



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

Case # 2014.046

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	03/22/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	03/22/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	Unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					
Describe (in detail) circumstances surrounding death/near death:						
<p>CPS received a referral on 03/22/14 for allegations of neglect death. The child was found unresponsive by the mother ██████████ at approximately 9:45am. Law Enforcement and EMT services arrived at the home to find the father ██████████ administering CPR but child was found to be deceased. A preliminary cause of death appears to be that ██████████ aspirated on her own vomit causing her to suffocate. Foul play by parents has not been completely ruled out at this time and the investigation is ongoing. An autopsy was performed on 03/23/14. Results are unknown at this time.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	N/A		Telephone #	(N/A) -		
Street Address:	N/A		City/State/Zip:	N/A		
Describe (in detail) interview with family:						
<p>██████████ reported that she had given ██████████ a bottle with 8 ounces of formula around 2:30-3:00am. ██████████ took approximately 7 ounces. ██████████ stated that ██████████ fell asleep and that she ██████████ carried ██████████ upstairs and put her to bed. ██████████ stated that she went to bed at approximately 3:45am. ██████████ stated that ██████████ slept in the bed with her and ██████████ stated that she slept on the right side of the bed and ██████████ slept on her left arm. ██████████ stated that she woke up at approximately 9:00am and realized that ██████████ was not breathing and she began to scream and woke ██████████ up. ██████████ stated that he then got up and started CPR and ██████████ called 911. Officer ██████████ and EMT's arrived on the scene at that time. The family reported that ██████████ had problems keeping formula down and that it had been changed several times. ██████████ was prescribed Nutramigen formula. ██████████ was also prescribed Zantac for acid reflux. ██████████ was seen regularly by her pediatrician and had last been approximately 2-3 weeks ago. ██████████ half sibling to ██████████ was also present in the home. ██████████ stated that he was awake when ██████████ came downstairs with ██████████ to feed her. ██████████ stated he observed ██████████ eating her bottle while she was downstairs and then dad and ██████████ took her back upstairs. ██████████ stated that the next morning he heard ██████████ say that the baby would not wake up and that the baby was dead. ██████████ denied that he had ever seen his father ██████████ or ██████████ be mean or slap the baby. ██████████ did disclose that he had witnessed ██████████ drinking alcohol while she was feeding the baby. No other information was given by the family at this time.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
Child was not hospitalized.						
Describe disposition of body (Death):			Sent for an autopsy to ██████████ county medical examiner.			
Name of Medical Examiner/Coroner:			██████████ County Medical Examiner	Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?			<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Type:	N/A		Case #:	N/A		

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

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Describe law enforcement or court involvement, if applicable:

Law Enforcement arrived at the scene prior to CPS. Detective [REDACTED] with the [REDACTED] Police Department is the investigating officer. Detective [REDACTED] took photographs of the home and the child at the home. Detective [REDACTED] also collected blood samples from the parents to complete blood alcohol and narcotic levels if any. Detective [REDACTED] collected evidence from the home to send to the TBI lab for further testing. A meeting is scheduled between Detective [REDACTED] and Investigator for Thursday March 27, 2014.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

[REDACTED] was picked up by his mother [REDACTED] and returned to her home. No safety plan was implemented at this time.

Name: [REDACTED]	Age: 8
Name:	Age:
Name:	Age:
Name:	Age:
Name: [REDACTED]	Age: 5 months

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
/ /	N/A	N/A	N/A	N/A	N/A
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information: None at this time.

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

Contact Person: [REDACTED]	Telephone Number: [REDACTED]
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

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

**Email to: [REDACTED]
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: 03/22/2014 10:28 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 03/22/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED] [REDACTED]
 Date/Time Assigned : 03/23/2014 01:52 PM
 First Team Leader Assigned: [REDACTED] Date/Time 03/23/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 03/23/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	[REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: Letter
 Narrative: *****Child is not in state custody*****
 TFACTS: No history found
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated None
 Fatality No



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

Screened out 0

History (not listed above): None

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

Reporters name/relationship: [REDACTED] [REDACTED]

Reporter states: Child, [REDACTED] (5 months) lives with her parents, [REDACTED] and [REDACTED]. [REDACTED] son, [REDACTED] visits the home every weekend.

The [REDACTED] stated LE was called on 03-22-14 around 9:45am by [REDACTED] stating [REDACTED] was unresponsive. When LE and EMT services arrived to the home they found the father giving CPR to [REDACTED] but she was already deceased and had been for a while. Both parents stated [REDACTED] was in the bed with them at the time she died. They stated she has always slept in the bed with them.

The [REDACTED] stated that there are concerns with Alcohol and Drug abuse with both parents. The [REDACTED] stated Alcohol could be smelled on the breath of [REDACTED] and he currently has drug charges pending at this time. The [REDACTED] stated no drugs or drug paraphernalia was seen in the home.

The coroners office is currently at the home to get [REDACTED] The cause of death is unknown and the autopsy is pending at this time.

The [REDACTED] stated that [REDACTED] was seen and he appeared to be fine and healthy. The parents moved him down stairs to watch T.V, so he could not see what was going on. The [REDACTED] did not have any concerns for his well-being. [REDACTED] mother, [REDACTED] has picked [REDACTED] up from the home.

The home was seen and there were no health hazards and no concerns of Environmental Neglect. There is no other information known at this time.

Per SDM: Investigative Track, P-1. [REDACTED] CM 3 @ 11:14am on 03-22-14 at 11:14 am

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED] Received	03-22-14 11:23:03 AM	[REDACTED]	03-22-14 11:23:54 AM	[REDACTED]

[REDACTED] was notified @ 1:00pm on 3-22-14

Also notified the Acting Interim Regional Administrator, [REDACTED]



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

Participant(s)

Name: [REDACTED]
Gender: Female Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: White Age: Deceased
Address: [REDACTED] [REDACTED] [REDACTED]
Deceased Date: 03/22/2014
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]
Gender: Male Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Age: 9 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 34 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 25 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

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]

Investigation ID: [REDACTED]

Referral Date: 03/22/2014

Assignment Date: 03/23/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED] [REDACTED] [REDACTED]

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] [REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 04/20/2014
2	[REDACTED]	[REDACTED] [REDACTED]	Neglect Death	Participant, Unknown		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 04/20/2014
3	[REDACTED]	[REDACTED] [REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 04/20/2014

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: This case is being closed as unsubstantiated at this time.

D. Case Workers

Case Worker: [REDACTED]

Date: 04/20/2014

Team Leader: [REDACTED]

Date: 04/21/2014

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:

A face to face was completed on 03/22/14 with [REDACTED] at [REDACTED] Medical Center in which CM observed [REDACTED] body. [REDACTED] was pronounced dead on arrival. A face to face was completed with [REDACTED] on 03/22/14 at the [REDACTED] Police Department. [REDACTED] appeared clean and neat at the time of the visit. [REDACTED] made no disclosures of abuse at the time of the initial face to face.



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

Case Name : ██████████

Investigation ID: ██████████

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 report was received on 07/11/14 in which the findings were that ██████████ died from positional asphyxia. Toxicology reports were also received on ██████████, ██████████ and ██████████ in which no drugs were found in their system. ██████████ did have a blood alcohol level of .08%.

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

██████████ stated that she had put ██████████ to bed with her and ██████████ around 3:45am. When ██████████ woke up around 9:00am ██████████ was not breathing and had turned blue. ██████████ called 911 and ██████████ stated that he attempted CPR but was unsuccessful. Both parents denied that they were using drugs but did admit to drinking alcohol.

