



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

Case # 2013.066

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	9/29/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	09/29/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Birth Mother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	n/a		
If child is in DCS custody, list placement type and name:	n/a					

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

On September 29, 2013 The Department received on call referral # ██████████ from TL ██████████ alleging Lack of Supervision and Neglect Death of ██████████ (4 mos) and the alleged perpetrator is reported as ██████████ for the LOS and an Unknown Perpetrator is reported for the Neglect Death.

Reporter's name/relationship: Inv. ██████████ ██████████
 ██████████ ██████████

Reporter states:

This will serve as notification that the ██████████ Medical Examiner's Office is investigating the death of ██████████ (DOB ██████████). This 4 month old was found unresponsive on a fold out couch at 0305 hrs on the morning of 09/29/13. Paramedics from ██████████ Fire Department confirmed asystole at 0310 hrs at ██████████ and death was pronounced at 0515 hrs by Inv. ██████████. A scene investigation was conducted by this office and the ██████████ Police Department and the decedent's remains were transported to this office for autopsy. The cause/manner of death is pending at this time. The mother's name is ██████████ (DOB ██████████, SSN ██████████). The decedent was sleeping on the fold out couch with his mother and four other children. Our case is # ██████████

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

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

Describe (in detail) interview with family:

9/30/2013 10:30 am CPSI observed ██████████ (6), ██████████ (2) and ██████████ (3) at the DCS office located at ██████████. CPSI observed siblings to be dresses appropriately with no visible signs of abuse or neglect.

██████████ reported that she and her visited and spend the night with her mothers friend ██████████ on Saturday night 9/28/2013. She reports that she and her sibling where put to bed on the let out bed at Ms. ██████████ home. She reports that she was placed on the corner end of the sofa sleeper and on her other side was her baby brother, ██████████ (4 mos). She reports that her mother was on the other side of him. She reports that her sister ██████████ (2) was on the other side of her mom. She reports that ██████████ was asleep on his stomach.

██████████ went on to report that she was awaken by her mother screaming stating that her mother had gotten up to fix her brother a bottle and that her brother was dead. ██████████ reported that this is to her knowledge what happened.

CPSI observed ██████████ alone and she spoke freely without hesitation when discussing her relocation of the last 24-hours. CPSI observed parent/child interaction to be appropriate.

Birth mother, ██████████ (DOB; ██████████) reported that on Saturday night 9/28/2013 she visited with her childhood friend ██████████ at ██████████. She reports that she put her four children and Ms. ██████████ 2-year old daughter to sleep on the "full size" let out couch in Ms. ██████████ living room around 9 pm. She reports that she and Ms. ██████████ was her Ms. ██████████ bedroom catching up until around midnight reporting that she could see the children from Ms. ██████████

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

bedroom. Ms. [redacted] went on to report that she laid on the same let out couch with the five children around 12 am reporting that she laid in between her daughter [redacted] and [redacted] reporting that [redacted] was still breathing at the time. (CPSI had Ms. [redacted] draw a picture to give an idea of the sleeping arrangement). Ms. [redacted] stated that [redacted] was asleep on his side facing her when she woke up around 3 am to use the restroom and although he usually sleeps thru the night she decided to go ahead and fix him a bottle reporting that she was for sure rather or not he was still breathing when she got up to use the restroom but at that time she noticed [redacted] rolled onto his stomach and remained sleep to her knowledge. She reports that after she fixed his bottle she picked him up and heard his arm "popped" this CPSI asked her to explain what she meant by stating his arm popped. Ms. [redacted] made reference stating that "just like of you cracked your knuckles" in her opinion that is what it sounded like but she noticed that his arm then fell limp. She reported that he was warm but appeared not to be breathing and this is when she began screaming and everyone woke up. She reports that her friend Ms. [redacted] dialed 911 and they were instructed to perform CPR until the paramedics arrived reporting that he was pronounced DOA and transported to the [redacted] Examiners Office.

