Case # 2013.096ph

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 07/10/2013 12:52 PM CT

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 07/10/2013

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 07/10/2013 03:35 PM

First Team Leader Assigned: [redacted] Date/Time 07/10/2013 12:00 AM

First Case Manager [redacted] Date/Time 07/10/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	11 Mos	Neglect Death	Yes	Unknown Participant [redacted] Unknown	None

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address: [redacted]

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS:

Family Case ID: [redacted]

Open Court Custody/FSS/FCIP: Yes

Children in DCS Emergency Custody 10/5/2012- Adjudication: Dependent/Neglect:

[redacted]

Closed Court Custody No

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

Notation in TFACTS: Services continuing through FSW [redacted] in [redacted]

Prior INV/ASMT of Abuse: 0
Prior INV/ASMT of Neglect: 6
Prior INV/ASMT of both Abuse & Neglect: 2

Resource Linkage: 0
Screen Outs: 1

Open CPS: No

Indicated:
(Investigation # [redacted] Allegation: DEI/Date: 6-11-2013/Perpetrator Name: [redacted]
(Investigation # [redacted] Allegation: DEC & LOS/Date: 10-5-2012/Perpetrator Name: [redacted] & [redacted]

History:
10/30/2010-# [redacted] LOS & PYA-No Services Needed
12/2/2009-# [redacted] DEC-No Services Needed
7/10/2009-# [redacted] MDM-No Services Needed
5/14/2009-# [redacted] DEC-No Services Needed
1/27/2003-# [redacted] SEE & DEC-AUPU
2/4/2002-# [redacted] Minor PHA & Physical Neglect-Inappropriate Allegation

Fatality: No

DUPLICATE REFERRAL: No

County: [redacted]
Notification: Letter
School/ Daycare: N/A
Native American Descent: Unknown
Directions: None

Reporters name/relationship: [redacted]

Reporter states:
[redacted] (38 days old) is the child of [redacted] (29). The maternal Grandmother ([redacted] 44) may live in the home with [redacted] It is unknown who [redacted] was living with at the time of this incident. The address given for him was the address on hospital paperwork and it is different than the ones provided for [redacted] and [redacted] There are no other known children in the home.

[redacted] was admitted to the Emergency Room at [redacted] Medical Center at 11:26 a.m. today. [redacted] was rushed by ambulance to the Medical Center, but the family members (unknown) were held at the home by police for questioning. Police are currently at the home with the family, but the home environment/condition is unknown. There are no other known fatalities, known police involvement or hospital history. Reporter has not been to the home and no other patterns of neglect/abuse are known involving [redacted]

The diagnosis for [redacted] today was cardiac arrest. [redacted] passed away shortly after being admitted (unknown time). It is unknown what caused [redacted] to go into cardiac arrest. An autopsy is going to be completed.

When [redacted] was born the hospital gave [redacted] a car seat to take him home in. [redacted] and [redacted] tested negative at birth for all substances. [redacted] tested positive for Suboxone during prenatal care, but it is unknown if she was prescribed the medication.

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

The referent was not informed of any bruises or marks on [redacted] at the time of death. [redacted] was not born with any health conditions. The referent has not observed the body and is reporting what was reported to her by medical staff. There are no other known circumstances/concerns surrounding the death.

The police and [redacted] DCS were contacted today and they are at the home investigating household members.

The referent does not have any additional information.

Special Needs: None reported.

County group emailed.
Per SDM: Investigative Track, P1, [redacted] TL on 7-10-13 @ 2:11 pm

Notified Child Fatality Group:
CI Director [redacted]

[redacted] and RA [redacted] were copied on the notification email.

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

Participant(s)

Name: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: White | Age: 29 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: | Race: White | Age: 11 Mos

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:

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

Name: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: Unable to | 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:

Name: Unknown Participant [redacted] Unknown

Gender: | Date of Birth: | Partipant ID: [redacted]

SSN: | Race: Unable to | Age:

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:

Case # 2013.096ph

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: 07/10/2013

Assignment Date: 07/10/2013

Street Adress: [redacted],

City/State/Zip: [redacted]

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted]	Neglect Death	[redacted]	[redacted]	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 02/18/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: 07/09/2012 Case Closure: CPSI has completed the 740, FAST, safety assessment and all other investigative tasks. The allegations of neglect death are being substantiated. Per work aid one: Per work aid one: any death caused by abuse resulting from direct action of the child caretaker . The result of acv death per the autopsy report was as follows: based on the scene investigation, complete autopsy findings and laboratory studies, the cause of death is asphyxia in beanbag due to an unsafe sleeping environment.

D. Case Workers

Case Worker: [redacted]

Date: 02/18/2014

Team Leader: [redacted]

Date: 02/19/2014

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:

ACV passed on 07/10/2013 while in the care of the mother, [redacted] ACV was not seen/observed by department.

