



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 01/02/2014 07:38 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 01/02/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 01/03/2014 08:42 AM
 First Team Leader Assigned: [REDACTED] Date/Time 01/02/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 01/02/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 3 Mos	Lack of Supervision	No	Unknown Participant [REDACTED] Unknown	[REDACTED]
[REDACTED]	1 Yr 3 Mos	Neglect Death	Yes	[REDACTED]	[REDACTED]
[REDACTED]	2 Yrs 1 Mos	Drug Exposed Infant	No	[REDACTED]	[REDACTED]
[REDACTED]	2 Yrs 1 Mos	Lack of Supervision	No	Unknown Participant [REDACTED] Unknown	[REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s) [REDACTED]
 Referent Address:
 Referent Phone Number:
 Type of Contact: I-3 Phone
 Notification: None
 Narrative: ****This child is not in custody****
 TFACTS:
 Family Case IDs: None
 Open Court Custody/FSS/FCIP None



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

Closed Court Custody None

Open CPS - None

Substantiated None

Death None

Screened out Yes (2) # [REDACTED] & # [REDACTED]

History (not listed above): None

DUPLICATE REFERRAL: None

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: N/A

Directions: [REDACTED] was able to verify the name of the road that the home is located; [REDACTED] [REDACTED] TN). The home is reported to be a [REDACTED] but it is not located within a [REDACTED] [REDACTED] advised the home is located near a [REDACTED] on [REDACTED] [REDACTED] was unable to verify a street address, but advised they would contact the local DCS office in [REDACTED] County on January 3, 2014 with updated information on the address.

****TFACTS noted the address of the family as [REDACTED] [REDACTED] [REDACTED]

Note: Address, demographics and applicable phone numbers are listed under the oldest child victim; [REDACTED]

Reporters name/relationship: [REDACTED]

[REDACTED] states:

****This child is not in custody****

[REDACTED] (f/1) and [REDACTED] (f/2 months) reside in the home with their mother, [REDACTED] the family reportedly reside with the maternal grandmother.

[REDACTED] is reported to have suffocated on January 1, 2014 while lying in the bed with her mother [REDACTED]. It is reported there was a boppy pillow that was used for [REDACTED] to fall asleep. The [REDACTED] advised that the boppy pillow is not supposed to be used for infants to sleep on. Due to [REDACTED] negligence and being under the influence of an unknown drug at the time of [REDACTED] death, it is reported that she is responsible for her daughters ultimate demise. Within hours of [REDACTED] death, [REDACTED] was discovered high on prescription pills and other unknown drugs.

[REDACTED] was present in the home when [REDACTED] passed away in the bed. [REDACTED] was born predisposed to drugs. [REDACTED] has a history of drug abuse. [REDACTED] frequented methadone clinics in the area. [REDACTED] is also reported to abuse opiates. No other information was known at the time of intake.

The maternal grandmother was aware of [REDACTED] drug abuse when she was caring for the children. The maternal grandmother is reported to be protective of [REDACTED] at the time of intake.

*** Note: [REDACTED] body is currently being housed at the [REDACTED] Funeral Home in [REDACTED] Tennessee. The funeral has yet to be scheduled at the time of intake. ****

The child has no special needs or disabilities.



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

Sex Offender Registry: None

Child's current location/is the child safe at this time: Home - Unknown

Perpetrator's location at this time: Home - Unknown

Any other safety concerns for the child(ren) or worker who may respond: None

Per SDM: Investigative Track, P1. [REDACTED] CM1 @8:20pm on 01/02/2014.

[REDACTED] TL on 01/02/14@ 9:43 PM.

[REDACTED] County was notified @ 9:44 PM on 01/02/14.

Child Death/Child Near Death Notification Group: [REDACTED]

[REDACTED]
[REDACTED] Regional Administrator [REDACTED] Region) notified.



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: White Age: 1 Yr 3 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN: Race: White

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 2 Yrs 1 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: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: White

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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: 01/02/2014
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 01/02/2014

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 09/18/2014
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 09/13/2014
3	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 09/13/2014
4	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 09/13/2014
5	[REDACTED]	[REDACTED]	Psychological Harm	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 09/18/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [REDACTED] age 2 years old, is currently in the custody of [REDACTED]. [REDACTED] is a cousin to the mother, [REDACTED]. DCS received a referral with allegations of neglect death, drug exposed infant, and lack of supervision. [REDACTED] was residing in the home of the maternal grandparents home with her two children, [REDACTED] and [REDACTED]. The referral was received after [REDACTED] was found unresponsive and not breathing. The allegations were investigated, and it was found that the allegation of neglect death is unsubstantiated due to a lack of evidence. [REDACTED] is substantiated for drug exposed infant against [REDACTED] due to issues that arose with [REDACTED] and [REDACTED] mother, [REDACTED] following [REDACTED] death. The allegations of lack of supervision are also unsubstantiated due to a lack of evidence. DCS filed a court order asking that [REDACTED] be placed in the custody of [REDACTED]. [REDACTED] and [REDACTED] have not



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

Case Name : ██████████

Investigation ID: ██████████

completed the requirements of the court order

D. Case Workers

Case Worker: ██████████

Date: 09/18/2014

Team Leader: ██████████

Date: 09/18/2014

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:

01/03/2014 Case Manager (CM) ██████████ observed ██████████ at the family home. CM ██████████ did not observe any concerns with ██████████. CM was able to meet notes that she appeared to be healthy and well groomed. CM had ██████████ undress ██████████ during the visit. CM was also able to view the place where ██████████ crib in her own room. ██████████ was not observed as she had already been sent for an autopsy at ██████████.

