDACTED] Hospital where she was pronounced dead on 4/27/2015.

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

The probable cause of death was determined to be Sudden Unexplained Death in an Infant.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

[REDACTED] and she stated that she, and the children were asleep on her bed and she rolled over and felt something wet and she then got up and turned the lights on and saw blood on her bed and grabbed her child and ran up to the front of the home and outside screaming my child is dead, someone call 911. She stated that she didn't know what happened and her baby never died. She stated that she would cry if something was wrong with her. She stated that she provided well for her and her 2 yo brother on her own because their father is incarcerated. Mother appeared to act in an appropriate manner.

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

CPSI received a referral with allegations of Child Neglect Death. This referral was assigned a P1 priority response time.

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

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

Distribution Copies: Juvenile Court in All Cases
 District Attorney in Severe Child Abuse Cases
 Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/26/2015	Contact Method:
Contact Time: 06:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/26/2015
Completed date: 10/26/2015	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: 10/26/2015 05:41 PM Entered By: [REDACTED]

This investigation case was reviewed by [REDACTED], Deputy Director of Investigation, and he approved the case for closure. The classification of Allegation Unsubstantiated/Perpetrator Unsubstantiated (AUPU) was also approved. The 740 (CPS Investigation Summary and Classification Decision of Child Abuse/Neglect Referral) form will be forwarded to the [REDACTED] Juvenile Court, the DA's office, and the [REDACTED] Attorney's office.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/20/2015	Contact Method:
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/20/2015
Completed date: 10/26/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original Entry Date/Time: 10/20/2015 12:44 PM Entered By: [REDACTED]

Summary:

The Department of Children's Services (DCS) Child Protective Services Investigations Unit received a referral on 04/27/2015 with the allegation of Child Neglect Death regarding non-custodial child, [REDACTED]. The response priority was P1. Referent was contacted on 04/27/2015 by Child Protective Services Investigator [REDACTED] and no other information was obtained. The Juvenile Judge was notified on 04/27/2015. Response was met on 04/27/2015. Email notification group was contacted regarding child death.

[REDACTED] (1 month) resided with his mother, [REDACTED] and her mother, whose information is unknown to the referent. No one else resides in the home with the family at this time.

[REDACTED] died on the morning of April 27, 2015. Law Enforcement got involved on 4/27/2015 at approximate 12:44am because a woman was observed to run out of the home stating that the baby is "dead." The referent later learned that the woman who ran out of the home was the mother, [REDACTED].

[REDACTED] was found warm to the touch, but unresponsive. Law Enforcement started doing CPR on [REDACTED]. The child was never revived when Law Enforcement tried to attempt CPR. EMS was contacted. It is unknown if EMS was able to revive the [REDACTED] at this time [REDACTED] was transported to [REDACTED] Hospital where she was pronounced dead on 4/27/2015.

The investigation into this incident was conducted by the CPD Major Crimes Unit, Investigator [REDACTED], CPD Special Victims Unit, Investigator [REDACTED], DCS Child Protective Services Investigations Unit, [REDACTED]. The report to DCS listed the alleged perpetrator as unknown of Child Neglect Death. Numerous interviews were conducted by the Major Crimes Unit of family members and medical professionals but were not made available to the department of Children's Services.

The Department of Children's Services (DCS) Employees, Contract Agency Employees and Resource Parents shall comply with State and Federal statutes and DCS policies, procedures and protocols when child death/preliminary near death occurs. DCS shall utilize an internal rapid response system to notify appropriate Executive Management,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

appropriate staff, other entities, and families of child death or preliminary near death occurrences.

Per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse as reported by a physician who has examined the child subsequent to the abuse or neglect.

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

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

The case was presented to [REDACTED] Child Protective Investigative Team on 05/06/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

There is not a preponderance of evidence to substantiate the allegations of Child Neglect Death. This 1 month-old female infant died as a result of sudden unexplained death. At autopsy there were no signs of trauma, physical abuse, injury by alcohol or drugs, infections, tumors or significant malnutrition.