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

[redacted] blood was sampled/collected on 07/10/13. The results of the test were positive for methamphetamine (.08 ug/ml). BAC was .18
Per the final autopsy reported, : " based on the scene of investagation, complete autposy findings, and laboratory studies, the cause of death is asphxia in beanbag due to unsafe sleeping enviroment.

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

Tennessee Department of Children's Services

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

Case Name : [redacted] **Investigation ID:** [redacted]

AP was not interviewed the department. Was reported by LE that Ms. [redacted] and the other children including the baby had been swimming all day. Mrs. [redacted] reported that she uses a bean bag for the baby often to sleep in. Mrs. [redacted] reported that at 11pm to 12am baby was asleep in the bean bag that was on the bed. Mrs. [redacted] was in the shower. Then she goes to bed and had the baby on her right side still in the bean bag and then [redacted] on her left side in the same bed. At about 2am baby wakes and is fed by Ms. [redacted] Bottle was found by LE. When Mrs. [redacted] goes back to bed [redacted] is now in the middle of the bed and mom gets in on the other side of [redacted] so now it is baby in bean bag, then [redacted] and then mom in the bed. About 1040am a call to LE was received and according to [redacted] he came in to the home, mom was asleep. All of the children were asleep. He wakes mom, she asks where the baby is and they find the bean bag on the floor with the babys legs sticking out. [redacted] stated that mom appeared to be disorientated. He is unsure whether mom was under the influence or just from having woken up. Det. stated that the GMA [redacted] made a comment that mom had taken some Clairton but then re-canted.

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

[redacted] (38 days old) is the child of [redacted] (29). The maternal Grandmother ([redacted] 44) may live in the home with [redacted] It is unknown who [redacted] was living with at the time of this incident. The address given for him was the address on hospital paperwork and it is different than the ones provided for [redacted] and [redacted] There are no other known children in the home.
[redacted] was admitted to the Emergency Room at [redacted] Medical Center at 11:26 a.m. today. [redacted] was rushed by ambulance to the Medical Center, but the family members (unknown) were held at the home by police for questioning. Police are currently at the home with the family, but the home environment/condition is unknown. There are no other known fatalities, known police involvement or hospital history. Reporter has not been to the home and no other patterns of neglect/abuse are known involving [redacted]
The diagnosis for [redacted] today was cardiac arrest. [redacted] passed away shortly after being admitted (unknown time). It is unknown what caused [redacted] to go into cardiac arrest. An autopsy is going to be completed.
When [redacted] was born the hospital gave [redacted] a car seat to take him home in. [redacted] and [redacted] tested negative at birth for all substances. [redacted] tested positive for Suboxone during prenatal care, but it is unknown if she was prescribed the medication.
The referent was not informed of any bruises or marks on [redacted] at the time of death. [redacted] was not born with any health conditions. The referent has not observed the body and is reporting what was reported to her by medical staff. There are no other known circumstances/concerns surrounding the death.
The police and [redacted] DCS were contacted today and they are at the home investigating household members.

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

Per work aid one: any death caused by abuse resulting from driect action of the child caretaker . The result of acv death per the autopsy report was as follows: based on the scen investigation, complete autopsy findings and laboratory studies, the cause of death is asphyxia in beanbag due to an unsafe sleeping enviroment.

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:	02/18/2014	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/18/2014
Completed date:	02/18/2014	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/18/2014 05:00 PM Entered By: [redacted]

07/09/2012 Case Closure: Case Manager (CM) [redacted] has completed the 740, FAST, safety assessment and all other investigative tasks. The allegations of neglect death are being substantiated. Per work aid one: Per work aid one: any death caused by abuse resulting from direct action of the child caretaker . The result of acv death per the autopsy report was as follows: based on the scene investigation, complete autopsy findings and laboratory studies, the cause of death is asphyxia in beanbag due to an unsafe sleeping environment. Letter A was mailed to the last known address of the mother: [redacted] Jail.

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:	02/18/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/18/2014
Completed date:	02/18/2014	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: 02/18/2014 04:57 PM Entered By: [redacted]

On 2/18/2013 Child Protective Investigative Team (CPIT), present for the meeting were Case Manager (CM [redacted] The team agreed the allegations neglect death could be substaniated. The case was refered for prosecution.

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:	01/31/2014	Contact Method:	Correspondence
Contact Time:	10:50 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/31/2014
Completed date:	01/31/2014	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/31/2014 09:58 AM Entered By: [redacted]

CM reviewed the Offical toxicology report from the TBI lab and the final autopsy report obtained from the medical examiner. A full copy of the report is contained in the case file.

CM noted the following in reference to both reports:

[redacted] blood was sampled/collected on 07/10/13. The results of the test were positive for methamphetamine (.08 ug/ml).