Ms. [redacted] went on to state the [redacted] was born full term (40-weeks) weigh a little over 7lbs with no pre existing medical problems reporting that [redacted] was discharged the following day along with her. She reports that [redacted] slept in the bed with her until his time of death. She reports that his Primary Care Physician is Dr [redacted]

Ms. [redacted] states that I early September she'd taken [redacted] to [redacted] because he had a cough that she described as a "grown persons cough." She reports that when he coughed it sounded like he was out of breath and trying to grasp for air reporting that he was seen at [redacted] and they were told that it was a common cold and that this cough would subside within 2-3 weeks and was discharged 3 hours later. Ms. [redacted] stated that the cough had not gotten any better therefore she'd scheduled an appointment with his PCP Dr. [redacted] for 10/3/2013 at 10 am.

Ms. [redacted] went on to report that on 9/26/2013 she and the children were on their way to the park and her three year [redacted] was pushing the stroller with [redacted] in it when they came to a curve and the stroller fell over with [redacted] in it and [redacted] fell on top off it. She reports that [redacted] had a scratch on his upper forehead area, nothing in her opinion that required medical attention.

Home Composition:

- [redacted] DOB: [redacted] SSN: [redacted] (BM, AP)
- [redacted] DOB: [redacted] sibling ([redacted] (BF) [redacted] [redacted]
- [redacted] DOB: [redacted] sibling (BF) [redacted] [redacted]
- [redacted] DOB: [redacted] sibling, (BF) [redacted]
- [redacted] DOB: [redacted] client, (BF) [redacted]

Home Address: [redacted]

[redacted]

Dr [redacted] PCP)

[redacted]
[redacted]
[redacted]

References:

- [redacted] (MGM) [redacted]
- [redacted] non relative) [redacted]

Other Adults in the home,
Maternal Uncles:

[REDACTED] and [REDACTED]

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

Describe disposition of body (Death):

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

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

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

Type: [REDACTED] Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:

n/a

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

Three remaining sibling are still in the custody of the birth mother

Name: [REDACTED] Age: 6

Name: [REDACTED] Age: 3

Name: [REDACTED] Age: 2

Name: [REDACTED] Age:

Name: [REDACTED] Age:

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

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

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

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

Contact Person: [REDACTED] Telephone Number: [REDACTED]

Case Manager: [REDACTED] Telephone Number: [REDACTED]

Team Leader: [REDACTED] Telephone Number: [REDACTED]

Team Coordinator: [REDACTED] Telephone Number: [REDACTED]

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

Intake #:

[REDACTED]

Investigation #:

[REDACTED]

Date of Referral:

Case # 2013.066
7/2/2013

Email to:

[REDACTED]

within forty-eight (48) hours of notification

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



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 09/29/2013 10:10 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 09/29/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 09/30/2013 12:02 PM
 First Team Leader Assigned: [REDACTED] Date/Time 09/30/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 09/30/2013 12:00 AM

Allegations

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

Referent(s)

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

Referent Address:

Referent Phone Number:

Type of Contact: Facsimile

Notification: None

Narrative: TFACTS: No history found based on information provided in referral.

Family Case IDs:

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Indicated No

Fatality No



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

Screened out 3

History (not listed above): None

DUPLICATE REFERRAL: No

County: [REDACTED]
 Notification: None
 School/ Daycare: Unknown
 Native American Descent: Unknown
 Directions: None Given

****This child is not in custody.****

Reporters name/relationship: Inv. [REDACTED]
 [REDACTED] Referral/Entered Verbatim

Reporter states:

This will serve as notification that the [REDACTED] Medical Examiners Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 4 month old was found unresponsive on a fold out couch at 0305 hrs on the morning of 09/29/13. Paramedics from [REDACTED] Fire Department confirmed asystole at 0310 hrs at [REDACTED] and death was pronounced at 0515 hrs by Inv. [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]). The decedent was sleeping on the fold out couch with his mother and four other children. Our case is # [REDACTED]

Per SDM: Investigation Track/P1
 [REDACTED] @ 10:30 p.m. on 9/29/13

A copy of this referral was sent to the Notification Group for Child Deaths and Child Near Deaths. The Notification Group includes the following: [REDACTED]

In addition, [REDACTED] and the [REDACTED] were also notified via email.

