



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

Case # 2013.107ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	10/15/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	10/15/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
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>On 10/15/13 the deceased child was co sleeping with her father ██████████. The child does have history a of heart problems and was released from ██████████ on 9/28/13. According to the ME there are no bruises or signs of neglect on the child. The father did not disclose rolling over on the child while in the bed. The autopsy is scheduled for 10/16/13. It has not been determined at this time if the deceased child's medical condition is a factor in her death.</p>						
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:						
<p>On 10/15/13 the child and her father ██████████ was up after midnight while the mother ██████████ was sleep. Ms. ██████████ got up at 3am to get ready for work at the ██████████ She stated she went to get the child out the bassinet and fed and changed. During this time the father and fell asleep. She stated she fed her and she took 2 ounces and changed her diaper. She stated she left out at 3:45am and the baby was fine and her dad had waked up and was rocking her to sleep. Mr. ██████████ stated he laid the child on the left side of the bed propped on a pillow. He stated she woke again maybe an hour later and he went to feed her again and she did not want the bottle. He stated he gave her a pacifier and she went back to sleep. He stated he woke again and found her lying on her right side facing the wall. He stated he looked at her and she did not look normal. He stated he rolled her over and her arm fell limp and he was not sure if she was breathing appropriately. He stated he learned in the CPR class to pat the child on their feet and call their name loudly if unresponsive. He stated he reached over to call his mom and she told him to call 911. He stated he then started to perform CPR and was told to place the child on the floor and he took her into the living room. He stated he performed CPR on her until the paramedics came.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
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 type="checkbox"/> No	<input checked="" 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:						

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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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):

Name: [redacted]-currently at [redacted] Age: 17

Name: [redacted] Age: [redacted]

Name: [redacted] Age: [redacted]

Name: [redacted] Age: [redacted]

Name: [redacted] Age: [redacted]

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
07/08/2013	[redacted]		[redacted]		JJ
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

Contact Person: [redacted] Telephone Number: [redacted]

Case Manager: [redacted] Telephone Number: [redacted]

Team Leader: [redacted] Telephone Number: [redacted]

Team Coordinator: [redacted] Telephone Number: [redacted]

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

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: 10/15/2013 09:01 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 10/15/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 10/15/2013 10:31 AM
First Team Leader Assigned: [REDACTED] Date/Time 10/15/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 10/15/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address:
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None
Narrative: TFACTS: Yes
Family Case IDs: [REDACTED]
Open Court Custody: Yes, # [REDACTED] CM [REDACTED]
Closed Court Custody Yes, # [REDACTED] 08-09-11 to 06-25-12
Open CPS - No
Indicated None
Fatality No



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

Screened out 0

History (not listed above): None

DUPLICATE REFERRAL: No

County: [REDACTED]
 Notification: None
 School/ Daycare: None
 Native American Descent: No
 Directions: none given

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

Reporter states: [REDACTED] (1 month old) lived with her parents [REDACTED] and [REDACTED]. The reporter is not aware of any other children in the home.

[REDACTED] I was found by Mr. [REDACTED] and she was not breathing. The reporter doesn't know the exact time this occurred, but Mr. [REDACTED] called 911. The reporter was informed that Mr. [REDACTED] was doing chest compressions until Emergency Medical Services (EMS) arrived. EMS transported [REDACTED] to [REDACTED] Emergency Room. [REDACTED] arrived at the Emergency Room approximately 45 minutes ago (8:20 am). [REDACTED] was pronounced deceased approximately 20 minutes ago (8:45am).

There is a report that Mr. [REDACTED] and [REDACTED] were co-sleeping but this has not been confirmed. Mrs. [REDACTED] was at work at the time, but is currently at the emergency room.

[REDACTED] was in the [REDACTED] Intensive Care Unit ([REDACTED] for two weeks after birth for a significant heart condition. [REDACTED] had a double inlet left ventricle, mesocardia, supra ventricular tachycardia, hip dysplasia, and atrial tachycardia. [REDACTED] was being seen in the pediatric cardiology office, but the reporter doesn't know the doctor's information.

Detectives are currently at the Emergency Room. The Medical Examiners office has been contacted, but they have not yet arrived. The reporter is requesting immediate DCS assistance.

This is all the information that the reporter has at this time.

County group emailed.

