



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

Case # 2014.050

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	03/27/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	3/27/2014		
Child's Name:	[REDACTED]	DOB:	[REDACTED]	Person ID:	[REDACTED]	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	[REDACTED]
Parents' Names:	Mother: [REDACTED]	Father: [REDACTED]				
Alleged Perpetrator's Name:	[REDACTED]	Relationship to Victim:	Birth mother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:	NA					
Describe (in detail) circumstances surrounding death/near death:						
[REDACTED] was found by his sister early Thursday morning (3/27/2014). [REDACTED] had his head stuck between the rails of a hospital bed in the home that belonged to his grandmother.						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	Dr. [REDACTED]	Telephone #	[REDACTED]			
Street Address:	[REDACTED]	City/State/Zip:	[REDACTED]			
Describe (in detail) interview with family:						
Grandfather stated that the family had just moved in and did not have a crib for [REDACTED] therefore placed him in the hospital bed since it had rails. Grandfather further stated that the day before the child's bottom was wedged in between the rails and feet dangling off the bed and he advised the mother at that time to do something different with the baby.						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
NA						
Describe disposition of body (Death):		Hanging between the rails and feet were not touching the mattress.				
Name of Medical Examiner/Coroner:	Dr. [REDACTED]	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:	NA	Case #:	NA			
Describe law enforcement or court involvement, if applicable:						
Officer [REDACTED] is the lead investigator.						
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):						
This appears to be an accident by the mother, attempting to do the right thing by placing the child in a bed with rails. However, with a similar incident occurring the day before and the grandfather advising mom to make other sleeping arrangements, this will be prosecuted by the DA and Law Enforcement. The other two children are older and were not removed at this time.						
Name:	[REDACTED]	Age:	6			
Name:	[REDACTED]	Age:	2			

Intake #: [REDACTED] Investigation #: [REDACTED] Date of Report: **Case # 2014-050** 3/22/2014

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: 8 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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

Contact Person: [REDACTED] Telephone Number: () -

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: 03/27/2014 11:20 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 03/27/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 03/27/2014 12:37 PM
First Team Leader Assigned: [REDACTED] Date/Time 03/27/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 03/27/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Mos (Est)	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS:

Family Case ID: # [REDACTED] (Possible Family Case for [REDACTED] as a perp)

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: No

Substantiated: No

Child Death: No

Screen Out: No



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

History (not listed above): (possible history for [REDACTED] [REDACTED] as perp)
INV - # [REDACTED] (PHA) 8/25/04 - Unsubstantiated

County: [REDACTED]
Notification: None
School/ Daycare: Unknown
Native American Descent: No
Directions: None Provided

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

Reporter states:

[REDACTED] [REDACTED] (8 months) is not in DCS custody.

[REDACTED] is currently deceased. Prior to his death, he lived with his sisters [REDACTED] [REDACTED] (6) and [REDACTED] (2), his mother, [REDACTED] [REDACTED] and maternal grandparents, [REDACTED] and [REDACTED] [REDACTED] father is [REDACTED] [REDACTED] is incarcerated somewhere in [REDACTED]

[REDACTED] siblings have no known special needs or disabilities. [REDACTED] is currently at school (name of school unknown). [REDACTED] is currently in the home with relatives.

[REDACTED] and her children used to live with the childrens paternal grandparents (names unknown). There was a disagreement so [REDACTED] decided to go back to school in [REDACTED] She and the children moved in the home with the maternal grandparents, [REDACTED] and [REDACTED] [REDACTED] The move took place within the last two weeks.

There is a hospital bed in the maternal grandparent's home for [REDACTED] as she recently had brain surgery. There is no crib in the home for [REDACTED]

Last night, [REDACTED] put [REDACTED] in the hospital bed to sleep. [REDACTED] was placed in the hospital bed because there are rails on the bed. [REDACTED] was lying in the bed horizontally. This morning [REDACTED] came in the grandfathers room and told the grandfather that [REDACTED] was standing up in the bed.

The grandfather went into the room the check on [REDACTED] The grandfather found that [REDACTED] had gotten his head caught between the rails on the bed. [REDACTED] had basically hung himself. It is unknown how [REDACTED] was positioned on the bed when the grandfather entered the room. It is unknown when [REDACTED] was checked on today. It was reported that [REDACTED] was checked on "sometime this morning".