On Call TL [REDACTED] was notified about this referral at 10:46 p.m. by CM 3 [REDACTED]



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

Participant(s)

Name: [REDACTED]
Gender: [REDACTED] **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: [REDACTED] **Race:** Unable to **Age:** 0 Yrs
Address: [REDACTED]
Deceased Date: 09/29/2013
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: [REDACTED] **Race:** [REDACTED] **Age:** 27 Yrs
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
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

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:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 09/29/2013

Assignment Date: 09/30/2013

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			
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
								12/20/2013
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
								12/20/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegations unsubstantiated/ perpetrator unsubstantiated.

D. Case Workers

Case Worker: [REDACTED]

Date: 12/20/2013

Team Leader: [REDACTED]

Date: 12/20/2013

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:

AVC is deceased.

The other children in the home report being safe. The home was appropriate with furnishing, decorations, beds for the children and no safety hazards. The children were observed with no signs of neglect or abuse.

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 report by the medical examiner shows that the death of [REDACTED] could not be determined.

[REDACTED] the Maternal grandmother reported that Ms. [REDACTED] has always taken good care of her children. Ms. [REDACTED] reports that the children are always clean and the mother takes pride in her children. Ms. [REDACTED] states that Ms. [REDACTED] was excited about her baby and would never have done anything to hurt him.



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

Case Name : ██████████

Investigation ID: ██████████

██████████ a friend of the family states that he has known Ms. ██████████ for years and has seen her with her children. Mr. ██████████ voiced no concerns for the children and reports that they are always well taken care of by their mother.

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

██████████ (DOB: ██████████) reported that on Saturday night 9/28/2013 she visited with her childhood friend ██████████ at ██████████. She reports that she put her four children and Ms. ██████████ 2-year old daughter to sleep on the full size let out couch in Ms. ██████████ living room around 9 pm. She reports that she and Ms. ██████████ was her Ms. ██████████ bedroom catching up until around midnight reporting that she could see the children from Ms. ██████████ bedroom. Ms. ██████████ went on to report that she laid on the same let out couch with the five children around 12 am reporting that she laid in between her daughter ██████████ and ██████████ reporting that ██████████ was still breathing at the time. (CPSI had Ms. ██████████ draw a picture to give an idea of the sleeping arrangement). Ms. ██████████ stated that ██████████ was asleep on his side facing her when she woke up around 3 am to use the restroom and although he usually sleeps thru the night she decided to go ahead and fix him a bottle reporting that she was for sure rather or not he was still breathing when she got up to use the restroom but at that time she noticed ██████████ rolled onto his stomach and remained sleep to her knowledge. She reports that after she fixed his bottle she picked him up and heard his arm popped this CPSI asked her to explain what she meant by stating his arm popped. Ms. ██████████ made reference stating that just like of you cracked your knuckles in her opinion that is what it sounded like but she noticed that his arm then fell limp. She reported that he was warm but appeared not to be breathing and this is when she began screaming and everyone woke up. She reports that her friend ██████████ dialed 911 and they were instructed to perform CPR until the paramedics arrived reporting that he was pronounced DOA and transported to the ██████████ Examiners Office.

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

There are no additional witness accounts to indicate child abuse/ neglect

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

There is no evidence to support the allegations. The cause of death could not be determined.

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: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/24/2013

Contact Method:

Contact Time: 07:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/24/2013

Completed date: 12/24/2013

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: 12/24/2013 07:53 PM Entered By: [REDACTED]

This CPS/CPIT investigation has been complete by CPSI [REDACTED] [REDACTED] in regard to the reported allegation of neglect death and lack of supervision.

CPSI [REDACTED] received the autopsy report and it stated that the cause of death could not be determined. The family was referred to [REDACTED] and [REDACTED] was placed in the home. No other safety concerns were noted by CPSI [REDACTED]

This case was presented to the CPIT Team on 12-4-13, and the allegation of neglect death was signed off on and classified as unsubstantiated due to the autopsy report. ADA [REDACTED] was present. The allegation of lack of supervision was also classified as unsubstantiated. Due to the allegation of neglect death and the age of [REDACTED] [REDACTED] this case will be submitted to IC [REDACTED] [REDACTED] for further review. Upon her approval a classified 740 will be sent to JC and to the DA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/20/2013 Contact Method:
 Contact Time: 01:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/20/2013
 Completed date: 12/20/2013 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: 12/20/2013 01:23 PM Entered By: [REDACTED]

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities.