██████████ has been in the temporary custody of ██████████ since 01/16/2014. ██████████ has been observed once per month since that date. ██████████ is non-verbal due to her age. No concerns have been observed with ██████████. ██████████ is always clean and dressed appropriately for the weather. ██████████ is bonded with ██████████ and her family.

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

The autopsy states that ██████████ died from positional asphyxia due to an unsafe sleep environment. ██████████ was placed on a nursing pillow in the same bed with her mother, ██████████. ██████████ awoke to find ██████████ partially under the pillow.

██████████ was asked to complete an alcohol and drug assessment. ██████████ was recommended for intensive outpatient therapy. ██████████ was discharged from IOP at ██████████ because of non-compliance. ██████████ missed 8 of the 14 required sessions.

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

CM was able to meet with ██████████ and informed her why CM was meeting with her. ██████████ stated that she fed ██████████ at 2 A.M. on January 2nd. After the feeding, both her and ██████████ went back to sleep. ██████████ stated that she got up at 8 A.M. and noticed that ██████████ wasn't breathing. ██████████ then called 911. ██████████ stated that ██████████ was on her side with her face in the pillow when she noticed she was not breathing. ██████████ stated that the police came to the house. There is an autopsy scheduled. ██████████ was drug tested and only tested for her prescriptions and CM completed a pill count which was accurate. Also living in the home are ██████████ parents, her adult autistic brother, and her other daughter, ██████████ (age 1). ██████████ maternal grandmother stated that she was called by ██████████ stating that ██████████ was not breathing. ██████████ attempted CPR without success while ██████████ and ██████████ called the police. ██████████ did not have anything additional to add to the interview. ██████████ stated that ██████████ was sleeping while everything was going on. ██████████ was drug screened and tested positive for BUP. ██████████ had a valid and accurate prescription for Suboxone.

CM had a CFTM with the family on 1/16/14. At the CFTM, ██████████ appeared to be under the influence. ██████████ fell asleep several times throughout the meeting and her speech was very slurred and she was having a hard time keeping her eyes open. ██████████ stated that she had a prescription for Clonazepam and buprenorphine. ██████████ was dug



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

Case Name : ██████████

Investigation ID: ██████████

tested and tested for THC, Supbutox, and Clonopin. ██████████ stated that she smoke THC after ██████████ funeral. ██████████ also stated that she took more of her clonazepam then she is supposed to. ██████████ stated that she was only supposed to be taking one pill a day but she was taking two. CM wasn't able to do a pill count on ██████████ for Clonazepam because she had none left but CM called the pharmacy and was informed that she was prescribed 14 on the January 8th. On the date of the CFTM but ██████████ should have had 5 pills remaining but ██████████ stated she didn't have any more pills. CM was also able to have ██████████ and ██████████ drug tested and both were negative for all drugs. CM was able to meet with ██████████ and have him drug tested. CM notes that he was only positive for his prescription of Clonazepam and buprenor. CM was able to discuss the incident that happen on the 1/6 when ██████████ and ██████████ went to jail. ██████████ stated that he wanted to see ██████████ and they wouldn't let him because they said it was too late. ██████████ stated that they stated arguing and ██████████ and ██████████ asked him to leave. ██████████ stated that his mother and sister along with her boyfriend and friend were trying to pull out of the house when ██████████ pulled out a bat and hit his sister. ██████████ stated that he was hit on the back of his hand with the bat because he was trying to stop it from hitting his sister.

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

██████████ (f/1) and ██████████ (f/2 months) reside in the home with their mother, ██████████ the family reportedly reside with the maternal grandmother.

██████████ is reported to have suffocated on January 1, 2014 while lying in the bed with her mother ██████████ It is reported there was a boppy pillow that was used for ██████████ to fall asleep. The referent advised that the boppy pillow is not supposed to be used for infants to sleep on. Due to ██████████ negligence and being under the influence of an unknown drug at the time of ██████████ death, it is reported that she is responsible for her daughters ultimate demise. Within hours of ██████████ death, ██████████ was discovered high on prescription pills and other unknown drugs.

██████████ was present in the home when ██████████ passed away in the bed. ██████████ was born predisposed to drugs. ██████████ has a history of drug abuse. ██████████ frequented methadone clinics in the area. ██████████ is also reported to abuse opiates. No other information was known at the time of intake.

The maternal grandmother was aware of ██████████ drug abuse when she was caring for the children. The maternal grandmother is reported to be protective of ██████████ at the time of intake.

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

██████████ stated that she never hit anybody with a bat stating she pulled it out to try and make ██████████ get out of her house. ██████████ stated that ██████████ took the bat from her. ██████████ stated she didn't know anything about somebody getting hit until the officer told her. CM notes that the outcome of the CFTM was to do a court order IPA placing ██████████ with ██████████ ██████████ maternal cousin. CM is asked that ██████████ have a mental health assessment and A & D assessment, following all recommendation. CM is also asking that ██████████ have a Mental Health assessment and Anger Management assessment and follow all recommendation. CM asked that both mother and father have supervised contact at all time and no over nights visits and follow all court orders.

