



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

Case # 2013.113ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/04/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	11/04/2013		
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:		
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>Reporter states "The child is not in state's custody. ██████████ (7 days old) resides with her mother ██████████. Today, November 4, 2013 ██████████ reported that she feed and changed the baby and then laid the baby down for a nap. ██████████ stated about an hour later when she went to check on the baby; the baby was not breathing. ██████████ contacted EMS. The infant was transported to ██████████ Center. The hospital continued to perform CPR; the infant was pronounced deceased at 1:16 pm. The Medical Examiner's Office will be contacted for an autopsy. It is unknown if Ms. ██████████ has any other children in the home. It is unknown if there was anyone else in the home at the time of the incident. The home environment is unknown by the reporter".</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>This Investigator met with ██████████, mother about the infant child. ██████████ stated that she had gotten up about 8:00am in the morning, changed and fed the child. ██████████ stated that she was preparing herself for the day so she brought the infant child to the maternal grandmother to care for. ██████████ stated that the infant was placed on the maternal grandmother's bed with a bottle, pamper and baby wipes while ██████████ stepped out of the room. ██████████ stated that she went outside to clean up papers and returned later to check on the baby and her mother. ██████████ stated she was told by her mother that the baby did not look well. ██████████ stated the baby was in same position that she was placed on the bed. ██████████ stated she went over to the infant and found the child was not breathing. ██████████ stated she started CPR. ██████████ stated she yelled for her brother to call 911 when she was not able to get the child to breathe.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
Describe disposition of body (Death): Child transported to Medical Examiner						
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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Type:	Severe	Case #:	██████████			
Describe law enforcement or court involvement, if applicable:						
Youth Detective involved and on the scene.						
Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim						

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

RDA 2993

CS-0635, Rev. 08/13

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(Near Death) (attach safety plan, if applicable):

There are 4 other children under the age 6 years and they are placed in the care of the maternal aunt. The maternal aunt have custody of the children through Juvenile Court which was in place prior to DCS involvement.

Name: [REDACTED]	Age: [REDACTED]
Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
02/11/2013	[REDACTED]	LOS	[REDACTED]	[REDACTED]	Services recommended and accepted.
09/21/2012	[REDACTED]	LOS	[REDACTED]	[REDACTED]	No services needed.
12/07/2011	[REDACTED]	LOS	[REDACTED]	[REDACTED]	Services Recommended and Accepted
01/26/2011	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Unfounded/Perpetrat or Unfounded
10/12/2011	[REDACTED]	DEI	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated
07/18/2013	[REDACTED]	Investigative Order	[REDACTED]	[REDACTED]	
/ /					

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:	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 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: 11/04/2013 02:20 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 11/04/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 11/04/2013 03:49 PM
First Team Leader Assigned: [REDACTED] Date/Time 11/04/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 11/04/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	6 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS: Yes

Family Case ID: [REDACTED]

Open FSS: Yes / # [REDACTED] / 07-18-2013 / FSW- [REDACTED]

Closed Court Custody: No

Open CPS Investigation Order: # [REDACTED] [REDACTED] / DEC / CM [REDACTED], TL [REDACTED] /10-25-13

Indicated: # [REDACTED] / DEI / [REDACTED] / 10-12-11

Fatality: No



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

Screened out: Yes (2)

History (not listed above):

2-11-2013 / # [REDACTED] / LOS / Services Recommended and Accepted
9-21-12 / # [REDACTED] / LOS / No Services Needed
12-07-11 / # [REDACTED] / LOS / Services Recommended and Accepted
1-26-11 / # [REDACTED] / PHA / Allegation Unfounded/Perpetrator Unfounded

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: Letter
School/ Daycare: N/A
Native American Descent: No
Directions: N/A

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

Reporter states: The child is not in states custody.

[REDACTED] (7 days old) resides with her mother [REDACTED].

Today, November 4, 2013 [REDACTED] reported that she feed and changed the baby and then laid the baby down for a nap. [REDACTED] stated about an hour later when she went to check on the baby; the baby was not breathing. [REDACTED] contacted EMS. The infant was transported to [REDACTED] Medical Center.