The department received a referral fro the neglect death of [REDACTED] [REDACTED] by her mother [REDACTED] [REDACTED]. The investigation is complete. The autopsy report revealed that the cause of death could not be determined. The case was presented to the CPIT Review team and the allegations were approved and Allegations unsubstantiated/perpetrator unsubstantiated. Health Connect services were placed in the home for grief counseling for the mother and the children. No other safety concerns exist in the home.

Other tasks completed during the investigation:

Interview of Clients and sibling

Home visit made

Forms discussed and signed by mother: Hipaa, Equal Access, Native American, Clients rights, and MRS information given to the family

Community resources provided to the mother

Pictures were taken and placed in chart 9/20/2013

Collateral were positive for the mother Mrs. [REDACTED] and Mr. [REDACTED]

Referent contacted-. No additional concerns

Background checks complete on all adults involved with the children.

[REDACTED] Jssi- driving on suspended lic, violation of vehicle registration

Meth- No record

Sex Offender- No record

[REDACTED] - no jssi, meth, or sex offender records

[REDACTED] - no jssi, meth, or sex offender records

[REDACTED] - no jssi, meth, or sex offender.

Initial Safety Assessment completed on 10/1/2013

Final Assessment completed on 12/20/2013



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

FAST and Genogram complete and placed in Chart
Health Connect services placed in home for grief counseling.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/17/2013 Contact Method: Face To Face
 Contact Time: 05:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/20/2013
 Completed date: 12/20/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/20/2013 01:18 PM Entered By: [REDACTED]

Documentation of contact: CPSI [REDACTED] made a visit to the home of [REDACTED] [REDACTED] for a final visit with the family. CPSI [REDACTED] made Ms. [REDACTED] aware that the autopsy results had come in on her son and the findings were undetermined. Ms. [REDACTED] reports that she was glad to know that. Ms. [REDACTED] reports that everything is going well with the counseling with health connect and the children are all doing well adjusting to their little brother not being with them anymore.

Ms. [REDACTED] states that she has started looking for a job now and hopes she can find one before the new year. CPSI [REDACTED] provided the mother with the number for a temporary service that was hiring during the season and hopefully would have some temp to hire assignments. Ms. [REDACTED] reported needing no additional services from the department.

CPSI [REDACTED] talked to the other children in the home. The children were all leaning in on their mother while she was speaking with CPSI [REDACTED]. The children all reported being okay and said little more than that.

Observation: The home was clean with no safety hazards. The children were all clean with no sign of abuse and appeared to be bonded with their mother.

Plan: submit case for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/03/2013	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/20/2013
Completed date:	12/20/2013	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: 12/20/2013 01:11 PM Entered By: [REDACTED]

DCS handle and returned was presented to the CPIT review team along with a copy of the Autopsy report. The allegations were approved as AUPU....



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/02/2013

Contact Method:

Contact Time: 03:46 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/02/2013

Completed date: 12/02/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/02/2013 03:47 PM Entered By: [REDACTED]

CPSI [REDACTED] called the medical examiners office to check on the status of the autopsy report on this case. [REDACTED] with the medical examiners office stated that the report is completed and she mailed the report to CPSI [REDACTED] at [REDACTED] on 11/20/2013. CPSI [REDACTED] made [REDACTED] aware that she had not received the report as of yet. CPSI [REDACTED] will check mailboxes to see if report has been received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/19/2013

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/20/2013

Completed date: 12/20/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/20/2013 01:09 PM Entered By: [REDACTED]

[REDACTED] the Maternal grandmother reported that Ms. [REDACTED] has always taken good care of her children. Ms. [REDACTED] reports that the children are always clean and the mother takes pride in her children. Ms. [REDACTED] states that Ms. [REDACTED] was excited about her baby and would never have done anything to hurt him.

[REDACTED] a friend of the family states that he has known Ms. [REDACTED] for years and has seen her with her children. Mr. [REDACTED] voiced no concerns for the children and reports that they are always well taken care of by their mother.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2013

Contact Method:

Contact Time: 11:40 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/12/2013

Completed date: 11/12/2013

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: 11/12/2013 11:42 AM Entered By: [REDACTED]

The FAST and FFA were completed on this date and placed in chart.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2013

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/12/2013

Completed date: 11/12/2013

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: 11/12/2013 11:35 AM Entered By: [REDACTED]

CPSI [REDACTED] pulled Jssi, meth, and sex offender records on all adults in the home.

