



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

Case # 2013.103ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	10/04/2013
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	10/04/2013	
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:
Parents' Names:	Mother:	██████████	Father:	██████████	
Alleged Perpetrator's Name:	██████████		Relationship to Victim:	██████████	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:		
If child is in DCS custody, list placement type and name:					

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

Law Enforcement was called with an "unresponsive baby call" to ██████████. The family household consists of ██████████, ██████████, ██████████ [1 month], ██████████ [1 year], and ██████████ [4 years old]. Emergency 911 received a call at 10:56 am today [10/04/2013] reporting that the infant ACV was not breathing and was cold "to the touch". Sgt. ██████████ and Det. ██████████ of the ██████████ Police Department responded to the residence. ██████████ reported to Law Enforcement that she awoke at 7:00am, had fed ██████████ and placed him back in the crib, asleep, around 7:30am. She stated that she laid the baby down on his back and then laid down to rest. AP reported that around 10:30 am she "checked on him" and she found him lying on his stomach. She stated the infant was not breathing and was already cold. AP stated she immediately called 911 for help and began trying to administer CPR.

Sgt. ██████████ reported that there was a "little blood and mucus" on the pillow and stated that is common for SIDS (sudden infant death syndrome). The crib had a couple of pillows, baby blankets, and toys. It was "cluttered." There were also at least three dirty diapers observed rolled up in the crib. Det. ██████████ stated that it appears that ██████████ was being fed formula and cereal as evidenced by the bottles found containing both substances in the home. This is being "treated as a death investigation." ██████████ has been taken to ██████████ for them to order the autopsy. Police report number is ██████████

Law enforcement further reported that the other child in home at time of response, ██████████, appeared clean and well cared for at the time.

NOTE: CPS Intake states AP/mother reported she laid child on stomach and found him still laying the same way when he was found deceased. CPSI ██████████ and LI ██████████ both confirmed with law enforcement, Det. ██████████, that AP/birth mother stated she placed baby on back and found him on stomach. An error/miscommunication appears to have occurred during the intake process.

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:

Interview conducted by law enforcement, Sgt. ██████████ and Det. ██████████/CPIT members: ██████████/birth father stated he awoke at 6:00am on 10/04/2013 and left for work at 6:30am, checking on infant ██████████ before leaving for work, stating ██████████ was on his stomach, responsive to touch [pat on back] and breathing at that time. AP ██████████/birth mother stated she awoke at 7:00 am, fed ██████████ approxiamtly 3 ounces of formula, comforted him back to sleep, and placed him back in the crib, on his back around 7:30 am. AP states she awoke at 10:30 am to find him face down in his crib, not breathing, and cold to the touch. She immediately contacted 911 and began performing CPR. The child had not been sick or had any previous health problems or trauma known to the parents. AP/birth mother reported no unusual behavior from ACV the previous day and stated ACV is also fed oatmeal and cereal in his formula, having had this the previous evening, but had eaten formula only the morning of 10/04/2013.

CPS Investigator ██████████ contacted AP ██████████ and Mr. ██████████, birth parents of ACV ██████████

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

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on 10/04/2013 at 5:20 pm by phone. The birth parents had been released by law enforcement with no charges made or pending prior to the intake being received by DCS. CPSI spoke to each parent individually on the phone. Both sounded emotional and to be grieving at the time. They stated they were in the process of planning funeral arrangements for CPSI offered condolences to the parents and inquired about the other children and in the home and their current whereabouts. CPSI was informed that was in the care of her paternal grandmother, Ms. , and was in the care of his maternal grandmother, Ms. and the children would be staying with their grandmothers for at least the next few days, as the parents make arrangements and have the funeral. CPSI was provided with contact information for these family members and informed the parents of DCS policy and that the children were required to be seen to ensure safety. The parents were cooperative and stated they understood. CPSI informed the parents that he would be contacting them within the next week for face to face interviews and to offer services and support to the family as needed.

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

N/A

Describe disposition of body (Death): unknown at this time, autopsy is being performed.

Name of Medical Examiner/Coroner: 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: Case #:

Describe law enforcement or court involvement, if applicable:

Law enforcement responded to the scene, took statements from /mother and birth father, took all photographs of the scene including interior of home, crib, and infant child. No charges have been filed or are pending at this time. CD containing all pictures taken were provided to DCS Investigator. Law Enforcement completed a Sudden Infant Unexplained Death Investigation Report and provided a copy to DCS. Law Enforcement requested autopsy.

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):

CPS Investigator made initial face to face contact with on 10/04/2013 @ 6:10pm at the residence of Ms. (paternal grandmother) located at . appeared happy and comfortable in the home. She appeared to be clean, with appropriate hygiene and clothing. Ms. stated she keeps often and has no trouble acting as her caretaker. Ms. stated she was happy to be a support for her son and granddaughter and was hurting over the loss of her grandchild. CPSI expressed his sympathy to Ms. and provided her with his contact information for any support the family may need in the coming days and to provide him with additional information if needed. Ms. stated will be in her care for the next few days as parents make arrangements and prepare for ACV funeral. No safety or environmental hazards were observed in the residence. The home appeared clean and organized, with adequate space, functioning utilities, and accessible fire exits.

CPS Investigator made initial face to face contact with on 10/04/2013 @ 6:40pm at the residence of Ms. [maternal grandmother] located at . appeared comfortable with Ms. in the home, but had been crying, and was in the process of trying on a suit to wear to the funeral of ACV . He appeared to be clean, with appropriate hygiene and clothing. Ms. stated she is the caretaker for "80% of the time" and he has been in her care the past month with the birth of the new baby and to help her daughter, AP . CPSI expressed his sympathy to Ms. and provided her with his contact information for any support the family may need in the coming days and to provide him with additional information if needed. Ms. stated will be in continue to be in her care, especially while the family makes arrangements and prepares for ACV funeral.

Name: Age: 4

Name: Age: 1

Intake #:		Investigation #:		Date of Report:	07/20/13
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Name:	Age:
Name:	Age:
Name:	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
██████████	██████████	DEI, DEC	██████████	██████████	AUPU
██████████	██████████	DEC	██████████	██████████	Services Recommended and Accepted
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:
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Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person: ██████████	Telephone Number: ██████████
Case Manager: ██████████	Telephone Number: ██████████
Team Leader: ██████████	Telephone Number: ██████████
Team Coordinator: ██████████	Telephone Number: ██████████

ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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Email to: [Child-Fatality-Notification EI-DCS](#)
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: 10/04/2013 02:42 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 10/04/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 10/04/2013 03:29 PM
First Team Leader Assigned: [REDACTED] Date/Time 10/04/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 10/04/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	8 Mos	Neglect Death	No	[REDACTED]	Birth Mother

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: [REDACTED]

TFACTS: : [REDACTED]
Open Court Custody/FSS/FCIP No
Closed Court Custody no
Open CPS - No
Indicated 0
Fatality No
Screened out 1
History (not listed above):
[REDACTED]/DEC, DEI/AUPU
[REDACTED]/DEC [REDACTED]/Services Recommended and Accepted

DUPLICATE REFERRAL: No



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

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

Reporters name/relationship: [REDACTED]
[REDACTED]

NOTE: Address and any applicable phone numbers are listed under the oldest child victim.