Per SDM: Investigative Track, P1- Child Death. [REDACTED] TL on 10-15-13 @ 10:09 am

Notified Child Death Group: [REDACTED] was notified about this intake. RA [REDACTED] and [REDACTED] were also copied on the email.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 7 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: 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: 10/15/2013 Assignment Date: 10/15/2013
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, Unknown, Unknown, [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted] 12/11/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is closed and classified as UNFOUNDED as there is no evidence at this time to support the allegations of Neglect Death against Unknown. On 10/15/13 the deceased child was observed at [Redacted] Dt. [Redacted] and Dt. [Redacted] both interviewed the child's father regarding the incident. The child was born with congenital heart issues. The father did admit that the child was co-sleeping with him after the mother went to work. There are no other children in the home at this time. The autopsy was completed and the cause and manner of death could not be determined.

D. Case Workers

Case Worker: [Redacted] Date: 12/11/2013
Team Leader: [Redacted] Date: 12/11/2013

E. Investigation Summary

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

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

On 10/15/13 CM observed the deceased child at [Redacted] The cause of death is unknown at this time.

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

On 10/15/13 CM along with Youth Service Dt. [Redacted] interviewed [Redacted], a family friend who also lives at the residence. He stated [Redacted] is his friend and they all moved into the apartment about 3 months ago. He stated he works at McDonald on [Redacted] and is a full time student at [Redacted] He stated he went to bed in his room around midnight on 10/15/13 and woke up and heard [Redacted] making noises, but he could not tell if he was laughing or crying. He said he got up to see what was going on and [Redacted] was crying saying the baby



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

Case Name : ██████████

Investigation ID: ██████████

is not breathing. He stated ██████████ called 911 and he was at the door looking out for them. Dt. ██████████ asked if he saw ██████████ perform CPR on the child and he stated yes in the living room. Dt. ██████████ asked if he was aware that the child had health conditions and he stated yes, but he had never seen her in any discomfort. Mr. ██████████ demeanor was melancholy and spoke very softly.

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

On 10/15/13 CM observed the interview for ██████████, who was being interviewed by Dt. ██████████ and Dt. ██████████ with ██████████ at ██████████ Ms. ██████████ disclosed ██████████ was his only child, but his girlfriend ██████████ has another child who is 17 years old. He was asked if a lot of people care for the child and he stated no due to her medical conditions, but his mom and sister will watch her sometimes. He stated he is over protective at times. His mother is ██████████ and his sister is ██████████ Dt. ██████████ asked if the child's medication was given on a regular basis and he stated yes. He stated he has an alarm set on his phone for every 8 hours. The child was currently taking formula, but she did start out being breast fed. The child was in the hospital 2-3 weeks after being born and was only home for 2 weeks. He stated ██████████ woke up first because she had to go to work and he changed her and held her until she went back to sleep. He stated ██████████ left for work around 3:45am. He stated he laid the child on her back on the bed next to him and they went to sleep. He stated she woke up at 5am and he gave her a pacifier because she did not want her bottle and she went back to sleep. He stated he is not sure what time he woke up again, but when he checked on her again she did look good. He stated he first called his mom to tell her something was wrong with the child and she told him to call 911. He was asked what size is the bed and he stated a queen. The detectives did conclude the interview and will do the re-enactment back at the home. The family was able to see the child again before the ME took the child away.

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

On 10/15/13 CM and Dt. ██████████ interviewed the child's mother ██████████ in the police car. Ms. ██████████ did appear to be doing better considering the loss of her child. She has been together with ██████████ for 6 years. Ms. ██████████ does have another child, ██████████ 17, who has been at ██████████ since 7/7/13. CM asked before she gave birth was she aware that the child will have heart problems and she stated yes. She stated she found out when she was 5 months pregnant at the ultrasound. She stated her child's heart was on the opposite side of her chest and she only had one heart chamber. She stated she had 3 doctors that treated her during her pregnancy. Her OBGYN was Dr. ██████████ at ██████████ her maternal fetus doctor who was also at ██████████ and the cardiologist at ██████████ She stated she delivered at 37 weeks with vaginal birth and the child weighed 5lb 8oz. The child was admitted to the ██████████ due to heart rate increasing over 200 beats. She stated her child's physician was Dr. ██████████ and he prescribed her the propafenone medication. The child was discharged on 9/28/13 and was doing well on the medication. On 10/3/13, Dr. ██████████ switched her medication times to 5am, 1pm and 9pm. At the appointment the child was given a heart monitor to wear for 24 hours to monitor her heart and the medication. She stated she took it off on 10/4/13 and they had their next appointment on 10/5/13 and Dr. ██████████ read the results and everything was normal. The child also had an orthopedic appointment on 10/11/13 for her hips and that appointment went well and they were going to take her braces off at the next appointment. The PCP for the child was Dr. ██████████ Dt. ██████████ asked her to explain the events that took place this morning and she stated she got up at 3am because she has to be at work at 4am at the ██████████ She stated ██████████ and the child was up and she fed her a 2 oz bottle and changed her. She stated she left at 3:45am and kissed the child goodbye and gave her back to ██████████ She stated the child was fine and was doing better. CM asked if they need any assistance with anything and she stated no. CM did have Ms. ██████████ to sign all release forms. She stated her mother has called the church and the service will be on Friday.