Per the final autopsy reported, : " based on the scene of investagation, complete autposy findings, and laboratory studies, the cause of death is asphxia in beanbag due to unsafe sleeping enviroment.

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:	01/24/2014	Contact Method:	Phone Call
Contact Time:	04:30 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/25/2014
Completed date:	01/25/2014	Completed By:	[redacted]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] Det. [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/25/2014 10:17 AM Entered By: [redacted]

CM was contacted by Det. [redacted] of [redacted] PD. CM was advised that the drug screen had been positive for Meth and that DA was possibly looking to charge. CM advised that he would let TL [redacted] know of the update. CM was advised also that the autopsy was returned. CM was advised that a copy would be faxed over to his office on Monday for his case file.

CM did contact TL [redacted] an advised her of the positive drug screen for Meth.

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:	01/24/2014	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/24/2014
Completed date:	01/24/2014	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: 01/24/2014 11:36 AM Entered By: [redacted]

CM was notified that autopsy has been completed. CM is requesting a copy and case will be presented t[redacted] for closure.

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:	01/24/2014	Contact Method:	Correspondence
Contact Time:	09:57 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/24/2014
Completed date:	01/24/2014	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/24/2014 08:59 AM Entered By: [redacted]

CM faxed a request for the autopsy report to the medical examiner office at [redacted] provided to the cm by Nurse consultant [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:	01/07/2014	Contact Method:	Correspondence
Contact Time:	10:37 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/08/2014
Completed date:	01/08/2014	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] Det. [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2014 06:37 AM Entered By: [redacted]

CM recieved a fax from Det. [redacted] with [redacted]PD. The fax contained the offical alcohol report for Ms. [redacted] The sample blood sample was collected on 07/10/2013 at 8:05 p.m. and sent to on 07/15/2013. The blood was analyzed on 08/02/13 at 10:53 am. The substance type was ETHYL Alcohol (gram %) with and amount of .19 . The report was completed by Special Agent/Forensic Scientist [redacted] with the TBI.

Det. [redacted] also informed the CM that there was nothing back yet on the autopsy and the drug screen was also not back.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	10/28/2013	Contact Method:	
Contact Time:	11:24 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/28/2013
Completed date:	10/28/2013	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: 10/28/2013 10:25 AM Entered By: [redacted]

BAC was returned and the mother was reported to be under the influence of alcohol. The final report has [redacted] ained yet form PF Det [redacted] CPIT will satff on 11/5/13

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:	08/22/2013	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/26/2013
Completed date:	08/26/2013	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/26/2013 08:54 AM Entered By: [redacted]

CM contacted Det. [redacted] at [redacted] PD. Det. [redacted] informed the CM that the BAC was not back yet. Det. [redacted] agreed to contact the CM once it was back.

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:	07/31/2013	Contact Method:	Phone Call
Contact Time:	11:40 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/31/2013
Completed date:	07/31/2013	Completed By:	[redacted]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] Det. [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2013 03:49 PM Entered By: [redacted]

CM contacted Det. [redacted] with [redacted]PD. Cm explained that he had spoken with the sibling of the deceased. CM explained that [redacted] did admitt to being in the bed with the mother and acv. However the children did not devulge any new information. CM did advise that the grandmother did mention that the mother had taken clartin and possibly consumed vodka. Det. [redacted] stated that the grandmother had mentioned the drinking but back peddled when pushed about the information. Det. [redacted] advised that he would contact the cm once the blood work was back.

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:	07/30/2013	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/30/2013
Completed date:	07/30/2013	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: 07/30/2013 10:08 AM Entered By: [redacted]

7/30/13 CM reported that [redacted] have been interviewed on this date and they had no information as to wha[redacted] did confirm sleeping in the bed with mom and the baby. GMA stated that she was not in the trailer at the time. Mom had taken a Clairton for a head ache and then took another one. Mom had been cleaning and there was dust that may have caused the sinus headache. GMA stated that the reason mom was hesitant to do the blood draw requested by LE was because she had been drinking. There was a bottle of Vodka the grandmother states was the mother's. It is unknown if the drinking happened prior to the death or during the time that the death occurred. Autopsy is still pending as well as the blood draw.

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:	07/30/2013	Contact Method:	Face To Face
Contact Time:	09:20 AM	Contact Duration:	Less than 01 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/30/2013
Completed date:	07/30/2013	Completed By:	[redacted]

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

Contact Type(s): Collateral Contact,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2013 01:36 PM Entered By: [redacted]

CM arrived at the family home located at [redacted] CM was met at the door by [redacted] stated that she as the caregiver of the other four [redacted] children: [redacted] and [redacted]

CM observed both [redacted] and [redacted] at this time an no concerns were noted.