Law enforcement was contacted around 7 a.m. or 8 a.m. [REDACTED] was present in the home at the time of the incident. [REDACTED] body is currently at [REDACTED] [REDACTED] Medical Center. [REDACTED] went to the hospital with [REDACTED] The reporter has not viewed [REDACTED] body at this time. It is currently unknown if there are any signs of physical abuse or other abuse on [REDACTED] An autopsy is pending for [REDACTED]

The reporter has been to the familys home. No safety concerns were observed there. [REDACTED] and [REDACTED] were observed, but have not been interviewed at this time.

It does not appear as if DCS has worked with the family in the past. It is unknown if anyone in the home has alcohol and drug, mental health or domestic violence issues. The criminal histories of the adult family members are unknown.

Investigative Track - P1 - Child Death
[REDACTED] [REDACTED] TC, on 3/27/14 @ 12:24pm



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

Notified Child Death/Child Near Death Notification Group via Email:

[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: Age: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: White Age: 7 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 5 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 11 Mos (Est)

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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: 03/27/2014

Assignment Date: 03/27/2014

Street Address: [REDACTED]

City/State/Zip: [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]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 06/05/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: On 3/27/2014 [REDACTED] was found hanging from a medical bed railing. [REDACTED] had been placed in the medical bed because the family did not have a crib for him at the time of moving in the home. On 3/26/2014, the day before, the family had found [REDACTED] with his legs dangling off of the medical bed, turning colors from lack of blood circulation. [REDACTED] diaper had caught on a screw and kept him from sliding all the way under the railing. Mr. [REDACTED] stated that he told his daughter to get [REDACTED] out of the bed. Ms. [REDACTED] has two other children, [REDACTED] and [REDACTED]. [REDACTED] lives with her paternal grandmother in [REDACTED] TN. [REDACTED] lives with her mother. On 5/6/2014 a Family Permanency Plan was put into place for [REDACTED] safety. The case was taken to CPIT and was agreed that Ms. [REDACTED] be substantiated for neglect death. Ms. [REDACTED] will go before the grand jury.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/13/2014

Team Leader: [REDACTED]

Date: 07/23/2014

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:

When Lead Investigator [REDACTED] arrived on scene [REDACTED] body had already been transported to [REDACTED] Medical Center.

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

Preliminary Autopsy report indicates that the cause of death is asphyxiation due to unsafe sleeping environment.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

[REDACTED] County Medical Center records indicate that [REDACTED] was DOA at 10:15am when he arrived.

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

Ms. [REDACTED] stated that they placed [REDACTED] in that bed because it had railings and would keep him from rolling off of the bed. Ms. [REDACTED] stated that she did not think anything would happen to [REDACTED]. Ms. [REDACTED] stated that she was living with the paternal grandmother but they had a disagreement and she moved out about a week ago. Ms. [REDACTED] stated that the grandmother would not let her get her things. Ms. [REDACTED] stated that is where his crib was.

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

Mr. [REDACTED] stated that the family had just moved in and did not have a crib for [REDACTED] therefore placed him in the hospital bed since it had rails. Mr. [REDACTED] further stated that the day before, the child's bottom was wedged in between the rails and feet dangling off the bed and he advised the mother at that time to do something different with the baby. Ms. [REDACTED] stated that she has custody of [REDACTED]. Ms. [REDACTED] stated that [REDACTED] stays with her mostly, though Ms. [REDACTED] has custody. Ms. [REDACTED] stated that she didn't know what all was going on. Ms. [REDACTED] stated that Ms. [REDACTED] wrecked her car and then got mad when she told Ms. [REDACTED] to come over and take [REDACTED] to the doctor once time. Ms. [REDACTED] stated that she is not sure [REDACTED] was [REDACTED] son. Ms. [REDACTED] stated that she told Ms. [REDACTED] to be careful and that one time she laid [REDACTED] in a queen sized bed. Ms. [REDACTED] stated that [REDACTED] was about 4 or 5 months old and he rolled off the bed and they thought his nose was broken but it wasn't. Ms. [REDACTED] stated that [REDACTED] was born with a hole in his heart. Ms. [REDACTED] stated that she warned Ms. [REDACTED] about not putting [REDACTED] in a baby bed. Mr. [REDACTED] stated that everyone is shocked. Mr. [REDACTED] stated that Ms. [REDACTED] would not intentionally hurt her children.