Immediately following the first court hearing, problems arose regarding the parents supervised visitation. An agreed order was done and signed by Judge ██████████

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/22/2014 Contact Method: Correspondence
 Contact Time: 11:27 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/22/2014
 Completed date: 12/22/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notification of Classification
 Contact Sub Type: Letter A - Notice of Indication to Perpetrator

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

Narrative Type: Original Entry Date/Time: 12/22/2014 10:30 AM Entered By: [REDACTED]
 Notification of Classification

The allegation of drug exposed infant was substantiated. Letter A and Letter A attachment have been mailed to [REDACTED] @ [REDACTED]
 [REDACTED] TN [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: 11/26/2014

Contact Method:

Contact Time: 09:27 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/26/2014

Completed date: 12/01/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/26/2014 08:29 AM Entered By: [REDACTED]

The [REDACTED] case is ready for review. The parent, [REDACTED] was substantiated for drug exposed infant due to Alleged Child Victim (ACV), [REDACTED] being in her care during the investigation at which [REDACTED] had attended a Child and Family Team Meeting at this meeting [REDACTED] was visibly impaired and had admitted to using and abusing her medication and THC. [REDACTED] did test positive for suboxone and benzos and THC. The father, [REDACTED] was not substantiated for any of the allegations. The neglect death was unsubstantiated. The autopsy reported the following: Based on the scene investigation, available medical history and autopsy findings, the main cause of death of [REDACTED] is positional asphyxia due to unsafe sleep environment. The autopsy will be scanned into the documents section of TFACTS both the family section and investigation. At the time of the report there had been no history for the family and no medical records were requested.

Narrative Type: Addendum 1 Entry Date/Time: 12/22/2014 04:10 PM Entered By: [REDACTED]

This case was not classified by the 30th day due to CPIT (Child Protective Investigative Team) request to wait for the autopsy results.



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: 09/13/2014

Contact Method:

Contact Time: 07:36 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2014 06:28 PM Entered By: [REDACTED]

Closing Case Summary

The Department of Childrens Services (DCS) received the referral on 01/02/2014 @ 7:38PM [REDACTED] Case Manager (CM) [REDACTED] was on call the night the referral was received. CM [REDACTED] met response. [REDACTED] was not is the custody of DCS at the time of her death.

On 01/02/2014 The mother, [REDACTED] stated that she fed [REDACTED] at 2 A.M on January 2nd. After the feeding, both her and [REDACTED] when back to sleep. [REDACTED] stated that she got up at 8 A.M. and noticed that [REDACTED] wasn't breathing. [REDACTED] then called 911. [REDACTED] stated that [REDACTED] was on her side with her face in the pillow when she noticed she was not breathing. [REDACTED] stated that the police came to the house. Also living in the home are [REDACTED] parents, her adult autistic brother, and [REDACTED] other daughter, [REDACTED] (age 1). [REDACTED] maternal grandmother, stated that she was called by [REDACTED] stating that [REDACTED] was not breathing. [REDACTED] attempted CPR without success while [REDACTED] and [REDACTED] called the police. [REDACTED] was pronounced dead at 9:05AM on 01/02/2014.

Detective [REDACTED] with the [REDACTED] County Sheriffs Office investigated the death. The alleged perpetrator for the neglect death is [REDACTED], birth mother. CM [REDACTED] interviewed the mother at the family home. [REDACTED] was drug screened and tested positive for Suboxone. [REDACTED] provided CM [REDACTED] with a valid prescription and pill count for Suboxone.

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the childs caretaker or the consequence of the childs caretakers failure to stop another persons direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretakers failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 08/01/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

[REDACTED], age 1 year old, was also in the custody of the mother at the time of [REDACTED] death. Due to [REDACTED] behavior during a Child and Family Team Meeting (CFTM) on 01/16/2014, [REDACTED] was placed in the temporary custody of the mothers cousin, [REDACTED]. [REDACTED] was visibly under the influence and tested positive for Benzos, Suboxone, and THC. [REDACTED] pill count for her Klonopin was not accurate. [REDACTED] admitted to smoking marijuana. The CFTM was called after [REDACTED] the father and [REDACTED], maternal grandmother were arrested at the [REDACTED] home following a domestic altercation. [REDACTED] remains in [REDACTED] custody. [REDACTED] and [REDACTED] have not completed the steps in the court order to regain custody of [REDACTED] and [REDACTED] both receive court ordered supervised visitation with [REDACTED]

Narrative Type: Addendum 3 Entry Date/Time: 12/23/2014 09:04 AM Entered By: [REDACTED]

[REDACTED], birth mother, was substantiated for Drug Exposed Child. The allegations and perpetrator are substantiated. Drug Exposed Child/Infant is defined per work aid 1 as:

(The medical definition of infant is age 0 to 1 year old. Child is over the age of 1 year old.)
 This allegation pertains to an:

a) Infant or child who has been exposed to a drug or chemical substance (e.g., alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, meth, heroin, inhalants or any other illegal substances), as verified by a positive drug screen.

Note: When an infant is born to a mother who is using illegal substances, the infant must test positive or require medical treatment for symptoms of drug dependency to substantiate for Drug Exposed Infant.

b) Infant or child who has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes but is not limited to the following situations:

Drugs or chemical substances are administered to or given to children;
 Children exposed to or living within close physical proximity to where drugs or chemical substances are manufactured (the manufacturing of methamphetamine in a home where children are present, is always considered severe abuse).

c) Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities. Impairment of the parent/caretakers ability to meet childcare responsibilities MUST be supported by evidence, including documented examples.

The father was not substantiated for any allegations as the domestic assault charges were dropped, and [REDACTED] was prescribed the medication he tested positive for.

Narrative Type: Addendum 2 Entry Date/Time: 12/22/2014 12:03 PM Entered By: [REDACTED]

Medical records were not requested on this case as no records were available. [REDACTED] passed away at the family home.

Narrative Type: Addendum 1 Entry Date/Time: 09/19/2014 10:01 AM Entered By: [REDACTED]

Fast 2.0 was completed and shows a moderate risk/need for services due to the family conflict that arises regarding the supervised visitation order. closing SDM (safety assessment) was completed and shows that [REDACTED] is currently safe in her current situation.