[REDACTED]
Jssi- driving on suspended lic, violation of vehicle registration

Meth- No record

Sex Offender- No record

[REDACTED] - no jssi, meth, or sex offender records

[REDACTED] - no jssi, meth, or sex offender records

[REDACTED] - no jssi, meth, or sex offender.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/12/2013

Completed date: 11/12/2013

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: 11/12/2013 12:19 PM Entered By: [REDACTED]

Conference/staffing:

CPSI [REDACTED] reported that she has conducted safety and wellbeing check on the [REDACTED] children and has observed them to be safe at this time. CPSI [REDACTED] has referred the family to [REDACTED] for counseling. CPSI [REDACTED] has requested that autopsy report and is waiting on it .



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/30/2013

Contact Method:

Contact Time: 10:22 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/30/2013

Completed date: 10/30/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/30/2013 10:23 AM Entered By: [REDACTED]

CPSI [REDACTED] checked with the [REDACTED] [REDACTED] Medical examiner's office. The Autopsy report is still pending as of this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/18/2013 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/30/2013
 Completed date: 10/30/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/30/2013 10:37 AM Entered By: [REDACTED]

Documentation of contact: CPSI [REDACTED] made a visit to the home at [REDACTED] to make contact with Ms. [REDACTED] and her children. Upon arrival at the home CPSI [REDACTED] introduced herself to Ms. [REDACTED] and made her aware of the status of the case. The mother inquired of CPSI [REDACTED] why the results of the autopsy was needed. CPSI [REDACTED] explained to the mother that this is the situation with every child death in [REDACTED] county and it is needed to determine to actual cause of death. The mother stated that she understood but felt that her child died of natural causes. CPSI [REDACTED] expressed her understanding but explained to the mother that it is required by law. CPSI [REDACTED] inquired about the referral for grief counseling made to [REDACTED] an the mother states that she did receive a phone call from [REDACTED] and an appointment has been made to start the counseling for herself and her other children. The mother expressed that this is something they really need.

The mother reports that she and her children reside in the home as well as her uncle's [REDACTED] and [REDACTED]. The mother states that her uncles help her with the children and the bills in the home. Ms. [REDACTED] described the home as a family home which is too large for her to keep up on her own without some help.

The father of [REDACTED] and [REDACTED] is [REDACTED]
 The father of [REDACTED] and [REDACTED] is [REDACTED]

CPSI [REDACTED] inquired of Ms. [REDACTED] if Mr. [REDACTED] will participate in the grief counseling and she stated that she was not sure but would ask and she hoped that he could attend some of the sessions with them.

Ms. [REDACTED] stated that at this time the family had no additional needs from the department.

Observation: CPSI [REDACTED] observed the home to be clean with no safety hazards. The home is a large home with plenty of room for the family. The children share a room. [REDACTED] sleeps in the room with his mother. Also present in the room was a crib for [REDACTED]. The home had working utilities and adequate food. The home was well furnished and well decorated throughout.

Plan: wait on autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/15/2013

Contact Method:

Contact Time: 01:42 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/15/2013

Completed date: 10/15/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2013 01:43 PM Entered By: [REDACTED]

CPSi [REDACTED] completed a referral to [REDACTED] for In home Grief counseling for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/15/2013 Contact Method: Phone Call
 Contact Time: 01:20 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/15/2013
 Completed date: 10/15/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2013 01:32 PM Entered By: [REDACTED]

Documentation of contact: CPSI [REDACTED] contacted [REDACTED] [REDACTED] via phone on this date. CPSI [REDACTED] introduced herself to the mother and made her aware that she is the assigned investigator on the case. CPSI [REDACTED] inquired of the mother about herself and her children and she reported that everyone is doing fine. CPSI [REDACTED] inquired of the mother about the services for her baby and the mother reported that the funeral was held 10/5/2013. CPSI [REDACTED] inquired of the mother if she or the children needed grief counseling. The mother states that yes, she and her older two children are in need of grief counseling. The mother states that her older two children ask about the baby all of the time. CPSI [REDACTED] made the mother aware that she will find some grief counseling for her and the children. CPSI [REDACTED] set up an appointment to meet with the family on 10/18/2013 @ 4:30 pm.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/10/2013