Reporter states: This is not a custodial child.

[REDACTED] (4) lives with his sister [REDACTED] ([REDACTED]) and brother [REDACTED] ([REDACTED]) along with their mother [REDACTED] and [REDACTED] is [REDACTED] and [REDACTED] father.

LE was called with an unresponsive baby call. The call came in at 10:56 am today.

[REDACTED] reported to feeding [REDACTED] around 7:30 am. She stated that she laid the baby down on his stomach. [REDACTED] reported that around 10:30 am she checked on him and he was still laying the same way. He was not breathing and was already cold. LE further stated that [REDACTED] was at the home but that [REDACTED] had spent the night with a grandparent was not in the home.

LE further stated that there was a little blood and mucous on the pillow and stated that is common for SIDS (sudden infant death syndrome).

[REDACTED] has been interviewed and it is unknown what [REDACTED] said during his interview. It is reported that [REDACTED] was at work. It is unknown what time he left for work.

The crib had a couple of pillows, baby blankets, and toys. It was cluttered. There was also observed at least three dirty diapers rolled up in the crib. Reporter stated that it appears that [REDACTED] was being fed formula and cereal.

There are family members available to help watch the children.

This is being treated as a death investigation. [REDACTED] has been taken to [REDACTED] for them to order the autopsy. Police report number is [REDACTED]

There are no special needs or disabilities known.

Reporter is requesting immediate assistance as to ascertain the safety of the other two children.

Per SDM: Investigative Track / P 1 Infant Death

[REDACTED] CM 2 on 10-4-13 @ 3:15 pm



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 26 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:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 4 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:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 8 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:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 1 Yr 8 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 34 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 10/04/2013 Assignment Date: 10/04/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Row 1: 1, [Redacted], [Redacted], Neglect Death, [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted] 12/04/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: Case closed on 12/04/2013. See CASE SUMMARY below for detail.

D. Case Workers

Case Worker: [Redacted] Date: 12/04/2013
Team Leader: [Redacted] Date: 12/04/2013

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:

10/04/2013 - ACV [Redacted] OIC [Redacted] and OIC [Redacted]
-- ACV was found unresponsive and cold to the touch on this date by birth mother, AP [Redacted]. AP/BM contacted 911 and law enforcement and paramedics arrived at the home, but ACV was deceased. AP/BM and BF [Redacted] were interviewed by law enforcement. The birth parents' gave corroborating statements of events and actions leading up to ACV's death. No charges were brought by law enforcement against either parent. OIC [Redacted] was taken to paternal grandparents home and has remained there since that time. OIC [Redacted] was and remains in the care of his maternal grandmother. These children appeared safe and well cared for. While some environmental conditions in the home could have been improved, there was no direct correlation of environment to the ACV's death.

10/22/2013, 11/20/2013, and 11/21/2013 - OIC [Redacted] and OIC [Redacted]
-- Both OICs observed on these dates. [Redacted] remains in care of paternal grandmother and [Redacted] remains in care of maternal grandmother. Both homes and caretakers appear appropriate and safe.

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion 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 : ██████████

Investigation ID: ██████████

10/10/2013 - Detective ██████████

-- Det. ██████████ reported that preliminary autopsy results show cause of death as inconclusive, with no apparent signs of abuse or neglect. A full autopsy report including toxicology results will take approximately 12 weeks to receive.

11/22/2013 - ██████████ CPIT

-- CPIT agreed that there is not sufficient evidence to support allegation of neglect death and that preliminary autopsy results show no apparent signs of abuse or neglect to ACV.

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

10/04/2013 - ██████████ and BF ██████████

-- Sgt. ██████████ spoke to both AP ██████████ and Mr. ██████████ [birth father] at the ██████████ Department and they reported the following information to them:

-- Mr. ██████████ stated he awoke at 6:00am the morning of 10/04/2013 at which time he checked on ACV ██████████ ██████████ fed him formula [unsure of amount], placed him asleep on his stomach, patted him on the back, observed him move slightly and breathing, then left for work at 6:30am.

-- AP ██████████ stated she awoke and fed ACV ██████████ approximately two ounces of formula [Gerber Good Start] and put the baby back to bed on his back, which was his normal sleeping position. AP then awoke at 10:30am to find ACV unresponsive, lying on belly and blood coming from his mouth and nose. AP did not have phone and left apartment to call 911. AP turned ACV on back and attempted to start CPR.

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

10/04/2013 - CPS Intake

-- This is not a custodial child. ██████████ (4) lives with his sister ██████████ and brother ██████████ along with their mother ██████████ and ██████████ is ██████████ and ██████████ father. LE was called with an unresponsive baby call. The call came in at 10:56 am today. ██████████ reported to feeding ██████████ around 7:30 am. She stated that she laid the baby down on his stomach. ██████████ reported that around 10:30 am she checked on him and he was still laying the same way. He was not breathing and was already cold. LE further stated that ██████████ was at the home but that ██████████ had spent the night with a grandparent was not in the home. LE further stated that there was a little blood and mucous on the pillow and stated that is common for SIDS (sudden infant death syndrome). ██████████ has been interviewed and it is unknown what ██████████ said during his interview. It is reported that ██████████ was at work. It is unknown what time he left for work. The crib had a couple of pillows, baby blankets, and toys. It was cluttered. There was also observed at least three dirty diapers rolled up in the crib. Reporter stated that it appears that ██████████ was being fed formula and cereal. There are family members available to help watch the children. This is being treated as a death investigation. ██████████ has been taken to ██████████ for them to order the autopsy. Police report number is ██████████ There are no special needs or disabilities known. Reporter is requesting immediate assistance as to ascertain the safety of the other two children.

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

12/04/2013 - CASE SUMMARY

-- DCS was investigating intake ██████████ for allegations of Neglect Death by AP ██████████ against ACV ██████████

-- Preliminary autopsy results indicate the cause of death for ACV ██████████ as inconclusive, with no apparent signs of abuse or neglect. Detectives ██████████ and ██████████ of the ██████████ Department conducted initial interviews of AP/BM ██████████ and BF ██████████. The birth parents statements, accounts of their actions, and timeframes given, corroborated each other and there was no evidence found between these statements or environmental conditions in the home that could directly link to the ACV's death or signs of neglect. CPIT members agreed with case classification of AUPU and there are no legal charges or prosecution pending. AP/BM and BF have since separated. BF was granted temporary custody of OIC ██████████



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

Case Name : ██████████

Investigation ID: ██████████

██████████ through his own request, and is currently residing with his parents with this child; this home environment and the caretakers appear appropriate and have been observed on several occasions. OIC ██████████ has primarily resided with maternal grandmother, ██████████, since birth and continues to reside with her; this home environment and the caretaker appears appropriate and has been observed on several occasions. AP/BM attempted overdose of prescription medication on 11/20/2013 and was referred for mental health treatment and residential services at ██████████ on 11/20/2013 through ██████████ team. AP/BM has since been released from ██████████ with outpatient care and follow-up through ██████████ CPSI is monitoring services and compliance of AP/BM through open investigation # ██████████ AP/BM is not acting as caretaker of her children at this time.