The hospital continued to perform CPR; the infant was pronounced deceased at 1:16 pm. The Medical Examiner's Office will be contacted for an autopsy.

It is unknown if Ms. [REDACTED] has any other children in the home. It is unknown if there was anyone else in the home at the time of the incident. The home environment is unknown by the reporter. It is also unknown if Ms. [REDACTED] has a pattern of neglect in the home.

Ms. [REDACTED] is currently at [REDACTED] Center. [REDACTED] Police are currently at the hospital.

Per TFACTS the mothers other children are listed as [REDACTED] (2), [REDACTED] (6), [REDACTED] (3), and [REDACTED] (5)Per TFACTS the children are currently placed with the aunt, [REDACTED] and Ms. [REDACTED] has visitation**

EI_DCS_Child_Death_or_Near_Death_Notification group emailed. RA [REDACTED] and [REDACTED] [REDACTED] copied on the email notification.

County group emailed.
Investigation/ P1- Neglect Death, [REDACTED] TL on 11-4-13 @ 3:18 pm



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

Participant(s)

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** Black/African **Age:** 26 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: Yes
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** Black/African **Age:** 6 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [Redacted]
Referral Date: [Redacted]
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 11/04/2013

B. Allegation

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

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: Case closure requested.

D. Case Workers

Case Worker: [Redacted] Date: 01/02/2014
Team Leader: [Redacted] Date: 01/03/2014

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 observed the deceased child [Redacted] in the hospital bed. Pictures of the child were taken and documented for the case record. Autopsy is being ordered.

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

Dr. [Redacted], Medical Examiner stated that the examination on the child is not completed at this time but he was able to offer a preliminary finding thus far. Dr. [Redacted] stated that there was no trauma and no congenital defects with the child. Dr. [Redacted] stated that [Redacted] was a pretty healthy 7-8 day old baby. He stated that there was no evidence of infection observed at that time.

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

[Redacted] stated that she had gotten up about 8:00am in the morning, changed and fed the child. [Redacted] stated that she was preparing herself for the day so she brought the infant child to the maternal grandmother to take care of. [Redacted] stated that the infant was placed on the maternal grandmother's bed with a bottle, pampers and



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

Case Name : ██████████

Investigation ID: ██████████

baby wipes while ██████████ stepped out of the room. ██████████ stated she was told by her mother that the baby did not look well. ██████████ stated the baby was in same position that she was placed on the bed. ██████████ stated she went over to the infant and found the child was not breathing. ██████████ stated she started CPR. ██████████ stated she yelled for her brother to call 911 when she was not able to get the child to breathe.

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

The child is not in states custody. ██████████ (7 days old) resides with her mother ██████████. Today, November 4, 2013 ██████████ reported that she feed and changed the baby and then laid the baby down for a nap. ██████████ stated about an hour later when she went to check on the baby; the baby was not breathing. ██████████ contacted EMS. The infant was transported to ██████████ Center. The hospital continued to perform CPR; the infant was pronounced deceased at 1:16 pm. The Medical Examiner's Office will be contacted for an autopsy. It is unknown if Ms. ██████████ has any other children in the home. It is unknown if there was anyone else in the home at the time of the incident. The home environment is unknown by the reporter".

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

Based on the investigation and assessment of this family case, this case will be classified as AUPU. There was no evidence to support the allegations of neglect death. Due to the no evidence of imminent risk, this case is being closed and no further services or monitoring is needed.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/05/2014 Contact Method:
 Contact Time: 03:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/05/2014
 Completed date: 02/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2014 03:15 PM Entered By: [REDACTED]

Case Closing Summary:

This family came to the attention of DCS after a report of neglect death was called in to the department. The reporter states The child is not in states custody. [REDACTED] (7 days old) resides with her mother [REDACTED]. Today, November 4, 2013 [REDACTED] reported that she feed and changed the baby and then laid the baby down for a nap. [REDACTED] stated about an hour later when she went to check on the baby; the baby was not breathing. [REDACTED] contacted EMS. The infant was transported to [REDACTED] Center. The hospital continued to perform CPR; the infant was pronounced deceased at 1:16 pm. The Medical Examiner's Office will be contacted for an autopsy. It is unknown if Ms. [REDACTED] has any other children in the home. It is unknown if there was anyone else in the home at the time of the incident. The home environment is unknown by the reporter. It is also unknown if Ms. [REDACTED] has a pattern of neglect in the home. Ms. [REDACTED] is currently at [REDACTED] Center. [REDACTED] Police are currently at the hospital.

