



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

Case # 2013.105ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	10/09/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	10/09/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	NE
Parents' Names:	Mother: ██████████	Father:	██████████			
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	Unknown		
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:						
<p>██████████ reported that on 10/8/13 at 2030 he had placed his son, ██████████ in a carseat to sleep in the master bedroom. On 10/9/13 at 0230 ██████████ picked up ██████████ he was not breathing and he was cold to the touch. ██████████ reports that ██████████ does not have any known health issues.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	N/A		Telephone #	() -		
Street Address:			City/State/Zip:			
Describe (in detail) interview with family:						
N/A						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
N/A						
Describe disposition of body (Death):						
Name of Medical Examiner/Coroner:				Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Type:			Case #:			
Describe law enforcement or court involvement, if applicable:						
N/A						
Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):						
<p>██████████ is currently in the care of her maternal grandparents in ██████████. The family is currently attempting to move to ██████████ and ██████████ is with the grandparents until the move is complete. At the time of the incident Law Enforcement suggested that ██████████ stay with the paternal grandparents for the night, to give the parents time to rest.</p>						
Name:	██████████	Age:	██████████			
Name:	██████████	Age:	██████████			
Name:		Age:				
Name:		Age:				

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

Distribution: Child's Case File

CS-0635, Rev. 08/13

RDA 2993

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Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	10/09/2013
Name:				Age:	
Case # 2013.105ph					
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
12/12/2011	[REDACTED]	PYA	[REDACTED]	[REDACTED]	Unable to Complete
09/17/2007	[REDACTED]	SSA	[REDACTED]	[REDACTED]	AUPU
09/10/2002	[REDACTED]	SEE	[REDACTED]	[REDACTED]	APII
/ /					
/ /					
/ /					
/ /					
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:			Telephone Number: () -		
Case Manager: [REDACTED]			Telephone Number: [REDACTED]		
Team Leader: [REDACTED]			Telephone Number: [REDACTED]		
Team Coordinator: [REDACTED]			Telephone Number: [REDACTED]		
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
<p>Email to: <u>Child-Fatality-Notification EI-DCS</u> within forty-eight (48) hours of notification Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</p>					



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 10/09/2013 12:08 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 10/09/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 10/09/2013 01:18 PM
First Team Leader Assigned: [REDACTED] Date/Time 10/09/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 10/09/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: Facsimile
Notification: Letter
Narrative: TFACTS: No History Found (based on the information provided)

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

Reporters name/relationship: [REDACTED] / [REDACTED] [REDACTED])

** [REDACTED] /Narrative Entered as Submitted**

On 10/09/2013 at 2:49 hours, I was dispatched to [REDACTED] in reference to a 4 month old male,



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

not breathing and blue. I arrived on scene and spoke with complainant [REDACTED] [REDACTED] (father). [REDACTED] stated on 10/8/13 at 2030 he had placed his son [REDACTED] in a car seat to sleep in the master bedroom. On 10/9/13 at 0230 [REDACTED] picked up [REDACTED] he was not breathing, and was cold to the touch. [REDACTED] stated that [REDACTED] does not have any known health issues. Det [REDACTED] responded to the scene. [REDACTED] [REDACTED]

[REDACTED] incident # [REDACTED] can be found in the entirety as faxed to the Hotline in the Documents link on the Basic in TFACTS. The offense listed on the police report is "Death".**

Investigative Track - Child Death
[REDACTED] [REDACTED] TC, on 10/9/13 @ 12:54am

Notified Child Death/Child Near Death Notification Group via Email:
[REDACTED] and [REDACTED] [REDACTED]



**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: 65 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 9 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 48 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