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] Region

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
Contact Date: 09/22/2015 Contact Method:
Contact Time: 11:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 09/22/2015
Completed date: 09/22/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being
Contact Type(s): Case Summary
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/22/2015 11:28 AM Entered By: [REDACTED]

The Department of Children's Services (DCS) Child Protective Services Investigations Unit received a referral on 04/27/2015 with the allegation of Child Neglect Death regarding non-custodial child, [REDACTED]. The response priority was P1. The referent was contacted on 04/27/2015 by Child Protective Services Investigator [REDACTED] and no other information was obtained. The Juvenile Judge was notified on 04/27/2015. Response was met on 04/27/2015. Email notification group was contacted regarding child death.

It was reported that Law Enforcement got involved on 4/27/2015 at approximately 12:44am because a woman was observed to run out of a home stating that the baby is "dead." It was later learned that the woman who ran out of the home was the mother, [REDACTED]. It was reported that Law Enforcement took [REDACTED] from Ms. [REDACTED] who was holding her. It was reported that the child, [REDACTED] was warm to the touch, but unresponsive. Law Enforcement started doing CPR on [REDACTED]. The child was never revived when Law Enforcement tried to attempt CPR. [REDACTED] was transported to [REDACTED] Hospital where she was pronounced dead on 4/27/2015 at 1:43 a.m. [REDACTED]

The investigation into this incident was conducted by the [REDACTED] ([REDACTED]) Major Crimes Unit, Investigator [REDACTED] CPD Special Victims Unit, Investigator [REDACTED], and DCS Child Protective Services Investigator [REDACTED]. The report to DCS listed the alleged perpetrator as unknown of Child Neglect Death. Interviews were conducted by the Major Crimes, Investigator [REDACTED] and CPS Investigator [REDACTED]. Investigator [REDACTED], DCS, spoke with [REDACTED] on 4/27/15, along with Officer [REDACTED]. She gave a description of what occurred in regard to going to bed and waking up to find her child (deceased child) laying under her. She also related how she ran outside holding the child and screaming "my child is dead". She appeared to be very distraught and began to cry as she was talking.

Officer [REDACTED] spoke with the maternal grandmother. It was learned that the maternal grandmother was not at home when the mother found her child unresponsive. She provided information that reflected the mother was not abusive to her children. She allowed the mother and children to move in with her due to the mother losing the apartment they were living in. She related the baby's father was incarcerated.

Investigator [REDACTED] visited the home and observed the 2 year old sibling sleeping. The child's cloths were removed and there were no visible signs of abuse regarding marks and bruises on the child's body. The home was neat and clean,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

had adequate space for the family, was well stocked with food and all utilities were in working order.

Officer [REDACTED] related the mother was home alone with the children when the incident occurred. He started CPR until the Emergency Medical Team arrived and took over. It was stated the baby had no marks or bruises (old or new). At that time he did not suspect abuse.

An autopsy was conducted by [REDACTED], M.D, on 4/28/15. The cause of death was reported to be Sudden Unexplained Death of an Infant.

Per DCS Policy Work Aid 1 Child death is defined as: a) Any child death caused by abuse or neglect. b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. c) 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 abuse.

The case was presented to [REDACTED] Child Protective Investigative Team (CPIT) on 05/06/2015. Team members were in agreement that there was not sufficient 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.

Narrative Type: Created In Error Entry Date/Time: 10/19/2015 02:58 PM Entered By: [REDACTED]

Created in error



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

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

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
Contact Date: 09/14/2015 Contact Method:
Contact Time: 08:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 09/14/2015
Completed date: 09/21/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being
Contact Type(s): Case Summary
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/14/2015 08:21 PM Entered By: [REDACTED]
[REDACTED] Summary:

The Department of Children's Services (DCS) Child Protective Services Investigations Unit received a referral on 04/27/2015 with the allegation of Child Neglect Death regarding non-custodial child, [REDACTED]. The response priority was P1. Referent was contacted on 04/27/2015 by Child Protective Services Investigator [REDACTED] and no other information was obtained. The Juvenile Judge was notified on 04/27/2015. Response was met on 04/27/2015. Email notification group was contacted regarding child death.