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

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

CPS received a referral on 08/22/14 for allegations of Drug Exposed Child and Neglect Death. The Child Protective Investigation Team (CPIT) was convened on this date by contacting ██████████ and ██████████ with the District Attorneys office and Detective ██████████ with ██████████ Police Department. CM also contacted ██████████ the forensic interviewer with the ██████████ County Childrens Center. A face to face was completed on 08/22/14 with ██████████ at the ██████████ Medical Center. ██████████ was pronounced dead on arrival but CM was able to view the child. CM along with Detective ██████████ with the ██████████ Police Department completed interviews with ██████████ and ██████████. CM and Detective ██████████ also completed a face to face with ██████████ and his mother ██████████. An autopsy and toxicology testing were ordered for ██████████. The parents ██████████ and ██████████ also submitted to toxicology testing. Family members were interviewed by law enforcement prior to CM arriving on the scene. CM and Detective ██████████ also interviewed ██████████ and ██████████ again on 04/04/14 to follow up. CM talked with ██████████ and ██████████ about obtaining grief counseling at that time and gave them recommendations and information on local counseling services. CM also talked with them about any other needed services. This case was presented to CPIT in June and the team made the decision to bring back after autopsy was received. CM continued to see ██████████ during the entirety of the case in which ██████████ did well and was working with grief counseling services. The autopsy report was received on 07/11/14 in which the cause of death was determined to be positional asphyxia. This case was presented to CPIT on 07/23/14 in which the team agreed to unsubstantiated the case. This case is being closed at this time as Unsubstantiated.

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 District Attorney in Severe Child Abuse Cases
 Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/21/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/21/2015

Completed date: 01/21/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/21/2015 02:14 PM Entered By: [REDACTED]

LI [REDACTED] staffed with CPSI [REDACTED] over the phone. All tasks and updates added and case will be submitted to IC [REDACTED] for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/21/2014	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/21/2014
Completed date:	10/21/2014	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: 10/21/2014 04:44 PM Entered By: [REDACTED]

This case was originally submitted to the Lead Investigator [REDACTED] for review in September, and then submitted to the Investigations Coordinator (IC) [REDACTED] after that. It was returned to the worker for some revisions, which were completed on 10-21-14. It has now been reviewed by both the LI and the IC and approved for closure at that level. The case will be logged on the shared drive for the Regional Investigations Director, (RID), [REDACTED] to review. After that review, it will either be approved and sent to the next reviewer, or sent back for further revisions. All investigative tasks have been completed. The home visit was completed by the law enforcement Child Protective Investigative Team (CPIT) member, who photographed the residence at that time and provided those photos to the Child Protective Services Investigator (CPSI), [REDACTED].

Numerous documents, including witness statements, photographs, and the autopsy have been scanned into the documents tab in the investigation for review if needed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/15/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/15/2014

Completed date: 09/15/2014

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2014 10:16 AM Entered By: [REDACTED]

LI [REDACTED] staffed with CPSI [REDACTED] CPSI has entered a comprehensive case summary. Status of the case is that all medical/autopsy records received and scanned into TFACTS. Half sibling who was in the home was provided with services and referral. Grief counseling information was provided to parents.



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: 09/10/2014

Contact Method:

Contact Time: 01:03 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/10/2014

Completed date: 09/10/2014

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: 09/10/2014 02:55 PM Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) Child Protective Services Unit received a referral on 03/22/2014 with an allegation of Child Neglect Death regarding on custodial child [REDACTED]. [REDACTED] had no previous history with the DCS for abuse or neglect. The parents [REDACTED] and [REDACTED] also have no history with DCS. 3/22/2014, [REDACTED] woke up to find [REDACTED] non-responsive. [REDACTED] attempted cardiopulmonary resuscitation (CPR) and [REDACTED] contacted 911. Emergency Medical Services responded to the home and transported [REDACTED] to [REDACTED] Medical Center. [REDACTED] family came to the hospital. [REDACTED] was pronounced deceased at 1:33 pm on 3/22/14.

The investigation into this incident was conducted by [REDACTED] Police Department Detective [REDACTED] (Detective [REDACTED] Department of Children Services Child Protective Services Investigator [REDACTED] (CPSI [REDACTED]

The report to DCS listed Unknown as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted of parents, family members, medical staff and first responders.

As part of the investigation, [REDACTED] parents [REDACTED] and [REDACTED] reported that they were co sleeping with [REDACTED] and had last seen her alive between 2:00am and 3:00am when she was feed by her mother. [REDACTED] had not been having any problems recently and had just completed her well baby checkup two weeks prior with no significant problems. [REDACTED] had been diagnosed with acid reflux and was prescribed Zantac. Family members reported no concerns with [REDACTED] care prior to her death.

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.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The case was presented to the [REDACTED] County) Child Protective Investigation Team on 07/23/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

[REDACTED] and [REDACTED] appeared to be overcome with grief over [REDACTED] death. Both parents appeared emotional and stated that they put [REDACTED] to bed with them at approximately 2:00am or 3:00am and went to sleep. [REDACTED] did not appear to be in distress at that time. Both parents denied that they were awakened by [REDACTED] in distress. [REDACTED] was taken for a doctor appointment two weeks prior to her death and no concerns were noted about her health. Photographs taken of the home by law enforcement support the condition of the home and of the child when first responders arrived. The autopsy report also confirms that cause of death was due to positional asphyxia.

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

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for 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]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/22/2014 Contact Method:
 Contact Time: 02:10 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/22/2014
 Completed date: 08/22/2014 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: 08/22/2014 01:06 PM Entered By: [REDACTED]

Closing Summary

This file will be submitted for closure on 08/22/14 to [REDACTED] Investigative Lead of [REDACTED] County Investigations, as all of the investigative assignments have been completed.
 The safety assessment, FAST (if applicable) and classification summary have been completed.
 Notification of the case closure as well as a copy of classification summary will be submitted to the [REDACTED] County Juvenile Court per local protocol.

Classification Detail: CPS received a referral on 08/22/14 for allegations of Drug Exposed Child and Neglect Death. The Child Protective Investigation Team (CPIT) was convened on this date by contacting [REDACTED] and [REDACTED] with the District Attorneys office and Detective [REDACTED] with [REDACTED] Police Department. CM also contacted [REDACTED] the forensic interviewer with the [REDACTED] County Childrens Center. A face to face was completed on 08/22/14 with [REDACTED] at the [REDACTED] Medical Center. [REDACTED] was pronounced dead on arrival but CM was able to view the child. CM along with Detective [REDACTED] with the [REDACTED] Police Department completed interviews with [REDACTED] and [REDACTED] CM and Detective [REDACTED] also completed a face to face with [REDACTED] and his mother [REDACTED]. An autopsy and toxicology testing were ordered for [REDACTED]. The parents [REDACTED] and [REDACTED] also submitted to toxicology testing. Family members were interviewed by law enforcement prior to CM arriving on the scene. CM and Detective [REDACTED] also interviewed [REDACTED] and [REDACTED] again on 04/04/14 to follow up. CM talked with [REDACTED] and [REDACTED] about obtaining grief counseling at that time and gave them recommendations and information on local counseling services. CM also talked with them about any other needed services. This case was presented to CPIT in June and the team made the decision to bring back after autopsy was received. CM continued to see [REDACTED] during the entirety of the case in which [REDACTED] did well and was working with grief counseling services. The autopsy report was received on 07/11/14 in which the cause of death was determined to be positional asphyxia. This case was presented to CPIT on 07/23/14 in which the team agreed to unsubstantiated the case. This case is being closed at this time as Unsubstantiated.

Narrative Type: Addendum 1 Entry Date/Time: 01/21/2015 09:16 AM Entered By: [REDACTED]

Drug exposed child:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

This allegation pertains to a person, under the age of 18 who:

a) Has been exposed to or is at risk of exposure to a drug or chemical substance (including but not limited to alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamine, heroin, inhalants) that could adversely affect the child's physical, mental or emotional functioning; or

b) Has a parent/caregiver that uses drugs or chemical substances that impacts or is at risk of impacting their ability to adequately care for the child.

