



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 01/25/2013 03:04 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 01/25/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 01/25/2013 06:09 AM
First Team Leader Assigned: [REDACTED] Date/Time 01/28/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 01/28/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address:
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: TFACTS: No History Found
Open Court Custody/FSS/FCIP: (No)
Prior INV/ASMT of Abuse: (No)
Prior INV/ASMT of Neglect: (No)
SSMS: None
Screen Out: (None)
DUPLICATE REFERRAL: (No)
County: [REDACTED]
Notification: (None)



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School/ Daycare: (Unknown)
Native American Descent: (No)
Directions: (Unknown)

Note: All address information is located under the oldest child victims name

Reporters name/relationship: [REDACTED]

Reporter states [REDACTED] (1 month) lives with [REDACTED], her mother. [REDACTED] and [REDACTED] live with [REDACTED] (11), [REDACTED] and [REDACTED] the maternal grandparents.

The [REDACTED] County Sheriffs Department became involved with the family due to a call about an unresponsive baby. An officer was dispatched to the home at 3:32 am on January 25, 2013, with an arrival time of 3:44 am.

Deputy [REDACTED] arrived on the scene and contacted his supervisor. The supervisor arrived to the home and found [REDACTED] lying on the kitchen table unresponsive. Paramedics arrived shortly after the supervisor. Paramedics got [REDACTED] and put her in the ambulance. The ambulance is headed to [REDACTED] Medical Center. [REDACTED] was still unresponsive when paramedics left with her. It is believed some type of tube was placed in (unknown where) [REDACTED]

[REDACTED] said [REDACTED] had been crying all day Thursday, January 24, 2013. [REDACTED] said she took [REDACTED] to Dr. [REDACTED] office at 1:30 pm. [REDACTED] said Dr. [REDACTED] told her to go to the store and purchase over the counter saline. [REDACTED] said she was told to give [REDACTED] a few drops of Saline.

[REDACTED] said she got up at 12:30 am to check on [REDACTED] and [REDACTED] and she said they were fine at the time.

It is believed [REDACTED] was the person who found [REDACTED] unresponsive. [REDACTED] said [REDACTED] hollered and she went in the room to find [REDACTED] holding [REDACTED]

The brother said he believed [REDACTED] smothered because he could not see the baby heads head as it was covered by a blanket.

It is unknown if CPR was performed by anyone in the house prior to 911 being contacted.

It was not reported that [REDACTED] had any disabilities.

This is all the information the reporter had to report at this time.

Per SDM: Investigative Track P2. Overridden to a P1(The infant is unresponsive.)
[REDACTED] was notified @ 3:56am. / [REDACTED] CM3 //01/25/2012 @ 3:58am



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:** White **Age:** 19 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** White **Age:** 42 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

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: [REDACTED] Race: White Age: 0 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 45 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 11 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] Date of Birth: [REDACTED] Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

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: 01/25/2013

Assignment Date: 01/28/2013

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]	Lack of Supervision	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 02/11/2013

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: Based on the results of the preliminary autopsy report, collateral statements, the family's statements, no evidence of abuse or neglect to [REDACTED] body, and based on the recommendation of CPIT, CPSI [REDACTED] was unable to find enough evidence to support the allegation of Lack of Supervision against an Unknown Alleged Perpetrator.

D. Case Workers

Case Worker: [REDACTED]

Date: 02/11/2013

Team Leader: [REDACTED]

Date: 02/11/2013

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 1/25/13 CPSI [REDACTED] observed the infant, 6-week old [REDACTED] while medical staff was working to revive and after the infant had passed. CPSI [REDACTED] took several pictures of the deceased infant. CPSI [REDACTED] didn't observe any visible marks or bruises. The infant did appear to be discolored in that she was pale and blue in spots, mainly the face, parts of her back, and ears. The baby did appear to be clean and was dressed in clean age appropriate pajamas. She did appear to have a mongolian spot which the nurse confirmed above the buttocks that had black hair on it. The baby did appear to have a runny nose and her cheeks appeared to be somewhat chaffed.

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 1/25/13 CPSI [REDACTED] was contacted by Lt. [REDACTED] at approximately 4:00 am ET on 1/25/13 to inform CPSI [REDACTED] that the [REDACTED] County Sheriff's Department responded to a non-responsive 6-week old infant at [REDACTED]. Lt. [REDACTED] stated that the maternal grandmother, [REDACTED] called 911 at 3:32 am ET requesting an ambulance. Lt. [REDACTED] stated that the family reported that the baby was just taken to [REDACTED] on 1/24/13 at 1:30 pm due to the baby having a cough and possible cold. Lt. [REDACTED] stated that the



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and Classification Decision of Child Abuse/Neglect Referral

Case Name : ██████████

Investigation ID: ██████████

baby had been crying often. Lt. ██████ stated that the infant was in the bed with the mother according to the mother, grandmother, and 11-year old uncle. Lt. ██████ stated that there was a bassinet in the mother's bedroom. Lt. ██████ stated that the family reported that the mother only slept with the infant because she had been sick. Lt. ██████ stated that the family reported that the doctor prescribed saline drops that the family purchased from Wal-mart on 1/24/13. Lt. ██████ stated that the 11-year old uncle reported to him that the baby had a blanket over it's face and was probably "smothered". The mother and grandmother both denied that anything was on the infant's face. The 11-year old uncle is being questioned again about his statement. The infant arrived at ██████ Hospital Emergency Room at approximately 4:20 am ██████ and was pronounced dead at 4:40 am ██████ after medical staff attempted to revive the infant. The cause of death is unknown at this time.