04/27/2015, the child, [REDACTED] was found warm to the touch, but unresponsive. Law Enforcement started doing CPR on [REDACTED]. The child was never revived when Law Enforcement tried to attempt CPR. EMS was contacted. It is unknown if EMS was able to revive the [REDACTED] at this time. [REDACTED] was transported to [REDACTED] Hospital where she was pronounced dead on 4/27/2015.

The investigation into this incident was conducted by the [REDACTED] Major Crimes Unit, Investigator [REDACTED] [REDACTED] Special Victims Unit, Investigator [REDACTED], DCS Child Protective Services Investigations Unit, [REDACTED]. The report to DCS listed the alleged perpetrator as unknown of Child Neglect Death. Numerous interviews were conducted by the Major Crimes Unit of family members and medical professionals but were not made available to the department of Children's Services.

The Department of Children's Services (DCS) Employees, Contract Agency Employees and Resource Parents shall comply with State and Federal statutes and DCS policies, procedures and protocols when child death/preliminary near death occurs. DCS shall utilize an internal rapid response system to notify appropriate Executive Management, appropriate staff, other entities, and families of child death or preliminary near death occurrences.

Per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse as reported by a physician who has examined the child subsequent to the abuse or neglect.

The case was presented to [REDACTED] Child Protective Investigative Team on 05/06/2015. Team members were



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

in agreement that there was not sufficient 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.

Narrative Type: Created In Error Entry Date/Time: 09/22/2015 11:01 AM Entered By: [REDACTED]

Error



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/18/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/20/2015
Completed date:	10/21/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/20/2015 11:54 AM Entered By: [REDACTED]

CPSI received medical records from [REDACTED] Hospital and the final diagnosis was stated to be Cardiorespiratory arrest. The attending physician was Dr. [REDACTED]

CPSI also received the Medical Examiner's report that stated that the autopsy was performed on April 27, 2015, by Pathologist, [REDACTED], M.D., and the cause of death was sudden unexplained death of an infant.

The narrative of the findings: This 1 month-old female infant died as a result of sudden unexplained death. A risk factor for this type of death is co-sleeping with another person or persons, although this cannot be proven in this case. At autopsy there were no signs of trauma, physical abuse, injury by alcohol or drugs, infections, tumors or significant malnutrition.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/06/2015	Contact Method: Face To Face
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 09/14/2015
Completed date: 09/14/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/14/2015 07:17 PM Entered By: [REDACTED]

CPIT [REDACTED] (05/06/2015)

This case was classified on today as Allegations unsubstantiated Perpetrator unsubstantiated (AUPU) after it was discussed with the team to include Law Enforcement, Juvenile court, CAC staff, medical staff, CPSLI and CPSI. The probable cause of death was determined to be Sudden Unexplained Death in an Infant. The Child Protective Investigative Team agreed with this classification.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 04/28/2015	Contact Method:
Contact Time: 12:00 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/29/2015
Completed date: 05/29/2015	Completed By: System Completed
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: 04/29/2015 03:47 PM Entered By: [REDACTED]

CPS Investigation # [REDACTED]
 County: [REDACTED]
 Date of State's Custody/Expedited Placement: 04/27/2015
 Dictation was written by, [REDACTED] MSW
 Reduction Trauma was discussed with, CPS Investigator: [REDACTED]

CHILDREN:

[REDACTED] DOB: [REDACTED] (deceased)
 [REDACTED] DOB: [REDACTED]

Trauma reduction factors implemented were the following.

The Department of Children's Services received a referral on (04/27/2015) with allegations of (Neglect Death) against alleged perpetrator(s) (Unknown/Unknown).

The investigative tasks are still being completed by both DCS and Law Enforcement(LE) regarding this investigation to determine if there were any significant evidence to show these child(ren) are dependent and neglected per Legal and DCS policy. (See TFACTS for details of workaid tasks completed) .

According to CPSI [REDACTED] mother was appropriate and no other concerns noted regarding the living conditions of the family's home.

After assessing the mental state of the mother after losing her child, Investigator [REDACTED] contacted DCS Atty [REDACTED] to discuss an IPA with maternal great grandmother to supervise the mother while caring for her two year old until grief counseling can begin for mother and child.