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

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/25/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 07/25/2014

Completed date: 07/25/2014

Completed By: [REDACTED] [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/25/2014 04:42 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

This case has been reviewed by LI [REDACTED] [REDACTED] and is approved for closure. Due to the mother's negligence, this case will be substantiated. The other two children are safe with family. Case Classification Summary (740) will be sent to appropriate parties per written protocol.



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:	Correspondence
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/15/2014
Completed date:	07/15/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notification of Classification		
Contact Sub Type:	Letter A - Notice of Indication to Perpetrator		

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/15/2014 12:13 PM Entered By: [REDACTED]

Date: 7/15/2014

Time: 1:00pm

Type of Contact: Notification of Classification

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship:

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] mailed the Letter A and attachment to Ms. [REDACTED] by certified mail.

Certified mail receipt number: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/13/2014 Contact Method:
 Contact Time: 01:50 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/13/2014
 Completed date: 07/14/2014 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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/13/2014 12:51 PM Entered By: [REDACTED]

Family Assessment:

Assessment of Safety -

Maltreatment Allegations: Neglect Death

Delinquent or Unruly Behaviors: There is no history and no concerns with Delinquent or Unruly behaviors at this time.

Domestic Violence: There is no history and no concerns with Domestic Violence at this time.

Substance Abuse: Mr. [REDACTED] and Ms. [REDACTED] both have a history with substance abuse. Both have a history with methamphetamine. Mr. [REDACTED] tested positive for methamphetamine on 5/6/14. Ms. [REDACTED] tested positive for THC on 5/6/14.

Home Environment: 4 bedrooms, 1 bath

Community: The family lives in a small, rural community.

Neighborhood: The family lives in a rural neighborhood 15 minutes from community resources.

Assessment of Well Being:

Current Functioning: The children are currently functioning well and there are no concerns at this time.

Family's Parenting Capabilities: Ms. [REDACTED] has adequate parenting skills. Ms. [REDACTED] has adequate parenting skills.

Education: [REDACTED] attends [REDACTED] Ms. [REDACTED] is attending [REDACTED]

Employment: Ms. [REDACTED] is currently unemployed.

Physical and Mental Health: The family is seeking grief counseling. Ms. [REDACTED] has lymphoma cancer and is currently receiving anti-inflammatory injections. [REDACTED] has asthma. [REDACTED] has hereditary "strombosis" with her left eye.

Relationships: The family is able to manage and maintain positive relationships.

Connections: The family is able to manage and maintain positive connections.

Assessment of Permanence:

Current Placement: [REDACTED] is placed with her birth mother. [REDACTED] [paternal grandmother] has custody of [REDACTED]

Stability and Transitions: There are no concerns with stability or transition at this time.

Long-term view and Concurrent Plan: The familys plan is to continue to provide a safe, healthy environment for the children to thrive.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████ ██████████ ██████████

Case Status: Close

Organization: ██████████

Transition to Adulthood: There are no concerns with transition to adulthood at this time.

Assessment of Resources:

Family Supports: The family has a good support system to include friends, family and the community.

CFT members roles: The family is able to adequately manage and maintain its roles.

Access and Coordination of Team: The family is able to adequately manage access and coordination of the team.

Services: The family has access to all services at their disposal.

The Initial Safety Assessment was completed on 3/27/2014 and rated conditionally safe.

The Closing Safety Assessment was completed on 5/5/2014 and rated safe.

FFA was initiated on 7/13/14 and has been entered in the system.

Closing Summary:

This case was assigned as an Investigation case to Investigator ██████████ on 3/27/2014 for ██████████ County. All times are recorded in Eastern Standard Time. The response priority was P1 and the allegations are Neglect Death. The alleged victim is ██████████ ██████████ and the alleged perpetrator is ██████████ ██████████ [birth mother]. On 3/27/2014 ██████████ ██████████ was found hanging from a medical bed railing. ██████████ had been placed in the medical bed because the family did not have a crib for him at the time of moving in the home. On 3/26/2014, the day before, the family had found ██████████ with his legs dangling off of the medical bed, turning colors from lack of blood circulation. ██████████ diaper had caught on a screw and kept him from sliding all the way under the railing. Mr. ██████████ stated that he told his daughter to get ██████████ out of the bed. Ms. ██████████ has two other children, ██████████ and ██████████ ██████████ lives with her paternal grandmother in ██████████ ██████████ lives with her mother. On 5/6/2014 a Family Permanency Plan was put into place for ██████████ safety. The case was taken to CPIT and was agreed that Ms. ██████████ be substantiated for neglect death. Ms. ██████████ will go before the grand jury.