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

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 10/09/2013 Assignment Date: 10/09/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB, Classification, Severe Abuse, Classified By. Row 1: 1, [Redacted], [Redacted], Neglect Death, Unknown Participant, [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted] 03/19/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: CM [Redacted] assessed the case and submitting for closure, AUPU. Autopsy results were returned listing the cause of death SIDS. Det. [Redacted] advised CPSI [Redacted] that the toxicology results for [Redacted] and [Redacted] have not been returned yet, but [Redacted] would be following up with those results. Case is being close for CPS but will remain up with CPIT until the toxicology results are returned for [Redacted] and [Redacted]

D. Case Workers

Case Worker: [Redacted] Date: 03/19/2014
Team Leader: [Redacted] Date: 03/20/2014

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

CM [Redacted] was unable to observe [Redacted] body. CM did observe the family's home. The home was clean and well maintained. There were no safety concerns with the family's home.

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

Autopsy results were returned and the report states that the cause of death for [Redacted] was SIDS. The report states that there was no significant trauma or pathology to which death may be attributed at autopsy examination.

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



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

Case Name : ██████████

Investigation ID: ██████████

Unknown perpetrator

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

On 10/09/2013 at 2:49 hours, I was dispatched to ██████████ in reference to a 4 month old male, not breathing and blue. I arrived on scene and spoke with complainant ██████████ (father). ██████████ stated on 10/8/13 at 2030 he had placed his son ██████████ in a car seat to sleep in the master bedroom. On 10/9/13 at 0230 ██████████ picked up ██████████ he was not breathing, and was cold to the touch. ██████████ stated that ██████████ does not have any known health issues. Det ██████████ responded to the scene. ██████████ ██████████

Police Report/Incident # ██████████ can be found in the entirety as faxed to the Hotline in the Documents link on the Basic in TFACTS. The offense listed on the police report is "Death".

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

A concern arose when ██████████ background check results showed that there was a police report made with concerns that ██████████ had stolen narcotics from his place of employment (██████████ Medical Center). ██████████ was not arrested but he was fired from his position. A blood sample was taken from ██████████ and ██████████ to determine if the parents had any medications or illegal drugs in their system at the time of the child's death.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/21/2014	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/21/2014
Completed date:	03/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/21/2014 01:08 PM Entered By: [REDACTED]

TL [REDACTED] reviewed this case and approving for closure as AUPU. The Classification summary will be forwarded to the Juvenile Court. The case will be filed under the caregiver, [REDACTED] NOTE: Autopsy results received. Cause of death: SUID.

Date of Referral: 10/09/13
 Initial Notification to Juvenile Court: 10/09/13
 Notification to DA: 10/09/13
 Law Enforcement Notification: 10/09/13
 CAC Notification: 10/09/13
 SDM Safety Assessment: 10/10/13
 FAST: n/a
 CS-0740 Sent to [REDACTED] County Juvenile Court: 03/21/14
 Case Closure Date: 03/21/14
 CPIT Date: 03/19/14



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: 03/19/2014

Contact Method:

Contact Time: 12:58 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/19/2014

Completed date: 03/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/19/2014 11:52 AM Entered By: [REDACTED]

This case is being submitted for closure on this day March 19, 2014 to LI [REDACTED]. The 740 will be forwarded to the appropriate designees per local protocol by LI [REDACTED]. See below for a summary of the 740 Classification of this investigation.

This investigation will be filed under the following name per policy: [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/19/2014

Completed date: 03/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/19/2014 11:43 AM Entered By: [REDACTED]

Medical Records, from [REDACTED] pediatrician, were requested. Doctors office advised that [REDACTED] had only been seen a couple of times at the office before he passed away. A copy of those records can be located in the file.

CPSI [REDACTED] spoke with [REDACTED] CPSI advised [REDACTED] that CPS would be closing the case as the autopsy results were back. CPSI asked [REDACTED] how everything was going. [REDACTED] reported that the family was doing well. [REDACTED] stated that she and [REDACTED] have seen a counselor that specialized in SIDS deaths. CPSI advised that this CPSI was glad to hear that everything was going well. CPSI advised [REDACTED] that if she had any other comments or concerns the family could contact DCS. CPSI thanked [REDACTED] for her time and the conversation was ended.