Interview with [redacted]
[redacted] appeared without any immediate harm factors. CM explained that he was with the department of children services and that he was not in any trouble. CM asked if he had any brother and sisters. [redacted] identified [redacted] and [redacted] . CM asked if she had any other siblings. [redacted] stated a brother but he was not here. [redacted] advised the CM that [redacted] was deceased but could not tell the cm what had occurred. [redacted] did stated that she was sleep in the bed with the mother, and acv.

Interview with [redacted]
[redacted] appeared to just of woken up when the CM arrived. [redacted] advised the cm that he had stayed up late last night and was still tired. CM explained that he was with the department of children services and that he was not in any trouble. CM asked if he had any brother and sisters. [redacted] identified [redacted] and [redacted] CM asked if he had any other siblings. [redacted] stated that he had a brother but he was no longer living. CM asked what happed to him. [redacted] stated that he suffocated. CM asked how he knew that. [redacted] stated that he overheard the parents talking about it. [redacted] advised that CM that he had went to sleep in the camper after helping his mother clean it out. [redacted] could not tell the cm where the acv was sleeping or where anyone else was sleeping. [redacted] did advise that that his brother had a pack n play and a crib.

CM was allowed to view the camper in the company of the legal guardian [redacted] informed the cm that the mother had taken a clartin for a headache after cleaning out the camper. CM was advised by Ms. [redacted] that the mother had had been up all night and went back to the camper later that day and possibly took another clartin. [redacted] admitted that that [redacted] and [redacted] were in the camper at the time of the incident. [redacted] advised that cm that the mother did not want to take the blood test due to her possibly consuming Vodka with the medication. CM observed a vodka bottle in the fridge of the camper. Cm observed the sleeping space where the event occurred. A

Tennessee Department of Children's Services

Case Recording Summary

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

queen size mattress is in the middle of the room with two small dressers on the left hand side. [redacted] advised that the child was alleged to of been in a beanbag on the left corner of the bed. [redacted] stated that the mother has since taken home the beanbag and it was alleged to be sleeping with it.

CM obtained a phone number for [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:	07/11/2013	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 02 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[redacted]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 02:51 PM Entered By: [redacted]

[redacted] Fatality:

7/11/13 230pm
Collateral conatct with Det. [redacted] at [redacted] Police Department:

CM reports that Det. [redacted] reported that during mothers interview she stated that the family, mom and the other children including the baby had been swimming all day. Mom reported that she uses a bean bag for the baby often to sleep in. Mom reported that at 11pm to 12am baby was asleep in the bean bag that was on the bed. Mom was in the shower. Mom goes to bed and had the baby on her right side still in the bean bag and then [redacted] on her left side in the same bed. At about 2am baby wakes and mom feeds baby. Bottle was found by LE. When mom goes back to bed [redacted] is now in the middle of the bed and mom gets in on the other side of trinity so now it is baby in bean bag, then [redacted] and then mom in the bed. About 1040am a call to LE was received and according to [redacted] he came in to the home, mom was asleep. All of the children were asleep. He wakes mom, she asks where the baby is and they find the bean bag on the floor with the babys legs sticking out. [redacted] stated that mom appeared to be disorientated. He is unsure whether mom was under the influence or just from having woken up. Det. stated that the GMA [redacted] made a comment that mom had taken some Clairton but then re-canted.

Det. obtained a search warrant for the mothers blood test due to the mother refusing the screen when asked and based on the statements of [redacted] her history of drug use and based on his training and experience in child abuse cases. Det. [redacted] stated that he believes that this is a possible incident where [redacted] could have kicked the bean bag with the baby off the bed in her sleep by accident.

Det. [redacted] stated that even if the test comes back positive, due to the mother having gone to the home and been unsupervised in-between the time that the original request was made for the blood test and the time of the actual testing, he cannot swear that any substances found were not ingested or used after the fact. Urine was not completed due [redacted] making a comment that mom would pass a UDS because she had urine from another person to pass a drug screen in her possession.

CM and Det. [redacted] discussed the interviews of the siblings and agreed to wait till next week to allow time for the children to cope with this trauma. TL and CM discussed next steps. Mother will also be interviewed again next week

Tennessee Department of Children's Services

Case Recording Summary

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

by DCS. Father will be located and interviewed as a part of the investigation. Foster Care worker is making any needed referrals for mental health services for the children and the mother.