Investigator [REDACTED] and TL [REDACTED] did make significant efforts to reduce trauma in this case. We also discussed with CPSI Sims how to contact EAP if needed and about self-care.

We also developed the following plan of action in regard to family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

-
1. Family members were able to come and say their goodbyes.
 2. Child was happy and content to remain in their placement (home) and felt safe.
 3. CPS will assist the family in arranging grief counseling.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 04/28/2015	Contact Method:
Contact Time: 12:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/26/2015
Completed date: 06/26/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/26/2015 02:12 PM Entered By: [REDACTED]
 CPS Investigation # [REDACTED]
 County: [REDACTED]
 Date of State's Custody/Expedited Placement: 04/27/2015
 Dictation was written by, [REDACTED] MSW
 Reduction Trauma was discussed with, CPS Investigator: [REDACTED]

CHILDREN:

[REDACTED] DOB: [REDACTED] (deceased)
 [REDACTED] DOB [REDACTED]

Trauma reduction factors implemented were the following.

The Department of Children's Services received a referral on (04/27/2015) with allegations of (Neglect Death) against alleged perpetrator(s) (Unknown/Unknown).

The investigative tasks are still being completed by both DCS and Law Enforcement(LE) regarding this investigation to determine if there were any significant evidence to show these child(ren) are dependent and neglected per Legal and DCS policy. (See TFACTS for details of workaid tasks completed) .

According to CPSI [REDACTED] mother was appropriate and no other concerns noted regarding the living conditions of the family's home.

After assessing the mental state of the mother after losing her child, Investigator [REDACTED] contacted DCS Atty [REDACTED] to discuss an IPA with maternal great grandmother to supervise the mother while caring for her two year old until grief counseling can begin for mother and child.

Investigator [REDACTED] and [REDACTED] and TL [REDACTED] did make significant efforts to reduce trauma in this case. We also discussed with CPSI [REDACTED] how to contact EAP if needed and about self-care.

We also developed the following plan of action in regard to family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

1. Family members were able to come and say their goodbyes.
2. Child was happy and content to remain in their placement (home) and felt safe.
3. CPS will assist the family in arranging grief counseling.

Narrative Type: Created In Error Entry Date/Time: 09/14/2015 06:49 PM Entered By: [REDACTED]

Duplicate entry



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/28/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/26/2015
Completed date: 10/26/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/26/2015 03:39 PM Entered By: [REDACTED]

CPSI received an email from detective [REDACTED], [REDACTED] stating that she had contacted detective [REDACTED] Major crimes Unit, and he stated that the child died of natural causes and it appears to be accidental. She stated that there will be no charges filed in this case.

CPSI contacted state's attorney, [REDACTED] and relayed the information given by detective [REDACTED] and she stated that the IPA could be lifted due to the fact that the case has been ruled accidental.

CPSI contacted mother, [REDACTED] and stated to her that the IPA has been lifted and she can around her child unsupervised. Mother stated that she had spoken with detective [REDACTED] [REDACTED] and he stated that same thing to her earlier that the case will be closed as accidental. She stated that she is still feeling bad and hasn't had lots of sleep. She stated that she is going to get into counseling through her church to try to deal and cope with what has happened. CPSI stated to her that if she needed anything, please feel free to contact her and again, she is deeply sorry for her loss.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 04/27/2015	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/20/2015
Completed date: 10/21/2015	Completed By: System Completed
Purpose(s): Permanency, 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: 10/20/2015 02:20 PM Entered By: [REDACTED]

CPSI [REDACTED] and TL [REDACTED] met with mother after she showed up at the DCS office and discussed the CFTM that took place earlier that day. An explanation of the purpose of the meeting was discussed and the CPS referral and the allegations were reviewed. It was discussed that an IPA was put in place that required the maternal great grandmother to supervise all contact between the surviving child, [REDACTED] and mother, Ms. [REDACTED]. The IPA would also expire on 4/30/2015. It was discussed that the investigation is being handled by the [REDACTED] Homicide Unit and it was reported that the results would be available in a few days. The team identified strengths that and concerns for the family. Strengths identified were that the surviving child appeared healthy and there was no visible evidence of abuse or neglect and there were no safety risks observed in the home. There was also maternal great grandmother who is family support for the family. The needs and concerns were that the cause of death was unknown at this time and an IPA was completed with the great grandmother that will end on 4/30/15.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 04/27/2015	Contact Method:
Contact Time: 03:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/20/2015
Completed date: 10/21/2015	Completed By: System Completed
Purpose(s):	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/20/2015 02:01 PM Entered By: [REDACTED]