On 2/8/13 CPSI ██████ presented the case regarding the death of ██████ with the allegation of Lack of Supervision against an Unknown Alleged Perpetrator to CPIT at the District Attorney's Office in ██████ on this date. People present were ADA ██████, Det. ██████, Det. ██████, Det. ██████, TL ██████, YSO ██████, CAC Forensic Interviewer, ██████, CAC Therapist, ██████, CAC ██████, and TC ██████.

After presenting the case, going over the family's statements, and going over the preliminary autopsy report, the team all agreed that the case could be unfounded, closed, and referred for non-custodial services which is grief counseling. CPSI ██████ did talk about the alleged father, ██████ and the team agreed that no further interview should be completed at this time. Det. ██████ case will remain open until the final autopsy report is issued.

A copy of the preliminary autopsy report is in the master file.

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

The alleged perpetrator was unknown during this case and remains unknown at the closing of this case.

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

On 1/25/13 Ms. ██████ stated that the father of the child is ██████ and he doesn't reside with her and she has never spent the night with him with the child. Ms. ██████ reported that her father, ██████ doesn't like ██████ but doesn't care for her allowing ██████ to see the child. Ms. ██████ reported that she will take the baby to ██████ house to visit and the last time was on Sunday January 20, 2013. Ms. ██████ stated that she and her parents are the only individuals that takes care of the infant. The mother reported that she had never done anything to hurt the baby and that no one had ever done anything to hurt the baby. The mother reported that she took the baby to Dr. ██████ on 1/24/13 around 1:00 pm because ██████ cough had gotten worse in that she would choke because she was coughing so hard. Ms. ██████ stated that her and her mother went to Wal-mart and bought the Saline drops for ██████ and arrived back at home between 4:30 pm and 5:00 pm. The mother stated that she held the baby while the grandmother put a drop of saline in each nostril. The mother stated that she fed the baby a 4-ounce bottle of Gentle Goodstart formula around 5:00 pm, that she and her mother gave the baby a bath around 8:30 pm, and that she, the mother fed the baby 3 ounces at around 10:00 pm ██████ Ms. ██████ reported that the baby does normally sleep in her bassinet but due to her being fussy, coughing, and crying she did put the baby in bed with her. The mother reported that she got back up with the baby around 1:30 am and again sometime after 2:00 am and would rock the baby. The mother reported that the baby did suck on her pacifier. The mother stated that the baby was lying on her left side, with the body of the baby lying on the bed and the baby's head laying on the inside of the mother's right arm. The mother reported that she ██████ was lying on her right side. The mother stated that "something told me to check on her" because she hadn't felt her move or cough and it was around 3:30 am that she noticed that she wasn't breathing. The mother reported that she "screamed" for her mom, ██████ and they called 911. Ms. ██████ also reported that she was still under her OB's care because her c-section hadn't closed all the way and she was going to have to have her gallbladder removed. Ms. ██████ stated that she is prescribed Hydrocodone by Dr. ██████ her OB and the last time she took a pill was on 1/14/13 when she went back to the doctor. Det. ██████ took a picture of the mother's pill bottle and conducted a pill count. The Hydrocodone was filled on 1/7/13 with a Qty of 15 and there were 13 pills left. The mother had only taken two pills.



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and Classification Decision of Child Abuse/Neglect Referral

Case Name : ██████████

Investigation ID: ██████████

CPSI ██████ is including an attachment with the 740 that documents other family statements.

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

At the closing of this case all interviews have been completed and all dictation has been entered. CPSI ██████ received a referral on 1/25/13 with the allegation of Lack of Supervision following the passing of 6-week old ██████. According to the family ██████ had been sick and they had taken her to ██████ to see Dr. ██████ due to ██████ developing a "bad" cough. The family reported that ██████ was prescribed over the counter saline nose drops. The mother did admit to sleeping the bed with the infant but stated that she only did this because ██████ was sick and she had to hold her. There was no evidence of parental overlay during this case that would have obstructed the infant's breathing. Based on the family's statements, no physical evidence of abuse or neglect to ██████ body, the results of the preliminary autopsy report showing that the infant was sick, and based on the recommendation of CPIT, CPSI ██████ was unable to find enough evidence to support the allegation of Lack of Supervision against anyone. The alleged perpetrator remains unknown in the TFACTS system. CPSI ██████ has staffed this case with TL ██████ prior to closure. The Fatality Report has been completed and is in the file. All medical records have been requested and most received. Any other records that arrive after the case is closed will be reviewed and put in the master file. The referent has been notified. The initial and closing safety assessments have been completed. The case has been presented to CPIT. CPSI ██████ did offer grief counseling for all family members.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/13/2013

Contact Method:

Contact Time: 05:38 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/13/2013

Completed date: 02/13/2013

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: 02/13/2013 04:38 PM Entered By: [REDACTED]

This case has been reviewed and approved for closure. Notice of the classification decision to the [REDACTED] County Juvenile Court Judge will be provided by TL [REDACTED]. Notification of the classification to the district attorney will be provided by TL [REDACTED] when applicable. All the appropriate paperwork has been reviewed and signed if applicable by TL [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: 02/12/2013 Contact Method:
 Contact Time: 07:45 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/12/2013
 Completed date: 02/12/2013 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: 02/12/2013 06:54 AM Entered By: [REDACTED]

At the closing of this case all interviews have been completed and all dictation has been entered. CPSI [REDACTED] received a referral on 1/25/13 with the allegation of Lack of Supervision following the passing of 6-week old [REDACTED]. According to the family [REDACTED] had been sick and they had taken her to [REDACTED] to see Dr. [REDACTED] due to [REDACTED] developing a "bad" cough. The family reported that [REDACTED] was prescribed over the counter saline nose drops. The mother did admit to sleeping the bed with the infant but stated that she only did this because [REDACTED] was sick and she had to hold her. There was no evidence of parental overlay during this case that would have obstructed the infant's breathing. Based on the family's statements, no physical evidence of abuse or neglect to [REDACTED] body, the results of the preliminary autopsy report showing that the infant was sick, and based on the recommendation of CPIT, CPSI [REDACTED] was unable to find enough evidence to support the allegation of Lack of Supervision against anyone. The alleged perpetrator remains unknown in the TFACTS system. CPSI [REDACTED] has staffed this case with TL [REDACTED] prior to closure. The Fatality Report has been completed and is in the file. All medical records have been requested and most received. Any other records that arrive after the case is closed will be reviewed and put in the master file. The referent has been notified. The initial and closing safety assessments have been completed. The case has been presented to CPIT. CPSI [REDACTED] did offer grief counseling for all family members. All appropriate forms have been discussed, signed, and are in the file (HIPPA, Native American Veto, Notification of Equal Access, Releases of Information, and Client Right Handbook). Background, SSMS, and Internet Checks have been completed and are in the file. The genogram was initiated. The 740 has been completed and a copy will be given to the supervisor for closure. A copy of the 740 will also be submitted to juvenile court per their request.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/08/2013

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/12/2013

Completed date: 02/12/2013

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: 02/12/2013 06:45 AM Entered By: [REDACTED]

CPSI [REDACTED] presented the case regarding the death of [REDACTED] with the allegation of Lack of Supervision against an Unknown Alleged Perpetrator to CPIT at the District Attorney's Office in [REDACTED] on this date. People present were ADA [REDACTED] Det. [REDACTED] Det. [REDACTED] Det. [REDACTED], TL [REDACTED] YSO [REDACTED] CAC Forensic Interviewer, [REDACTED] CAC Therapist, [REDACTED] CAC [REDACTED] and TC [REDACTED]. After presenting the case, going over the family's statements, and going over the preliminary autopsy report, the team all agreed that the case could be unfounded, closed, and referred for non-custodial services which is grief counseling. CPSI [REDACTED] did talk about the alleged father, [REDACTED] and the team agreed that no further interview should be completed at this time. Det. [REDACTED] case will remain open until the final autopsy report is issued.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/05/2013 Contact Method: Phone Call
 Contact Time: 04:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/12/2013
 Completed date: 02/12/2013 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)**

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/12/2013 06:40 AM Entered By: [REDACTED]

CPSI [REDACTED] called the [REDACTED] family on this date to talk to them about the preliminary autopsy report. The maternal grandmother, [REDACTED] answered the phone. CPSI [REDACTED] informed Mrs. [REDACTED] that I was calling to talk to [REDACTED] but could talk to her about what the investigation has revealed thus far with the permission of [REDACTED]. Mrs. [REDACTED] informed CPSI [REDACTED] that [REDACTED] teacher from school was there doing lessons with her. CPSI [REDACTED] said that was fine that [REDACTED] could just call whenever she gets finished with her school work. Mrs. [REDACTED] said that it was ok because they have been waiting to hear from someone. Mrs. [REDACTED] put the phone on speaker and [REDACTED] gave CPSI [REDACTED] permission to discuss the case not only with her but also with her mother, [REDACTED]. CPSI [REDACTED] again apologized for their loss and asked the family how they were doing both stated that it has been hard but they are trying to adjust. CPSI [REDACTED] informed the mother and maternal grandmother that at the request of the district attorney that I was limited as to what I could tell them but that I could let them know that the preliminary autopsy was back and based on the findings all that I could tell them was that they didn't do anything wrong and that there was nothing that they could have done any different that they did to prevent [REDACTED] from passing away. Both [REDACTED] and [REDACTED] said that they were so "glad and thankful" that CPSI [REDACTED] called them because "not knowing" was the hardest part. CPSI [REDACTED] informed them that the purpose of the call was to try and give them a peace of mind in hopes to take away any stress that they may have been having thinking that they may have done or not done something regarding the death of [REDACTED]. CPSI [REDACTED] explained to the family that the final autopsy in my experience usually takes anywhere from 5 to 6 months and once that is available that I would call them and they could go to the medical examiners office to obtain a copy for a fee. CPSI [REDACTED] also informed them again of grief counseling and both stated that they have been talking about it and will go to counseling when they are ready. CPSI [REDACTED] also informed [REDACTED] that she may want to take her son, [REDACTED] as well and she said that she would talk to them about that. CPSI [REDACTED] informed the family that the DCS case would be closed and that Det. [REDACTED] case would remain open until the final autopsy report came back. CPSI [REDACTED] thanked the family for their cooperation during this investigation and told them that if they needed anything to please let me know. [REDACTED] and [REDACTED] thanked CPSI [REDACTED] for calling.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/05/2013 Contact Method: Correspondence
 Contact Time: 12:35 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/11/2013
 Completed date: 02/11/2013 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)**