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:	07/11/2013	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/11/2013
Completed date:	07/11/2013	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: 07/11/2013 02:49 PM Entered By: [redacted]

[redacted] Fatality:

CM reports that Det. [redacted] reported that during mothers interview she stated that the family, mom and the other children including the baby had been swimming all day. Mom reported that she uses a bean bag for the baby often to sleep in. Mom reported that at 11pm to 12am baby was asleep in the bean bag that was on the bed. Mom was in the shower. Mom goes to bed and had the baby on her right side still in the bean bag and then [redacted] on her left side in the same bed. At about 2am baby wakes and mom feeds baby. Bottle was found by LE. When mom goes back to bed [redacted] is now in the middle of the bed and mom gets in on the other side of trinity so now it is baby in bean bag, then [redacted] and then mom in the bed. About 1040am a call to LE was received and according to [redacted] he came in to the home, mom was asleep. All of the children were asleep. He wakes mom, she asks where the baby is and they find the bean bag on the floor with the babys legs sticking out. [redacted] stated that mom appeared to be disorientated. He is unsure whether mom was under the influence or just from having woken up. Det. stated that the GMA [redacted] made a comment that mom had taken some Clairton but then re-canted.

Det. obtained a search warrant for the mothers blood test due to the mother refusing the screen when asked and based on the statements of [redacted] her history of drug use and based on his training and experience in child abuse cases. Det. [redacted] stated that he believes that this is a possible incident where [redacted] could have kicked the bean bag with the baby off the bed in her sleep by accident.

Det. [redacted] stated that even if the test comes back positive, due to the mother having gone to the home and been unsupervised in-between the time that the original request was made for the blood test and the time of the actual testing, he cannot swear that any substances found were not ingested or used after the fact. Urine was not completed due [redacted] making a comment that mom would pass a UDS because she had urine from another person to pass a drug screen in her possession.

CM and Det. [redacted] discussed the interviews of the siblings and agreed to wait till next week to allow time for the children to cope with this trauma. Mother will also be interviewed again next week by DCS. Father will be located and interviewed as a part of the investigation. Foster Care worker is making any needed referrals for mental health services for the children and the mother.

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:	07/11/2013	Contact Method:	Face To Face
Contact Time:	11:05 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[redacted]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 10:07 AM Entered By: [redacted]

Per work aid 2 the CM is not required to lay eyes on the deceased child.

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:	07/11/2013	Contact Method:	Phone Call
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 10:14 AM Entered By: [redacted]

Cm was contacted by [redacted] the SW with [redacted] Medical. CM was advised that it is believed at this time the acv was DOA and the EMT were simply trying to revive the acv. [redacted] stated that the ER SW would have more information regarding the case and can be reached at [redacted] Ms. [redacted] stated that the OBGYN for the mother was Dr. [redacted] and that while the mother had tested one time for suboxone the meconium drug screen was negative. Ms. [redacted] agreed to fac a cm of the records she had in her care.

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:	07/11/2013	Contact Method:	Phone Call
Contact Time:	10:50 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 10:09 AM Entered By: [redacted]

CM contacted the referent about the allegations of neglect death. The referent had nothing else to add to the orginal referral.

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:	07/11/2013	Contact Method:	Correspondence
Contact Time:	10:29 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 10:05 AM Entered By: [redacted]

Case Manager (CM) [redacted] did convene the Child Protective Investigative Team (CPIT) This CM did fax a copy of the CPS Intake to the District Attorney's Office, [redacted] Police Department, and to [redacted] Child Advocacy Center. per the conversation with Det. [redacted] with [redacted] PD CM will be meeting with the Det. on 07/11/2013 or 07/15/2013.

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:	07/11/2013	Contact Method:	
Contact Time:	09:27 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 09:21 AM Entered By: [redacted]

CM[redacted] and TL[redacted] completed the notification of child fatality or near fatality. The report was faxed to the office of Child safety [redacted] . A copy is contained in the case file.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/11/2013	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2013
Completed date:	07/11/2013	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: 07/11/2013 09:17 AM Entered By: [redacted]

Cm was notified by CM [redacted] that the mother had been arrested last night but he did not know what for.

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:	07/11/2013	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2013
Completed date:	07/11/2013	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 10:23 AM Entered By: [redacted]

Family Name:
Family Composition:

Name:	DOB	SS#	Race	
[redacted]		[redacted]	[redacted]	W/H
[redacted]		[redacted]	[redacted]	W

Address: [redacted]

Phone: [redacted]

Schools Attended: N/A

Primary Care Physicians: Dr. [redacted]

Other Care Providers:

Referral and Date: 07/10/2013
[redacted] (38 days old) is the child of [redacted] (29). The maternal Grandmother [redacted] 44) may live in the home with [redacted] It is unknown who [redacted] was living with at the time of this incident. The address given for him was the address on hospital paperwork and it is different than the ones provided for [redacted] and [redacted] There are no other known children in the home.

[redacted] was admitted to the Emergency Room at [redacted] Medical Center at 11:26 a.m. today. [redacted] was rushed by ambulance to the Medical Center, but the family members (unknown) were held at the home by police for questioning. Police are currently at the home with the family, but the home environment/condition is unknown. There are no other known fatalities, known police involvement or hospital history. Reporter has not been to the home and no other patterns of neglect/abuse are known involving [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted]

The diagnosis for [redacted] today was cardiac arrest. [redacted] passed away shortly after being admitted (unknown time). It is unknown what caused [redacted] to go into cardiac arrest. An autopsy is going to be completed.