-- Upon investigation of this case and approval of LI, this case is being classified as Neglect Death AUPU.

SIGNS OF SAFETY, PERMANENCY, WELL-BEING, & RESOURCES

-- No evidence to support allegation. AP does not act as caretaker for her children at this time. The children, ██████████ and ██████████, are in the homes of grandparents and birth father, with no immediate risk to safety, permanency, or wellbeing identified. ██████████ is a patient of pediatrician Dr. ██████████ and currently has no health issues and takes no medication. ██████████ is a patient of pediatrician Dr. ██████████ and currently takes Zyrtec, Singulair, and Flonase for breathing/allergy problems and is being set up to see a specialist at ██████████ to address any underlying problems. BF is employed at ██████████. Family is receiving SNAP, Families First, WIC, and TennCare. AP/BM is receiving mental health care through outpatient services with ██████████

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: 12/08/2013

Contact Method:

Contact Time: 09:21 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/19/2013

Completed date: 12/19/2013

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: 12/19/2013 03:06 PM Entered By: [REDACTED]

This case was reviewed and approved for closure by [REDACTED] Deputy Director of Investigations.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/04/2013 Contact Method:
 Contact Time: 11:35 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/04/2013
 Completed date: 12/04/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/04/2013 11:38 AM Entered By: [REDACTED]

CLOSING CASE SUMMARY

-- DCS was investigating intake # [REDACTED] for allegations of Neglect Death by AP [REDACTED] against ACV [REDACTED]

-- DCS policy states that Neglect Death is defined as:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.
4. Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.

-- Preliminary autopsy results indicate the cause of death for ACV [REDACTED] as inconclusive, with no apparent signs of abuse or neglect. Detectives [REDACTED] and [REDACTED] of the [REDACTED] Department conducted initial interviews of AP/BM [REDACTED] and BF [REDACTED]. The birth parents' statements, accounts of their actions, and timeframes given, corroborated each other and there was no evidence found between these statements or environmental conditions in the home that could directly link to the ACV's death or signs of neglect. CPIT members agreed with case classification of AUPU and there are no legal charges or prosecution pending. AP/BM and BF have since separated. BF was granted temporary custody of OIC [REDACTED] through his own request, and is currently residing with his parents with this child; this home environment and the caretakers appear appropriate and have been observed on several occasions. OIC [REDACTED] has primarily resided with maternal grandmother, [REDACTED], since birth and continues to reside with her; this home environment and the caretaker appears appropriate and has been observed on several occasions. AP/BM attempted overdose of prescription medication on 11/20/2013 and was referred for mental health treatment and residential services at [REDACTED] Hospital on 11/20/2013 through [REDACTED] team. AP/BM has since been released from [REDACTED] with outpatient care and follow-up through [REDACTED] CPSI is monitoring services and compliance of AP/BM through open investigation # [REDACTED] AP/BM is not acting as caretaker of her children at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

-- Upon investigation of this case and approval of LI, this case is being classified as Neglect Death AUPU.

SIGNS OF SAFETY, PERMANENCY, WELL-BEING, & RESOURCES

-- No evidence to support allegation. AP does not act as caretaker for her children at this time. The children, [REDACTED] and [REDACTED], are in the homes of grandparents and birth father, with no immediate risk to safety, permanency, or wellbeing identified. [REDACTED] is a patient of pediatrician Dr. [REDACTED] and currently has no health issues and takes no medication. [REDACTED] is a patient of pediatrician Dr. [REDACTED] and currently takes Zyrtec, Singulair, and Flonase for breathing/allergy problems and is being set up to see a specialist at [REDACTED] to address any underlying problems. BF is employed at [REDACTED]. Family is receiving SNAP, Families First, WIC, and TennCare. AP/BM is receiving mental health care through outpatient services with [REDACTED].

HOUSEHOLD COMPOSITION

-- The ACV and OIC primary household is comprised of the following:

1. ACV [REDACTED] [deceased]
 2. AP [REDACTED] [birth mother]
-
1. OIC [REDACTED]
 2. [REDACTED] [birth father]
 3. [REDACTED] [paternal grandmother]
 4. [REDACTED] [paternal grandfather]
 5. [REDACTED] [paternal uncle]
-
1. OIC [REDACTED]
 2. [REDACTED] [maternal grandmother]

DCS REQUIRED FORMS

-- CPSI [REDACTED] presented and discussed all required initial DCS legal forms and procedures including: Client's Rights Handbook, HIPAA, Equal Access/Grievance, Native American Veto Verification, Parents Bill of Rights, MRS Brochure, and Releases of Information, with the following individuals on 10/22/2013:

1. AP [REDACTED] [birth mother]

-- Signatures were received and dated on all documentation, where required, and placed into the case file.

-- A Genogram, for each ACV, and Ecomap for the family was also initiated.

SAFETY ASSESSMENT - INITIAL

-- CPSI [REDACTED] completed Safety Assessment on 10/04/2013 for approval by LI and placement in the case file.

-- SDM Safety Decision: Safe

DAY 30 CASE CLASSIFICATION

-- Case classified on 12/04/2013 as AUPU upon case conference with IL.

FAST ASSESSMENT

-- CPSI [REDACTED] completed the FAST Assessment on 12/04/2013 for approval by LI and placement in the case file.

-- FAST Score: Low



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

SAFETY ASSESSMENT - CLOSING

- CPSI [REDACTED] completed Safety Assessment on 12/04/2013 for approval by LI and placement in the case file.
- SDM Safety Decision: Safe

740 COMPLETED

- CPSI [REDACTED] 740 on 12/04/2013 and placed copy case file. A copy of 740 is also being sent for delivery and notification to Juvenile Court and District Attorney.
- Classification Decision: Neglect Death - AUPU
- Disposition Decision: Assessed and Closed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/04/2013	Contact Method:	
Contact Time:	11:25 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/04/2013
Completed date:	12/04/2013	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: 12/04/2013 11:28 AM Entered By: [REDACTED]

Administrative Review held on this date. All work has been completed on the case. CPSI [REDACTED] presented this case to [REDACTED] CPIT as requested and the CPIT team agreed with classification. This case is staffed for closure as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/22/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/04/2013

Completed date: 12/04/2013

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: 12/04/2013 08:46 AM Entered By: [REDACTED]

CASE PRESENTED TO CPIT

-- CPSI [REDACTED] presented this case to [REDACTED] CPIT. Members were present from DCS, Law Enforcement, the District Attorney, Juvenile Court, and the CAC.