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: 09/08/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

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: 09/13/2014 02:29 PM Entered By: [REDACTED]

Notation

Inv. [REDACTED] has had numerous encounters with the family regarding the visitation. Inv. [REDACTED] has received emails, phone calls, and text messages with complaints regarding [REDACTED] visits. The complaints would be that [REDACTED] was bringing a girlfriend to the visit, and that the girlfriend was posting pictures of [REDACTED] on facebook. There was a complaint that [REDACTED] took a picture of [REDACTED] sister, during a drop off at the mall. [REDACTED] had [REDACTED] mom in the car. [REDACTED] was scheduled to have two 4 hours visits each week per a court ordered signed by Judge [REDACTED] visits were being supervised by his cousin, [REDACTED] for a several weeks at the beginning of the case. After a while, [REDACTED] decided that she could no longer supervise [REDACTED] visits. DCS approved [REDACTED] mother, [REDACTED], to supervise the visitation on May 16, 2014. Prior to the visits resuming with [REDACTED] mother supervising, [REDACTED] became sick and had to be hospitalized at [REDACTED] [REDACTED] was also scheduled to turn himself in at the jail to serve his time for a VOP. [REDACTED] was hospitalized until July 14, 2014. When [REDACTED] was released from the hospital, [REDACTED] was concerned that [REDACTED] would have a warrant for his arrest due to not turning himself in, so the GAL, [REDACTED], asked that the visitation be placed on hold until [REDACTED] resolves the outstanding warrant. [REDACTED] requested that the drop off location be changed from the mall to the Sheriffs office, and that the time of the visits be changed to 8am-12pm. The visits were to continue at a public place, and not at anyone's home. Inv. [REDACTED] has received reports from [REDACTED] that [REDACTED] has been taken to [REDACTED] apartment on one occasion, and [REDACTED] asked law enforcement to go to the home and ask them to leave the home with [REDACTED] for the visit. Inv. [REDACTED] has received text message complaints from [REDACTED] cousin. [REDACTED] babysits [REDACTED] while [REDACTED] is at work. [REDACTED] was also an approved supervisor for [REDACTED] visits until [REDACTED] made a scene at [REDACTED] beauty salon during a supervised visit. [REDACTED] refused to supervise [REDACTED] visits. The visitation order states that [REDACTED] visits have to take place in a public setting as no one's home has been approved for the visits. Initially, [REDACTED] visits were not restricted to a time limit, but [REDACTED] attorney addressed this with the court and asked that [REDACTED] and [REDACTED] have equal time with [REDACTED] Judge [REDACTED] agreed. Inv. [REDACTED] continues to receive emails from [REDACTED] regarding missed visitation. Inv. [REDACTED] has informed [REDACTED] to keep a record of all the incidents and to report the incidents to the GAL. The visitation order will be scanned into the document section in Tfacts.

Narrative Type: Addendum 1 Entry Date/Time: 12/22/2014 10:59 AM Entered By: [REDACTED]

The family was not cooperative during this case regarding services. CPSI [REDACTED] offered to refer the mother for services for her a/d assessment and mental health assessment. [REDACTED] stated to CPSI [REDACTED] that she was taking care of her own "stuff". [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

paid for her a/d assessment with [REDACTED] out of pocket, and she would continue to tell me that she had completed her mental health assessment, but would not tell me where. CPSI [REDACTED] never received a copy of the assessment report. [REDACTED] was hospitalized for a long period of time during the case. After his release from the hospital CPSI [REDACTED] encouraged [REDACTED] to get his assessments and anger management completed. [REDACTED] would not contact CPSI [REDACTED] unless he had a complaint regarding his visitation. The mother was discharged from her Intensive Outpatient Therapy with [REDACTED] due to non-compliance. [REDACTED] has been in and out of several inpatient rehab facilities throughout this case, but has not successfully completed any program.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/22/2014 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/05/2014
 Completed date: 09/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/08/2014 08:01 AM Entered By: [REDACTED]

ACV
 Date: 08/22/2014
 Time: 11:00AM
 Location: DCS Office

Inv. [REDACTED] observed [REDACTED] on this day for a monthly face to face. [REDACTED] was sleeping during the visit. [REDACTED] cannot be interviewed due to her age. [REDACTED] was clean and dressed appropriately for the weather. [REDACTED] was free of any bruises or visible marks. Inv. [REDACTED] observed no concerns with [REDACTED]. [REDACTED] reported that [REDACTED] has not been taking advantage of her scheduled and court ordered visits. [REDACTED] reported that [REDACTED] and [REDACTED] are back together and they are living together at [REDACTED] apartment. [REDACTED] reported that the visitation order was modified, and the exchange takes place at the Sheriffs office and the time is 8am-12pm.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/02/2014

Contact Method:

Contact Time: 03:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/02/2014

Completed date: 08/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/02/2014 02:15 PM Entered By: [REDACTED]

The [REDACTED] case remains open due to waiting on autopsy results. The sibling, [REDACTED] remains in the custody of cousin, [REDACTED]. The parents have supervised contact with [REDACTED]. CPSI [REDACTED] will continue to make face to face contact with [REDACTED] during the life of the case and will address any concerns. CPSI will need to keep her case current.