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/11/2013 11:54 AM Entered By: [REDACTED]

CPSI [REDACTED] met with Det. [REDACTED] with the [REDACTED] County Sheriff's Department to get a copy of the Preliminary Autopsy Report. According to the report regarding the death of [REDACTED] the Provisional Anatomic Diagnosis: Pulmonary congestion and edema, severe; Congestive organomegaly, acut (means organs were enlarged); Cerebral edema, severe; and Pending further studies. Based on this report there is no evidence of abuse or neglect but that the child was sick.

CPSI [REDACTED] contacted ADA [REDACTED] regarding the preliminary report. After discussing with her she too agreed that at this time there were no indications that [REDACTED] died from abuse or neglect. ADA [REDACTED] stated that this case would be ready to present to CPIT on 2/8/13. CPSI [REDACTED] asked ADA [REDACTED] if I could contact the family, not to give specifics but to let them know that they didn't do anything to cause [REDACTED] death according to the preliminary report. ADA [REDACTED] consulted with Deputy General Assistant District Attorney, [REDACTED] who stated that CPSI [REDACTED] could tell the family that they didn't do anything to harm the child.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/02/2013 Contact Method:
 Contact Time: 10:55 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/02/2013
 Completed date: 02/02/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/02/2013 10:08 AM Entered By: [REDACTED]

CPSI [REDACTED] faxed releases on the mother, [REDACTED] and the deceased infant, [REDACTED] to [REDACTED] on this date to request any and all medical records.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2013

Contact Method:

Contact Time: 10:54 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/28/2013

Completed date: 01/28/2013

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: 01/28/2013 09:54 AM Entered By: [REDACTED]

On 1/25/13 a P1 referral was called into Central Intake. The referral was screened into [REDACTED] County with allegations of Neglect Death against an unknown person. The alleged child victim is [REDACTED] (6w). The referral was assigned to Case Manager (CM) [REDACTED]. Response was met during on-call. It is unknown at this time if the children are of Native American descent. A follow up phone call will be made within 15 working days of referral per policy to the referent.

[REDACTED] County DCS has an agreement with the [REDACTED] County Juvenile Court in which DCS will send notification of referrals to [REDACTED] County Juvenile Court on a weekly basis only, not as each referral comes in. Team Leaders will fax report of weekly CPS referrals to [REDACTED] County Juvenile Court each Monday (except on severe abuse, which will be done as each of these referrals comes in). Copy of signed agreement placed in hard file.

Supervision did complete a TFACTS history search based off the information provided in the referral and found NO HISTORY.

The Case Manager will need to complete a more thorough TFACTS search once all parties are identified and established.



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: 01/28/2013

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/02/2013

Completed date: 02/02/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/02/2013 10:07 AM Entered By: [REDACTED]

CPSI [REDACTED] requested medical records on the child, [REDACTED] from [REDACTED] Hospital and [REDACTED] on this date. CPSI [REDACTED] received the records on this date. The records are in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/25/2013 Contact Method:
 Contact Time: 06:38 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/25/2013
 Completed date: 01/25/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/25/2013 12:49 PM Entered By: [REDACTED]

TL [REDACTED] called to state that she and CM [REDACTED] have been working a child death. She explained that the 1 month old female had been to the doctor yesterday who perscribed saline. Around 1230 a.m., MGM checked on her daughter and grandchild and all seemed ok. Mom (19 y) reported that around 230 a.m. [REDACTED] was crying so she put [REDACTED] in the bed with her. She woke up and found the child was not breathing. 911 was called and an officer was dispatched at 3.32 and arrived at the house at 344 to find the child unresponsive. The child was taken to the hospital in [REDACTED] At this time, medical reports no explanation for the death.

Due to the weather CM [REDACTED] was not able to go to the home. RGA [REDACTED] was noticed as was RA [REDACTED] LE was going to the home to retrieve the baby's bottle and pacifier for the autopsy.

TL [REDACTED] reported that there was no history on this mom or this family. She also reported that the only othe child in the home was the mother's 12 year old brother who reported that the baby was under the covers. CM [REDACTED] believes this brother to have some mental deficiencies and is not sure how credible his story is in that he later reported that he was asleep the whole time.