-- Allegation: Neglect Death

-- AP: [REDACTED]

-- ACV: [REDACTED]

-- Classification Decision: It was agreed to classify this case as AUPU. CPIT agreed that there is not sufficient evidence to support allegation of neglect death and that preliminary autopsy results show no apparent signs of abuse or neglect to ACV.

-- A copy of the signed CPIT form can be found in the DCS physical 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: 11/21/2013 Contact Method: Face To Face
 Contact Time: 04:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/04/2013
 Completed date: 12/04/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/04/2013 09:42 AM Entered By: [REDACTED]

11/21/2013 @ 4:30pm

-- NOTE: Follow-up ACV contact for investigation # [REDACTED] and # [REDACTED] DEC allegations and concerns will be addressed through investigation # [REDACTED]
 -- CPSI [REDACTED] conducted follow-up contact with ACV [REDACTED] at her birth fathers [Mr. [REDACTED]] residence located at [REDACTED]. Mr. [REDACTED] was working and CPSI [REDACTED] spoke with paternal grandmother, Mrs. [REDACTED] who also granted CPSI [REDACTED] permission to enter the home.
 -- ACV [REDACTED] could not be formally interviewed due to her age, however she presented with no physical or behavioral evidence of abuse or neglect. She appeared to be dressed in clean and appropriate clothing, with appropriate hygiene. She appeared physically and developmentally appropriate for her age. She appeared comfortable and uninhibited in the home and all interaction between she and her grandmother appeared positive and appropriate.
 -- Ms. [REDACTED] reported the following information: BF [REDACTED] was awarded temporary custody of ACV [REDACTED] with a no contact order for both him and [REDACTED] against AP [REDACTED] [birth mother]. [REDACTED] and [REDACTED] are no longer together and he has hired an attorney [REDACTED] and plans to seek full custody of [REDACTED]. They are scheduled to appear in court 12/09/2013 regarding custody. She acts as main caretaker of [REDACTED] when [REDACTED] is working and [REDACTED] plans to continue to reside with them until things settle down and the foreseeable future. [REDACTED] is doing well and is healthy.
 -- Ms. [REDACTED] was cooperative during the visit and appeared to be a capable and appropriate caretaker for ACV [REDACTED]
 -- No safety or environmental hazards were observed in the residence. The home appeared clean and organized, with adequate space, functioning utilities, and accessible fire exits.

Narrative Type: Addendum 1 Entry Date/Time: 12/04/2013 03:48 PM Entered By: [REDACTED]

BF [REDACTED] arrived home from work at the end of this visit. No additional information was reported. BF appeared to be a capable and appropriate caretaker for OIC [REDACTED]. Interaction between BF and [REDACTED] appeared appropriate.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/20/2013 Contact Method: Face To Face
 Contact Time: 12:50 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/04/2013
 Completed date: 12/04/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/04/2013 09:37 AM Entered By: [REDACTED]

11/20/2013 @ 12:50pm

-- NOTE: Follow-up ACV contact for investigation # [REDACTED] and # [REDACTED] DEC allegations and concerns will be addressed through investigation # [REDACTED]

-- CPSI [REDACTED] conducted follow-up face to face contact with ACV [REDACTED] at the familys residence located at [REDACTED]. Also present was Ms. [REDACTED] [maternal grandmother]. CPSI [REDACTED] asked for permission to enter the home, which was granted by Ms. [REDACTED].

-- Ms. [REDACTED] reported the following information: The household still consists of herself, ACV [REDACTED], and AP [REDACTED] [birth mother]. Yesterday, [REDACTED] was acting erratic, walking around in a tizzy and thinking people had stolen from her. She had gone to the wellness place in [REDACTED] for stress for a few days and when she was released she was served a restraining order by [REDACTED] [birth father] against [REDACTED] for their daughter, ACV [REDACTED]. When [REDACTED] came from court yesterday, [REDACTED] hyperventilated and seemed to have a panic attack and passed out. She called an ambulance for [REDACTED] but [REDACTED] came to before it arrived and [REDACTED] refused treatment when they got there. Later that night [REDACTED] got really aggressive, but not physical, and walked by her with a bottle of pills and a coke. She told [REDACTED] Yeah, thats what you need, and then [REDACTED] threw the pill bottle at her and it was empty. She asked [REDACTED] if she took the pills and [REDACTED] said she had and she hoped she died, and then ran out the door. [REDACTED] was in his room asleep at the time and did not witness this. She called the police and ambulance again. When the police arrived they found [REDACTED] about an hour later outside at the apartment complex. [REDACTED] was then transported to [REDACTED], where she is currently. [REDACTED] is being treated by Dr. [REDACTED] and was told she cannot leave or she will be arrested, by Dr. [REDACTED]. She believes [REDACTED] needs to get serious help because she is not dealing with [REDACTED] death well, and the medication the doctors have her on has [REDACTED] not be [REDACTED]. She has always been the main caretaker of [REDACTED] and will not allow [REDACTED] to take [REDACTED] from her at this time. She is also not allowing [REDACTED] to move back into the home after this incident. She will support [REDACTED] in getting whatever help she need. [REDACTED] will stay in the care of her father, [REDACTED], at his home he shares with his parents.

-- Ms. [REDACTED] appeared genuinely concerned about the wellbeing of her daughter, AP [REDACTED], and was respectful and cooperative during the interview, exhibiting no abnormal or concerning behaviors. She appears to be an appropriate and available caretaker for her grandson, ACV [REDACTED], at this time. AP [REDACTED] appears to have relied heavily on [REDACTED] in the past for [REDACTED] care most of his life.

-- ACV [REDACTED] was very active during the visit and did not want to sit down to talk. He presented



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

with no physical or behavioral evidence of abuse or neglect. He appeared to be dressed in clean and appropriate clothing, with appropriate hygiene. He appeared comfortable and uninhibited in the home, exhibiting no abnormal or noteworthy behaviors. He appeared physically and developmentally appropriate for his age.

-- No safety or environmental hazards were observed in the residence. The home appeared clean and organized, with adequate space, functioning utilities, and accessible fire exits.



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: 10/22/2013 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/23/2013
 Completed date: 10/23/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Parent/Caretaker Interview, Other Child Living in the Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2013 09:09 AM Entered By: [REDACTED]

10/22/2013 @ 1:00pm

-- CPSI [REDACTED] conducted follow-up face to face visit with [REDACTED] at the home of his maternal grandmother, Ms. [REDACTED], located at [REDACTED]. CPSI [REDACTED] asked for permission to enter the home which was granted by Ms. [REDACTED].