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

This case is closed and classified as UNFOUNDED as there is no evidence at this time to support the allegations of Neglect Death against Unknown. On 10/15/13 the deceased child was observed at ██████████. Dt. ██████████ and Dt. ██████████ both interviewed the child's father regarding the incident. The child was born with



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

[REDACTED] heart issues. The father did admit that the child was co-sleeping with him after the mother went to work. There are no other children in the home at this time. The autopsy was completed and the cause and manner of death could not be determined.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/16/2014

Contact Method:

Contact Time: 05:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/16/2014

Completed date: 01/16/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/16/2014 06:03 PM Entered By: [REDACTED]

Case Closure Review

CPS investigation has been completed as unsubstantiated as there is no evidence to conclude abuse or neglect caused the death of [REDACTED]. There are no other children in the home but the mother reports she is pregnant. The family declined services-grief counseling. CPIT agreed with DCS classification. Case will be submitted for review by IC and Office of Child Safety on 1-17-14

Narrative Type: Addendum 1 Entry Date/Time: 01/16/2014 06:04 PM Entered By: [REDACTED]

This case will be reviewed by CDRT this month.



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: Phone Call

Contact Time: 09:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/18/2013

Completed date: 12/18/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/18/2013 09:13 AM Entered By: [REDACTED]

On 12/18/13 CM contacted Ms. [REDACTED] and informed her that the investigation is closed and classified as unfounded. She informed the CM that she is currently 2 months pregnant now. She did asked about obtaining the autopsy for the child and CM instructed her to contact the medical examiner's office to get a copy.



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: 12/17/2013

Contact Method: Face To Face

Contact Time: 09:17 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): 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 09:19 AM Entered By: [REDACTED]

On 12/17/13 CM staffed the case at CPIT and the agreed classification is AUPU.

The Child Fatality Form was completed by CPSI [REDACTED] on 10/15/13.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/11/2013	Contact Method:	
Contact Time:	01:07 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/11/2013
Completed date:	12/11/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/11/2013 01:08 PM Entered By: [REDACTED]

Purpose of content:
Case closure summary

Content:

CPSI [REDACTED] received this case on 10/15/13 with allegations of Neglect Death on minor child [REDACTED] against Unknown alleged perpetrator.

This case is closed and classified as UNFOUNDED as there is no evidence at this time to support the allegations of Neglect Death against Unknown. On 10/15/13 the deceased child was observed at [REDACTED]. Dt. [REDACTED] and Dt. [REDACTED] both interviewed the child's father regarding the incident. The child was born with congenital heart issues. The father did admit that the child was co-sleeping with him after the mother went to work. There are no other children in the home at this time. The autopsy was completed and the cause and manner of death could not be determined.

Dt. [REDACTED] with Youth Services is assigned to the case.

Plan
Case will be submitted for closure



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/11/2013	Contact Method:	
Contact Time:	12:09 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/11/2013
Completed date:	12/11/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/11/2013 12:36 PM Entered By: [REDACTED]

On 12/11/13 CM received the medical autopsy for the child and the cause and manner of death is classified as could not be determined. The circumstances of death is found unresponsive, co sleeping in adult bed. The case will be staffed in CPIT 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:	11/07/2013	Contact Method:	
Contact Time:	02:13 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/07/2013
Completed date:	11/07/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/07/2013 02:14 PM Entered By: [REDACTED]

On 11/7/13 CM requested the medical records and autopsy for 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: 11/07/2013

Contact Method: Phone Call

Contact Time: 02:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/07/2013

Completed date: 11/07/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

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

On 11/7/13 CM contacted the family to check on their well being and they reported they are doing better and taking things day by day. Mr. [REDACTED] stated they are going to the grave yard to price some head stones. The family appeared to be very appreciative that the CM called to check on them. CM asked if they needed any grief counseling and they declined.



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:	11/07/2013	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	11/07/2013
Completed date:	11/07/2013	Completed By:	[REDACTED]
Purpose(s):	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: 11/07/2013 02:06 PM Entered By: [REDACTED]

On 11/7/13 the case was reset at CPIT pending the autopsy.