NOTE: The manufacturing of methamphetamine where children are present or in close proximity will always be considered severe abuse



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:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/22/2014

Completed date: 08/22/2014

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: 08/22/2014 01:21 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED]) scanned the toxicology results into TFACTS on this 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: 08/22/2014

Contact Method:

Contact Time: 01:24 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/22/2014

Completed date: 08/22/2014

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: 08/22/2014 12:26 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED]) scanned the autopsy report into TFACTS on this 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: 08/15/2014 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/22/2014
 Completed date: 08/22/2014 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: 08/22/2014 01:13 PM Entered By: [REDACTED]

Case Manager [REDACTED] CM [REDACTED] made a face to face with [REDACTED] and [REDACTED] on this date. CM [REDACTED] noted that [REDACTED] appeared clean and healthy at the time of the visit. [REDACTED] was dressed appropriately in blue jeans and a green t-shirt. CM observed that [REDACTED] had been eating prior to CM's arrival. CM talked with [REDACTED] and asked her how things are going. [REDACTED] stated that everything is going well and [REDACTED] continues to go to [REDACTED] for counseling. CM asked if counseling is going well and [REDACTED] stated that it was and that [REDACTED] seems to enjoy attending. CM asked if [REDACTED] has any concerns for [REDACTED] at this time and she stated no that everything is going well and that [REDACTED] does not see his dad much because he does not want to go. CM asked how [REDACTED] is feeling and she stated that she is doing better but that she will have to get another spinal tap due to fluid buildup causing her headaches again. CM asked if [REDACTED] or the family is in need of any other services that CM can help with at this time and she stated no that they are doing okay. CM then met with [REDACTED] and asked how he is doing and he stated that he is doing okay. CM asked if [REDACTED] had started school yet and he stated that he went today. CM asked if [REDACTED] liked school and he stated that it was okay. CM asked [REDACTED] if he gets to see his dad and he stated that he does not see him very often but that he is okay with that. CM asked [REDACTED] how he likes counseling and he stated that he likes it. CM asked [REDACTED] if he still feels safe with mom and he stated that he does. CM asked if he feels safe with his dad and he stated that he does sometimes when his dad does not drink. CM asked what [REDACTED] does when his dad drinks and he stated that he calls his mom and she comes to pick him up. CM asked [REDACTED] if his dad is mean to him when he drinks and he stated no that he just drinks he doesn't get mean or anything. CM explained to [REDACTED] that she does not have to meet with him anymore and he expressed sadness and stated that he likes to see CM and that she could still come to see him. CM stated that she likes to see [REDACTED] too but that she has to close his case. CM told [REDACTED] bye and shook his hand. CM then met with [REDACTED] and explained that the case would be closing at this time but at any time if the family needed any help or had questions she was still able to contact CM and CM would help or refer her to someone who could help. [REDACTED] thanked CM for being kind to them and helping them. CM thanked [REDACTED] and [REDACTED] and ended the visit at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/23/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/28/2014

Completed date: 07/28/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/28/2014 01:33 PM Entered By: [REDACTED]

CPIT reviewed the autopsy and determined allegation to be AUPU as intent could not be proved.



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: 07/15/2014

Contact Method:

Contact Time: 04:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/15/2014

Completed date: 07/28/2014

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: 07/15/2014 03:28 PM Entered By: [REDACTED]

Received autopsy report, TBI Alcohol and Drug Screen screens on mother, father and baby bottle from District Attorney's Office. ADA [REDACTED] spoke with LE [REDACTED] and advised him that case would be reviewed at CPIT on July 23, 2014. Email sent to [REDACTED] informing her. Complete scanned into TFACTS.

Final Anatomic Diagnosis:

1. Positional Asphyxia
 - A. Co-Sleeping with parents in bed
 - B. Anterior livor mortis
 - C. Conjunctival petechiae, right-sided.



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: Created In Error
 Contact Date: 07/09/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/04/2014
 Completed date: 08/09/2014 Completed By: TFACTS, Person Merge
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/04/2014 02:11 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED] made a face to face visit on this date at the [REDACTED] County DCS Office. CM [REDACTED] met with [REDACTED] and his mother [REDACTED]. CM [REDACTED] observed that [REDACTED] appeared clean and neat at the time of the visit. [REDACTED] was dressed appropriately in shorts and a cotton t-shirt. CM [REDACTED] discussed with [REDACTED] the services that [REDACTED] is currently receiving and [REDACTED] stated that he is working with [REDACTED] for grief counseling. CM met with [REDACTED] and asked how he is doing and [REDACTED] stated that he is doing good. CM asked [REDACTED] if he is ready for school to start and he stated no. [REDACTED] asked CM if he could go now and CM stated she just needed to ask one more thing. CM asked [REDACTED] if he feels safe with his mother and his father and [REDACTED] stated he feels safe with both his mother and father.

Narrative Type: Created In Error Entry Date/Time: 09/10/2014 12:06 PM Entered By: [REDACTED]

System completed

Narrative Type: Addendum 1 Entry Date/Time: 08/22/2014 12:10 PM Entered By: [REDACTED]

System completed.



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: 07/09/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/22/2014
 Completed date: 08/22/2014 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**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 08/22/2014 12:17 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED] made a face to face visit on this date at the [REDACTED] County DCS Office. CM [REDACTED] met with [REDACTED] and his mother [REDACTED]. CM [REDACTED] observed that [REDACTED] appeared clean and neat at the time of the visit. [REDACTED] was dressed appropriately in shorts and a cotton t-shirt. CM [REDACTED] discussed with [REDACTED] the services that [REDACTED] is currently receiving and [REDACTED] stated that he is working with [REDACTED] for grief counseling. [REDACTED] apologized to CM for being unable to keep the scheduled visit on 06/30/14 and CM stated that she understood and that things happen sometimes that we don't plan for. CM then met with [REDACTED] and asked how he is doing and [REDACTED] stated that he is doing good. CM asked [REDACTED] if he is ready for school to start and he stated no. [REDACTED] asked CM if he could go now and CM stated she just needed to ask one more thing. CM asked [REDACTED] if he feels safe with his mother and his father and [REDACTED] stated he feels safe with both his mother and father. CM thanked [REDACTED] for speaking with her and ended the interview. CM then talked with [REDACTED] about how things are going for [REDACTED] and [REDACTED] stated that he is doing good. [REDACTED] stated that [REDACTED] still has some bad moments but seems to be doing better. [REDACTED] expressed concerns that [REDACTED] may be drinking again and that she is taking protective measures to keep [REDACTED] safe if [REDACTED] is drinking. CM asked [REDACTED] what types of things she is doing to keep [REDACTED] safe and [REDACTED] stated that she is not allowing [REDACTED] to go if [REDACTED] is drinking and that [REDACTED] will call her to come and pick him up if [REDACTED] starts to drink after he gets to the home. [REDACTED] stated that [REDACTED] and [REDACTED] are no longer together. CM asked what she could do for [REDACTED] or the family to help him with anything at this time. [REDACTED] stated that they are doing well and that she does not think they need any other services. CM thanked [REDACTED] and [REDACTED] for meeting with her and ended the visit at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/09/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/09/2014

Completed date: 07/09/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/09/2014 02:28 PM Entered By: [REDACTED]

CPIT reviewed this case and ADA [REDACTED] reported that she recently received the autopsy. She reported that she would fax a copy to LI [REDACTED] and bring to CPIT on June 23, 2014.



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: 07/03/2014 Contact Method: Attempted Face To Face
 Contact Time: 10:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/22/2014
 Completed date: 08/22/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Notation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/22/2014 12:23 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED]) had scheduled a face to face on this date with [REDACTED] and [REDACTED]. CM [REDACTED] received a text message from [REDACTED] stating that she is sick and that she needs to reschedule the home visit again. CM [REDACTED] rescheduled the visit for July 9 at [REDACTED] County office.