-- CPSI [REDACTED] attempted to interview [REDACTED], however [REDACTED] had been watching a movie on television and wanted to continue to watch this movie. [REDACTED] did report that he is 4 years old and likes living with his grandmother. He is also commented CPSI [REDACTED] badge and asked if CPSI was a doctor. He presented with no physical or behavioral evidence of abuse or neglect. He appeared to be dressed in clean and appropriate clothing, with appropriate hygiene. He appeared physically and developmentally appropriate for his age. All interaction between him and his grandmother appeared positive and appropriate. He appeared comfortable and happy in the home, with his basic needs met.

-- Ms. [REDACTED] [maternal grandmother] reported the following information: She has the main caretaker for [REDACTED] for the past few months. She began keeping [REDACTED] more when her daughter/his mother, AP [REDACTED], was pregnant with her third child to help [REDACTED] and he has just stayed with her. [REDACTED] is unable to return to her apartment right now after the death of her child ACV [REDACTED], and has been staying at her boyfriend's [REDACTED] parents home. The [REDACTED] are older and [REDACTED] can be a has a lot of energy, so it works better for him to stay with her than his mother right now. She is trying to get [REDACTED] to move in with her so she can help take care of her and help her through the grieving process. She feels like [REDACTED] could use counseling for anxiety and depression since the death of [REDACTED]. She enjoys taking care of [REDACTED] and takes him to doctor appointments. [REDACTED] is up-to-date on all check-ups and vaccinations. [REDACTED] is supposed to be making an appointment to get [REDACTED] seen by a specialist at [REDACTED] for his breathing problems. [REDACTED] sounds congested often, but his lungs have been checked and the doctors say they are healthy. [REDACTED] has allergies and takes prescribed Zyrtec, Cingulair, and Flonase, prescribed through his pediatrician, Dr. [REDACTED]. [REDACTED] comes to see [REDACTED] often and she has no concerns about [REDACTED] ability to parent her children, but would like to see [REDACTED] participate in grief counseling, because she tries to talk to [REDACTED] about [REDACTED] but is still grieving herself and it is hard. She offered to help [REDACTED] by going to [REDACTED] apartment to move [REDACTED] belongings out because no mother should have to do that.

-- Ms. [REDACTED] was respectful and cooperative during the visit and exhibited no abnormal or noteworthy behaviors. She appeared to be an appropriate and capable caretaker for [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

-- No safety or environmental hazards were observed in the residence. The home appeared clean and organized, with adequate space, functioning utilities, and accessible fire exits.



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: 10/22/2013 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/22/2013
 Completed date: 10/22/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview, Other Child Living in the Home Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/22/2013 04:49 PM Entered By: [REDACTED]

10/22/2013 @ 11:00am

-- CPSI [REDACTED] and Det. [REDACTED] [Police Department] conducted face to face visit with [REDACTED] at the residence of her paternal grandmother, Ms. [REDACTED], located at [REDACTED]. Also present was AP [REDACTED] [birth mother] and Ms. [REDACTED]. CPSI [REDACTED] asked for permission to enter the home, which was granted by AP [REDACTED].

-- CPSI [REDACTED] stated he was there to follow-up with AP [REDACTED] after the death of ACV [REDACTED] and to address new allegations in new Investigation # [REDACTED].

-- AP [REDACTED] reported the following information: She has been unable to return to their apartment at [REDACTED] in [REDACTED] after the death of ACV [REDACTED]. She has been crying every day and feels like she may need to seek mental health counseling to help her deal with her grief and his death. Yesterday, [REDACTED] would have been two months old and they went to his grave to visit him. She and her boyfriend, Mr. [REDACTED] [birth father of ACV [REDACTED] and [REDACTED]] have been residing with [REDACTED] mother since [REDACTED] death. Ms. [REDACTED] has been helping her with [REDACTED]. [REDACTED] has been staying with his maternal grandmother, Ms. [REDACTED], but she sees him often and he is doing well. [REDACTED] is having allergy problems and after [REDACTED] death is problems with congestion and breathing have really scared her. She is making an appointment with a specialist at [REDACTED] for [REDACTED] through his pediatrician, Dr. [REDACTED] is currently prescribed Zyrtec, Cingulair, and Flonase for his allergies. [REDACTED] pediatrician is Dr. [REDACTED] and she has no health issues. She had a C-section with [REDACTED] on [REDACTED] and then had her tubes tied on 10/03/2013. She was prescribed hydrocodone with both of those surgeries, but is currently not taking any pain medication. However, she believes the doctor [Dr. [REDACTED] that performed her tubal surgery left something inside her because she has had a lot of stomach pain and now has to push really hard when she urinates. She has an appointment with Dr. [REDACTED] [OBGYN] in [REDACTED] tomorrow to check on these issues. She has also had kidney stones in the last 3 months and saw a specialist [Dr. [REDACTED] in [REDACTED] for those issues. Dr. [REDACTED] also prescribed her Xanax for anxiety during that time. She does not take the medication regularly, only when feeling anxious. Currently that medication is in her apartment and she has been having [REDACTED] go get things out of the apartment as she needs it. She has asked her mother to help move [REDACTED] things out of the apartment because it is too hard for her right now. The day [REDACTED] passed away, [REDACTED] had left for work [REDACTED] at 6:30am. [REDACTED] came and kissed her goodbye after checking on [REDACTED] and everything seemed ok. She had been sleeping out on the couch in the living room and [REDACTED] was sleeping with [REDACTED] in their bedroom. Around 7:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

30am [REDACTED] had woken up crying and she fed him 2 ounces of formula and rocked him sleep; placing him back in the crib on top of two pillows, on his back. They had put pillows in the crib several days earlier because [REDACTED] was not sleeping unless they held him, and then they were not getting sleep and knew it was not safe to hold him and sleep. The pillows were to make him feel like he was being held. At 10:30am [REDACTED] woke up and she went to check on [REDACTED] and found him very pale and cold. She called 911 and they asked her to perform CPR, but she couldnt because it was too late. [REDACTED] had not shown any signs of being sick or acting different the night before. She would do anything if she could just go back and hold him again. She further reported that the family receives \$485/month in food stamps, \$143/month from Families First, WIC, and she and the children are covered by TennCare. She was arrested at the beginning of October for aggravated burglary. This was a misunderstanding because the neighbor reported a blonde woman in the neighbors apartment stealing fingernail polish, and she was wrongly accused. The neighbor stated she would drop the case in court on 11/16/2013. Before this incident she her most recent legal issues were from four years ago driving with no license and then violating probation by driving again. She has never had a drivers license, but is working on paying fines and possibly getting one. She no longer drives. She is also seeking employment through [REDACTED].

-- CPSI [REDACTED] addressed the allegations in the new Investigation # [REDACTED] with AP [REDACTED]. AP stated she does not abuse prescription medication or sell it. AP consented to 10 panel urine drug screen [administered by Det. [REDACTED]] and was positive for Benzodiazepines and THC. AP stated she had taken Xanax within the last few days, but the prescription bottle [prescribed by Dr. [REDACTED]] was at her apartment. AP admitted to taking a hit off a friends marijuana cigarette approximately 5 days prior at the friends home. AP stated she was not with her children or caring for her children at this time and has never used THC while caring for her children in the past.