CFTM was held and the family was not present due to the mother having to make funeral arrangements. The meeting consisted of the CPSI, [REDACTED] TL, [REDACTED] DCS attorney [REDACTED], and facilitator, [REDACTED]. An explanation of the purpose of the meeting was discussed and the CPS referral and the allegations were reviewed. It was discussed that an IPA was put in place that required the maternal great grandmother to supervise all contact between the surviving child, [REDACTED] and mother, [REDACTED]. The IPA would also expire on 4/30/2015. It was discussed that the investigation is being handled by the [REDACTED] Homicide Unit and it was reported that the results would be available in a few days. The team identified strengths that and concerns for the family. Strengths identified were that the surviving child appeared healthy and there was no visible evidence of abuse or neglect and there were no safety risks observed in the home. There was also maternal great grandmother who is family support for the family. The needs and concerns were that the cause of death was unknown at this time and an IPA was completed with the great grandmother that will end on 4/30/15.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/27/2015	Contact Method: Face To Face
Contact Time: 05:00 AM	Contact Duration: Less than 03 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 04/29/2015
Completed date: 04/29/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact, Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/29/2015 02:10 PM Entered By: [REDACTED]
 Parent/Caretaker Interview
 Date and Time: 4/27/15 @ 4:45 am
 Type of Contact: Face to Face

Investigator stated to the mother the reason for being at her home and stated that she was very sorry for her loss and anytime there is a child death and there are other children in the home, CPS has to insure that the other children are safe and mother stated that she understood. Investigator and Officer [REDACTED] spoke with mother, [REDACTED] and she stated that she, and the children were asleep on her bed and she rolled over and felt something wet and she then got up and turned the lights on and saw blood on her bed and grabbed her child and ran up to the front of the home and outside screaming my child is dead, someone call 911. She stated that she didn't know what happened and her baby never died. She stated that she would cry if something was wrong with her. She stated that she provided well for her and her 2 yo brother on her own because their father is incarcerated. She stated that she doesn't work and she only does hair at her home to make money. She stated that her grandmother, Ms. [REDACTED] was not home at the time and only she and the children were home. She stated that she cannot go into the room where her child died. She appeared to be very upset and distraught as she began to cry.

Investigator and Officer [REDACTED] spoke with maternal great grandmother, [REDACTED] stated that she was not present at the time all of this was going on. She stated that mother is a good mother and her children are well taken care of. She stated that she has never seen her do anything to the children in an abusive manner. She stated that she provided for them because the baby's father was incarcerated. She stated that she let the mother and children move in with her because mother lost her apartment that she had. She stated that she doesn't know what happened. She appeared to be distraught and crying.

Investigator stepped outside the home and contacted state's attorney, [REDACTED] and she stated that since the cause of death is unknown, an IPA with the great grandmother since she was not at home at the time of the incident should be put in place to insure the safety of the surviving child. She stated that a CFTM can be scheduled to discuss what should happen pending information on the cause of death of the deceased child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Investigator explained to mother that an IPA will be needed due to the cause of death being unknown to insure that the surviving child is safe. Mother and great grandmother both stated that they understood and both signed the agreement. Investigator also stated that a CFTM will be held later today at the DCS office.

Narrative Type: Addendum 1 Entry Date/Time: 09/21/2015 10:21 AM Entered By: [REDACTED]

Mother and grandmother appeared to act in an appropriate manner.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/27/2015	Contact Method: Face To Face
Contact Time: 04:31 AM	Contact Duration: Less than 03 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 04/29/2015
Completed date: 04/29/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Other Child Living in the Home Interview/Observation, Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/29/2015 01:33 PM Entered By: [REDACTED]

Investigator made a face to face visit with the deceased child's sibling at the family residence located at [REDACTED]

Child was asleep in another room. Investigator observed the child (2yo) as mother removed his clothing and child had no visible marks or bruises. Child was not interviewed due to his age. Child appeared to be peaceful as he slept. Child was neat, clean, and dressed appropriately for the season.