Narrative Type: Addendum 2 Entry Date/Time: 01/21/2015 08:32 AM Entered By: [REDACTED]

Because there were no other children in the home, the task of home visit was completed by a CPIT partner rather than the CPSI. This addendum is to clarify the reason for a home visit not being completed by CPSI. Per policy 14.6, certain required tasks may be delegated in severe abuse cases, and because the CPSI was having a difficult time securing a home visit, the home visit that was completed by a law enforcement CPIT member was used as the required home visit in this case. The home visit by LE included photos of the home and those photos were provided to CPSI [REDACTED] and are included in the hard file.

Narrative Type: Addendum 1 Entry Date/Time: 10/21/2014 02:28 PM Entered By: [REDACTED]

The home visit was completed by law enforcement on 03/22/14. Law Enforcement also photographed the scene at this time and the pictures have been included in the paper file and screened into 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: 06/30/2014 Contact Method: Attempted Face To Face
 Contact Time: 04:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/22/2014
 Completed date: 08/22/2014 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: 08/22/2014 12:19 PM Entered By: [REDACTED]

Case Manager [REDACTED] CM [REDACTED] had a visit scheduled on this date with [REDACTED] and his mother [REDACTED].
 [REDACTED] CM [REDACTED] was notified by [REDACTED] that [REDACTED] had the stomach virus and asked to reschedule to Thursday.



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:	06/25/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/26/2014
Completed date:	06/26/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/26/2014 03:05 PM Entered By: [REDACTED]

LI [REDACTED] presented case to CPIT for review. There is no new information and autopsy is not available. Case will continue to be brought back to CPIT until closure. Case is approved for extended investigation.



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: 06/25/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/15/2014

Completed date: 07/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/15/2014 10:13 AM Entered By: [REDACTED]

LI [REDACTED] spoke with CPSI [REDACTED]. There is no new information on the status of this case. She will see [REDACTED] again this month and continue to assess his needs.



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: 06/11/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 03:02 PM Entered By: [REDACTED]

IC [REDACTED] presented to CPIT for review. No new information available/no autopsy. Case will continue to be brought back every CPIT until closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/03/2014

Contact Method:

Contact Time: 03:31 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2014

Completed date: 06/03/2014

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: 06/03/2014 02:32 PM Entered By: [REDACTED]

CM [REDACTED] sent an email to [REDACTED] with information regarding [REDACTED] to obtain copy of autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/03/2014

Contact Method: Phone Call

Contact Time: 03:23 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2014

Completed date: 06/03/2014

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: 06/03/2014 02:29 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED]) contacted [REDACTED] on this date regarding this case via telephone. CM explained to [REDACTED] who she is and the information on the case that she was calling about. CM informed [REDACTED] that she had been unable to get the autopsy report as of this date. [REDACTED] asked CM to send her an email with information on the child and she would request the report for CM. CM stated that she would send the email immediately. CM thanked [REDACTED] for speaking with her and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/30/2014 Contact Method: Face To Face
 Contact Time: 10:15 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/05/2014
 Completed date: 06/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Other Persons Living in Home Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2014 02:03 PM Entered By: [REDACTED]

Case Manager [REDACTED] CM [REDACTED] made a face to face on this date with [REDACTED] and [REDACTED] at the [REDACTED] County DCS Office. [REDACTED] stated that [REDACTED] was at home in bed sick and had asked him to bring [REDACTED] down to keep the appointment with CM. CM thanked [REDACTED] for bringing [REDACTED] and asked how things are going. [REDACTED] stated that things are going well at home and that [REDACTED] was out of school. CM asked how school was for [REDACTED] and [REDACTED] stated that [REDACTED] had met with the school board over the behavior of the teacher and guidance counselor toward [REDACTED] and that they had gotten some resolution. CM asked if [REDACTED] did okay with school after that and [REDACTED] stated yes. CM then met with [REDACTED] and asked him how he is doing and [REDACTED] stated that he is doing good. [REDACTED] stated to CM that he is going to visit his dad today and that he is excited. CM asked what him and his dad are going to do and [REDACTED] stated that they will play video games and spend time together. CM observed that [REDACTED] was dressed appropriately in green shorts and short sleeve t-shirt. [REDACTED] appeared clean and healthy. CM asked if [REDACTED] gets enough to eat and he stated yes. CM asked if he feels safe at home with both mom and dad and he stated yes. [REDACTED] asked CM if he could go now he was ready to see his dad. CM thanked [REDACTED] for speaking to her and told him they were finished. CM thanked [REDACTED] for bringing [REDACTED] and stated that she would follow up with [REDACTED] on a later date. CM ended the visit at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/13/2014

Contact Method:

Contact Time: 11:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/13/2014

Completed date: 05/13/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/13/2014 10:54 AM Entered By: [REDACTED]

LI [REDACTED] discussed with CM [REDACTED] the need for extension request. Final autopsy has not been received. This information will be provided to CPIT on 5-14-14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/09/2014

Contact Method:

Contact Time: 03:46 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2014

Completed date: 06/03/2014

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: 06/03/2014 02:36 PM Entered By: [REDACTED]

CM [REDACTED] contacted Detective [REDACTED] on this date via text message requesting a copy of the autopsy report on [REDACTED]. CM was informed that the report had not yet been received by Detective [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: 04/16/2014

Contact Method:

Contact Time: 10:23 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/16/2014

Completed date: 04/16/2014

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: 04/16/2014 09:25 AM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED]) received the medical records from [REDACTED] on this date via fax. CM [REDACTED] scanned the records into TFACTS on this 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: 04/09/2014

Contact Method:

Contact Time: 02:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2014 01:52 PM Entered By: [REDACTED]

LI [REDACTED] staffed with CM [REDACTED]. She has met with family, completed paperwork and discussed need for counseling and were provided names and phone numbers, both for them and [REDACTED]. This need was also discussed with [REDACTED] mother. Additional medical records have been received. Have not yet received records from PCP. Infant was buried in [REDACTED] County where mother is from.

We discussed classifying unsubstantiated by 30 days which can be changed if contraying information is received. It will be presented at CAPITA on May 15.

CM will maintain contact with all investigative parties and parents. No specific additional tasks need to be done. Pictures will be printed.

Narrative Type: Addendum 1 Entry Date/Time: 04/15/2014 08:23 PM Entered By: [REDACTED]

Correction: case will be presented at CPIT on May 15.



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: 04/09/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2014 12:54 PM Entered By: [REDACTED]

LI [REDACTED] and CM [REDACTED] met with RID [REDACTED] and IC [REDACTED] in the [REDACTED] Office and reviewed case. RID [REDACTED] was pleased with the work and had no comment other than whether or not the trash had been gone through. CM will discuss with Detective [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: 04/08/2014

Contact Method:

Contact Time: 01:02 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/14/2014

Completed date: 04/16/2014

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: 04/14/2014 03:00 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED] received medical records from [REDACTED] Hospital on this date from [REDACTED] prior visits to the emergency room. CM will scan them into 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: 04/04/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/14/2014
 Completed date: 04/16/2014 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: 04/14/2014 06:13 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED] made a face to face with the family on this date at the [REDACTED] County DCS Office to talk with them about grief services. CM [REDACTED] met with [REDACTED] mother of [REDACTED] paramour of [REDACTED] and [REDACTED]. During the meeting CM observed that [REDACTED] appeared clean and neat. [REDACTED] was dressed appropriately in shorts and a t-shirt. CM asked [REDACTED] how he is doing and he stated that he is good. [REDACTED] asked if he could use the hole puncher and CM said he could. CM gave [REDACTED] a piece of paper to use. CM asked [REDACTED] how he is doing in school and he stated that he is doing good. [REDACTED] asked how long he is going to be here and CM stated that she would try to make it fast and he agreed. CM then asked if [REDACTED] could sit in the lobby with his sister while CM talked with his mom and [REDACTED] and [REDACTED] stated yes. CM then met with [REDACTED] and [REDACTED] and talked with her about the counseling services. [REDACTED] stated that she is concerned about [REDACTED] because he appeared to be accepting it okay at first but had recently become more emotional and that he would be fine and then he would cry. [REDACTED] stated that [REDACTED] is also having problems at school and that his teacher had accused him of lying about his sister dying and that he was using it as an excuse. [REDACTED] stated that she was meeting with the Director of Schools to take care of that issue. [REDACTED] stated that he had picked [REDACTED] up from school that day and that he was withdrawn and appeared teary-eyed. CM gave [REDACTED] a bereavement booklet that has phone numbers and names of counseling services. CM encouraged [REDACTED] to call as soon as possible to get the services started. [REDACTED] stated that she would talk with [REDACTED] and if he had not arranged for services she would make [REDACTED] an appointment herself. CM gave [REDACTED] her contact information and advised her that she could contact CM with any questions or if she needed any assistance with services. CM also advised [REDACTED] that she would make follow up visits with [REDACTED] and [REDACTED] to make sure that everything was going okay and [REDACTED] stated that would be fine. CM thanked the family for meeting with her and ended the visit at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/04/2014 Contact Method: Face To Face
 Contact Time: 01:08 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 04/14/2014
 Completed date: 04/16/2014 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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/14/2014 03:02 PM Entered By: [REDACTED]