11/4/13

CM observed the deceased child [REDACTED] in the hospital bed. Pictures of the child were taken and documented for the case record. Autopsy is being ordered.

A visit was made on 11/4/13 at 4:26pm to address the allegations in the referral and to assess the families need for services. The family was contacted at [REDACTED].

Family Composition:

[REDACTED], mother, d.o.b. [REDACTED] SS# [REDACTED]
 [REDACTED], ACV, d.o.b. [REDACTED]

Other children but not in the home:

[REDACTED], sibling, d.o.b. [REDACTED]
 [REDACTED], sibling, d.o.b. [REDACTED]
 [REDACTED], sibling, d.o.b. [REDACTED]
 [REDACTED], sibling, d.o.b. [REDACTED]

Legal Guardian: [REDACTED], maternal aunt



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

The Department received a referral on 10/25/2013 and a Family Service Worker ██████████ was assigned the Investigative Order priority P3 regarding drug exposed children.

IO: Findings and recommendations to determine if the custodian, ██████████ is providing the adequate needs of the children, and if it is necessary, any alternative plans for placement to ensure the safety of the children should be included in the report. To report the findings, court is scheduled on 11/13/13 at 1:00 p.m. with ██████████.

Note: Custody of the children was given to ██████████. Mother has supervised visits with the children at the discretion of the aunt.

CM met with ██████████, mother.

In order to engage the family, this CM explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CM also provided the family with a brochure describing the Multiple Response Approach. This CM provided ██████████ and ██████████ with a copy of the Parents Bill of Right, Clients Rights Handbook, Notification of Equal Access to Services Grievance Procedures, Notice of Privacy Practices, and Native American Veto Heritage on this date. CM obtained signed acknowledgements of such and copies have been placed in the file.

CM met with ██████████, mother, at ██████████ Hospital prior to meeting with her at the family home. CM later met with mother at the home to continue to talk about the concerns reported to the department.

Initially ██████████ stated that following information: ██████████ stated that she had gotten up about 8:00am in the morning, changed and fed the child. ██████████ stated that she was preparing herself for the day so she brought the infant child to the maternal grandmother to care for. ██████████ stated that the infant was placed on the maternal grandmother's bed with a bottle, pampers and baby wipes while ██████████ stepped out of the room. ██████████ stated that she went outside to clean up papers and returned later to check on the baby and her mother. ██████████ stated she was told by her mother that the baby did not look well. ██████████ stated the baby was in same position that she was placed on the bed. ██████████ stated she went over to the infant and found the child was not breathing. ██████████ stated she started CPR. ██████████ stated she yelled for her brother to call 911 when she was not able to get the child to breathe.

This CM met with ██████████ at the family home and was able to get more information from ██████████ about what happened on the day that she found her daughter not breathing. ██████████ stated further stated that during the last 72 hours she did not notice anything out of the ordinary with her daughter. ██████████ stated that she did not notice her daughter to have a fever or anything that was very concerning. ██████████ stated that she did notice that her baby was sleeping more the past day when the child has been usually wide awake. ██████████ stated that she also noticed that her baby was crying a little too much than usual. ██████████ stated that the sleeping more started a couple of days. Friday the baby started sleeping more. Tuesday-Thursday she was sleeping ok. Friday she was sleeping more. ██████████ stated that the baby was ok but she was going to take the baby to get her checked out because she was crying more. ██████████ stated she noticed it a little more on Friday or Saturday. ██████████ stated that she noticed this when she was feeding the baby milk. ██████████ stated when she was feeding the baby the milk was coming out fast so she changed the nipple on the bottle. ██████████ stated that it seems like the baby was not able to catch her breath with that nipple. ██████████ stated once she changed the nipple it seems like the baby was doing better with her feeding.