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: 10/23/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/28/2013

Completed date: 10/28/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Medical Exam

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/28/2013 04:27 PM Entered By: [REDACTED]

On 10/23/13 CM along with TL [REDACTED], Dt. [REDACTED] and Sgt. [REDACTED] attended a briefing at the Medical Examiner's office with Dr. [REDACTED] regarding the autopsy for [REDACTED]. Dr. [REDACTED] reported there was no external evidence of trauma or bruising. Internally there were no findings of trauma around the organs. There was no bruising on the brain or bleeding. There were significant findings of congenital heart disease. There were major findings around the heart and lungs. At this time the manner of death is pending. Dr. [REDACTED] stated at this time there is nothing suspicious to report.



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:	10/15/2013	Contact Method:	Face To Face
Contact Time:	11:56 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/16/2013
Completed date:	10/16/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/16/2013 02:54 PM Entered By: [REDACTED]

On 10/15/13 CM and Dt. [REDACTED] interviewed the child's mother [REDACTED] in the police car. Ms. [REDACTED] did appear to be doing better considering the loss of her child. She has been together with [REDACTED] for 6 years. Ms. [REDACTED] does have another child, [REDACTED] 17, who has been at [REDACTED] since 7/7/13. CM asked before she gave birth was she aware that the child will have heart problems and she stated yes. She stated she found out when she was 5 months pregnant at the ultrasound. She stated her child's heart was on the opposite side of her chest and she only had one heart chamber. She stated she had 3 doctors that treated her during her pregnancy. Her OBGYN was Dr. [REDACTED] at [REDACTED] her maternal fetus doctor who was also at [REDACTED] and the cardiologist at [REDACTED]. She stated she delivered at 37 weeks with vaginal birth and the child weighed 5lb 8oz. The child was admitted to [REDACTED] due to heart rate increasing over 200 beats. She stated her child's physician was Dr. [REDACTED] and he prescribed her the propafenone medication. The child was discharged on 9/28/13 and was doing well on the medication. On 10/3/13, Dr. [REDACTED] switched her medication times to 5am, 1pm and 9pm. At the appointment the child was given a heart monitor to wear for 24 hours to monitor her heart and the medication. She stated she took it off on 10/4/13 and they had their next appointment on 10/5/13 and Dr. [REDACTED] read the results and everything was normal. The child also had an orthopedic appointment on 10/11/13 for her hips and that appointment went well and they were going to take her braces off at the next appointment. The PCP for the child was Dr. [REDACTED]. Dt. [REDACTED] asked her to explain the events that took place this morning and she stated she got up at 3am because she has to be at work at 4am at the [REDACTED]. She stated [REDACTED] and the child was up and she fed her a 2 oz bottle and changed her. She stated she left at 3:45am and kissed the child goodbye and gave her back to [REDACTED]. She stated the child was fine and was doing better. CM asked if they need any assistance with anything and she stated no. CM did have Ms. [REDACTED] to sign all release forms. She stated her mother has called the church and the service will be on Friday.



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: 10/15/2013

Contact Method: Face To Face

Contact Time: 11:44 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/16/2013

Completed date: 10/16/2013

Completed By: [REDACTED]

Purpose(s): Well Being

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/16/2013 02:23 PM Entered By: [REDACTED]

On 10/15/13 CM along with Youth Service Dt. [REDACTED] interviewed [REDACTED], a family friend who also lives at the residence. He stated [REDACTED] is his friend and they all moved into the apartment about 3 months ago. He stated he works at McDonald on [REDACTED] and is a full time student at [REDACTED]. He stated he went to bed in his room around midnight on 10/15/13 and woke up and heard [REDACTED] making noises, but he could not tell if he was laughing or crying. He said he got up to see what was going on and [REDACTED] was crying saying the baby is not breathing. He stated [REDACTED] called 911 and he was at the door looking out for them. Dt. [REDACTED] asked if he saw [REDACTED] perform CPR on the child and he stated yes in the living room. Dt. [REDACTED] asked if he was aware that the child had health conditions and he stated yes, but he had never seen her in any discomfort. Mr. [REDACTED] demeanor was melancholy and spoke very softly.