TL [REDACTED] also reported there were no bruises TL or marks on the baby with the exception of mongolian spots. The baby's father is hispanic. He does not live in the home and has not been contacted at this time. TL [REDACTED] reports that the dad is estranged from the family.

ACTION STEPS

- > Check with LE to see if CM [REDACTED] can go with them to the home as long as she is not needed at hospital to be with family.
 - * This was able to happen
- > Submit the Child Fatality report to the child fatality mailbox
 - * TL [REDACTED] reported this would be done as soon as CM [REDACTED] has access to a computer which she felt would be later this morning
- > CM [REDACTED] should engage the family to assist them should they need assitance in terms of grief counseling
- > Attempt to locate dad and engage him.



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: 01/25/2013

Contact Method: Correspondence

Contact Time: 04:20 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/02/2013

Completed date: 02/02/2013

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)**

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/02/2013 10:02 AM Entered By: [REDACTED]

Let it be noted that CPSI [REDACTED] did convene CPIT with Det. [REDACTED] with the [REDACTED] County Sheriffs Department upon arrival at the hospital. Det. [REDACTED] and CPSI [REDACTED] worked together to develop questioning and steps to be taken during the investigation.

9:00 am

CPSI [REDACTED] did convene CPIT with Assistant District Attorney, [REDACTED] regarding the fatality of [REDACTED]. CPSI [REDACTED] informed ADA [REDACTED] of the mother and familys statements along with all evidence obtained from the scene at the home. CPSI [REDACTED] did tell ADA [REDACTED] that at this point the cause of death is unknown and that there were no visible signs of abuse or neglect. ADA [REDACTED] informed CPSI [REDACTED] that we would discuss the case at the next CPIT meeting in February.



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: 01/25/2013 Contact Method:
 Contact Time: 04:06 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/02/2013
 Completed date: 02/02/2013 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: 02/02/2013 09:53 AM Entered By: [REDACTED]

On 1/25/13 4:06 am CST, a referral was assessed and assigned to [REDACTED] County CPS as a P1 Investigation by Central Intake with allegation of Lack of Supervision against Unknown. The alleged victim is [REDACTED]. The referral was assigned to CM [REDACTED]. Response is due on 1/26/13 5:06 am EST. The child is not of Native American descent. The referent was notified. A TFACTS search was completed on this date by CM [REDACTED]. Notification of the case assignment was provided to Juvenile Court by TL [REDACTED].

TFACTS History:
None

In order to engage the family, this CM explained to them that some concerns had been reported to DCS and that this CM was in the home to discuss these concerns with the family. In addition, I explained to the family the MRS/Investigative process.

All appropriate forms have been discussed, signed, and are in the file (HIPPA, Native American Veto, Notification of Equal Access, Releases of Information, and Client Right Handbook).

Family Composition:

[REDACTED] child/victim
 DOB: [REDACTED]
 SS#: [REDACTED]
 DOD: 1/25/13

[REDACTED]-maternal uncle
 DOB: [REDACTED]
 Address: [REDACTED]

[REDACTED]-mother
 DOB: [REDACTED]
 SS#: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Address: [REDACTED]

[REDACTED] maternal grandmother

DOB: [REDACTED]

SS#: [REDACTED]

Address: [REDACTED]

[REDACTED]-maternal grandfather

DOB: [REDACTED]

SS#: [REDACTED]

Address: [REDACTED]

[REDACTED] putative father of [REDACTED]

Possible DOB: [REDACTED]

Address: [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: 01/25/2013 Contact Method:
 Contact Time: 04:02 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/25/2013
 Completed date: 01/25/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/25/2013 06:54 AM Entered By: [REDACTED]

CM [REDACTED] contacted supervision at 4:02AM to report she had been contacted by law enforcement regarding a child/infant fatality. CM [REDACTED] is not on-call for [REDACTED] County but she will respond to [REDACTED] Medical Center.

CM [REDACTED] contacted supervision at 4:51AM to report there does not appear to be any known cause of death at this time. The infant was born on [REDACTED]. The infant was just seen at the doctor the day before due to having a cold. The infant was sleeping in the bed with the mother, which is not typically the case. The mother stated the infant ate at 10:00PM she was last awake with the child around 2:30AM. The mother awoke again at 3:30AM and that's when she noticed the infant was not breathing. The family contacted 911 immediately and the child was taken to [REDACTED] Medical Center.

The mother, [REDACTED], has a 12 year old brother named [REDACTED]. [REDACTED] commented that the blanket had been covering the infants face. This was explored by CM [REDACTED] and law enforcement and when questioned [REDACTED] did not know why he said this. [REDACTED] was asleep during the time of the incident and did not witness anything). CM [REDACTED] reported this child appears to have some delays and she questions the validity of his comment.

CM [REDACTED] reported there is no DCS history with this mother, infant or family.

The infants father, [REDACTED] is Hispanic and does not live in the home or visit with his child in the home due to conflict with the maternal grandfather. The infant was last at the fathers home on Sunday for a visit.

The mother lives in the home with her 12 year old brother and the maternal grandparents, [REDACTED] and [REDACTED]. The mother, [REDACTED] is 19 years old.