Allegations Key:

Environmental Neglect (ENN)

Neglect Death (NGD)

Nutritional Neglect (NUN)

Drug Exposed Infant (DEI)

Physical Abuse (PHA)

Abuse Death (ABD)

Educational Neglect (EDN)

Medical Maltreatment (MDM)

Sexual Abuse (SAE)

Psychological Harm (PYA)

Drug Exposed Child (DEC)

Abandonment (ABN)

Acronym Key:

Child Protective Services Investigator (CPSI)

Regional Investigator Director (RID)

Alleged Child Victim (ACV)

Childrens Advocacy Center (CAC)

Alcohol and Drug (A&D)

Adjudication (ADJ)

Forensic Interviewer (FI)

Lead Investigator (LI)

Attorney (Atty)

Family Services Worker (FSW)

Detective (Det.)

District Attorney (DA)

Preliminary (Prelim)

Investigations Coordinator (IC)

Alleged Perpetrator (AP)

Juvenile Justice FSW (JJFSW)

Law Enforcement (LE)

Immediate Protection Agreement (IPA)

Administrative (Admin)

Classifications:**Investigations**

Allegation Unsubstantiated, Perpetrator Unsubstantiated (AUPU)

Allegation Substantiated, Perpetrator Substantiated (ASPS)

Allegation Substantiated, Perpetrator Unknown (ASPK)

Allegation Substantiated, Perpetrator Unsubstantiated (ASPU)

Allegation Unsubstantiated, Child with Sexual Behavior Problems (AUSB)

Unable to Complete (UABC)

Assessments:

No Services Needed (NSN)

Services Recommended and Accepted (SRCA)

Services Recommended and Refused (SRCR)

Services Required (SREQ)

Unable to Complete (UABC)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 05/06/2014 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/13/2014
 Completed date: 07/14/2014 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Other Persons Living in Home
 Interview/Observation,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/13/2014 12:04 PM Entered By: [REDACTED]

PURPOSE:

Date: 5/6/2014 Location of Contact: [REDACTED] County DCS
 Time: 4:00pm - 5:00pm

Family/Child Permanency Goal: For [REDACTED] to live in a safe, healthy and stable home.

Purpose or Plan for Contact:

A CPS referral was made with allegations of neglect death. [REDACTED] was found deceased on 3/27/2014. Ms. [REDACTED] has two other daughters. [REDACTED] lives with her paternal grandmother who has custody of her. [REDACTED] lives with her mother, [REDACTED]. The father, [REDACTED] is incarcerated in [REDACTED].

Service Plan Content: The childrens safety, mental and physical well-being was discussed.

Safety:

[REDACTED] safety is a concern. [REDACTED] is only two years old. [REDACTED] 8 month old brother, [REDACTED] died on 3/27/2014 due to asphyxiation. [REDACTED] was in a medical bed and was hung on the railing. A plan is being implemented to make sure [REDACTED] stays safe and healthy.

[REDACTED]'s safety is not a concern. [REDACTED] is 7 years old and lives with her paternal grandmother. [REDACTED] has her own room and bed at her grandmother's home.

Permanency: [REDACTED] will remain in the home of [REDACTED] paternal grandmother, who has custody of her. [REDACTED] will remain in the custody of [REDACTED] birth mother.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Well-Being:

The family is seeking counseling due to the death of [REDACTED]. The family has started going to church and that seems to be helping [REDACTED]. [REDACTED] does not really understand what has happened at this point.

Primary Person(s) to be Interviewed: [REDACTED] [birth mother], [REDACTED] [maternal grandfather], [REDACTED] [paternal grandmother], [REDACTED] [paternal aunt]

Other Person(s) to be Interviewed: [REDACTED] and [REDACTED]

CONTENT:**Strengths and Needs:**

Ms. [REDACTED] has good natural family support. The children receives lots of love and attention from all family members [REDACTED] and [REDACTED] are very smart girls. [REDACTED] has good grades at school. Ms. [REDACTED] is going back to school and has a job.