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: 10/15/2013 Contact Method: Face To Face
 Contact Time: 11:21 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/16/2013
 Completed date: 10/16/2013 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/16/2013 03:34 PM Entered By: [REDACTED]

On 10/15/13 CM, Dt. [REDACTED] Dt. [REDACTED] and ME [REDACTED], along with [REDACTED] D CSI unit was present at the home for the re-enactment. Ms. [REDACTED] was given a baby doll to use to describe where the child was lying on the bed. He stated he was holding and rocking her until she went to sleep. He stated he was on the right side of the bed and the child was on the left side closet to the wall. He stated he had propped the child up on a pillow and laid her on her back. He stated they had gone to sleep and she had slide down from the pillow and he put her back up on the pillow. He said he woke up again and she was on her right side and had slide down some again. He said he turned her over and she looked different like she was not breathing. He stated he started patting the bottom of her feet and calling her name. He then called his mom and then 911 and started doing CPR in the bed. He stated he was doing 30 pumps with 2 fingers and 2 breaths. He stated the dispatcher told him to get on the floor and he took the child in the living room and started doing CPR until the paramedics arrived.



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: 10/15/2013

Contact Method: Face To Face

Contact Time: 10:34 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/16/2013

Completed date: 10/16/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/16/2013 03:17 PM Entered By: [REDACTED]

On 10/15/13 CM observed the interview for [REDACTED] [REDACTED] who was being interviewed by Dt. [REDACTED] and Dt. [REDACTED] with [REDACTED] at [REDACTED] Ms. [REDACTED] disclosed [REDACTED] was his only child, but his girlfriend [REDACTED] [REDACTED] has another child who is 17 years old. He was asked if a lot of people care for the child and he stated no due to her medical conditions, but his mom and sister will watch her sometimes. He stated he is over protective at times. His mother is [REDACTED] and his sister is [REDACTED]. Dt. [REDACTED] asked if the child's medication was given on a regular basis and he stated yes. He stated he has an alarm set on his phone for every 8 hours. The child was currently taking formula, but she did start out being breast fed. The child was in the hospital 2-3 weeks after being born and was only home for 2 weeks. He stated [REDACTED] woke up first because she had to go to work and he changed her and held her until she went back to sleep. He stated [REDACTED] left for work around 3:45am. He stated he laid the child on her back on the bed next to him and they went to sleep. He stated she woke up at 5am and he gave her a pacifier because she did not want her bottle and she went back to sleep. He stated he is not sure what time he woke up again, but when he checked on her again she did look good. He stated he first called his mom to tell her something was wrong with the child and she told him to call 911. He was asked what size is the bed and he stated a queen. The detectives did conclude the interview and will do the re-enactment back at the home. The family was able to see the child again before the ME took the child away.



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: 10/15/2013

Contact Method: Face To Face

Contact Time: 09:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/15/2013

Completed date: 10/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/15/2013 01:54 PM Entered By: [REDACTED]

On 10/15/13 CM observed the deceased child at [REDACTED] The cause of death is unknown at this 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:	10/15/2013	Contact Method:	
Contact Time:	07:47 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/18/2013
Completed date:	12/18/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/18/2013 07:47 AM Entered By: [REDACTED]

"Daily notice of referral, pursuant to 37-105, sent to Juvenile Court, Law Enforcement as applicable per local protocol."

The family has no history of Native American heritage in their family and all documentation was signed on 10/15/13

The parent/custodian signed the Release of Protected Health Information form on this date on 10/15/13

The parent/custodian signed and received a copy of the Clients Right Handbook on 10/15/13

On 12/18/13 the referent notification letter was sent out.

TFACTS: Yes

Family Case IDs: [REDACTED]

Open Court Custody: Yes, # [REDACTED] CM [REDACTED]

Closed Court Custody Yes, # [REDACTED] 08-09-11 to 06-25-12

Open CPS - No

Indicated None

Fatality No

Screened out 0

History (not listed above): None

DUPLICATE REFERRAL: No

Household composition:

[REDACTED]

This CPSI completed the Initial Safety Assessment and the child is conditionally Safe. CPSI completed the Closing Safety Assessment and the child is Safe.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: [REDACTED]

Organization: [REDACTED]

This CPSI completed a criminal background check using the [REDACTED] Criminal Clerk and there is no history from [REDACTED] Ms. [REDACTED] was charged on 11/27/07 with Poss ir Casual Exchange and the disposition is dismissed-cost to defendant. The case status is closed.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 10/15/13 9:01 AM

Date of Assessment: 10/15/13 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.
- [X] Death of a child due to abuse or neglect.
- [] Care taker fears that s/he will maltreat the child.
- [] Threat to cause harm or retaliate against the child.
- [] Excessive discipline or physical force.
- [] Drug-affected infant/child.
- [] Methamphetamine lab exposure.
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.
[X] All children placed.
One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 10/15/13 9:01 AM

Date of Assessment: 10/28/13 12:00 AM

Assessment Type: [] Initial [X] 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.
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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.
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- 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:

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- 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: _____