Narrative Type: Addendum 1 Entry Date/Time: 03/21/2014 01:16 PM Entered By: [REDACTED]

Records will be placed in the file once received from child's PCP.



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: 03/19/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/19/2014

Completed date: 03/19/2014

Completed By: [REDACTED]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/19/2014 11:45 AM Entered By: [REDACTED]

CPSI [REDACTED] presented the case at CPIT on this day. Team decision to close the case AUPU as the autopsy results listed [REDACTED] cause of death as SIDS.



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: 03/14/2014

Contact Method: Correspondence

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/17/2014

Completed date: 03/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/17/2014 08:26 AM Entered By: [REDACTED]

Det. [REDACTED] emailed CPSI [REDACTED] a copy of [REDACTED] autopsy results. CPSI will present the case once again at CPIT



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/07/2014

Contact Method: Correspondence

Contact Time: 02:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/07/2014

Completed date: 02/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/07/2014 01:54 PM Entered By: [REDACTED]

CPSI [REDACTED] emailed Det. [REDACTED] about the autopsy results for [REDACTED]. This was the Det.'s response:
 Not at this time. Alcohol screen neg for [REDACTED] and .05 for [REDACTED]. No results for drug screen at this time on either.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/26/2014 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/02/2014
 Completed date: 02/02/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/02/2014 10:58 PM Entered By: [REDACTED]

CM [REDACTED] went to [REDACTED] in [REDACTED] to speak with and observe [REDACTED] and his sister [REDACTED]. CM [REDACTED] had previously spoken with [REDACTED] at her new school, [REDACTED] on 1/15/13. Both children were clean and appropriately dressed and [REDACTED] wanted to play with the dog which the parents had placed outside during the visit. Mr. [REDACTED] stated that [REDACTED] rides the dog like it's a horse. [REDACTED] was quit active however his behavior was age appropriate. Both children stated that things were fine although it appeared that [REDACTED] was mimicking his sister. Neither child was observed to have any unexplained or unusual marks or bruises on them.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/26/2014 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/02/2014
 Completed date: 02/02/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/02/2014 11:17 PM Entered By: [REDACTED]

The family lives at [REDACTED] in the suburbs of [REDACTED] called [REDACTED]. The home has 3 bed rooms, a bedroom for both children. The home is a split foyer home. The [REDACTED] home was clean and beautifully furnished and accessorized. There did not appear to be any health or safety issues. Since initially speaking with Ms. [REDACTED] the family has since been warm. They stated that they are just taking one day at a time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/15/2014

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 01/15/2014

Completed date: 01/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/15/2014 01:28 PM Entered By: [REDACTED]

CM [REDACTED] went to [REDACTED] at [REDACTED] to speak with [REDACTED] was clean and appropriately dressed in a pink outfit. She has a pixie hairdo with bright blue eyes and neck length hair. She was both very articulate and polite. She also appears to be a bright child. [REDACTED] stated that she is in the second grade. She stated that prior to going to school at [REDACTED] she was mostly home schooled by her mom. [REDACTED] stated that things were going well both at school and at home. Her favorite subject at school is art. She stated that at home she sometimes has to keep her door shut because her two year old brother [REDACTED] is into everything. Other than that [REDACTED] stated that things were fine.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	01/15/2014	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	Less than 15
Entered By:	██████████ ██████████	Recorded For:	
Location:		Created Date:	01/15/2014
Completed date:	01/15/2014	Completed By:	██████████ ██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

██████████ ██████████ ██████████ ██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 01/15/2014 11:18 AM Entered By: ██████████ ██████████