CM [REDACTED] contacted supervision at 6:25AM for an update. The infant is being sent to [REDACTED] for an autopsy. There are no known causes of death at this time. The infant does have a Mongolian birth mark above her butt. There are no other marks or injuries on the infant at this time. The doctors do not have a cause of death and will wait on the autopsy report.

CM [REDACTED] was unable to make a home visit due to the inclement weather on this day (1/25/13). CM [REDACTED] reported that law enforcement is going to the family home to obtain the infants bottle, pacifier and blanket per protocol for an



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

 infant death.

CM [REDACTED] will complete the Child Fatality Report and notify the appropriate persons.

Supervision completed a TFACTS history search on this family and found NO HISTORY.

Supervision contacted TC [REDACTED] at 6:38AM and reviewed the case information. TC [REDACTED] will notify RGC [REDACTED] of the infant death.

Supervision spoke with CM [REDACTED] at 6:50AM after she spoke with Administrative Captain, [REDACTED] of the [REDACTED] County Sheriffs Department. Cpt. [REDACTED] who also sits on the Child Fatality Review Board, will attempt to transport CM [REDACTED] to the family home for further investigation.

CM [REDACTED] contacted supervision at 7:26AM and reported she was unable to make it to the family home. The inclement weather (ice) is causing the vehicle to slide and they almost wrecked. Law enforcement is at the family home and CM [REDACTED] is communicating with them to make sure all the information is obtained and pictures are taken.



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: 01/25/2013 Contact Method: Face To Face
 Contact Time: 03:50 AM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 02/02/2013
 Completed date: 02/02/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Notation,Other Child Living in the Home
 Interview/Observation,Parent/Caretaker Interview,Referent Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/02/2013 09:05 AM Entered By: [REDACTED]

CPSI [REDACTED] was contacted by Lt. [REDACTED] at approximately 3:50 am ET to inform CPSI [REDACTED] that the [REDACTED] County Sheriff's Department responded to a non-responsive 6-week old infant at [REDACTED]. Lt. [REDACTED] stated that the maternal grandmother, [REDACTED] called 911 at 3:32 am [REDACTED] requesting an ambulance. Lt. [REDACTED] stated that the family reported that the baby was just taken to [REDACTED] on 1/24/13 at 1:30 pm due to the baby having a cough and possible cold. Lt. [REDACTED] stated that the baby had been crying often. Lt. [REDACTED] stated that the infant was in the bed with the mother according to the mother, grandmother, and 11-year old uncle. Lt. [REDACTED] stated that there was a bassinet in the mother's bedroom. Lt. [REDACTED] stated that the family reported that the mother only slept with the infant because she had been sick. Lt. [REDACTED] stated that the family reported that the doctor prescribed saline drops that the family purchased from Wal-mart on 1/24/13. Lt. [REDACTED] stated that the 11-year old uncle reported to him that the baby had a blanket over it's face and was probably "smothered". The mother and grandmother both denied that anything was on the infant's face.

Lt. [REDACTED] stated that upon observing the mother, [REDACTED] bedroom there was a bassinet in the room for the baby. Lt. [REDACTED] stated that the family move the bassinet from the mothers room to the grandparents bedroom. Lt. [REDACTED] stated that the pacifier was laying in the moms bed, there was a big blanket wadded up at the top of the mothers bed, and the babies blanket appeared to be laying at the foot of the bed.

4:20 am [REDACTED]
 CPSI [REDACTED] arrived at [REDACTED] Hospital Emergency Room in [REDACTED]. CPSI [REDACTED] observed medical staff attempting to revive the baby. CPSI [REDACTED] observed medical staff call time of death at 4:40 am [REDACTED]. An autopsy was requested and ordered by Dr. [REDACTED] who stated that the cause of death is unknown at this time.

CPSI [REDACTED] talked to RN [REDACTED] who was one of the nurses that worked on reviving the baby, [REDACTED]. He stated that there didnt appear to be any signs of abuse or trauma but they wouldnt know more until after the autopsy.

5:15 am [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

CPSI [REDACTED] Det. [REDACTED] with the [REDACTED] County Sheriffs Department, and Coroner, [REDACTED] observed the infant, [REDACTED] at [REDACTED] Hospital emergency room. CPSI [REDACTED] took several pictures of the deceased infant. CPSI [REDACTED] didn't observe any visible marks or bruises. The infant did appear to be discolored in that she was pale and blue in spots, mainly the face, parts of her back, and ears. The baby did appear to be clean and was dressed in clean age appropriate pajamas. She did appear to have a mongolian spot which the nurse confirmed above the buttocks that had black hair on it. The baby did appear to have a runny nose and her cheeks appeared to be somewhat chaffed.

Let it be noted that CPSI [REDACTED] did convene CPIT with Det. [REDACTED] with the [REDACTED] County Sheriffs Department upon arrival at the hospital. Det. [REDACTED] and CPSI [REDACTED] worked together to develop questioning and steps to be taken during the investigation.