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/10/2013

Completed date: 10/10/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/10/2013 10:19 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted the medical examiners office to obtain the status of the autopsy report on this case. CPSI [REDACTED] was made aware that the autopsy report is not ready and is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/01/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/01/2013

Completed date: 10/01/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/01/2013 12:33 PM Entered By: [REDACTED]

CPSI [REDACTED] reviewed the notes from CPSI [REDACTED] and printed a copy of the notes, fatality report, and pictures for the chart.
 CPSI [REDACTED] sent an email to CPSI [REDACTED] inquiring if a CFTM has been set up for the family.

Narrative Type: Addendum 2 Entry Date/Time: 10/01/2013 12:39 PM Entered By: [REDACTED]

Email response from CPSI [REDACTED] stating that nothing legal was done so no CFTM was scheduled. CPSI [REDACTED] staffed this with TL [REDACTED] who made CPSI [REDACTED] aware to followup with the mother about the other children in the home and their sleeping arrangements, and to determine services needed for the family.

Narrative Type: Addendum 1 Entry Date/Time: 10/01/2013 12:34 PM Entered By: [REDACTED]

CPSI [REDACTED] also sent a request to the Medical Examiner for a copy of the autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/01/2013	Contact Method:	Correspondence
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/12/2013
Completed date:	11/12/2013	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: 11/12/2013 11:16 AM Entered By: [REDACTED]

Stamped referral from morning CPIT. Referral stamped DCS to handle and Return October 15, 2013



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/01/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/12/2013

Completed date: 11/12/2013

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: 11/12/2013 11:43 AM Entered By: [REDACTED]

The initial safety assessment was completed on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/01/2013

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/01/2013

Completed date: 10/01/2013

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: 10/01/2013 10:34 AM Entered By: [REDACTED]

Confernece/staffing:

LI [REDACTED] informed CPSI [REDACTED] of referral regarding neglect death of [REDACTED]. CPSI was informed that CPSI [REDACTED] had one out on the case on call and submitted her on call notes. CPSI [REDACTED] was directed to get with CPSI [REDACTED] to get background information and review the on call notes.. CPSI [REDACTED] was informed that the CPSI [REDACTED] completed the fatality report and will set up CFTM. CPSI and [REDACTED] and LI will have to attend the CFTM. CPSI [REDACTED] will need to follow up with the family and see if there are any services warranted. CPSI [REDACTED] will also have to request the autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/30/2013

Contact Method: Attempted Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/20/2013

Completed date: 12/20/2013

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: 12/20/2013 01:26 PM Entered By: [REDACTED]

No contact information for the referent.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/30/2013

Contact Method:

Contact Time: 12:02 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/12/2013

Completed date: 11/12/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/12/2013 12:25 PM Entered By: [REDACTED]

P1 referral was called in to Central Intake on 9-29-13, at 10:10p.m. Case assigned to Team 19 on 9-30-13, at 12:02p.m. with the allegations of neglect death and lack of supervision regard to [REDACTED] [REDACTED] 4 months old. The alleged perpetrator is [REDACTED] [REDACTED] mother (LOS) and unknown (ND).

Response is due on 9-30-13, at 10:10p.m. On 9/30/2013, at 12:16 am CPSI [REDACTED] [REDACTED] on call CPSI made unsuccessful telephone contact with the referent. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.

Case assigned to CPSI [REDACTED] [REDACTED] by IL [REDACTED] This case will reach on thirty days on 10-28-13, and sixty days on 11-27-13.