When [redacted] was born the hospital gave [redacted] a car seat to take him home in. [redacted] and [redacted] tested negative at birth for all substances. [redacted] tested positive for Suboxone during prenatal care, but it is unknown if she was prescribed the medication.
The referent was not informed of any bruises or marks on [redacted] at the time of death. [redacted] was not born with any health conditions. The referent has not observed the body and is reporting what was reported to her by medical staff. There are no other known circumstances/concerns surrounding the death.
The police and [redacted] DCS were contacted today and they are at the home investigating ho Notified Child Fatality Group: [redacted] and RA [redacted] were copied on the notification email. usehold members.

This case came to the attention of the Department on 0710/2013 and was assigned to CM [redacted] on 07/11/2013 as a P1. Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification is made to the District Attorneys Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff).

TFACTS History :

Family Case ID: [redacted]
Open Court Custody/FSS/FCIP: Yes
Children in DCS Emergency Custody 10/5/2012- Adjudication: Dependent/Neglect: [redacted]
Closed Court Custody No
Notation in TFACTS: Services continuing through FSW [redacted] in [redacted]
Prior INV/ASMT of Abuse: 0
Prior INV/ASMT of Neglect: 6
Prior INV/ASMT of both Abuse & Neglect: 2
Resource Linkage: 0
Screen Outs: 1
Open CPS: No
Indicated:
(Investigation # [redacted] Allegation: DEI/Date: 6-11-2013/Perpetrator Name: [redacted]
(Investigation # [redacted] Allegation: DEC & LOS/Date: 10-5-2012/Perpetrator Name: [redacted] & [redacted]
History:
10/30/2010-# [redacted] LOS & PYA-No Services Needed
12/2/2009-# [redacted] DEC-No Services Needed
7/10/2009-# [redacted] MDM-No Services Needed
5/14/2009-# [redacted] DEC-No Services Needed
1/27/2003-# [redacted] SEE & DEC-AUPU
2/4/2002-# [redacted] Minor PHA & Physical Neglect-Inappropriate Allegation

Fatality: No

Case Manager (CM) [redacted] did submit the initial SDM on 07/11/2013

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:	07/10/2013	Contact Method:	Phone Call
Contact Time:	06:30 PM	Contact Duration:	Less than 01 Hour
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] Det. [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 09:03 AM Entered By: [redacted]

CM contacted Det. [redacted] with [redacted]FD following the refferal being received by intake and TL [redacted] contacting this CM.

Det [redacted] informed the CM that he was on his way to meet with Judge [redacted] in order to get a search warrant to draw blood for a drug screen. CM explained that there had been allegations of drug use within the family. CM explained that the mother had past a random drug screen by FSW [redacted] on 06/11/2013, but the grandmother had been postive for THC and oxycodone. Det. [redacted] stated that the mother was refusing to a drug sceen and that was the reason for the warrant. Still at this time Det. [redacted] belived the death was accidental. CM was advised that the friend of the family [redacted] had arrived a the camper, located in the direct vicinty of the foster home, in the morning. According to Det. [redacted] the mother woke up and asked where her baby was. That was when the acv was discovered wrap around the bean bag. Furthermore, that it would take two to three months to get the blood work back on the mother. Det. [redacted] advised that the if the mother was under teh influence he was possible looking to charge the mother with neglect.

CM advised that he would meet with the det. tomorrow to get copies of the interviews and if need be conduct interviews on the children in custody with FSW [redacted]

CM contacted TL [redacted] and explained that still at this time with death was looking accidential but the mother was refusing a drug screen.

CM contacted FSW [redacted] and asked if there had been any other updates on the case. FSW [redacted] stated that the mother had been in violation of a court possibly by having over night visitation with the children. FSW [redacted] explained that she could not belive the mother would outright cause the death of her child due to her being so close to getting her children back out of custody. CM was adivsed that the Mr. [redacted] had spoken with the mother and want to keep the child/acv the day before the incident. Furthermore that the mother had stated to someone that she just needed to unwinded and that it was possible she had been under the influence of some naracotic at the time of death. FSW [redacted] informed the CM that a SIU case not being opened up also and that the children are staying in that foster home. CM CM was also stated that a friend of the mother had by with sinus medication .

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:	07/10/2013	Contact Method:	Phone Call
Contact Time:	01:07 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[redacted]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] Det. [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 09:01 AM Entered By: [redacted]

Cm contacted Det. [redacted] of [redacted] Police Department. Det. [redacted] confirmed the child fatality and informed the cm that at this point in time it appear to be an accidental death. Det. [redacted] advised that the child had been found in a camper located on the pigeon forge sevier county line. CM explained that he had just closed the case and saw the Acv almost a week ago and no concerns had been noted and a FSW [redacted] was still working with the family. Det. [redacted] stated that he had spoken with Ms. [redacted] and that he belived she was out at the house. Det. [redacted] advised he was interview the family at this time at [redacted] Medical. After speaking the TL [redacted] it was decided that a referral needed to be called in to central intake. Det. [redacted] stated he would do so after the interviews were conducted.