Narrative Type: Addendum 1 Entry Date/Time: 12/22/2014 11:54 AM Entered By: [REDACTED]

The date of this admin review is incorrect. CPSI [REDACTED] and LI [REDACTED] discussed this case on 07/02/2014 prior to receiving the autopsy as we were staffing cases for the next CPIT which was scheduled for the following 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: 08/01/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/08/2014

Completed date: 09/08/2014

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: 09/08/2014 02:28 PM Entered By: [REDACTED]

CPIT

08/01/2014 @ 9AM Inv. [REDACTED] presented this case to CPIT. The allegations were Neglect Death against [REDACTED]. The case is being classified AUPU as there was not substantial evidence. [REDACTED] do not currently have custody of [REDACTED]. [REDACTED] is placed with a cousin, [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/14/2014	Contact Method:	Correspondence
Contact Time:	03:22 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/08/2014
Completed date:	09/08/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/08/2014 08:51 AM Entered By: [REDACTED]
 Collateral Contact

Inv. [REDACTED] received the autopsy report on 07/14/2014. The autopsy states that based on the scene investigation, available medical history and autopsy findings, the main cause of death of [REDACTED] is positional asphyxia due to unsafe sleep environment. The autopsy will be scanned into the documents section of TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2014

Contact Method: Face To Face

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2014 02:36 PM Entered By: [REDACTED]

ACV

On 07/01/2014 @ 4:30PM Inv. [REDACTED] observed [REDACTED] at the DCS office on this day. [REDACTED] was clean and dressed appropriately for the weather. Inv. [REDACTED] observed not bruises or markings. [REDACTED] cannot be interviewed due to her age. [REDACTED] is very active and appears to be bonded to [REDACTED]. [REDACTED] reported that [REDACTED] is doing well. [REDACTED] sleeps through the night, and sleeps in her own bed. [REDACTED] reported that [REDACTED] visits with her maternal grandparents, but [REDACTED] does not visit very often. [REDACTED] stated that she is concerned that [REDACTED] will have warrants for his arrest when he gets out of the hospital. Inv. [REDACTED] instructed [REDACTED] to talk to the GAL about those concerns.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method: Attempted Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2014 02:38 PM Entered By: [REDACTED]

Attempted ACV

On 06/30/2014 @ 9:00AM Inv. [REDACTED] attempted a monthly face to face with [REDACTED] on this day. [REDACTED] informed Inv. [REDACTED] that [REDACTED] is gone to [REDACTED] for the day, and will not be back until later tonight. [REDACTED] is going to bring [REDACTED] to the office tomorrow.



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: 05/30/2014

Contact Method: Face To Face

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2014 02:40 PM Entered By: [REDACTED]

ACV

On 05/30/2014 @ 5:00PM [REDACTED] brought [REDACTED] to the DCS office for a monthly face to face. [REDACTED] was clean and dressed appropriately for the weather. Inv. [REDACTED] observed no concerns with [REDACTED] [REDACTED] did not report any concerns. [REDACTED] is still in the hospital and has not been visiting. [REDACTED] visits 8 hours per week. [REDACTED] is still giving everyone a hard time about the visits. Inv. [REDACTED] encourages [REDACTED] to continue to keep records of the visits.



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: 05/27/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2014 02:13 PM Entered By: [REDACTED]

Notation

05/27/2014 @ 9:00AM Visitation order was signed by Judge [REDACTED] The order will be scanned into the documents section of TFACTS.



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: 05/23/2014

Contact Method:

Contact Time: 09:38 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/23/2014

Completed date: 05/23/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2014 08:47 AM Entered By: [REDACTED]

LI reviewed this case and spoke with Inv. [REDACTED] Sibling to the deceased, [REDACTED] is placed with cousin [REDACTED] and appears to be doing well. The parents have supervised visitation. Mother has been dropped from IOP due to missing appointments. The father has been visiting, however he is currently in jail due to VOP for the next 60 days. Inv. [REDACTED] is discussing with legal the parents current situations. Inv. [REDACTED] will need to put in all of her documentation to bring the case current. The case is overdue due to waiting on the final autopsy. An email is being sent to [REDACTED] who is the RN at Central Office who is coordinating the receipt of the final autopsies.



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: 05/16/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

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: 09/13/2014 02:18 PM Entered By: [REDACTED]

Collateral Contact

05/16/2014 @ 9:00AM Inv. [REDACTED] received a letter from [REDACTED] substance abuse facilitator at [REDACTED] [REDACTED] reported that [REDACTED] is being discharged from the IOP program due to non-compliance. [REDACTED] has missed 8 of the 14 session. A copy of the letter will be scanned into the documents section of Tfacts.



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:	04/30/2014	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/13/2014
Completed date:	09/13/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2014 02:42 PM Entered By: [REDACTED]

ACV

On 04/30/2014 @ 4:30PM Inv. [REDACTED] observed [REDACTED] at the DCS office for a monthly face to face. Inv. [REDACTED] observed [REDACTED] to be clean and dressed appropriately for the weather. Inv. [REDACTED] observed [REDACTED] to be free of any bruises or markings. Inv. [REDACTED] observed no concerns with [REDACTED] [REDACTED] could not be interviewed due to her age. [REDACTED] stated that she has no concerns with [REDACTED] at this time. [REDACTED] stated that [REDACTED] hasnt visited in 2 weeks. Inv. [REDACTED] explained that [REDACTED] does not currently have a supervisor to supervise his visits right now. Inv. [REDACTED] explained that DCS is completing the checks to see if [REDACTED] mom can be approved to supervise the visits. [REDACTED] stated that she doesnt understand why [REDACTED] mom couldnt be approved if [REDACTED] mom is going to be approved. Inv. [REDACTED] explained that DCS has received reports of concerns regarding [REDACTED] and the drug use was taking place in [REDACTED] home while [REDACTED] still had custody of [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:	System Completed
Contact Date:	04/09/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	09/10/2014
Completed date:	09/11/2014	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/10/2014 09:04 AM Entered By: [REDACTED]
 Court Hearing

04/09/2014 @ 9AM Inv. [REDACTED] was present for the adjudicatory hearing. [REDACTED] and [REDACTED] were present for the hearing. [REDACTED] and [REDACTED] waived the adjudicatory hearing and stipulated to the facts alleged in the petition. Visitation was discussed, and determined that the visitation will be addressed in a separate order. The attorneys will discuss the visitation and an agreed order will be done by [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:	04/06/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/13/2014
Completed date:	09/13/2014	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: 09/13/2014 02:15 PM Entered By: [REDACTED]
 Collateral Contact