██████████ stated that during her pregnancy she smoked cig. But she quit where she was smoking 2-3 cigs daily. ██████████ denied alcohol use at all. She denied any narcotics or substance abuse. ██████████ stated that she took her prenatal pills prescribed. ██████████ stated that she has her mental health medication that is prescribed by ██████████.

██████████ talked about the morning when she brought her daughter to her mother to watch. ██████████ stated that she got up about 8:00am and she was up with the baby. ██████████ stated that she was up because she was preparing for her class she had to take for IOP ordered by Juvenile Court. ██████████ stated that she fed the baby 4oz and the baby was ok. ██████████ stated that she burped the baby and laid the child down with her mother. ██████████ stated that she laid the baby down on top of the pillow on her mother's bed while her mother was sitting up watching the tv sitting on her bed. ██████████ stated that she went outside for about 30min picking up trash outside. ██████████ stated she went back in to check on the baby and stated the baby did not look right. ██████████ stated she tried CRP and she screamed to call 911. ██████████ stated that her baby was still in the same position that she was placed when brought into the room. ██████████ stated that her baby's bottom lip looked a little funny. ██████████ stated that she knew something was wrong when she saw this.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

CM met with [REDACTED] maternal aunt. [REDACTED] stated that she has the children in her care and they are doing well living with her. [REDACTED] stated that she have been supervising visits with the children and their mother [REDACTED] on a regular basis. [REDACTED] stated that things are going ok but she wishes things were going better. [REDACTED] stated that she wants [REDACTED] to have her children back in her care. [REDACTED] stated that [REDACTED] is doing well but she would like for [REDACTED] to do much better. [REDACTED] stated she would like to have her life back and give [REDACTED] her children. [REDACTED] stated that she is there for her sister and she will help as long as she can.

The children appeared to be well cared for and healthy. They were active and talkative. They were dressed clean and neat. CM did not speak with the children about the death of their sibling as the family was going to do this at their leisure.

CM contact DCS worker [REDACTED] about the family case. [REDACTED] reported that she has an Investigative Order on the family. [REDACTED] stated that she have not spoken with Ms. [REDACTED] as of yet. [REDACTED] stated that the children are in the care of the aunt, [REDACTED].

CM met with Dr. [REDACTED], Medical Examiner, in regards to the child [REDACTED]. Dr. [REDACTED] stated that the examination on the child is not completed at this time but he was able to offer a preliminary finding thus far. Dr. [REDACTED] stated that there was no trauma and no congenital defects with the child. Dr. [REDACTED] stated that [REDACTED] was a pretty healthy 7-8 day old baby. He stated that there was no evidence of infection observed at that time.

11/13/13

Court was held on the family case. Custody of the children remains with [REDACTED]. Another court date was set for Feb. 2014. [REDACTED] wants to enter [REDACTED] drug program. [REDACTED] will have to present herself to the court to get permission for the children to attend [REDACTED]. [REDACTED] was administered a drug test and she was negative for all drugs.

12/17/13 CPIT meeting held on the family case. Team agreement allegations unsubstantiated based on the preliminary findings from the Medical Examiner.

Based on the investigation and assessment of this family case, this case will be classified as AUPU. There was no evidence to support the allegations of neglect death. Due to the no evidence of imminent risk, this case is being closed and no further services or monitoring is needed.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.



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: 02/04/2014

Contact Method: Phone Call

Contact Time: 06:23 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/05/2014

Completed date: 02/05/2014

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: 02/05/2014 03:13 PM Entered By: [REDACTED]

CM made a call to [REDACTED]. A message was left requesting a return call to the department.