-- CPSI [REDACTED] requested AP [REDACTED] sign a release of information in order to request medical records from Dr. [REDACTED] to validate Benzodiazepine on drug screen. AP was cooperative and signed form. CPSI [REDACTED] stated he would return to the home to drug screen again and expect negative drug screen for THC. AP stated she would be cooperative.

-- CPSI [REDACTED] provided AP [REDACTED] with local counseling services and encouraged AP to seek help dealing with grief and loss of child. AP appeared receptive to this information and stated she would most likely do so.

-- AP [REDACTED] was provided with required DCS paperwork and policy, was given the opportunity to review the information and ask questions, and signed documentation where appropriate. She was respectful and cooperative during the interview, exhibiting no abnormal or concerning behaviors. She did not appear impaired, under the influence of drugs or alcohol, or unable to provide appropriate care for her children.

-- [REDACTED] could not be formally interviewed due to her age. She presented with no physical or behavioral evidence of abuse or neglect. She appeared to be dressed in clean and appropriate clothing, with appropriate hygiene. She appeared comfortable and uninhibited in her home and w, exhibiting no abnormal or noteworthy behaviors all interaction between her and family members appeared positive and appropriate. She appeared physically and developmentally appropriate for her age.

-- No safety or environmental hazards were observed in the residence. The home appeared clean and organized, with adequate space, functioning utilities, and accessible fire exits.

-- No immediate risk to safety, permanency, or wellbeing of ACVs identified. AP has positive drug screen for Benzodiazepines and THC, with possible valid Rx for Benzodiazepines. CPSI [REDACTED] will request medical records from alleged prescribing doctor. AP stated she would be cooperative with DCS and consent to future random drug screen for THC and refrain from future use. CPSI will conduct follow-up interview other child at maternal grandmothers home, where he has been residing. THESE CASE ACTIVITIES WILL BE ADDRESSED THROUGH INV # [REDACTED] AND ARE NOT PART OF THIS INV ALLEGATIONS.

-- CPSI [REDACTED] will follow-up with birth mother about grief counseling.



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: 10/21/2013 Contact Method: Attempted Phone Call
 Contact Time: 02:50 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/21/2013
 Completed date: 10/21/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/21/2013 04:07 PM Entered By: [REDACTED]

10/21/2013 @ 2:50pm

-- CPSI [REDACTED] attempted to contact AP [REDACTED] [birth mother] by phone to scheduled face to face contact with ACVs in new CPS Investigation # [REDACTED] as well as follow-up with family on CPS Investigation # [REDACTED]

-- No answer. Automated voicemail: CPSI [REDACTED] left message requesting return call and provided cell phone and desk phone numbers.

-- CPSI [REDACTED] made arrangements with Det. [REDACTED] to return to the family home the next day at 10:00am.



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: 10/21/2013 Contact Method: Attempted Face To Face
 Contact Time: 02:45 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/21/2013
 Completed date: 10/21/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Parent/Caretaker Interview, Other Child Living in the Home Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/21/2013 04:05 PM Entered By: [REDACTED]

10/21/2013 @ 2:45pm

-- CPSI [REDACTED] and Det. [REDACTED] of [REDACTED] Department attempted face to face contact with ACV [REDACTED] and ACV [REDACTED] at the familys last known address located at [REDACTED] CPSI [REDACTED] also planned to request drug screen from AP [REDACTED] [birth mother] and speak with AP about the allegations in new CPS Investigation # [REDACTED] as well as follow-up on CPS Investigation # [REDACTED]

-- CPSI [REDACTED] knocked on the apartment door with no response. A note was taped on the door with a Halloween recipe, but it was not addressed to anyone.

-- CPSI [REDACTED] made arrangements with Det. [REDACTED] to return to the home the next day at 10:00am.



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: 10/18/2013

Contact Method: Attempted Phone Call

Contact Time: 09:05 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/18/2013

Completed date: 10/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/18/2013 09:10 AM Entered By: [REDACTED]

10/18/2013 @ 9:05am

-- CPSI [REDACTED] attempted to contact AP [REDACTED] [birth mother] to schedule visit with family.

-- No answer. CPSI left voicemail message requesting return call.



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:	10/10/2013	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/04/2013
Completed date:	12/04/2013	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: 12/04/2013 11:11 AM Entered By: [REDACTED]

Administrative Review was held on this date. A preliminary autopsy report was received by LE and DCS informed that the cause of death was unspecified/undetermined with no apparent signs of abuse or neglect. CPSI [REDACTED] was requested to present the case to CPIT and report 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: 10/10/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/21/2013

Completed date: 10/21/2013

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: 10/21/2013 03:25 PM Entered By: [REDACTED]

10/10/2013 @ 1:00pm

-- CPSI [REDACTED] spoke with Det. [REDACTED] of the [REDACTED] Department regarding autopsy results for ACV [REDACTED]

-- Det. [REDACTED] reported that preliminary autopsy results show cause of death as inconclusive, with no apparent signs of abuse or neglect. A full autopsy report including toxicology results will take approximately 12 weeks to receive.



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:	10/07/2013	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/07/2013
Completed date:	10/07/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/07/2013 12:33 PM Entered By: [REDACTED]

10/07/2013 @ 12:00pm

-- CPSI [REDACTED] staffed case with POP team. No recommendations made for case at this time. Investigation to continue.



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: 10/04/2013

Contact Method:

Contact Time: 11:30 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/07/2013

Completed date: 10/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/07/2013 10:58 AM Entered By: [REDACTED]

10/04/2013 @ 11:30pm

-- CPSI [REDACTED] completed Notice of Child Death/Near Death form [#CS-0635] and sent to IL [REDACTED] for submission with in the 48 hour deadline as required per DCS Policy 20.27.

-- CPSI [REDACTED] entered the date of death in TFACTS within one business day as required per DCS Policy 20.27.



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:	10/04/2013	Contact Method:	Face To Face
Contact Time:	06:40 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/07/2013
Completed date:	10/07/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Other Child Living in the Home Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/07/2013 10:52 AM Entered By: [REDACTED]

10/04/2013 @ 6:40pm

CPSI Investigator [REDACTED] made initial face to face contact with [REDACTED] on 10/04/2013 @ 6:40pm at the residence of Ms. [REDACTED] [maternal grandmother] located at [REDACTED]. [REDACTED] appeared comfortable with Ms. [REDACTED] in the home, but had been crying, and was in the process of trying on a suit to wear to the funeral of ACV [REDACTED]. He appeared to be clean, with appropriate hygiene and clothing. Ms. [REDACTED] stated she is the caretaker for [REDACTED] 80% of the time and he has been in her care the past month with the birth of the new baby and to help her daughter, AP [REDACTED]. CPSI [REDACTED] expressed his sympathy to Ms. [REDACTED] and provided her with his contact information for any support the family may need in the coming days and to provide him with additional information if needed. Ms. [REDACTED] stated [REDACTED] will be in continue to be in her care, especially while the family makes arrangements and prepares for ACV [REDACTED] funeral.