04/06/2014 @ 9:00AM [REDACTED] completed an a/d assessment @ [REDACTED]. The report stated that [REDACTED] appeared to be under the influence during the assessment. [REDACTED] was recommended for comprehensive and intensive treatment for substance abuse. [REDACTED] was recommended outpatient mental health counseling, parenting classes, and follow all recommendations of DCS. [REDACTED] was drug screened the day of the assessment. [REDACTED] tested positive for Benzos and BUP.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/31/2014

Contact Method: Face To Face

Contact Time: 05:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2014 02:44 PM Entered By: [REDACTED]

ACV

On 03/31/2014 @ 5:30PM Inv. [REDACTED] observed [REDACTED] for a monthly face to face at the DCS office. [REDACTED] was observed to be clean and dressed appropriately for the weather. Inv. [REDACTED] observed no concerns. [REDACTED] stated that [REDACTED] is doing well, and there have been no other issues concerning [REDACTED] lead levels in her blood. [REDACTED] reported that she changed pediatricians as [REDACTED] was too far to go. [REDACTED] reported that she and [REDACTED] have had a few incidents where [REDACTED] has cussed [REDACTED] and accused [REDACTED] of trying to take [REDACTED] away from [REDACTED]. [REDACTED] stated that [REDACTED] is not doing anything that she is supposed to do.



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: 02/28/2014

Contact Method: Face To Face

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2014 02:46 PM Entered By: [REDACTED]

ACV

On 02/28/2014 @ 4:30PM Inv. [REDACTED] observed [REDACTED] for a monthly face to face at the DCS office. [REDACTED] was observed to be clean and dressed appropriately for the weather. Inv. [REDACTED] observed no concerns. [REDACTED] reported that [REDACTED] visits are going good. [REDACTED] reported no concerns with [REDACTED] at this time. [REDACTED] reported that [REDACTED] sleeps through the night, eats well, and sleeps in her own bed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	02/05/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/08/2014
Completed date:	09/09/2014	Completed By:	System Completed
Purpose(s):			
Contact Type(s):	Court Hearing		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/08/2014 02:29 PM Entered By: [REDACTED]
 Court Hearing

02/05/2014 @ 9AM Inv. [REDACTED] was present for the preliminary court hearing. [REDACTED] and [REDACTED] were present for the court hearing. [REDACTED] appeared to be intoxicated during court. [REDACTED] was falling asleep, and her speech was very slurred. [REDACTED] cousin, [REDACTED] was approved to supervise [REDACTED] visits. [REDACTED] was given 4 hour visits. [REDACTED] visits remain supervised.



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: 11:37 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2014 02:20 PM Entered By: [REDACTED]

Collateral Contact

02/04/2014 @ 11:37AM Inv. [REDACTED] received a call from [REDACTED] regarding [REDACTED] 12 month check-up. Dr. [REDACTED] reported that [REDACTED] mom, and [REDACTED] sister brought [REDACTED] to the appointment. No one told Dr. [REDACTED] that there had been a change in custody until ½ way through the appointment. When the doctor told the family that the legal custodian had to sign a form stating that someone else can bring the child to the appointment, [REDACTED] became very rude to the nurses, and started throwing things at the door when the doctor left the room. Dr. [REDACTED] reported that someone in the room had alcohol on their breath. Dr. [REDACTED] reported that [REDACTED] was crying and rambling on about [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/16/2014 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/24/2014
 Completed date: 01/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/24/2014 02:25 PM Entered By: [REDACTED]

CM had a CFTM with the family on 1/16/14. At the CFTM, [REDACTED] appeared to be under the influence. [REDACTED] fell asleep several times throughout the meeting and her speech was very slurred and she was having a hard time keeping her eyes open. [REDACTED] stated that she had a prescription for Clonazepam and buprenor. [REDACTED] was drug tested and tested for THC, Supbutox, and Clonopin. [REDACTED] stated that she smoke THC after [REDACTED] funeral. [REDACTED] also stated that she took more of her clonazepam then she is supposed to. [REDACTED] stated that she was only supposed to be taking one pill a day but she was taking two. CM wasn't able to do a pill count on [REDACTED] for Clonazepam because she had none left but CM called the pharmacy and was informed that she was prescribed 14 on the January 8th. On the date of the CFTM but [REDACTED] should have had 5 pills remaining but [REDACTED] stated she didn't have any more pills. CM was also able to have [REDACTED] and [REDACTED] drug tested and both were negative for all drugs. CM was able to meet with [REDACTED] and have him drug tested. CM notes that he was only positive for his prescription of Clonazepam and buprenor. CM was able to discuss the incident that happen on the 1/6 when [REDACTED] and [REDACTED] went to jail. [REDACTED] stated that he wanted to see [REDACTED] and they wouldn't let him because they said it was too late. [REDACTED] stated that they stated arguing and [REDACTED] and [REDACTED] asked him to leave. [REDACTED] stated that his mother and sister along with her boyfriend and friend were trying to pull out of the house when [REDACTED] pulled out a bat and hit his sister. [REDACTED] stated that he was hit on the back of his hand with the bat because he was trying to stop it from hitting his sister. [REDACTED] stated that she never hit anybody with a bat stating she pulled it out to try and make [REDACTED] get out of her house. [REDACTED] stated that [REDACTED] took the bat from her. [REDACTED] stated she didn't know anything about somebody getting hit until the officer told her. CM notes that the outcome of the CFTM was to do a court order IPA placing [REDACTED] with [REDACTED] maternal cousin. CM is asked that [REDACTED] have a mental health assessment and A & D assessment, following all recommendation. CM is also asking that [REDACTED] have a Mental Health assessment and Anger Management assessment and follow all recommendation. CM asked that both mother and father have supervised contact at all time and no over nights visits and follow all court orders.