Initial Family F2F

Date: 04/04/14

Time: 1:08pm

Present: [REDACTED] and Detective [REDACTED]

Location: [REDACTED] Police Department

Household Composition and Relationship to ACV: [REDACTED] and [REDACTED] are currently married but living separately. They have one son [REDACTED]. [REDACTED] lives with his paramour [REDACTED] and they had one child [REDACTED] who is deceased.

Documentation of Contact: Case Manager [REDACTED] (CM [REDACTED]) made a face to face visit with [REDACTED] and [REDACTED] on this date at the [REDACTED] Police Department to get more information on this case. Detective [REDACTED] thanked the family for coming in and speaking to him and CM [REDACTED] and explained that they just needed to get a little more information. Detective [REDACTED] allowed CM to speak with the family first. CM explained that she needed to get them to sign standard paperwork and they agreed. CM gathered the needed information for the forms. CM then talked with the parents about grief counseling for themselves and for [REDACTED]. [REDACTED] stated that he had checked with his insurance at work and stated that they would approve five visits with the Employee Assistance Program. CM talked with [REDACTED] and [REDACTED] about the need for grief counseling and [REDACTED] stated that [REDACTED] was in need of any assistance we could give her. CM talked with the family about bereavement services in the county and gave them a bereavement services booklet that had contact numbers for services located locally. CM also asked the family if it would be okay for her to stay in contact with them so that if they needed access to other services she could be of assistance and they agreed and thanked CM for any help she could give them. CM talked with [REDACTED] and [REDACTED] about the importance of getting services for [REDACTED] and [REDACTED] stated that he was also working on getting counseling for [REDACTED] and was hoping they could all attend together. CM stated that she had no other questions at this time and that they could talk more after Detective [REDACTED] had finished. Detective [REDACTED] asked the parents to talk with him more about what happened when they found [REDACTED]. [REDACTED] stated that she woke up and found [REDACTED] around 9:30am. [REDACTED] stated that [REDACTED] always woke her up and that day she woke up herself. [REDACTED] stated that she put her hand on [REDACTED] belly and realized she wasn't breathing. [REDACTED] stated that she also observed blood on



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] left side of her face and that her lips were discolored. When asked if [REDACTED] had been sick recently [REDACTED] stated no that she had a diaper rash about a week to a week and a half prior to her dying. [REDACTED] stated that when she touched [REDACTED] she was felt cold to the touch. Detective [REDACTED] asked the parents if one or both attempted CPR and [REDACTED] stated that he had attempted CPR on the baby with both the compressions and the rescue breathing. Detective [REDACTED] asked if [REDACTED] had ever stopped breathing prior to the day she died and both parents denied that she had. [REDACTED] stated that they had taken [REDACTED] to [REDACTED] Hospital emergency room prior and [REDACTED] was admitted and saw a GI physician. [REDACTED] stated that [REDACTED] would gasp for air at times because of an unknown reason. When asked why [REDACTED] was taken to the emergency room [REDACTED] stated that she would throw up violently for no reason. Detective [REDACTED] asked if [REDACTED] had been given any medications 72 hours prior to her death and [REDACTED] stated that she had given [REDACTED] infant Tylenol due to teething. [REDACTED] was in the lower percentile for her weight. [REDACTED] had no known birth defects. CM asked where [REDACTED] was born and [REDACTED] stated that she was born at [REDACTED] and the doctor was Dr. [REDACTED]. CM asked what [REDACTED] birth weight and height were and [REDACTED] stated that she weighed 6lbs and 8oz and that she was 19 ½ inches long. [REDACTED] was born at 39 weeks. Both parents denied that any other children in their family had died. Detective [REDACTED] asked what time [REDACTED] was fed and [REDACTED] stated that it was between 2:30am and 3:00am and that she took approximately 6 ounces of Nutramigen formula. [REDACTED] stated that [REDACTED] formula had changed 4-5 times since she had been born. [REDACTED] stated that she received prenatal care beginning at 4-5 weeks. [REDACTED] stated she does smoke but not in the home. Detective [REDACTED] stated he did not have any further questions and thanked the family for speaking with him. CM walked the parents out of the office. [REDACTED] and [REDACTED] asked CM more about the bereavement services. CM talked with them more about the services available and showed them in the booklet the numbers to call and the names of people in the area that work with bereavement services. CM also talked about getting counseling services for [REDACTED] and that it would be their decision to do counseling individually or as a group. CM got contact information for both [REDACTED] and [REDACTED] so that she could follow up with them. CM gave them contact information for her and advised them if they had any questions or needed any assistance getting counseling started just give her a call. CM thanked the family for meeting with her and ended the visit at this time.

This worker thoroughly explained and obtained the mothers and fathers signature on the following forms. The mother and father communicated understanding of these forms by signing them.

Authorization for Release of Information to DCS/HIPAA
 Notice of Privacy Practices
 Native American Heritage Veto Verification/Confirmation of Native American Heritage
 Equal Access to Programs and Services (Title IV)
 Client's Rights Handbook
 Family was also provided a copy of the Multiple Response Pamphlet.

Worker Observations: CM noted that both [REDACTED] and [REDACTED] appeared very emotional during the interview. Both parents appear very open and willing to work with services.



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: 04/03/2014 Contact Method: Phone Call
 Contact Time: 04:45 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/14/2014
 Completed date: 04/16/2014 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: 04/14/2014 02:58 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED]) contacted [REDACTED] on this date regarding setting up a face to face with [REDACTED] on 04/04/14. CM [REDACTED] explained to [REDACTED] why she was calling and that she needed to see [REDACTED] if possible on 04/04/14. [REDACTED] stated that she would be happy to meet with CM and they talked about times. CM scheduled the face to face for 3:00pm. CM then explained to [REDACTED] that she wanted to help the family get services for [REDACTED] if they are interested. CM explained that she is concerned that [REDACTED] may have some issues dealing with the death of his sister because of his age and everything that he witnessed at the home the day [REDACTED] died. [REDACTED] stated that she is very interested in counseling and had in fact talked with [REDACTED] father [REDACTED] about services. [REDACTED] stated that [REDACTED] was checking with his insurance to see what programs are available to him. CM stated that she could also help with services if needed. CM asked how [REDACTED] behavior had been and [REDACTED] stated that [REDACTED] had been somewhat erratic since [REDACTED] death. [REDACTED] stated that [REDACTED] would be fine and then he would break down in tears. [REDACTED] stated that [REDACTED] has been having some problems at school. CM asked what had happened and [REDACTED] stated that [REDACTED] had used the bathroom on himself and that his teacher had embarrassed [REDACTED] in front of his class. [REDACTED] stated [REDACTED] had told his teacher that his sister had died and the teacher accused him of using that as an excuse and she had also stated to him that he was lying about his sister dying. CM stated that she is concerned for [REDACTED] because of the trauma he has experienced and that she wants to make sure that he gets whatever services he may need. [REDACTED] was very open to working with any services and stated that she wants the best for [REDACTED] and that she thinks he would benefit from some type of counseling. CM explained that she would bring information with her to the meeting. CM made sure [REDACTED] has her contact information and stated that she would see the family tomorrow at the [REDACTED] County DCS office. CM thanked [REDACTED] for speaking with her and ended the call 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: 04/01/2014

Contact Method:

Contact Time: 03:52 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/01/2014

Completed date: 04/03/2014

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: 04/01/2014 02:53 PM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED]) scanned into TFACTS all statements from the mother and father and other witnesses. CM also scanned room diagram and criminal reports.