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: 10/04/2013

Contact Method: Face To Face

Contact Time: 06:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/07/2013

Completed date: 10/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2013 10:50 AM Entered By: [REDACTED]

10/04/2013 @ 6:10pm

-- CPS Investigator [REDACTED] made initial face to face contact with [REDACTED] on 10/04/2013 @ 6:10pm at the residence of Ms. [REDACTED] (paternal grandmother) located at [REDACTED]. [REDACTED] appeared happy and comfortable in the home. She appeared to be clean, with appropriate hygiene and clothing. Ms. [REDACTED] stated she keeps [REDACTED] often and has no trouble acting as her caretaker. Ms. [REDACTED] stated she was happy to be a support for her son and granddaughter and was hurting over the loss of her grandchild. CPSI [REDACTED] expressed his sympathy to Ms. [REDACTED] and provided her with his contact information for any support the family may need in the coming days and to provide him with additional information if needed. Ms. [REDACTED] stated [REDACTED] will be in her care for the next few days as [REDACTED] parents make arrangements and prepare for ACV [REDACTED] funeral. No safety or environmental hazards were observed in the residence. The home appeared clean and organized, with adequate space, functioning utilities, and accessible fire exits.



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: 10/04/2013

Contact Method: Phone Call

Contact Time: 05:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/07/2013

Completed date: 10/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2013 10:48 AM Entered By: [REDACTED]

10/04/2013 @ 5:20pm

-- CPSI [REDACTED] contacted AP [REDACTED] [birth mother] and Mr. [REDACTED] [birth father] by phone [REDACTED] inquire about the whereabouts of the other children [REDACTED] and [REDACTED] and schedule face to face contact with them to ensure safety.

-- CPSI [REDACTED] spoke to each parent individually on the phone. Both sounded emotional and to be grieving at the time. They stated they were in the process of planning funeral arrangements for [REDACTED]. CPSI [REDACTED] offered condolences to the parents and inquired about the other children [REDACTED] and [REDACTED] in the home and their current whereabouts. CPSI [REDACTED] was informed that [REDACTED] was in the care of her paternal grandmother, Ms. [REDACTED], and [REDACTED] was in the care of his maternal grandmother, Ms. [REDACTED] and the children would be staying with their grandmothers for at least the next few days, as the parents make arrangements and have the funeral. CPSI [REDACTED] was provided with contact information for these family members and informed the parents of DCS policy and that the children were required to be seen to ensure safety. The parents were cooperative and stated they understood. CPSI [REDACTED] informed the parents that he would be contacting them within the next week for face to face interviews and to offer services and support to the family as needed.



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: 10/04/2013 Contact Method: Face To Face
 Contact Time: 03:45 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/07/2013
 Completed date: 10/07/2013 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: 10/07/2013 10:37 AM Entered By: [REDACTED]

10/04/2013 @3:45pm

-- CPSI [REDACTED] convened CPIT in person with Det. [REDACTED] and Sgt. [REDACTED] of the [REDACTED] Department. They reported that the death of ACV [REDACTED] appears to be SIDS related, accidental, and they don't suspect there will be any charges at this time against the mother, AP [REDACTED], who was supervising the child when found.

-- Sgt. [REDACTED] interviewed both AP [REDACTED] and Mr. [REDACTED] [birth father] at the [REDACTED] Department and stated they reported the following information:

-- Mr. [REDACTED] stated he awoke at 6:00am the morning of 10/04/2013 at which time he checked on ACV [REDACTED], fed him formula [unsure of amount], placed him asleep on his stomach, patted him on the back, observed him move slightly and breathing, then left for work at 6:30am.

-- AP [REDACTED] stated she awoke and fed ACV [REDACTED] approximately two ounces of formula [Gerber Good Start] and put the baby back to bed on his back, which was his normal sleeping position. AP then awoke at 10:30am to find ACV unresponsive, lying on belly and blood coming from his mouth and nose. AP did not have phone and left apartment to call 911. AP turned ACV on back and attempted to start CPR.

-- Det. [REDACTED] further reported that EMS workers and LE arrived at the scene at 10:59am and advised that the baby had expired and the body was at full rigor. Additional LE came to the home and photographs were taken of the ACV, the crib, and other areas and items in the home [CPSI [REDACTED] was given a cd containing all photographs and copies of the police report and SUIDI report].

-- Photographs show the crib of ACV [REDACTED] to have two pillows lying side by side on which the baby slept. Other items were in the crib including three dirty diapers [rolled and self-closed with tape], clothing, stuffed animal, cds, and miscellaneous baby care items. These items were on either side of the pillows in the crib and did not appear to be in direct contact with the ACV. Other photographs taken of the home show clutter in the closets and in the floor of some of the rooms. The clutter observed did not appear dangerous or to be blocking paths to fire exits. Cigarette butts were observed in a bowl in ACV [REDACTED] bedroom and the master bedroom of the home. Photographs show prescription medication bottles in different areas of the home: Oxycodone 5mg [REDACTED], had C-section in 08/2013, date not viewable in photo]. Q-PAP 500mg [REDACTED], Acetaminophen]. TEVA [Name removed, not controlled substance, for infections]. Amoxicillin 500mg [Name not visible in photo, antibiotic].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

-- Det. [REDACTED] reported that AP [REDACTED] eldest child, [REDACTED], was not at the home the morning of 10/04/2013 or the previous night, having spent the night with maternal grandmother, Ms. [REDACTED]. The middle child, [REDACTED], was at the home on 10/04/2013, but picked up by paternal grandmother, Ms. [REDACTED], after law enforcement came to the home. Det. [REDACTED] reported that [REDACTED] appeared to be well cared for, with no evidence of abuse or neglect.

-- CPSA [REDACTED] will contact AP [REDACTED] [birth mother] and Mr. [REDACTED] [birth father] to inquire about the whereabouts of the other children [REDACTED] and [REDACTED] and schedule face to face contact with them to ensure safety.



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: 10/04/2013 Contact Method: Face To Face
 Contact Time: 03:45 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/07/2013
 Completed date: 10/07/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2013 10:45 AM Entered By: [REDACTED]

10/04/2013 @3:45pm

-- CPSI [REDACTED] convened CPIT in person with Det [REDACTED] and Sgt. [REDACTED] of the [REDACTED] Department. They reported that the death of ACV [REDACTED] appears to be SIDS related, accidental, and they don't suspect there will be any charges against the mother, AP [REDACTED], who was supervising the child at the time.