CM ██████████ spoke with CM ██████████. CM ██████████ advised this CM that she did speak with ██████████. CM ██████████ stated that ██████████ did not have time this week to meet with CM ██████████ but CM ██████████ could do a home visit sometime next week. CM ██████████ did report that ██████████ did advise her where the older child went to school but would not disclose where ██████████ went to daycare. CM ██████████ stated that she would make an attempt to have a f2f with ██████████ at school. CM thanked CM ██████████ for her time and ended the conversation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/15/2014	Contact Method:	Attempted Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/15/2014
Completed date:	01/15/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/15/2014 10:45 AM Entered By: [REDACTED]

CM [REDACTED] telephoned the [REDACTED] home at [REDACTED] and received no answer.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/15/2014 Contact Method: Phone Call
 Contact Time: 10:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/15/2014
 Completed date: 01/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/15/2014 11:02 AM Entered By: [REDACTED]

After the attempt to call the [REDACTED] at [REDACTED] was unsuccessful CM [REDACTED] then telephoned them at the [REDACTED]. Ms. [REDACTED] answered the phone. CM [REDACTED] identified herself and was attempting to explain to Ms. [REDACTED] that she needed to make a home visit. Ms. [REDACTED] wanted to know why CM [REDACTED] had to make a visit since this was investigated in another county. CM [REDACTED] then stated that because they now live in [REDACTED] CM in [REDACTED] wanted her to make a courtesy visit to see how the children were doing. When asked if she recalled speaking with CM [REDACTED] Ms. [REDACTED] stated that she vaguely remembers her. CM [REDACTED] then asked Ms. [REDACTED] if she works and she stated that she does every day. She stated that she does not get home until approximately 5 p.m. so one day next week would be the earliest date that she could meet with CM [REDACTED] CM [REDACTED] then ask why next week and Ms. [REDACTED] stated that she has several other things that she needs to take care of. She again stated that any day next week would be good for her. She stated that her daughter [REDACTED] is in school and [REDACTED] is in daycare. When asked about which school or daycare Ms. [REDACTED] did not answer. CM [REDACTED] then stated that she would make a home visit one day next week.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/15/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/16/2014

Completed date: 01/16/2014

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: 01/16/2014 07:03 AM Entered By: [REDACTED]

Case discussed again at CPIT. All members present agreed that the case would remain open pending results of the autopsy. Case will be reviewed again in February.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/15/2014	Contact Method:	Face To Face
Contact Time:	12:20 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	School	Created Date:	01/15/2014
Completed date:	01/15/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/15/2014 02:22 PM Entered By: [REDACTED]

[REDACTED], the secretary at [REDACTED] stated that [REDACTED] is a very good student, very respectful. She stated that she has had only one tardy since attending.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	01/14/2014	Contact Method:	
Contact Time:	03:45 PM	Contact Duration:	Less than 15
Entered By:	██████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	01/14/2014
Completed date:	01/14/2014	Completed By:	██████████ ██████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/14/2014 02:49 PM Entered By: ██████████ ██████████

This TL is approving case to remain open although overdue as the autopsy is still pending. Case will continue to be presented at CPIT on a monthly basis for review until the necessary documents are received.

TL discussed case with CM ██████████ CM requested a courtesy face to face with the family in their new home in ██████████ CM received no response. This TL contacted ██████████ CPS TL in ██████████ to make a verbal request. TL ██████████ asked that this CM forward the email with the identifying information to her and other TLs and their TC. This TL forwarded the original email to all requested parties. This TL further requested that the visit take place as soon as possible with the specifics forwarded to the CM and this TL by email.

CM is also still awaiting requested medical records for the deceased child. CM will follow up to ensure all records are received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/13/2014

Contact Method:

Contact Time: 10:43 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/13/2014

Completed date: 01/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/13/2014 09:45 AM Entered By: [REDACTED]

CM [REDACTED] sent an email to the CPS TL's in [REDACTED] requesting a F2F for [REDACTED] and [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/18/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/18/2013
Completed date:	12/18/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/18/2013 01:54 PM Entered By: [REDACTED]

Case reviewed at CPIT. Still awaiting autopsy and parents tox screen reports. Case left open.