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: 01/03/2014

Contact Method: Phone Call

Contact Time: 10:22 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/05/2014

Completed date: 02/05/2014

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: 02/05/2014 03:07 PM Entered By: [REDACTED]

CM received a call from [REDACTED], mother. [REDACTED] stated that she was able to find work at a warehouse packing items and shipping things. [REDACTED] stated that she will be working full time in the morning. [REDACTED] stated that she has an appointment next week for her drug test and to fill out paperwork. [REDACTED] stated that she feels good as she will be working making her own money. [REDACTED] stated that she is also working on getting her mother's heating fix. [REDACTED] was advised to contact [REDACTED] to see if she can get some assistance with the heating and repairs. [REDACTED] stated that her mother will be getting some food delivered from some agency daily so that will help out with her meals. [REDACTED] stated that her plan is to fix up the room on the upper level so her children will have more space when they return to her care.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/17/2013

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/05/2014

Completed date: 02/05/2014

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

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2014 03:01 PM Entered By: [REDACTED]

12/17/13 CPIT meeting held on the family case. Team agreement allegations unsubstantiated based on the preliminary findings from the Medical Examiner.



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: 11:24 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/05/2014

Completed date: 02/05/2014

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: 02/05/2014 03:11 PM Entered By: [REDACTED]

CM made a call to [REDACTED] mother. [REDACTED] stated that she was out with her mother doing some food shopping and Christmas shopping. [REDACTED] stated that she was picking up little things for her children to have. [REDACTED] stated that she put in some applications for jobs so she hopes that someone will be calling her back soon. [REDACTED] stated that she is still going to her outpatient program and she feel that she needs more because she is dealing with a lot. [REDACTED] stated that things are hard for her as she is the only one helping to care for her mother. [REDACTED] stated that her family leaves everything for her to do alone. [REDACTED] stated that no one cares that she is struggling with the loss of her daughter and that her children are not in her care. [REDACTED] stated that she wants her own apartment again so she can be with her children. [REDACTED] stated that she is just hoping that she gets a job so she can save to get her apartment. [REDACTED] stated that she wants to help her mother but she also needs to help herself.



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: 11/12/2013

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 03:38 PM Entered By: [REDACTED]

CM and Det. [REDACTED] made a visit to the family home. There were no answer to the door. CM found the family was out making arrangements to bury the infant child. CM and Detective will arrange to make another visit to the family home after the burial.



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: 11/08/2013

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/05/2013 01:30 PM Entered By: [REDACTED]

11/8/13 9:30am

CM met with Dr. [REDACTED], Medical Examiner, in regards to the child [REDACTED]. Dr. [REDACTED] stated that the examination on the child is not completed at this time but he was able to offer a preliminary finding thus far. Dr. [REDACTED] stated that there was no trauma and no congenital defects with the child. Dr. [REDACTED] stated that [REDACTED] was a pretty healthy 7-8 day old baby. He stated that there was no evidence of infection observed at that 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: 11/05/2013

Contact Method: Correspondence

Contact Time: 03:34 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 01:38 PM Entered By: [REDACTED]

CM contact DCS worker [REDACTED] about the family case. [REDACTED] reported that she has an Investigative Order on the family. [REDACTED] stated that she have spoken with Ms. [REDACTED] as of yet. [REDACTED] stated that the children are in the care of the aunt, [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:	11/04/2013	Contact Method:	Face To Face
Contact Time:	07:03 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/05/2013
Completed date:	12/05/2013	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: 12/05/2013 02:04 PM Entered By: [REDACTED]

[REDACTED] appeared to the DCS to submit to another urine screen. The results were negative for all substances tested.



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:	11/04/2013	Contact Method:	Face To Face
Contact Time:	05:03 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/05/2013
Completed date:	12/05/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/05/2013 02:01 PM Entered By: [REDACTED]

11/4/13 5:03pm

CM met with [REDACTED], maternal aunt and observed the children while at the home.

[REDACTED] stated that she has the children in her care and they are doing well living with her. [REDACTED] stated that she have been supervising visits with the children and their mother [REDACTED] on a regular basis. [REDACTED] stated that things are going ok but she wish things were going better. [REDACTED] stated that she wants [REDACTED] to have her children back in her care. [REDACTED] stated that [REDACTED] is doing well but she would like for [REDACTED] to do much better. [REDACTED] stated she would like to have her life back and give [REDACTED] her children. [REDACTED] stated that she is there for her sister and she will help as long as she can.