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:	01/14/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2014
Completed date:	12/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/22/2014 10:44 AM Entered By: [REDACTED]

Case Manager (CM) [REDACTED] completed the following paperwork on this date:

Native American Heritage Veto Verification
 Acknowledgement of Client's Rights Handbook
 Authorization for Releases of information
 Notification for Equal Access to Programs and Grievance Procedures
 TennCare Releases
 HIPPA notification



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/07/2014 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/24/2014
 Completed date: 01/24/2014 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: 01/24/2014 02:24 PM Entered By: [REDACTED]

CM was able to meet with [REDACTED]. CM informed him why CM was meeting with him. [REDACTED] informed CM that he did go to the house that late in the day and he was told to leave the house. He said he had some stuff he want to get off his chest and he wasnt leaving until he saw [REDACTED]. [REDACTED] stated that [REDACTED] did hit his sister with a bat while she was trying to make him leave. CM asked [REDACTED] if he would be willing to take a drug test. [REDACTED] stated that he would. He tested for buprenor and clonazepam. CM notes that he had a prescription and his pill count was good. CM informed [REDACTED] about the CFTM that need to happen and that CM would contact him with the time and date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/24/2014

Completed date: 01/24/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/24/2014 02:22 PM Entered By: [REDACTED]

Cm was able to meet with [REDACTED] along with her mother and father. CM was informed of the altercation that took place on 1/6. [REDACTED] stated that [REDACTED] came to their house and 12pm and appeared to be high on something. [REDACTED] stated that he said he was taking [REDACTED] with him. [REDACTED] stated that they told him to leave and he wouldnt and he was trying to force his way to the back room where [REDACTED] was. [REDACTED] stated that she told his mother to come get him because she was outside in the car. [REDACTED] stated his mother and [REDACTED] sister along with her and [REDACTED] tried to get him to leave the house and then the police came and he was arrested [REDACTED] stated that they said she hit his sister with a bat but she didnt. CM informed the family that we would need to have a CTFM to address all of the issues.



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:	01/04/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/19/2014
Completed date:	09/19/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/19/2014 10:42 AM Entered By: [REDACTED]
 CPIT

CM [REDACTED] convened CPIT.

Narrative Type: Addendum 1 Entry Date/Time: 12/22/2014 10:18 AM Entered By: [REDACTED]

CM [REDACTED] convened CPIT by faxing a copy of the referral to [REDACTED] Police Department, [REDACTED] County Sheriff's Office, [REDACTED] Judicial District, [REDACTED] County Juvenile Court, and District Attorney's Office.



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: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/22/2014

Completed date: 12/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/22/2014 10:17 AM Entered By: [REDACTED]

Referent Interview

Case Manager (CM) [REDACTED] was the initial worker on this case, so referent contact would have been made by him. CM [REDACTED] is not longer with Child Protective Services. The referent was anonymous, and could not be contacted.



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: Face To Face

Contact Time: 01:20 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/24/2014

Completed date: 01/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/24/2014 09:45 AM Entered By: [REDACTED]

CM was able to meet with [REDACTED] and CM notes that she appeared to be healthy and well groomed CM had [REDACTED] undress [REDACTED] doing the visit. CM was also able to view the place where [REDACTED] crib in her own room.



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: Attempted Face To Face

Contact Time: 01:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/18/2014

Completed date: 09/18/2014

Completed By: [REDACTED]

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

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: 09/18/2014 12:34 PM Entered By: [REDACTED]

IACV

[REDACTED] age 2 months old, was not observed as [REDACTED] passed away on 01/02/2014. [REDACTED] was sent for an autopsy, and the results are pending.



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: 01/02/2014 Contact Method: Face To Face
 Contact Time: 11:40 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/24/2014
 Completed date: 01/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Other Persons Living in Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/24/2014 09:36 AM Entered By: [REDACTED]

CM was able to meet with [REDACTED] and informed her why CM was meeting with her. [REDACTED] stated that she fed [REDACTED] at 2 A.M on January 2nd. After the feeding, both her and [REDACTED] when back to sleep. [REDACTED] stated that she got up at 8 A.M. and noticed that [REDACTED] wasn't breathing. [REDACTED] then called 911. [REDACTED] stated that [REDACTED] was on her side with her face in the pillow when she noticed she was not breathing. [REDACTED] that the police came to the house. There is an autopsy scheduled. [REDACTED] was drug tested and only tested for her prescriptions and CM completed a pill count which was accurate. Also living in the home are [REDACTED] parents, her adult autistic brother, and her other daughter, [REDACTED] (age 1). [REDACTED] maternal grandmother stated that she was called by [REDACTED] stating that [REDACTED] was not breathing. [REDACTED] attempted CPR without success while [REDACTED] and [REDACTED] called the police. [REDACTED] did not have anything additional to add to the interview. [REDACTED] stated that [REDACTED] was sleeping while everything was going on.

Narrative Type: Addendum 2 Entry Date/Time: 12/22/2014 10:43 AM Entered By: [REDACTED]

Family Composition

[REDACTED] (Birth Mother) DOB [REDACTED]
 [REDACTED] (Alleged Child Victim) DOB [REDACTED]
 [REDACTED] (Birth Father-Does not live in the home) DOB [REDACTED]
 [REDACTED] (Alleged Child Victim-Deceased) DOB [REDACTED]
 [REDACTED] (Maternal Grandmother)
 [REDACTED] (Maternal Grandfather)

No prior DCS history was found on [REDACTED] or [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 01/24/2014 09:41 AM Entered By: [REDACTED]

CM was able to drug test [REDACTED]. CM notes that she only tested for Supburtox but she had a prescription and her pill count was good.