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:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/31/2014

Completed date: 04/03/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/31/2014 03:25 PM Entered By: [REDACTED]

LI [REDACTED] staffed with CM [REDACTED] CM will ask Detective [REDACTED] for possible times this week to interview parents, however if he is unable for some reason, CM will go ahead and meet with parents and have required paperwork signed.

LI provided CM with booklet on available resource for parents of sudden infant death which she will review with parent. CM will discuss with parents and CAC options for counseling for sibling [REDACTED] who was on the scene.

We discussed that CM had reviewed the photographs on 3-28-14 and that they were disturbing and EAP was again discussed.



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: 03/27/2014

Contact Method:

Contact Time: 03:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/27/2014

Completed date: 03/27/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/27/2014 02:19 PM Entered By: [REDACTED]

LI [REDACTED] staffed with CM [REDACTED] CM met with Detective [REDACTED] with [REDACTED] LE today at the police dept. CM was given a jump drive with pictures of the home/child, copies of all statements, the diagram of the bedroom where child died and criminal history on father that was available. History that was told to CM and LI about offenses in [REDACTED] County and [REDACTED] are not appearing on NCIC. The detective will contact ADA [REDACTED] in re: getting these records. They are not officially released until signed off by DA [REDACTED]

Next Steps: CM will meet with parents, complete documentation and follow up with CPIT team.



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: 03/25/2014

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/01/2014

Completed date: 04/03/2014

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: 04/01/2014 03:21 PM Entered By: [REDACTED]

Collateral Contacts

Date: 03/25/14

Time: 9:30am

Contacted Via: (Phone, Face to Face, Court) Phone Call

Person Contacted: Detective [REDACTED]

Relationship to Client: [REDACTED] Police Department Investigating Officer

Purpose of Contact: Get information regarding this case.

Documentation of Contact: Case Manager [REDACTED] (CM [REDACTED]) contacted Detective [REDACTED] via telephone on this date to get information regarding this case. CM [REDACTED] explained to Detective [REDACTED] that she was calling to get an update on the autopsy performed on [REDACTED] on Sunday and any other follow up information on the investigation. Detective [REDACTED] stated that he was currently enroute to the TBI laboratory to take the blood alcohol test kits and the baby bottle with formula for testing. Detective [REDACTED] informed CM that the autopsy had been completed and that the preliminary finding is that [REDACTED] suffocated after aspirating on her own vomit. CM asked about any other injuries and Detective [REDACTED] stated that [REDACTED] had no other unexplained injuries or bruises. Detective [REDACTED] stated that at this time no foul play was suspected. CM arranged to meet with Detective [REDACTED] on Thursday, March 27 at 9:30am to discuss this case further and so CM could obtain copies of all information. Detective [REDACTED] stated that he would make CM a copy of all written documents and photographs. CM thanked the Detective for doing that. CM asked if Detective [REDACTED] had any other information for CM and he stated no. CM ended the call at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/22/2014

Contact Method:

Contact Time: 07:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/25/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/25/2014 11:01 AM Entered By: [REDACTED]

Case Manager [REDACTED] (CM [REDACTED]) initiated the FFA and the FAST assessment for the family on this 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: 03/22/2014 Contact Method: Face To Face
 Contact Time: 03:28 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 04/01/2014
 Completed date: 04/14/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/03/2014 03:43 PM Entered By: [REDACTED]

Initial ACV F2F

Date: 03/22/14

Time: 3:28pm

Present: [REDACTED]

Location: [REDACTED] Police Department

Safety: [REDACTED] appeared to be conditionally safe in his current environment.

Permanence: [REDACTED] will remain with his mother and have visits with his father.

Well-Being: [REDACTED] appeared clean and healthy.

Documentation of Contact: CM [REDACTED] (CM [REDACTED] along with Detective [REDACTED] made a face to face visit with [REDACTED] and [REDACTED] on this date at the [REDACTED] Police Department to complete an interview. CM [REDACTED] explained to [REDACTED] who she is and why she is meeting with him. [REDACTED] stated that he is 8 years old. CM asked if he goes to school and he stated yes that he likes school. CM asked how [REDACTED] was notified to pick [REDACTED] up and she stated that Officer [REDACTED] contacted her to pick [REDACTED] up at [REDACTED] house. [REDACTED] stated that she picked [REDACTED] up around 11:07am. CM asked how long [REDACTED] had been at [REDACTED] house and [REDACTED] stated that [REDACTED] had picked [REDACTED] up yesterday around 5:30 or 6:00 at [REDACTED] Hospital. CM asked why [REDACTED] was at the hospital and [REDACTED] stated that she thinks it was to visit a friend. CM clarified that [REDACTED] was not at the hospital because of [REDACTED] and [REDACTED] stated no. CM then asked [REDACTED] where he sleeps at his fathers home and he stated that he sleeps on the couch. [REDACTED] stated that he usually stays awake at night and plays his game. CM asked what [REDACTED] if he remembers [REDACTED] coming downstairs with [REDACTED] and [REDACTED] stated yes that he was playing Call of Duty when she came down. CM asked [REDACTED] if he knows how long [REDACTED] was downstairs and he stated for about an hour. CM asked what [REDACTED] was doing and [REDACTED] stated that she was drinking her milk. CM asked what happened after [REDACTED] drank her milk and [REDACTED] stated that [REDACTED] took [REDACTED] and they went upstairs with dad. CM asked [REDACTED] what happened after that and [REDACTED] stated that the next morning he heard [REDACTED] say that the baby would not wake up and then he heard [REDACTED] say that the baby was dead. CM asked [REDACTED] what [REDACTED] was doing when [REDACTED] brought her downstairs and he stated that she was crying for her milk. Detective [REDACTED] asked [REDACTED] what



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

██████████ did when she got downstairs and ██████████ stated that ██████████ went into the kitchen to make the bottle. Detective ██████████ asked ██████████ where ██████████ was and he stated that she was laying on the couch. When asked where his father was ██████████ stated that he was in the kitchen with ██████████ ██████████ stated that last weekend when he went to visit Dad and ██████████ got into a fight. Detective ██████████ asked ██████████ if he had ever seen ██████████ or his dad hit or be mean to ██████████ and he stated no. ██████████ stated that ██████████ was drinking something in a blue bottle. Detective ██████████ asked ██████████ how he knew that it was alcohol and ██████████ stated that they had gone to the ██████████ last weekend but he didnt go in and that ██████████ was drinking this weekend while she gave the baby her bottle. CM asked ██████████ how he knew ██████████ was drunk and he stated because she told people she was drunk on his game headset and it embarrassed him. Detective ██████████ asked ██████████ where ██████████ was drinking and he said in the kitchen. ██████████ then disclosed that he heard them say that the baby was smothered or fell off of the bed. CM asked where ██████████ sleeps and ██████████ stated that she sleeps in the middle of the bed and that dad moves around in his sleep and that he fights in his sleep. ██████████ stated that he has been kicked off the bed by his dad in the past. ██████████ confirmed that ██████████ does move around a lot in his sleep and get violent. CM asked what ██████████ heard this morning and he stated that he heard ██████████ screaming the baby is dead. CM asked if ██████████ said anything else and he stated that she screamed Oh God its dead. ██████████ then disclosed that his dad hid a large bottle of liquor from law enforcement. ██████████ then stated that last weekend ██████████ called her to come and get him. ██████████ stated that when she arrived at ██████████ apartment the neighbor told her that he had waited with ██████████ for 3 hours. ██████████ stated that the neighbor told her that he had gone inside to find someone and that ██████████ was in the bed asleep and the baby was screaming. ██████████ then states that ██████████ does not feed the baby that good and only feeds her 1-2 times per day. Detective ██████████ asked ██████████ about her history with ██████████ and she stated that he has been arrested for domestic violence against her in ██████████ county. ██████████ stated that she was bruised for approximately a month where ██████████ had hit her. ██████████ stated that ██████████ has also been arrested for domestic violence against ██████████ ██████████ stated that ██████████ used to be a ██████████ County Officer but was fired because of the domestic violence. Detective ██████████ asked ██████████ if she had any other information and she stated that ██████████ wanted to add her and ██████████ to his life insurance policy even though they are not together which concerned her. ██████████ stated that ██████████ has a problem with alcohol and that ██████████ is the reason they are no longer together. CM asked if ██████████ had any other information and she stated no. CM thanked ██████████ and ██████████ for speaking to her and ended the visit at this time.