The children appeared to be well cared for and healthy. They were active and talkative. They were dressed clean and neat. CM did not speak with the children about the death of their sibling as the family was going to do this at their leisure.



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: 11/04/2013 Contact Method: Face To Face
 Contact Time: 04:26 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/05/2013
 Completed date: 12/05/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 03:01 PM Entered By: [REDACTED]

A visit was made on 11/4/13 at 4:26pm to address the allegations in the referral and to assess the families need for services. The family was contacted at [REDACTED].

Family Constellation:

[REDACTED], mother, d.o.b. [REDACTED] SS# [REDACTED]
 [REDACTED], sibling, d.o.b. [REDACTED]
 [REDACTED], sibling, d.o.b. [REDACTED]
 [REDACTED], sibling, d.o.b. [REDACTED]
 [REDACTED], sibling, d.o.b. [REDACTED]
 [REDACTED], ACV, d.o.b. [REDACTED]

In order to engage the family, this CM explained the current report made to the Tennessee Department of Childrens Services and the MRS/Assessment process. CM also provided the family with a brochure describing the Multiple Response Approach. This CM provided [REDACTED] and [REDACTED] with a copy of the Parents Bill of Right, Clients Rights Handbook, Notification of Equal Access to Services Grievance Procedures, Notice of Privacy Practices, and Native American Veto Heritage on this date. CM obtained signed acknowledgements of such and copies have been placed in the file.

CM met with [REDACTED], mother, at [REDACTED] Hospital prior to meeting with her at the family home. CM later met with mother at the home to continue to talk about the concerns reported to the department.

Initially [REDACTED] stated that following information: [REDACTED] stated that she had gotten up about 8:00am in the morning, changed and fed the child. [REDACTED] stated that she was preparing herself for the day so she brought the infant child to the maternal grandmother to care for. [REDACTED] stated that the infant was placed on the maternal grandmother's bed with a bottle, pamper and baby wipes while [REDACTED] stepped out of the room. [REDACTED] stated that she went outside to clean up papers and returned later to check on the baby and her mother. [REDACTED] stated she was told by her mother that the baby did not look well. [REDACTED] stated the baby was in same position that she was placed on the bed. [REDACTED] stated she went over to the infant and found the child was not breathing. [REDACTED] stated she started CPR. [REDACTED] stated she yelled for her brother to call 911 when she was not able to get the child to breathe.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

This CM met with [REDACTED] at the family home and was able to get more information from [REDACTED] about what happened on the day that she found her daughter not breathing. [REDACTED] stated further stated that during the last 72 hours she did not notice anything out of the ordinary with her daughter. [REDACTED] stated that she did not notice her daughter to have a fever or anything that was very concerning. [REDACTED] stated that she did notice that her baby was sleeping more the past day when the child has been usually wide awake. [REDACTED] stated that she also noticed that her baby was crying a little too much than usual. [REDACTED] stated that the sleeping more started a couple of days. Friday the baby started sleeping more. Tuesday-Thursday she was sleeping ok. Friday she was sleeping more. [REDACTED] stated that the baby was ok but she was going to take the baby to get her checked out because she was crying more. [REDACTED] stated she noticed it a little more on Friday or Saturday. [REDACTED] stated that she noticed this when she was feeding the baby milk. [REDACTED] stated when she was feeding the baby the milk was coming out fast so she changed the nipple on the bottle. [REDACTED] stated that it seems like the baby was not able to catch her breath with that nipple. [REDACTED] stated once she changed the nipple it seems like the baby was doing better with her feeding.

[REDACTED] stated that during her pregnancy she smoked cig. But she quit where she was smoking 2-3 cigs daily. [REDACTED] denied alcohol use at all. She denied any narcotics or substance abuse. [REDACTED] stated that she took her prenatal pills prescribed. [REDACTED] stated that she has her mental health medication that is prescribed by Mental Health Center.