The home was also neat and clean. The home had adequate space for the family, the household was well stocked with food and grocery items, all utilities were in working order. Investigator saw no sign of bug infestation and no safety issues were identified.

Safety Assessment Score:**Initial Safety Assessment**

This Investigator completed the Initial Safety Assessment determined that the child is safe meaning no immediate harm factors were identified at this time. Based on the current available information, it appears that this child is not likely to be in immediate danger of serious harm.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/27/2015	Contact Method:	Face To Face
Contact Time:	04:30 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/29/2015
Completed date:	04/29/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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: 04/29/2015 01:28 PM Entered By: [REDACTED]

Initial ACV Face to Face
 Date and Time: 4/27/15 @ 4:30 am
 Type of Contact: Face to Face
 Location: Family residence

Investigator was unable to view the deceased child due to receiving the referral after the child was taken to the medical examiner's office.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/27/2015	Contact Method:
Contact Time: 03:53 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/29/2015
Completed date: 04/29/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/29/2015 01:10 PM Entered By: [REDACTED]

Investigator contacted on call supervisor, [REDACTED], and notified her of the P-1 referral that is a child death and that there is another child in the home 2 years old. The matter was discussed it was decided by [REDACTED] that this investigator needed to respond to the family residence to assure the safety of the other child. Investigator also stated that she would need to contact a DCS attorney if she needed to put an IPA in place until she receives information as to the cause of death of the deceased child.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/27/2015	Contact Method: Phone Call
Contact Time: 03:40 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/29/2015
Completed date: 04/29/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Referent Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/29/2015 12:57 PM Entered By: [REDACTED]

Referent Contact:

Investigator [REDACTED] spoke with the referent and it was stated that it is believed that the cause of death is that mother and child were asleep on the mother's bed and the mother rolled over on top of the child. It was stated that this has not been confirmed. It was stated that the mother was home alone with the child when this incident occurred. It was stated that upon arrival mother had the child in her arms screaming call 911 my baby is dead. It was stated that at that time the referent started CPR until the ambulance arrived then the EMT started CPR. It was stated that the child's mouth and nose had dried blood around it. It was stated that the blood was on the mother's bed. It was stated that at first the referent thought the child had a cut on the forehead but it was found that there were no cuts or gashes to the child's head. It is believed that the child had been lying in the blood causing it to appear all over the child's face. It was stated that it was stated that the child's upper body was somewhat crushed but could have been caused by EMT performing CPR. It was stated that child had no marks or bruising old or new. At this time no abuse is suspected but it is unknown how the child passed.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/27/2015	Contact Method: Phone Call
Contact Time: 03:15 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/29/2015
Completed date: 04/29/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/29/2015 12:54 PM Entered By: [REDACTED]

Convene CPIT (4/27/15):

Investigator convened CPIT on this date with LE, detective [REDACTED] and she stated that the child has been taken to the medical examiner's office and everyone was released from the hospital. She stated that major crimes have taken over the case due to the death of a child and she will act as the middle person to receive information from major crimes Investigator [REDACTED]. She stated that there is nothing for this investigator to do at this time because everyone has left the scene. Assistant D. A. [REDACTED] was also notified.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/27/2015 Contact Method:
 Contact Time: 03:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/29/2015
 Completed date: 04/29/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2015 12:46 PM Entered By: [REDACTED]

Case name: [REDACTED]
 Case ID: [REDACTED]

This case was assigned as an Investigation case to SI [REDACTED] on 04/27/2015 for [REDACTED]. All times are recorded in [REDACTED] Standard Time. The response priority was P1 and the allegations are neglect death. The alleged victim is [REDACTED] and the alleged perpetrator is unknown. Referent was contacted on 04/27/2015 by SI [REDACTED] and no other information was obtained. The Juvenile Judge was notified on 04/27/2015. Response was met on 04/27/2015. Email notification group was contacted regarding child death.