Worker Observations: CM observed that ██████████ appeared clean and healthy. ██████████ was dressed appropriately in blue jeans and a t-shirt. ██████████ appeared truthful in his statements and his body language did not suggest deception.



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: 03/22/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/25/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/25/2014 07:43 AM Entered By: [REDACTED]

LI [REDACTED] staffed case with CM [REDACTED]. We discussed the emotional state of the parents and need to ensure that parents are aware of resources for grief counseling. She responded that the room at the hospital was full of relatives and friends offering support and parents would not be alone. She did not believe there was a hospital chaplain. We agreed that it would be appropriate to wait until next week to reassess the situation.

We discussed required documentation and agreed that this can wait till next as well.



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: 03/22/2014 Contact Method: Face To Face
 Contact Time: 01:45 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 03/23/2014
 Completed date: 03/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/24/2014 10:21 AM Entered By: [REDACTED]

Initial ACV F2F

Date: 03/22/14

Time: 1:45pm

Present: [REDACTED]

Location: [REDACTED] Medical Center

Safety: Child is deceased.
 Permanence: Child is deceased.
 Well-Being: Child is deceased.

Documentation of Contact: CM [REDACTED] (CM [REDACTED] arrived at [REDACTED] Medical Center Emergency Room and was led to a consultation room which held the body of [REDACTED]. Present also in the room were her parents [REDACTED] and [REDACTED]. Detective [REDACTED] met CM [REDACTED] as she entered the room. The parents appeared visibly upset and were observed crying and distraught. [REDACTED] would make verbal statements to [REDACTED] at times and was heard saying I am so sorry, If I could take it back I would. CM did not observe an odor of alcohol when talking with either parent. The parents left the room and CM [REDACTED] along with Detective [REDACTED] and an emergency room nurse remained. Detective [REDACTED] asked for assistance from the nurse to take photographs of [REDACTED] body at this time. Detective [REDACTED] took photographs of [REDACTED] fully clothed and then proceeded to take photographs as she was undressed. CM noted no unexplained bruises or injuries to [REDACTED] body as she was undressed. After the photographs were taken CM talked with Detective [REDACTED] about getting copies and he stated that CM could have access to everything that he had in his case file. CM asked if Detective [REDACTED] had taken photographs of the family home and he stated that he had taken photos of the living room and upstairs in the bedroom where [REDACTED] was at. CM asked if she would be able to go back to the home and take more photographs if needed and he stated yes. CM [REDACTED] along with Detective [REDACTED] met with the family in a small meeting room to further interview the parents. CM [REDACTED] was introduced to [REDACTED] and [REDACTED] by Detective [REDACTED]. CM explained that when something happens to a child that it was her job to help investigate and to work with the family and help them with any services they may need. CM asked [REDACTED] and [REDACTED] if they could walk her



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

through step by step of everything that had happened since they had put [REDACTED] down for the night. [REDACTED] reported that she had given [REDACTED] a bottle with 8 ounces of formula around 2:30-3:00am. [REDACTED] took approximately 7 ounces and the rest was still in the bottle that Detective [REDACTED] had collected as evidence. [REDACTED] stated that [REDACTED] fell asleep and that she [REDACTED] carried [REDACTED] upstairs and put her to bed. CM asked what time they went to bed and [REDACTED] it was approximately 3:45am. CM asked where [REDACTED] slept and [REDACTED] stated that [REDACTED] slept in the bed with her and [REDACTED] stated that she slept on the right side of the bed and [REDACTED] slept on her left arm. [REDACTED] stated that sometimes [REDACTED] would sleep in her playpen. [REDACTED] stated that she woke up at approximately 9:00am and realized that [REDACTED] was not breathing and she began to scream and woke up [REDACTED] [REDACTED] stated that he then got up started CPR and [REDACTED] called 911. Officer [REDACTED] and EMT's arrived on the scene at approximately 9:45am. CM talked with the family about [REDACTED] sleep schedule and [REDACTED] stated that [REDACTED] normally goes to bed around 1am or 2am and sleeps until 8am or 9am. [REDACTED] stated that he works night shift at [REDACTED] in [REDACTED] and is not always home but he was off work last night. CM asked about [REDACTED] and [REDACTED] stated that [REDACTED] mother [REDACTED] picked him this morning. CM asked for contact information for [REDACTED] and was given [REDACTED] CM asked where [REDACTED] was when this happened and [REDACTED] stated that he was asleep on the couch. CM asked if there had been any problems with [REDACTED] eating and the family reported that [REDACTED] had problems keeping formula down and that it had been changed several times. [REDACTED] was prescribed Nutramigen formula. CM asked if [REDACTED] had any other issues with eating and [REDACTED] stated that [REDACTED] was also prescribed Zantac for acid reflux. CM asked about [REDACTED] pediatrician and [REDACTED] stated that she saw Dr. [REDACTED] at [REDACTED] in [REDACTED] [REDACTED] was seen regularly by her pediatrician and had last been approximately 2-3 weeks ago and no health concerns were noted. CM gave the family her contact information and talked with them about meeting with her next week. CM talked with [REDACTED] about counseling services and that they could talk more when things calm down and [REDACTED] agreed. CM thanked the family for meeting with her and ended the visit at this time. CM then talked with Detective [REDACTED] and they decided to interview [REDACTED] at the [REDACTED] Police Department. [REDACTED] was contacted and agreed to meet. CM thanked Detective [REDACTED] and agreed to meet him at the Police station. CM ended the visit at this time.

Worker Observations: CM observed that [REDACTED] appeared as if she had been attempting to suck her left thumb. CM observed lividity on the back, head and legs of [REDACTED] Her left arm was outstretched. CM observed that the sleeper when removed had a sour odor as if unclean.

Next Steps: Request pediatrician records. Listen to 911 tape. Get copies of photographs.

Narrative Type: Addendum 1 Entry Date/Time: 01/21/2015 02:31 PM Entered By: [REDACTED]

Household Composition and Relationship to ACV: [REDACTED] DOB: [REDACTED] is the paramour of [REDACTED] DOB: [REDACTED] They are not currently married but reside together at [REDACTED] TN [REDACTED] They have one biological child [REDACTED] DOB: [REDACTED] -DOD: 03/22/14. [REDACTED] is currently married to [REDACTED] DOB: [REDACTED] but they separated. [REDACTED] is currently residing at [REDACTED], TN [REDACTED] They have one biological child [REDACTED] DOB: [REDACTED] who is also a half sibling to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/22/2014

Contact Method:

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/23/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/23/2014 07:02 PM Entered By: [REDACTED]

CM [REDACTED] completed an SDM with an outcome of conditionally safe. Services will be recommended to the family to address the safety concerns.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/22/2014

Contact Method: Phone Call

Contact Time: 01:27 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/23/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/23/2014 03:46 PM Entered By: [REDACTED]

CPIT Convened

CPIT was convened on 03/22/14.