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: 01/02/2014 Contact Method:
 Contact Time: 10:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/24/2014
 Completed date: 01/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/24/2014 09:33 AM Entered By: [REDACTED]

TFACTS:

Family Case IDs: None

Open Court Custody/FSS/FCIP None

Closed Court Custody None

Open CPS - None

Substantiated None

Death None

Screened out Yes (2) # [REDACTED] & # [REDACTED]

History (not listed above): None

DUPLICATE REFERRAL: None

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: N/A

Directions: [REDACTED] was able to verify the name of the road that the home is located [REDACTED] (TN). The home is reported to be a [REDACTED] but it is not located within a [REDACTED] [REDACTED] advised the home is located near a [REDACTED] on [REDACTED] [REDACTED] was unable to verify a street address, but advised they would contact the local DCS office in [REDACTED] County on January 3, 2014 with updated information on the address.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

****TFACTS noted the address of the family as [REDACTED] TN [REDACTED] ****

Note: Address, demographics and applicable phone numbers are listed under the oldest child victim [REDACTED]

Reporters name/relationship: [REDACTED]

Reporter states:

****This child is not in custody****

[REDACTED] (f/1) and [REDACTED] (f/2 months) reside in the home with their mother, [REDACTED] the family reportedly reside with the maternal grandmother.

[REDACTED] is reported to have suffocated on January 1, 2014 while lying in the bed with her mother [REDACTED]. It is reported there was a bobby pillow that was used for [REDACTED] to fall asleep. The [REDACTED] advised that the bobby pillow is not supposed to be used for infants to sleep on. Due to [REDACTED] negligence and being under the influence of an unknown drug at the time of [REDACTED] death, it is reported that she is responsible for her daughters ultimate demise. Within hours of [REDACTED] death, [REDACTED] was discovered high on prescription pills and other unknown drugs.

[REDACTED] was present in the home when [REDACTED] passed away in the bed. [REDACTED] was born predisposed to drugs. [REDACTED] has a history of drug abuse. [REDACTED] frequented methadone clinics in the area. [REDACTED] is also reported to abuse opiates. No other information was known at the time of intake.

The maternal grandmother was aware of [REDACTED] drug abuse when she was caring for the children. The maternal grandmother is reported to be protective of [REDACTED] at the time of intake.

*** Note: [REDACTED] body is currently being housed at the [REDACTED] Funeral Home in [REDACTED] Tennessee. The funeral has yet to be scheduled at the time of intake. ****

The child has no special needs or disabilities.

Sex Offender Registry: None

Childs current location/is the child safe at this time: Home - Unknown

Perpetrators location at this time: Home - Unknown

Any other safety concerns for the child(ren) or worker who may respond: None

Per SDM: Investigative Track, P1. [REDACTED] CM1 @8:20pm on 01/02/2014.

[REDACTED] TL on 01/02/14@ 9:43 PM.

[REDACTED], [REDACTED] County was notified @ 9:44 PM on 01/02/14.

Child Death/Child Near Death Notification Group: [REDACTED]
 [REDACTED]
 [REDACTED] Regional Administrator [REDACTED]
 [REDACTED] Region) notified.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/24/2014

Completed date: 01/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/24/2014 09:49 AM Entered By: [REDACTED]

On 1/6/14 [REDACTED] and [REDACTED] were arrested because they got into an argument over [REDACTED] death. [REDACTED] was in the at the time house, it was reported that [REDACTED] hit [REDACTED] little sister with a bat when she was trying to make [REDACTED] leave her house. It is also reported that [REDACTED] forced his way in to the house and he was leaving but he was trying to take [REDACTED] with him.

Narrative Type: Addendum 1 Entry Date/Time: 12/22/2014 11:47 AM Entered By: [REDACTED]

This contact occurred on 01/07/2014 not 01/07/2013.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/24/2014

Completed date: 01/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/24/2014 02:21 PM Entered By: [REDACTED]

On 1/6/14 [REDACTED] and [REDACTED] were arrested because they got into an argument over [REDACTED] death. [REDACTED] was in the at the time house, it was reported that [REDACTED] hit [REDACTED] little sister with a bat when she was trying to make [REDACTED] leave her house. It is also reported that [REDACTED] forced his way in to the house and he was leaving but he was trying to take [REDACTED] with him.

Narrative Type: Addendum 2 Entry Date/Time: 12/22/2014 11:57 AM Entered By: [REDACTED]

The contact occurred on 01/06/2014. The entry date of 01/06/2013 entered by CM [REDACTED] is incorrect. Due to TFACTS changes the mark in error options is not longer available.

Narrative Type: Addendum 1 Entry Date/Time: 09/13/2014 06:29 PM Entered By: [REDACTED]

the wrong date was entered by mistake.



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: 01/02/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/24/2014

Completed date: 01/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/24/2014 09:47 AM Entered By: [REDACTED]

Det [REDACTED] Sheriff Dept is working on the case at this time. Det [REDACTED] informed CM that he didnt notice any concerns but has asked that mother if she would be willing to take a lie detector test and she stated that she would. Det stated that they will schedule her for one next week.

Narrative Type: Addendum 1 Entry Date/Time: 12/22/2014 11:56 AM Entered By: [REDACTED]

The contact occurred on 01/02/2014. The entry date 01/02/2013 entered by CM [REDACTED] is incorrect. Due to TFACTS changes the mark in error option is not longer available.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 1/2/14 7:38 PM

Date of Assessment: 1/6/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



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: _____