5:45 am [REDACTED]

CPSI [REDACTED] and Det. [REDACTED] introduced ourselves to the family, the mother, [REDACTED] the maternal grandparents, [REDACTED] and [REDACTED] the maternal uncle, 11-year old [REDACTED] and the putative father, [REDACTED] CPSI [REDACTED] expressed my condolences to the family and explained to them that I was sorry but due to the situation that myself along with Det. [REDACTED] would need to obtain statements from them and that we would get them on their way home as soon as possible due to the ice storm that was fixing to hit our town.

CPSI [REDACTED] and Det. [REDACTED] interviewed the mother, [REDACTED]. CPSI [REDACTED] discussed the MRS Process with Ms. [REDACTED] and explained the allegation in the referral. CPSI [REDACTED] discussed the appropriate forms with Ms. [REDACTED] (HIPPA, Native American Veto, Notification of Equal Access, Releases of Information, and Client Right Handbook). CPSI [REDACTED] obtained demographic information on the family. CPSI [REDACTED] asked Ms. [REDACTED] if Mr. [REDACTED] was on [REDACTED] birth certificate and she said no. CPSI [REDACTED] asked Ms. [REDACTED] if he was the father and she said that she was 100% sure that he is the father.

CPSI [REDACTED] asked Ms. [REDACTED] who all lives in her home. She said that she lives in her parents, [REDACTED] and [REDACTED] home with her brother, 11-year old [REDACTED] CPSI [REDACTED] asked how often Mr. [REDACTED] visited the child and she said that her father, [REDACTED] didnt allow [REDACTED] to come to her house so she would take [REDACTED] to his house on [REDACTED] (address unknown) in [REDACTED] TN at least once a week and that [REDACTED] would sometime go to doctor appointments with her and [REDACTED] CPSI [REDACTED] asked Ms. [REDACTED] when the last time was that [REDACTED] was at [REDACTED] house and she said that they were both there on last Sunday which would have been on 1/20/13. CPSI [REDACTED] asked who all lived in [REDACTED] house and she said that he had a male friend that lived with him but she didnt know his name. CPSI [REDACTED] asked Ms. [REDACTED] if she ever left [REDACTED] with [REDACTED] alone and she said no, I was always there. CPSI [REDACTED] asked Ms. [REDACTED] where [REDACTED] was born and she said that she was born at [REDACTED] Hospital. CPSI [REDACTED] what [REDACTED] weighed when she was born and she said that she weighed 7 pounds and 12 ounces and was 19 1/2 inches in length. CPSI [REDACTED] asked Ms. [REDACTED] who delivered [REDACTED] and she said Dr. [REDACTED] said that she still sees Dr. [REDACTED] as she had a c-section and it hadnt closed all of the way. She said that once that gets healed that she is going to have her gallbladder removed. CPSI [REDACTED] asked Ms. [REDACTED] if she is prescribed any medication and she said that Dr. [REDACTED] prescribed her Hydrocodone to help with pain. CPSI [REDACTED] asked Ms. [REDACTED] if she has any pills left and she said that she has only taken a couple and the last time she took a pill was the last time she went to the doctor on 1/14/13. She said that she has been vomiting so she usually throws any food or medication up after she takes it. CPSI [REDACTED] asked Ms. [REDACTED] if she has the bottle with her and she said no, its at home in the front of [REDACTED] diaper bag. CPSI [REDACTED] asked Ms. [REDACTED] how [REDACTED] had been doing. She said that she had been sick with a cough. She said that she took her to Dr. [REDACTED] yesterday around 1:30 pm because her cough had gotten so bad. CPSI [REDACTED] asked [REDACTED] what [REDACTED] weighed at the doctor yesterday and she said she weighed 9 pounds and 9 ounces. She said that [REDACTED] could barely breathe and she would cough so hard that she would choke. She said that her nose was stopped up. CPSI [REDACTED] asked Ms. [REDACTED] what Dr. [REDACTED] said and she said that he just prescribed her some saline nose drops that they bought at Wal-mart. CPSI [REDACTED] asked Ms. [REDACTED] to tell myself and Det. [REDACTED] what all happened after they took [REDACTED] to the doctor and she said that they got back home between 4:30 and 5:00 pm and she held [REDACTED] while her mom, [REDACTED] put a drop of saline in each nostril. She said that [REDACTED] was still fussy as she had been over the past couple of days and that she had been crying a lot. CPSI [REDACTED] asked Ms. [REDACTED] if [REDACTED] had a fever and she said not that I know of. CPSI [REDACTED] asked Ms. [REDACTED] what time she fed [REDACTED] and she said that she fed her when they got home after she had her medicine and she ate a 4 ounce bottle. She said that [REDACTED] eats 4 ounces every 3-hours. She said that her mom fed her first, then she [REDACTED] was taking a bath and she held [REDACTED] in the bathtub with her while her mom washed [REDACTED] She said that her mom had [REDACTED] while she finished her bath. She said that she fed the baby again