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: System Completed
 Contact Date: 12/11/2013 Contact Method:
 Contact Time: 11:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/13/2013
 Completed date: 01/11/2014 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/13/2013 09:46 AM Entered By: [REDACTED]

The case file was reviewed by [REDACTED] & [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/10/2013 Contact Method:
 Contact Time: 10:39 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/10/2013
 Completed date: 12/10/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/10/2013 10:34 AM Entered By: [REDACTED]

TFACTS HISTORY:--listed for [REDACTED]
 [REDACTED] Investigation 1 Open 10/09/2013 [REDACTED]
 [REDACTED] Assessment 3 Closed 04/20/2012 [REDACTED]
 [REDACTED] Investigation 2 Closed 12/17/2007 [REDACTED]
 [REDACTED] Investigation 3 Closed 07/31/2003 [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/10/2013	Contact Method:	Phone Call
Contact Time:	10:34 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/10/2013
Completed date:	12/10/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/10/2013 09:38 AM Entered By: [REDACTED]

CM [REDACTED] spoke with [REDACTED] [REDACTED] stated that everything was going well with the family. [REDACTED] stated that her oldest daughter is home with them and is enrolled in school. [REDACTED] stated that the family has moved from [REDACTED] and is not living in [REDACTED] [REDACTED] stated that both she and [REDACTED] are working at [REDACTED] CM thanked [REDACTED] for the time and ended the conversation.

[REDACTED] address:
[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/15/2013

Contact Method: Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/18/2013 12:32 PM Entered By: [REDACTED]

CM [REDACTED] spoke with Det. [REDACTED] about this case. Det. stated that when he was initially at the home blood was drawn from the father, as it is possible that the father was under the influence, at the time that he was caring for the infant. Det. stated that [REDACTED] was investigating the father due to the allegations that he had taken narcotics from his previous employer. Det. stated that he would contact this CM if he gains any other information about the father's tox screen.



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: 10/16/2013

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/16/2013

Completed date: 10/16/2013

Completed By: [REDACTED]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/16/2013 01:56 PM Entered By: [REDACTED]

CPIT convened per CPS policies #14.3 Section G # 6 as well as 14.6. and per local protocol for [REDACTED] Decision made to hold the case open until the autopsy results came 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: 10/11/2013 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/16/2013
 Completed date: 10/16/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/16/2013 01:25 PM Entered By: [REDACTED]

CM [REDACTED] received a visit from the [REDACTED] family at the [REDACTED] office. CM received clarification about [REDACTED] daughter's whereabouts. [REDACTED] stated that [REDACTED] spend the summer with her parents in [REDACTED] [REDACTED] stated that when the summer was over [REDACTED] came back to live with them. [REDACTED] stated that the family was planning on moving to [REDACTED] [REDACTED] stated that [REDACTED] spent approx. 1 week with them and then she went back to [REDACTED] [REDACTED] stated that [REDACTED] has been gone approx. 3 weeks. [REDACTED] stated that she home schools [REDACTED] so now her mother is homeschooling [REDACTED] [REDACTED] stated that once the family moves to [REDACTED] [REDACTED] will come to reside with the family again.

At this time CM [REDACTED] had [REDACTED] and [REDACTED] (youngest child) leave the room. CM [REDACTED] and TL [REDACTED] explained to [REDACTED] that there were drug use concerns with this case and [REDACTED] was asked to consent to a drug screen. [REDACTED] agreed. [REDACTED] stated that last Thursday he had surgery and was given Percocet. [REDACTED] stated that he had taken the last Percocet on the previous Saturday (10/5). [REDACTED] stated that he was also given a prescription for 4 Loratabs. [REDACTED] stated that he is currently out of Loratabs. [REDACTED] reported that he is also taken Robaskin DRN, [REDACTED] reported this is a muscle relaxer. CM attempted to identify this information via the internet but CM was unable to get information. CM is not sure if the spelling is correct for this item. [REDACTED] also report that he is taking antibiotics, Cymbalta, & Inderal (for his heart). [REDACTED] drug screen results were NEGATIVE for all drugs tested for.