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:	07/10/2013	Contact Method:	Phone Call
Contact Time:	01:03 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] Det. [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 08:54 AM Entered By: [redacted]

Cm was contacted Det. [redacted] of [redacted] PD. Det. [redacted] informed the CM that there in facted had been a child fatality in [redacted] SO [redacted] involving the family. Det. [redacted] stated that the alleged event occured at approximently 10:24 a.m. Det. [redacted] stated that [redacted] Police Department was working the case.

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:	07/10/2013	Contact Method:	Phone Call
Contact Time:	12:33 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] Det. [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 08:46 AM Entered By: [redacted]

CM contacted Det. [redacted] of [redacted] SO to verify that a child fatality had occured in the county. CM was notfied by Det. [redacted] that a she was unaware of the any allaegation such as that.
CM contacted Det. [redacted] of [redacted] SD. CM asked if the Det. if he was aware of any fatality at the family home [redacted] Det. [redacted] stated he had not heard anything and but would check with dispatch for the city and if need be send a patrol officer out to the family home.

CM notifed TL [redacted] of the situation. TL [redacted] notifed TC [redacted] of the pending allegation. TC [redacted] explained that [redacted] had notifed RA [redacted] of the death.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/10/2013	Contact Method:	Phone Call
Contact Time:	09:31 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 08:37 AM Entered By: [redacted]

CM was contacted by FSW [redacted] on this date and time. FSW [redacted] asked the CM if his case was still open into the [redacted] family. CM explained that he had a closed out the case approximately a week ago after seeing the acv and speaking with the mother about the allegations against the grandmother. CM explained that he had indicated the grandmother for DEI and that a NCPP had been done with the family to insure safety. CM was notified at this time of a possible child fatality. CM asked what had occurred and when. According to third hand information, the acv, [redacted] had been found under a bean bag at the mother residence. CM asked if LE or a intake had been completed. FSW [redacted] informed the CM that she was on her way out to the house. CM explained that the would contact his TL and speak with her about the incident.

CM contacted TL [redacted] and explained that there was a possible child fatality in the county on a [redacted] CM explainde that he had just closed a case on the family approximently a week ago after seeing the child in the care of the mother and no concerns were noted by him. TL [redacted] informed the CM to return to the office and that they would staff the case.

CM contacted FSW [redacted] and asked if it had been confirmed that the acv had passed. FSW [redacted] stated she was on her way still to the house. CM explained that he would be in touch after speak/staffing the case with the TL.

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:	07/10/2013	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/31/2013
Completed date:	07/31/2013	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: 07/31/2013 08:26 AM Entered By: [redacted]

Family Name:
Family Composition:

Name:	DOB	SS#	Race	
[redacted]		[redacted]	[redacted]	W
[redacted]		[redacted]		W/H

Address: [redacted]

Phone: [redacted]

Schools Attended: N/A

Primary Care Physicians: [redacted]

Other Care Providers:

Referral and Date: 07/10/2013
[redacted] (38 days old) is the child of [redacted] (29). The maternal Grandmother [redacted] 44) may live in the home with [redacted] It is unknown who [redacted] was living with at the time of this incident. The address given for him was the address on hospital paperwork and it is different than the ones provided for [redacted] and [redacted] There are no other known children in the home.

[redacted] was admitted to the Emergency Room at [redacted] Medical Center at 11:26 a.m. today. [redacted] was rushed by ambulance to the Medical Center, but the family members (unknown) were held at the home by police for questioning. Police are currently at the home with the family, but the home environment/condition is unknown. There are no other known fatalities, known police involvement or hospital history. Reporter has not been to the home and no other patterns of neglect/abuse are known involving [redacted]

The diagnosis for [redacted] today was cardiac arrest. [redacted] passed away shortly after being admitted (unknown time). It is unknown what caused [redacted] to go into cardiac arrest. An autopsy is going to be completed.

Tennessee Department of Children's Services

Case Recording Summary

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

When [redacted] was born the hospital gave [redacted] a car seat to take him home in. [redacted] and [redacted] tested negative at birth for all substances. [redacted] tested positive for Suboxone during prenatal care, but it is unknown if she was prescribed the medication.

The referent was not informed of any bruises or marks on [redacted] at the time of death. [redacted] was not born with any health conditions. The referent has not observed the body and is reporting what was reported to her by medical staff. There are no other known circumstances/concerns surrounding the death.

The police and [redacted] DCS were contacted today and they are at the home investigating household members.