Safety Assessment:

CPSI [REDACTED] conducted a safety assessment and the results were: safe

Household Composition:

Child Victim: [REDACTED] (Deceased)
 DOB: [REDACTED]
 Sibling: [REDACTED]
 DOB: [REDACTED]
 Mother: [REDACTED]
 DOB: [REDACTED]
 Maternal great grandmother: [REDACTED]
 Family Address: [REDACTED]
 School: none
 Family Phone #: [REDACTED]

DCS history: CPSI [REDACTED] reviewed case history of the family on 04/27/2015. The family had no prior cases. Mother had prior history as a juvenile delinquent.

CPSI [REDACTED] reviewed local criminal history and internet registries. No history was found for Miss [REDACTED] or Mr [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

County: [REDACTED]

Referral States: "Reporter states: ****The child is not in DCS custody.

[REDACTED] (1 month) and an unknown male (8) reside with their mother, [REDACTED] and her mother, whose information is unknown to the referent. No one else resides in the home with the family at this time.

The referent stated that Law Enforcement got involved on 4/27/2015 at approximate 12:44am because a woman was observed to run out of the home stating that the baby is "dead." The referent later learned that the woman who ran out of the home was the mother [REDACTED].

The referent stated that Law Enforcement took [REDACTED] from [REDACTED] who was holding her. The referent stated that the child, [REDACTED] was warm to the touch, but unresponsive. The referent stated that Law Enforcement started doing CPR on [REDACTED]. The child was never revived when Law Enforcement tried to attempt CPR. It is reported that EMS was contacted. It is unknown if EMS was able to revive the [REDACTED] at this time. [REDACTED] was transported to [REDACTED] Hospital where she was pronounced dead on 4/27/2015. The identity of the doctor that was treating the child at [REDACTED] Hospital is unknown.

The referent stated there was dried blood observed around [REDACTED] mouth and nose. It is unknown if there were any marks, or bruises, on the child's face due to the dried blood observed. There was also blood observed on [REDACTED] forehead over the child's left eye, but it is unknown if it was dried blood or an "open gash" when observed by the referent. The referent did not observe any other marks, or bruises on [REDACTED] when she was observed on 4/27/2015.

It is unknown the reason why [REDACTED] had the dried blood around her mouth and nose. It is unknown the circumstances around the child's death. It is unknown if an autopsy will be completed at this time. The referent stated that the Homicide team through Law Enforcement is going to complete an investigation.

Neither the mother, unknown male (8), or the grandmother has been spoken with by Law Enforcement at this time.

The referent observed the unknown male on 4/27/2015. The unknown male is reported to be scared due to the incident that occurred. It is not believed that the unknown male is afraid to be in the home with his mother or grandmother. The unknown male was not observed with any marks, bruises, or any signs of physical abuse at this time.

It is unknown if there are any previous instances of a child suffering or of a child dying at this time. It is unknown if there are any known patterns of abuse in the home. The referent stated that Law Enforcement has been in the home previous times. It is reported that Law Enforcement was previously responding to the home due someone trying to break in. No one was arrested during those instances. The referent did state that [REDACTED] has a failure to appear warrant due to a traffic stop. The warrant was issued in [REDACTED] in 2012.

It is unknown if anyone in the home has issues with drugs or alcohol at this time. It is unknown if anyone in the home has any issues with mental health at this time. It is unknown if there is domestic violence in the home.

[REDACTED], the unknown grandmother, and the unknown male (8) are currently at [REDACTED] Hospital at the time of the report.

The referent is requesting immediate assistance.

Special Needs or Disabilities: none reported.

Child's current location/is the child safe at this time: Unknown male (8) is currently at [REDACTED] Hospital/safe.

Perpetrator's location at this time: The unknown grandmother and [REDACTED] are currently at [REDACTED] Hospital

Any other safety concerns for the child(ren) or worker who may respond: none reported.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

History of domestic violence in the home: Unknown.

Per SDM: Investigation p1 on 04-27-15 @ 01:50am, [REDACTED] TL. Email notification sent to [REDACTED]
[REDACTED], RA [REDACTED] and [REDACTED] notification group.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 4/27/15 12:39 AM Date of Assessment: 4/27/15 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



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: _____