CM [REDACTED] spoke with [REDACTED] about the events that lead up to his discovering that his son had passed away. [REDACTED] stated that he and the boys were going to bed. [REDACTED] stated that it was no unusual for [REDACTED] to sleep in the car seat. [REDACTED] stated that when [REDACTED] was little he also spent nights in the car seat. [REDACTED] stated that he does not like people in the bed with him so he put [REDACTED] car seat in the floor next to the bed. [REDACTED] stated that in the middle of the night he put his hand on [REDACTED] to check on him. [REDACTED] stated that he felt that [REDACTED] stomach was extended. [REDACTED] stated that he agitated [REDACTED] to see if [REDACTED] would respond. [REDACTED] stated that [REDACTED] did not move. [REDACTED] stated that he turned on the light and discovered that [REDACTED] was unresponsive and blue in color. [REDACTED] did not report that there were any restrictions that were blocking [REDACTED] airways.

CM [REDACTED] spoke with [REDACTED] about [REDACTED] baby formula, as it reads in the detectives notes the baby formula might have been mixed with powered dish detergent. [REDACTED] stated that [REDACTED] had gone in to the kitchen.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated that [REDACTED] was in the kitchen for several minutes. [REDACTED] stated that [REDACTED] had gotten quiet so he went to check on him. [REDACTED] stated that he had discovered that [REDACTED] had put two containers of [REDACTED] formula into a sink of dish water. [REDACTED] stated that some of the dish water had seeped into the formula (around the edges). [REDACTED] stated that he still needed to make the baby a bottle for the night. [REDACTED] stated that the middle of the formula was still soft so he made the baby a bottle. [REDACTED] did not believe that the formula that he gave [REDACTED] was contaminated.

CM finished up the visit by asking [REDACTED] about the recently police report made by [REDACTED]. [REDACTED] reported that he was not sure that a police report was made. TL [REDACTED] spoke with [REDACTED] (who was in a separate room) about the incident. TL [REDACTED] reported that [REDACTED] stated that she was not sure of all the details but she was aware that the police were involved. TL [REDACTED] reported that [REDACTED] stated that she did not have any concerns about [REDACTED] using drugs. [REDACTED] reported that he was fired from [REDACTED] Path for not charting narcotics properly. [REDACTED] reported that on his termination papers did not state that he was fired for theft of narcotics. [REDACTED] reported that he was a nurse in a lab. [REDACTED] stated that at [REDACTED] there is a system that he has to log in and out of a lock box to obtain narcotics for patients. [REDACTED] stated that the lock box will keep an employee logged in for hours at a time. [REDACTED] stated that the downfall to this that multiple employees can get narcotics out of the lock box under another employees log in information. [REDACTED] denied stealing narcotics from the hospital.

CM thanked the family for their time and the visit was ended.

CM observed [REDACTED] was clean and dressed appropriate for the weather. [REDACTED] did not have any visible marks or bruises.

The family advised this CM that the have plans moving to [REDACTED] sometime next week.



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: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/11/2013

Completed date: 10/11/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/11/2013 09:34 AM Entered By: [REDACTED]

10/09/13

CM [REDACTED] received documentation from Det. [REDACTED]. The documents include SUIDI form, police reports, and statements made by the family.

CM [REDACTED] reviewed the information. The documents can be found in the blue bar under the documents tab.

CM [REDACTED] completed the Notice of Child Death form (cs-0635). CM [REDACTED] forwarded a copy of the form to TL [REDACTED]

10/10 @4

CM [REDACTED] spoke with [REDACTED] stated that the family was currently at the doctors office. CM requested that the [REDACTED] family come to the [REDACTED] DCS office the following day. [REDACTED] agreed to the request. The [REDACTED] family is scheduled to visit this CM at 10/11 @1pm.