This case came to the attention of the Department on 07/10/2013 and was assigned to CM [redacted] on 07/10/2013 as a P1. Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification is made to the District Attorneys Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff).

1. National Sexual Offender Registry- These were completed on [redacted] and [redacted] There were no findings.
2. Tennessee Department of Health Vulnerable Persons (Abuse Registry)- These were completed on [redacted] and [redacted] .There were no findings.
3. TFACTS Database Search- These were completed on [redacted] and [redacted] . The following was found:

Family Case ID: [redacted]
Open Court Custody/FSS/FCIP: Yes
Children in DCS Emergency Custody 10/5/2012- Adjudication: Dependent/Neglect:
[redacted]
Closed Court Custody No
Notation in TFACTS: Services continuing through FSW [redacted] in [redacted]
Prior INV/ASMT of Abuse: 0
Prior INV/ASMT of Neglect: 6
Prior INV/ASMT of both Abuse & Neglect: 2
Resource Linkage: 0
Screen Outs: 1
Open CPS: No
Indicated:
(Investigation # [redacted] Allegation: DEI/Date: 6-11-2013/Perpetrator Name: [redacted]
(Investigation # [redacted] Allegation: DEC & LOS/Date: 10-5-2012/Perpetrator Name: [redacted] & [redacted]
History:
10/30/2010-# [redacted] LOS & PYA-No Services Needed
12/2/2009-# [redacted] DEC-No Services Needed
7/10/2009-# [redacted] MDM-No Services Needed
5/14/2009-# [redacted] DEC-No Services Needed
1/27/2003-# [redacted] SEE & DEC-AUPU
2/4/2002-# [redacted] Minor PHA & Physical Neglect-Inappropriate Allegation

4. Tennessee Felony Offender Registry- These were completed on [redacted] There were no findings.
5. Tennessee Meth Offender Registry- These were completed on [redacted] There were no findings

07/10/2013 SDM: The SDM, Safety Assessment was completed on this date and notes no immediate harm factors at this time. The child appears conditionally safe.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Created In Error
Contact Date:	01/07/2013	Contact Method:	Correspondence
Contact Time:	10:13 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/08/2014
Completed date:	01/08/2014	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] Det. [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2014 06:30 AM Entered By: [redacted]

CM recieved a fax from Det. [redacted] with [redacted]PD. The fax contained the offical alcohol report for Ms. [redacted] The sample blood sample was collected on 07/10/2013 at 8:05 p.m. and sent to on 07/15/2013. The blood was analyzed on 08/02/13 at 10:53 am. The substance type was ETHYL Alcohol (gram %) with and amount of .19 . The report was completed by Special Agent/Forensic Scientist [redacted] with the TBI.

Det. [redacted] also informed the CM that there was nothing back yet on the autopsy and the drug screen was also not back.

Narrative Type: Created In Error Entry Date/Time: 01/08/2014 06:36 AM Entered By: [redacted]

wrong date.

Case # 2013.096ph

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Assessment

Family Name: [redacted] [redacted]

TN DCS Intake ID #: [redacted]

County: [redacted]

Worker: [redacted] [redacted]

Date of Referral: 6/11/13 9:55 AM

Date of Assessment: 7/1/13 12:00 AM

Assessment Type: [X] Iinitial [ ] 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		
[ ]	[X]	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.
[ ]	[X]	2.	Child sexual abuse is suspected,and circumstances suggest that the child's safety may be of immediate concern.
[ ]	[X]	3.	Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
[ ]	[X]	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.
[ ]	[X]	5.	The family refuses access to the child, or there is reason to believe that the family is about to flee.
[ ]	[X]	6.	Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
[ ]	[X]	7.	The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
[ ]	[X]	8.	Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
[ ]	[X]	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

- [ ] [X] 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.
- [ ] [X] 11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
- [ ] [X] 12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
- [ ] [X] 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 umber for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Section 3: Safety Decision

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

[X] 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.

[X] 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:** _____

Case # 2013.096ph

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Assessment

Family Name: [redacted]

County: [redacted]

Date of Referral: 7/10/13 12:52 PM

Assessment Type: [X] Iinitial [ ] Closing [ ] Other

TN DCS Intake ID #: [redacted]

Worker: [redacted]

Date of Assessment: 7/11/13 12:00 AM

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		
[X]	[ ]	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. [X] 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.
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[ ]	[X]	8.	Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
[ ]	[X]	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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- [ ] [X] 13. Other (specify)

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

Section 2: Safety Interventions

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- [ ] 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.
- [X] 8. Other (Specify): acv passed on 07/10/2013

Protective Custody Interventions:

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

Tennessee Department of Children's Services

SDM ™ Safety Assessment

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☒ 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:

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Children Not Removed

Case Manager: _____ **Date:** _____

Team Leader: _____ **Date:** _____