TFACTS history: No Hx



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/30/2013

Contact Method: Face To Face

Contact Time: 11:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/30/2013

Completed date: 09/30/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview, Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2013 03:34 PM Entered By: [REDACTED]

Birth mother, [REDACTED] (DOB: [REDACTED]) reported that on Saturday night 9/28/2013 she visited with her childhood friend [REDACTED] at [REDACTED]. She reports that she put her four children and Ms. [REDACTED] 2-year old daughter to sleep on the full size let out couch in Ms. [REDACTED] living room around 9 pm. She reports that she and Ms. [REDACTED] was her Ms. [REDACTED] bedroom catching up until around midnight reporting that she could see the children from Ms. [REDACTED] bedroom. Ms. [REDACTED] went on to report that she laid on the same let out couch with the five children around 12 am reporting that she laid in between her daughter [REDACTED] and [REDACTED] reporting that [REDACTED] was still breathing at the time. (CPSI had Ms. [REDACTED] draw a picture to give an idea of the sleeping arrangement). Ms. [REDACTED] stated that [REDACTED] was asleep on his side facing her when she woke up around 3 am to use the restroom and although he usually sleeps thru the night she decided to go ahead and fix him a bottle reporting that she was for sure rather or not he was still breathing when she got up to use the restroom but at that time she noticed [REDACTED] rolled onto his stomach and remained sleep to her knowledge. She reports that after she fixed his bottle she picked him up and heard his arm popped this CPSI asked her to explain what she meant by stating his arm popped. Ms. [REDACTED] made reference stating that just like of you cracked your knuckles in her opinion that is what it sounded like but she noticed that his arm then fell limp. She reported that he was warm but appeared not to be breathing and this is when she began screaming and everyone woke up. She reports that her friend Ms. [REDACTED] dialed 911 and they were instructed to perform CPR until the paramedics arrived reporting that he was pronounced DOA and transported to the [REDACTED] Examiners Office.

Ms. [REDACTED] went on to state the [REDACTED] was born full term (40-weeks) weigh a little over 7lbs with no pre existing medical problems reporting that [REDACTED] was discharged the following day along with her. She reports that [REDACTED] slept in the bed with her until his time of death. She reports that his Primary Care Physician is Dr [REDACTED]. Ms. [REDACTED] states that I early September shed taken [REDACTED] to [REDACTED] because he had a cough that she described as a grown persons cough. She reports that when he coughed it sounded like he was out of breath and trying to grasp for air reporting that he was seen at [REDACTED] and they were told that it was a common cold and that this cough would subside within 2-3 weeks and was discharged 3 hours later. Ms. [REDACTED] stated that the cough had not gotten any better therefore shed scheduled an appointment with his PCP Dr. [REDACTED] or 10/3/2013 at 10 am.

Ms. [REDACTED] went on to report that on 9/26/2013 she and the children were on their way to the park and her three



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

year [REDACTED] was pushing the stroller with [REDACTED] in it when they came to a curve and the stroller fell over with [REDACTED] in it and [REDACTED] fell on top off it. She reports that [REDACTED] had a scratch on his upper forehead area, nothing in her opinion that required medical attention.

Home Composition:

[REDACTED] DOB: [REDACTED] SSN: [REDACTED] (BM, AP)
[REDACTED] DOB: [REDACTED] sibling ([REDACTED]) (BF)
[REDACTED] DOB: [REDACTED] sibling (BF)
[REDACTED] DOB: [REDACTED] sibling, (BF)
[REDACTED] DOB: [REDACTED] client, (BF)

Home Address: [REDACTED]
[REDACTED]

Dr [REDACTED] (PCP)
[REDACTED]

References:
[REDACTED] (MGM [REDACTED])
[REDACTED] (non relative) [REDACTED]

Other Adults in the home,
Maternal Uncles:
[REDACTED] and [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2013	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/30/2013
Completed date:	09/30/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2013 03:32 PM Entered By: [REDACTED]

9/30/2013 10:30 am CPSI observed [REDACTED] (6), [REDACTED] (2) and [REDACTED] (3) at the DCS office located at [REDACTED]. CPSI observed siblings to be dresses appropriately with no visible signs of abuse or neglect. [REDACTED] reported that she and her visited and spend the night with her mothers friend [REDACTED] on Saturday night 9/28/2013. She reports that she and her sibling where put to bed on the let out bed at Ms. [REDACTED] home. She reports that she was placed on the corner end of the sofa sleeper and on her other side was her baby brother, [REDACTED] (4 mos). She reports that her mother was on the other side of him. She reports that her sister [REDACTED] (2) was on the other side of her mom. She reports that [REDACTED] was asleep on his stomach. [REDACTED] went on to report that she was awoken by her mother screaming stating that her mother had gotten up to fix her brother a bottle and that her brother was dead. [REDACTED] reported that this is to her knowledge what happened. CPSI observed [REDACTED] alone and she spoke freely without hesitation when discussing her relocation of the last 24-hours. CPSI observed parent/child interaction to be appropriate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/30/2013