[REDACTED] talked about the morning when she brought her daughter to her mother to watch. [REDACTED] stated that she got up about 8:00am and she was up with the baby. [REDACTED] stated that she was up because she was preparing for her class she had to take for IOP ordered by Juvenile Court. [REDACTED] stated that she fed the baby 4oz and the baby was ok. [REDACTED] stated that she burped the baby and laid the child down with her mother. [REDACTED] stated that she laid the baby down on top of the pillow on her mothers bed while her mother was sitting up watching the tv sitting on her bed. [REDACTED] stated that she went outside for about 30min picking up trash outside. [REDACTED] stated she went back in to check on the baby and stated the baby did not look right. [REDACTED] stated she tried CRP and she screamed to call 911. [REDACTED] stated that her baby was still in the same position that she was placed when brought into the room. [REDACTED] stated that her babys bottom lip looked a little funny. [REDACTED] stated that she knew something was wrong when she saw this.

Detective [REDACTED] was present during the interview.



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: 11/04/2013

Contact Method: Face To Face

Contact Time: 03:25 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/08/2013

Completed date: 11/08/2013

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: 11/08/2013 03:03 PM Entered By: [REDACTED]

This Investigator met with [REDACTED], mother about the infant child. [REDACTED] stated that she had gotten up about 8:00am in the morning, changed and fed the child. [REDACTED] stated that she was preparing herself for the day so she brought the infant child to the maternal grandmother to care for. [REDACTED] stated that the infant was placed on the maternal grandmother's bed with a bottle, pamper and baby wipes while [REDACTED] stepped out of the room. [REDACTED] stated that she went outside to clean up papers and returned later to check on the baby and her mother. [REDACTED] stated she was told by her mother that the baby did not look well. [REDACTED] stated the baby was in same position that she was placed on the bed. [REDACTED] stated she went over to the infant and found the child was not breathing. [REDACTED] stated she started CPR. [REDACTED] stated she yelled for her brother to call 911 when she was not able to get the child to breathe.



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: 11/04/2013

Contact Method: Face To Face

Contact Time: 03:05 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/08/2013

Completed date: 11/08/2013

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation,Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/08/2013 03:07 PM Entered By: [REDACTED]

11/4/13 3:05pm CM observed the deceased child [REDACTED] in the hospital bed. Pictures of the child were taken and documented for the case record. Autopsy is being ordered.



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:	11/04/2013	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/08/2013
Completed date:	11/08/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/08/2013 03:01 PM Entered By: [REDACTED]

This family came to the attention of DCS after a report was called in to the department. The reporter stated "The child is not in states custody. [REDACTED] (7 days old) resides with her mother [REDACTED]. Today, November 4, 2013 [REDACTED] reported that she feed and changed the baby and then laid the baby down for a nap. [REDACTED] stated about an hour later when she went to check on the baby; the baby was not breathing. [REDACTED] contacted EMS. The infant was transported to [REDACTED] Center. The hospital continued to perform CPR; the infant was pronounced deceased at 1:16 pm. The Medical Examiner's Office will be contacted for an autopsy. It is unknown if Ms. [REDACTED] has any other children in the home. It is unknown if there was anyone else in the home at the time of the incident. The home environment is unknown by the reporter".



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted] TN DCS Intake ID #: [Redacted]
County: [Redacted] Worker:
Date of Referral: 10/25/13 11:00 AM Date of Assessment: 10/31/13 12:00 AM
Assessment Type: [X] Initial [] Closing [] Other Number of Children in the Household: 4

Section 1: Immediate Harm Factors

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

- Yes No
[] [X] 1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
[] Serious injury or abuse to child other than accidental.
[] Death of a child due to abuse or neglect.
[] Care taker fears that s/he will maltreat the child.
[] Threat to cause harm or retaliate against the child.
[] Excessive discipline or physical force.
[] Drug-affected infant/child.
[] Methamphetamine lab exposure.
[] [X] 2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
[] [X] 3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
[] [X] 4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
[] [X] 5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
[] [X] 6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
[] [X] 7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
[] [X] 8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
[] [X] 9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____