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

around 10:00 pm. She said that [REDACTED] only ate 3 ounces at that feeding. CPSI [REDACTED] asked [REDACTED] if she burped [REDACTED] and she said yes and she burped good. CPSI [REDACTED] asked if [REDACTED] had a history of reflux and she said no. [REDACTED] said that she laid down with [REDACTED] around 10:00 pm after she fed her and burped her. She said that she did have [REDACTED] in her [REDACTED] bed. She said that she got up with [REDACTED] around 1:30 am and rocked her because she was crying and fussy. She said that [REDACTED] normally sleeps in her bassinet but since she was sick she wanted her right with her. CPSI [REDACTED] asked [REDACTED] to describe how she and [REDACTED] were laying in the bed. [REDACTED] said that she was laying on her right side and [REDACTED] was laying on her left side with her body on the bed but her head on her [REDACTED] right arm. She said that they laid back down around 2:00 am and [REDACTED] was sucking on her passy and looking at the TV. [REDACTED] said that she went to sleep and something told me to wake up and check on her. She said that when she checked on [REDACTED] her pacifier was laying beside of her and she felt her, and didnt think she was breathing. She said that she picked her up and she wasnt breathing. She said that she started screaming for her mom. She said that her mom, [REDACTED] came into the room and took [REDACTED] to the living room. She said that her mom tried to perform CPR on [REDACTED]. She said that her mom or dad called 911 and the ambulance came. CPSI [REDACTED] asked [REDACTED] what time she noticed that [REDACTED] wasnt breathing and she said it was sometime after 3:00 am. CPSI [REDACTED] asked [REDACTED] if she noticed a blanket or anything covering or partially covering [REDACTED] face and she said no. CPSI [REDACTED] asked [REDACTED] if she ever got frustrated with [REDACTED] and she said when I would get tired my mom would help me. CPSI [REDACTED] asked [REDACTED] if [REDACTED] had been left alone with anyone since she was born and she said that she has always been with her and if her parents or [REDACTED] was with her she was always around. [REDACTED] stated that no one had done anything intentionally or accidentally to [REDACTED] to harm her. CPSI [REDACTED] asked [REDACTED] if she graduated from school and she said that she is a Senior at [REDACTED] High School and is currently being home schooled. CPSI [REDACTED] asked [REDACTED] if [REDACTED] works and she said that he works in construction but that he has been supportive. CPSI [REDACTED] asked [REDACTED] if DCS has ever been involved with her family and she said, no. CPSI [REDACTED] asked [REDACTED] if she has ever been charged as an adult or juvenile with a crime or had ever been to court and she said no. [REDACTED] appeared to be very emotional during the interview due to having crying spells during the interview. CPSI [REDACTED] did tell the mother that if she wanted to attend grief counseling to let me know and I would assist her in getting that scheduled. CPSI [REDACTED] again apologized for having to talk to her during this time but she stated that she understood.

CPSI [REDACTED] was informed that the weather hadnt gotten hazardous outside and Det. [REDACTED] informed CPSI [REDACTED] that he would go to the home to take pictures and formally interview the grandparents and uncle and would call CPSI [REDACTED]

6:20 am [REDACTED]

CPSI [REDACTED] did contact TL [REDACTED] [REDACTED] to inform her that the weather hadnt gotten hazardous and Det. [REDACTED] was going to the home with an officer that had 4-wheel drive. TL [REDACTED] informed CPSI [REDACTED] to go home and stay in contact with Det. [REDACTED]

6:50 am [REDACTED]

TC [REDACTED] had requested that CPSI [REDACTED] attempt to go to the home by allowing law enforcement to pick CPSI [REDACTED] up. CPSI [REDACTED] contacted Administrative Captain with the [REDACTED] County Sheriffs Department who had called CPSI [REDACTED] regarding the child death. Captain [REDACTED] picked CPSI [REDACTED] and attempted to take CPSI [REDACTED] to the family home but due to extreme icing on the roads he lost control and almost went into a ditch. Captain [REDACTED] informed CPSI [REDACTED] that the roads were too bad to travel and too CPSI [REDACTED] back home.

7:20 am [REDACTED]

Det. [REDACTED] contacted CPSI [REDACTED] from the family home on this date. Det. [REDACTED] stated that he photographed the bedroom, took pictures of the saline drops that had been prescribed to [REDACTED] took pictures of the mother, [REDACTED] Hydrocodone bottle, conducted a pill count. He stated that the pills were filled on 1/7/13 with a Qty of 15 and she 13 pills left. Det. [REDACTED] stated that he took two bottles, which were from the last two feedings, an adult size blanket, and the pacifier. CPSI [REDACTED] asked Det. [REDACTED] if he noticed fluid or stains on the blanket and he said that there was a stain that was dry. Det. [REDACTED] completed the interviews of the immediate family.

CPSI [REDACTED] did talk with the family at the hospital briefly but Det. [REDACTED] obtained formal statements.

Det. [REDACTED] talked to the maternal grandfather, [REDACTED] who stated that they took the infant to [REDACTED] on 1/24/13 around 1:30 pm for a cough and possible cold and that the doctor prescribed saline drops. Mr. [REDACTED] stated that sometime after 3:00 am [REDACTED] yelled for them saying that [REDACTED] wasnt breathing. Mr. [REDACTED] called 911 right after that and gave the phone to his wife who was performing CPR on [REDACTED]



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 1/25/13 3:04 AM

Date of Assessment: 2/11/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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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: _____



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Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 1/25/13 3:04 AM

Date of Assessment: 1/25/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



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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.
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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.

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