[REDACTED] and [REDACTED] with the DAs office were notified on 03/22/14 via telephone. CM initially left a message for ADA [REDACTED] but did speak with ADA [REDACTED] regarding the case. Detective [REDACTED] was notified on 03/22/14 via telephone. [REDACTED] Forensic Interviewer, was notified on 03/22/14 via telephone and CM left a message. Juvenile Court will be notified via monthly report of assigned cases per local protocol by [REDACTED] LI of [REDACTED] County CPS.

Next Steps: Complete F2F, home visit, autopsy results, continue investigation.



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: 03/22/2014

Contact Method:

Contact Time: 01:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/25/2014

Completed date: 03/25/2014

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: 03/25/2014 07:38 AM Entered By: [REDACTED]

LI [REDACTED] contacted IC [REDACTED] to update status of case. IC contacted [REDACTED] [REDACTED] per policy 20.27.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/22/2014 Contact Method: Phone Call
 Contact Time: 12:47 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/23/2014
 Completed date: 03/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Referent Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/23/2014 07:18 PM Entered By: [REDACTED]

Date: 03/22/2014

Time: 12:47pm

Contacted Via: (Phone, Face to Face, Court) Phone Call

Person Contacted: Officer [REDACTED] and Detective [REDACTED]

Relationship to Client: [REDACTED] Police Department Investigating Officers

Purpose of Contact: Get information regarding this case.

Documentation of Contact: Case Manager [REDACTED] (CM [REDACTED]) contacted Officer [REDACTED] to get more information regarding this case. Officer [REDACTED] stated that he was currently on scene with Detective [REDACTED] who would be the investigating officer. CM [REDACTED] gave Officer [REDACTED] her estimated time of arrival and asked if both the mother and father were on scene and he stated yes. CM asked about the sibling and if he was still at the home and Officer [REDACTED] stated that his mother [REDACTED] had picked him up earlier. Officer [REDACTED] stated that CM could speak with Detective [REDACTED] as he had more information. CM explained to Detective [REDACTED] who she was and that she was currently enroute to the home. Detective [REDACTED] stated that they were leaving the residence shortly to transport the child to [REDACTED] Medical Center for the coroner. Detective [REDACTED] stated that he would also be traveling to the hospital along with both of the parents. CM asked if it would be appropriate for her to meet him at the hospital and he stated yes. Detective [REDACTED] stated that he would give CM all information that he had when she arrived. CM thanked Detective [REDACTED] for speaking with her and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/22/2014

Contact Method:

Contact Time: 12:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/23/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/23/2014 06:49 PM Entered By: [REDACTED]

Initial Case Summary

A P-1 severe abuse case for neglect death was received on 03/22/14. This case was assigned to CM [REDACTED] by LI [REDACTED]. The ACV is [REDACTED]. The allegations is for neglect death. The alleged perpetrators are listed as unknown. The response is due on 03/23/14 at 10:28am. The case was assigned to the Investigation track.

DCS and/or other history: Child had no previous history with the Department. Sibling [REDACTED] did have history as other involved child only. Father [REDACTED] had history as referent in other cases and other involved adult.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 03/23/2014
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

03/23/2014 - _____ FFA - Family - CPS received an investigation for allegations of child death. 5 month old _____ was found unresponsive by her mother. _____ died of unknown cause of death at the time of the referral.

B. Family Story:

03/23/2014 - _____ FFA - Family - _____ currently married to _____ and has a son _____ and _____ are currently separated and _____ lives with his paramour _____ gets frequent visits with his son _____ and _____ have a daughter _____ was found unresponsive on 03/22/14 and was later pronounced dead. _____ and _____ do drink alcohol. _____ has a history of domestic violence charges for both _____ and _____

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

04/03/2014 - _____ - FFA - Family - Family have stable housing. Family has reliable transportation. Family has extended family support.

04/03/2014 - _____ - FFA - _____ - _____ was taken for medical appointments as required.

B. Family Significant Needs/Risks/Concerns:

04/03/2014 - _____ - FFA - Family - Domestic violence charges with _____ and _____ Allegations of drug use by mother and father.

III. Person Information:

A. Children:

04/03/2014 - _____ - FAST - _____ - _____ was diagnosed with acid reflux and prescribed Zantac and Nutramigen formula. _____ was not school age.

04/03/2014 - _____ - FAST - _____ - _____ resides with his mother _____ full time and visits with his dad _____ Child has no special needs or disabilities. _____ has no known medical conditions. _____ does well in school.

04/03/2014 - _____ - FFA - _____ - _____ is an 8 year old white male. He resides with his mother _____ and her paramour and visits with his father _____ attends school and does well. _____ likes to play video games for entertainment. _____ has no known needs or disabilities. _____ is an intelligent and well spoken 8 year old.

04/03/2014 - _____ - FFA - _____ - _____ was a 5 month old white female. _____ was diagnosed with acid reflux and prescribed Zantac and Nutramigen. _____ lived with her mother _____ and father _____ had no known special needs or disabilities.

B. Adults:

04/03/2014 - ██████████ - FAST - ██████████ - Allegations have been made of drug use by ██████████
History of domestic violence charges against ██████████ on both his wife ██████████ and his paramour ██████████

04/03/2014 - ██████████ - FAST - ██████████ - Allegations have been made of drug use by ██████████
██████████ has a history of being a victim of domestic violence by ██████████ ██████████ is not currently employed.

04/03/2014 - ██████████ - FFA - ██████████ - ██████████ is a 33 year old white male. ██████████ is
currently married to ██████████ and has one son ██████████ and ██████████ are separated. ██████████
resides with his paramour ██████████ and had one child ██████████. ██████████ currently works third shift at ██████████
in ██████████ ██████████ previously was employed as a ██████████ County Sheriff's Department officer. ██████████ has a
history of domestic violence with both ██████████ and ██████████

04/03/2014 - ██████████ - FFA - ██████████ - ██████████ is a 24 year old white female. ██████████ is not
currently married but resides with her paramour ██████████ and ██████████ have one child ██████████
██████████ is a victim of domestic violence by ██████████

C. Family Together History:

04/03/2014 - ██████████ - FAST - ██████████ - Family does have knowledge of resources and are able to
access those services.

04/03/2014 - ██████████ - FAST - ██████████ - The family lives in a rented townhouse so they have no
home maintenance. The father ██████████ has a history of domestic violence charges with his wife ██████████
and his paramour ██████████. Allegations have been made that there is drug use in the home by the parents.

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
██████████		CPS	██████████

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
04/03/2014	██████████	FFA - Family		Family has no previous DCS history.	██████████ was criminally charged with domestic violence in both ██████████ County and ██████████ County.

IV. Assessment of Safety:

03/23/2014 - ██████████ - Safety - ██████████ ██████████ - 5
month old died of unknown cause while in the care of her parents.

08/22/2014 - ██████████ - Safety - ██████████
██████████ -

V. Assessment of Well Being:

04/03/2014 - ██████████ - FFA - Family - ██████████ appeared to be clean and healthy with no known medical
conditions. ██████████ was diagnosed with acid reflux and no other known medical conditions.

VI. Assessment of Permanence:

04/03/2014 - ██████████ - FFA - Family - ██████████ will remain with his mother ██████████ and have visits with
his father ██████████ ██████████ is deceased.

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
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Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
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04/03/2014 - [REDACTED] - FFA - Family - CM will be recommending services for [REDACTED] and [REDACTED] for grief counseling services. CM will also be referring [REDACTED] for counseling as he was present in the home when [REDACTED] died.

Worker's Signature

Date

Supervisor's Signature

Date



Tennessee Department of Children's Services
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Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker: [REDACTED]
 Date of Referral: 3/22/14 10:28 AM Date of Assessment: 3/22/14 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.



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____