-- Sgt. [REDACTED] spoke to both AP [REDACTED] and Mr. [REDACTED] [birth father] at the [REDACTED] Department and they reported the following information to them:

-- Mr. [REDACTED] stated he awoke at 6:00am the morning of 10/04/2013 at which time he checked on ACV [REDACTED], fed him formula [unSURE of amount], placed him asleep on his stomach, patted him on the back, observed him move slightly and breathing, then left for work at 6:30am.

-- AP [REDACTED] stated she awoke and fed ACV [REDACTED] approximately two ounces of formula [Gerber Good Start] and put the baby back to bed on his back, which was his normal sleeping position. AP then awoke at 10:30am to find ACV unresponsive, lying on belly and blood coming from his mouth and nose. AP did not have phone and left apartment to call 911. AP turned ACV on back and attempted to start CPR.

-- Det. [REDACTED] further reported that EMS workers and LE arrived at the scene at 10:59am and advised that the baby had expired and the body was at full rigor. Additional LE came to the home and photographs were taken of the ACV, the crib, and other areas and items in the home [CPSI [REDACTED] was given a cd containing all photographs and copies of the police report and SUIDI report].

-- Photographs show the crib of ACV [REDACTED] to have two pillows lying side by side on which the baby slept. Other items were in the crib including three dirty diapers [rolled and self-closed with tape], clothing, stuffed animal, cds, and miscellaneous baby care items. These items were on either side of the pillows in the crib and did not appear to be in direct contact with the ACV. Other photographs taken of the home show clutter in the closets and in the floor of some of the rooms. The clutter observed did not appear dangerous or to be blocking paths to fire exits. Cigarette butts were observed in a bowl in ACV [REDACTED] bedroom and the master bedroom of the home. Photographs show prescription medication bottles in different areas of the home: Oxycodone 5mg [REDACTED], had C-section in 08/2013, date not viewable in photo]. Q-PAP 500mg [REDACTED], Acetaminophen]. TEVA [Name removed, not controlled substance, for infections]. Amoxicillin 500mg [Name not visible in photo, antibiotic].

-- Det. [REDACTED] reported that AP [REDACTED] eldest child, [REDACTED], was not at the home the morning



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

of 10/04/2013 or the previous night, having spent the night with maternal grandmother, Ms. [REDACTED]. The middle child, [REDACTED], was at the home on 10/04/2013, but picked up by paternal grandmother, Ms. [REDACTED], after law enforcement came to the home. Det. [REDACTED] reported that [REDACTED] appeared to be well cared for, with no evidence of abuse or neglect.

-- CPSA [REDACTED] will contact AP [REDACTED] [birth mother] and Mr. [REDACTED] [birth father] to inquire about the whereabouts of the other children [REDACTED] and [REDACTED] and schedule face to face contact with them to ensure safety.



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: 10/04/2013

Contact Method: Phone Call

Contact Time: 03:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/04/2013

Completed date: 12/04/2013

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: 12/04/2013 09:45 AM Entered By: [REDACTED]

10/04/2013 @ 3:45pm

-- CPSA [REDACTED] contacted referent for verification of reported information and inquiry of additional information.

-- No additional information reported from original CPS intake.



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: 10/04/2013 Contact Method:
 Contact Time: 03:15 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/07/2013
 Completed date: 10/07/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2013 09:00 AM Entered By: [REDACTED]

INITIAL CASE SUMMARY

-- On 10/04/2013 at 2:42pm, a P1 referral was called into Central Intake. The referral was screened into [REDACTED] County at 3:15pm with allegations of Neglect Death against alleged perpetrator, [REDACTED]. The alleged victim is [REDACTED]. The referral was assessed and assigned by LI [REDACTED] to CPSI [REDACTED] on 10/04/2013. Response is due on: 10/05/2013. It is unknown at this time if the child(ren) are of Native American decent. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy. Contact will be made with the referent within 30 days if necessary.

-- The referral stated: Reporter states: This is not a custodial child. [REDACTED] (4) lives with his sister [REDACTED] and brother [REDACTED] along with their mother [REDACTED] and [REDACTED] is [REDACTED] and [REDACTED] father. LE was called with an unresponsive baby call. The call came in at 10:56 am today. [REDACTED] reported to feeding [REDACTED] around 7:30 am. She stated that she laid the baby down on his stomach. [REDACTED] reported that around 10:30 am she checked on him and he was still laying the same way. He was not breathing and was already cold. LE further stated that [REDACTED] was at the home but that [REDACTED] had spent the night with a grandparent was not in the home. LE further stated that there was a little blood and mucous on the pillow and stated that is common for SIDS (sudden infant death syndrome). [REDACTED] has been interviewed and it is unknown what [REDACTED] said during his interview. It is reported that [REDACTED] was at work. It is unknown what time he left for work. The crib had a couple of pillows, baby blankets, and toys. It was cluttered. There was also observed at least three dirty diapers rolled up in the crib. Reporter stated that it appears that [REDACTED] was being fed formula and cereal. There are family members available to help watch the children. This is being treated as a death investigation. [REDACTED] has been taken to [REDACTED] for them to order the autopsy. Police report number is [REDACTED]. There are no special needs or disabilities known. Reporter is requesting immediate assistance as to ascertain the safety of the other two children.

TFACTS HISTORY CHECK

-- CPSA [REDACTED] performed a search in TFACTS on 10/04/2013 for DCS history on the family members and other individuals and reviewed all results from that search.

-- [REDACTED] DEI, DEC AUPU [ACV [REDACTED], ACV [REDACTED], AP [REDACTED]]

-- [REDACTED] DEC Services Recommended and Accepted [ACV [REDACTED], AP [REDACTED]]



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	████████████████████

REFERENT NOTIFICATION

- A notification of case assignment is sent to the referent within 30 days when possible.
- Notification letter mailed to referent and copy placed in case file on 10/07/2013.

JUVENILE COURT & DA NOTIFICATION

- Juvenile Court and District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy by DCS office personnel.
- Court notification letter to be sent by 11/04/2013.



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:	10/04/2013	Contact Method:	
Contact Time:	04:45 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/04/2013
Completed date:	12/04/2013	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: 12/04/2013 11:07 AM Entered By: [REDACTED]

Admin Review held on this date to ensure all necessary steps were taken to ensure the appropriate people had been contacted and the other children in the home were located and safe. CPSI [REDACTED] located the other children and was asked to see the other children on this date to see if assistance was needed.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 10/4/13 2:42 PM

Date of Assessment: 10/4/13 12:00 AM

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

Number of Children in the Household: 3

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 10/21/13 1:01 PM

Date of Assessment: 10/22/13 12:00 AM

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

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

- 1. Intervention or direct services by worker as part of a safety plan.
- 2. Use of family, neighbors, or other individuals in the community as safety resources.
- 3. Use of community agencies or services as immediate safety resources.
- 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: _____