Contact Method: Phone Call

Contact Time: 09:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/30/2013

Completed date: 09/30/2013

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: 09/30/2013 03:30 PM Entered By: [REDACTED]

9/30/2013 9:45 am CPSI spoke with [REDACTED] [REDACTED] (BM) reporting that she was visiting a friend at this address but and the children could be at the DCS satellite office located at [REDACTED] within 20 minutes.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/30/2013

Contact Method:

Contact Time: 08:10 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/30/2013

Completed date: 09/30/2013

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: 09/30/2013 03:27 PM Entered By: [REDACTED]

9/30/2013 8 am CPSI received a telephone call from Ms. [REDACTED] stating the she resides in the home located on [REDACTED] but the family in question does not. She reports that the mother [REDACTED] is a friend of hers and was visiting her home on yesterday. She provided this CPSI with the telephone number for Ms. [REDACTED] and had no further information to provide this CPSI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/30/2013

Contact Method:

Contact Time: 12:16 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/30/2013

Completed date: 09/30/2013

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: 09/30/2013 03:27 PM Entered By: [REDACTED]

9/30/2013 12:15 am There are no telephone numbers provided for the family. CPSI was provided a telephone number form TL [REDACTED] for the referent. [REDACTED]

9/30/2013 12:16 am CPSI made unsuccessful telephone contact with the referent. The telephone number provided [REDACTED] is for the [REDACTED] Medical Examiners Office and the office is closed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2013	Contact Method:	Attempted Face To Face
Contact Time:	12:10 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	09/30/2013
Completed date:	09/30/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2013 03:25 PM Entered By: [REDACTED]

9/30/2013 12:10 am CPSI made unsuccessful telephone contact with family at reported home address located at [REDACTED]
[REDACTED] CPSI left contact info on the front door of the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/29/2013

Contact Method:

Contact Time: 11:02 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/30/2013

Completed date: 09/30/2013

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: 09/30/2013 03:25 PM Entered By: [REDACTED]

9/29/2013 11:02 pm CPSI received on call referral # [REDACTED] from TL [REDACTED] alleging Lack of Supervision and Neglect Death of [REDACTED] (4 mos) and the alleged perpetrator is reported as [REDACTED] for the LOS and an Unknown Perpetrator is reported for the Neglect Death.

Reporters name/relationship: Inv. [REDACTED]
 [REDACTED] Verbatim

Reporter states:

This will serve as notification that the [REDACTED] Medical Examiners Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 4 month old was found unresponsive on a fold out couch at 0305 hrs on the morning of 09/29/13. Paramedics from [REDACTED] Fire Department confirmed asystole at 0310 hrs at [REDACTED] and death was pronounced at 0515 hrs by Inv. [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department and the decedents remains were transported to this office for autopsy. The cause/manner of death is pending at this time. The mothers name is [REDACTED] (DOB [REDACTED], SSN [REDACTED]). The decedent was sleeping on the fold out couch with his mother and four other children. Our case is # [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 11/12/2013 11:51 AM Entered By: [REDACTED]

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse resulting from direct action of the childs caretaker or the consequence of the childs caretakers failure to stop another persons direct action that resulted in the death of a child.

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities.

DCS Policy defines Lack of Supervision as a failure to provide adequate supervision by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that the child has been placed in a situation that requires actions beyond the childs level of maturity, physical ability, and/or mental ability; or the Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills). Lack of



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Supervision is also defined as any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

InveCPSI [REDACTED] is assigned the following P1 referral by LI [REDACTED]

Alleged victims [REDACTED]

ACV dob 5/3/2013

ACV Siblings/ DOB

[REDACTED]

Alleged Perpetrator [REDACTED]

AP relation to ACV: Birth Mother

At the time the referral is received there is no prior DCS history for the [REDACTED] Children.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker: [REDACTED]
 Date of Referral: 9/29/13 10:10 PM Date of Assessment: 10/1/13 12:00 AM
 Assessment Type: Initial Closing Other Number of Children in the Household: 4

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.



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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: _____