Narrative Type: Addendum 1 Entry Date/Time: 10/11/2013 09:35 AM Entered By: [REDACTED]

SDM COMPLETED-No Immediate Safety Concerns



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: 10/09/2013 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/11/2013
 Completed date: 10/11/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/11/2013 09:33 AM Entered By: [REDACTED]

On 10/9/13 at approx. 2:30pm CM [REDACTED] visited [REDACTED] in [REDACTED]. This is the residence of the [REDACTED] family. CM knocked on the door and was greeted by [REDACTED]. CM introduced herself to [REDACTED] and requested to enter the home. The request was granted. CM gathered demographic information from [REDACTED].

HOUSEHOLD COMPOSITION:

[REDACTED] (mother)
 [REDACTED] (father)
 [REDACTED] (child)
 [REDACTED] (child-currently in [REDACTED])
 [REDACTED] (ACV-deceased) 10/9/13

[REDACTED] stated that [REDACTED] was currently in [REDACTED] with her family, been there approx. 3 weeks, due to the family attempting to move to [REDACTED]. [REDACTED] stated that the family is planning on moving to [REDACTED] some time next week. [REDACTED] stated that the family was moving because [REDACTED] recently was fired from his job. [REDACTED] stated that [REDACTED] will be taking a position at Life Care nursing home in [REDACTED]. [REDACTED] stated that [REDACTED] was currently in the care of her in-laws. CM asked [REDACTED] to explain what happened the night her son [REDACTED] passed away. [REDACTED] stated that [REDACTED] had placed the sleeping child in a car seat in the master bedroom next to their bed. [REDACTED] stated that in the middle of the night [REDACTED] reached over to check on [REDACTED]. [REDACTED] stated that when [REDACTED] touched [REDACTED] he was cold. [REDACTED] stated that [REDACTED] turned on the lights and discovered that the child was blue in color and not breathing.

CM [REDACTED] kept the interview short as the mother was attempting to take a nap. CM thanked [REDACTED] for the information and ended the visit.

[REDACTED] reported that her contact information is [REDACTED] or [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	10/09/2013	Contact Method:	Attempted Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 05
Entered By:	██████████ ██████████	Recorded For:	
Location:	Family Home	Created Date:	10/16/2013
Completed date:	10/16/2013	Completed By:	██████████ ██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

██████████ ██████████

Participant(s)

██████████ ██████████ ██████████ ██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 10/16/2013 01:53 PM Entered By: ██████████ ██████████

CM ██████████ visited the home. CM was advised that ██████████ had passed away at approx. 2am on 10/9/13. The referral for this case did not come in at the time of the child's death. CM ██████████ was not able to see the child.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/09/2013 Contact Method:
 Contact Time: 02:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/11/2013
 Completed date: 10/11/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

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

Priority: 1

Allegations: Neglect Death

TFACTS History: Children do not have history. Father, [REDACTED] has a TFACTS History.

A copy of referral sent to [REDACTED] County Juvenile Court and local Law Enforcement.

On 10/09/2013 at 2:49 hours, I was dispatched to [REDACTED] in reference to a 4 month old male, not breathing and blue. I arrived on scene and spoke with complainant [REDACTED] (father). [REDACTED] stated on 10/8/13 at 2030 he had placed his son [REDACTED] in a car seat to sleep in the master bedroom. On 10/9/13 at 0230 [REDACTED] picked up [REDACTED] he was not breathing, and was cold to the touch. [REDACTED] stated that [REDACTED] does not have any known health issues. Det [REDACTED] responded to the scene. [REDACTED]

Police Report/Incident # [REDACTED] can be found in the entirety as faxed to the Hotline in the Documents link on the Basic in TFACTS. The offense listed on the police report is "Death".



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 10/9/13 12:08 PM

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

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

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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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: _____