The child/family needs: Ms. [REDACTED] needs to have a stable home environment. The family states that they all love and care for the child. There is tension between Ms. [REDACTED] and the paternal side of the family. The family states that they can come together for the safety of the child.

Meeting Summary:

Ms. [REDACTED] and Ms. [REDACTED] started accused Ms. [REDACTED] of being a whore. CPSI [REDACTED] laid rules out for the meeting and stated that anyone that could not cooperate could leave the room. The family agreed that for the sake of the child they could remain civilized.

There are concerns for [REDACTED] because she is only two years old and her brother, [REDACTED] recently passed away. The family discussed the visitation with her sister, [REDACTED] and could agree on an open visitation schedule.

The family agreed that they will supervise [REDACTED] at all times to make sure she remains safe. The family agreed that she will stay in a stable home and not continually move from home to home.

Ms. [REDACTED] stated that she will take [REDACTED] to all doctor's appointments.

During the meeting Mr. [REDACTED] (paternal grandfather) tested positive for methamphetamine, amphetamines and opiates. Ms. [REDACTED] stated that she will allow no contact with Mr. [REDACTED] until he is drug free.

[REDACTED] stated to CPSI that she wished she could spend more time with her mother and that her mother would pay attention to her more. Ms. [REDACTED] stated that she did not know that [REDACTED] felt that way and would do a better job of giving her more attention.

Efforts Made for the Child and/or Family to Reduce Trauma:

[REDACTED] and [REDACTED] were supervised in the visitation room during the CFTM due to the family's arguing. Ms. [REDACTED] has stated that she has started taking the children to church and is seeking counseling for them.

Decisions Made:

Mr. [REDACTED] will have no contact with [REDACTED] or [REDACTED] until a clean drug screen can be produced. Ms. [REDACTED] will make sure that [REDACTED] attends all of her doctor's appointments.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] will have age-appropriate supervision at all times.

PLAN:**Action Steps:**

[REDACTED] will have and sleep in her own bed.

[REDACTED] will have age-appropriate supervision at all times by a responsible adult.

[REDACTED] will stay in a stable home and will not move between several houses.

[REDACTED] will attend all doctor's appointments.

[REDACTED] and [REDACTED] will have no contact with Mr. [REDACTED] until a clean drug screen can be produced.

Date: 5/6/2014

Time: 5:15pm

Type of Contact: AP Interview/ Other adult in the home/ Collateral Contact

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: [REDACTED] [birth mother], [REDACTED] [maternal grandfather], [REDACTED] [mother's paramour]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] asked Ms. [REDACTED] and Mr. [REDACTED] if they would submit to a drug screen. Ms. [REDACTED] and Mr. [REDACTED] both consented to a drug screen. Ms. [REDACTED] tested positive for THC (hard copy in file). Mr. [REDACTED] tested positive for amphetamines, methamphetamines and opiates (hard copy in file). Mr. [REDACTED] exited the building and drove off before the results were completed. CPSI asked Ms. [REDACTED] about the THC. Ms. [REDACTED] stated that it's only just happened since [REDACTED] died. Ms. [REDACTED] stated that she's needed something to calm herself down. CPSI stated that it is an illegal drug. Ms. [REDACTED] stated that [REDACTED] has been staying with her father and she has been staying with Mr. [REDACTED]. Ms. [REDACTED] stated that she has not been around her daughter while she was doing marijuana. CPSI told Ms. [REDACTED] to stop using all illegal drugs and Ms. [REDACTED] stated that she would. CPSI told Ms. [REDACTED] the results of Mr. [REDACTED] drug screen. CPSI stated that [REDACTED] cannot be around Mr. [REDACTED] as long as he continues to use methamphetamines. CPSI asked Ms. [REDACTED] if she knew about this. Ms. [REDACTED] stated that she could not believe he was using meth. Ms. [REDACTED] stated that she is mad and upset and disappointed. CPSI asked Ms. [REDACTED] if she understood why her girls cannot be around a meth user. Ms. [REDACTED] stated that she did. CPSI asked Ms. [REDACTED] if there is somewhere else that she can go with [REDACTED]. Ms. [REDACTED] stated Mr. [REDACTED] home. CPSI asked Ms. [REDACTED] if he does drugs. Ms. [REDACTED] stated that he smokes pot but it's never around children. CPSI asked Mr. [REDACTED] if he had any problems with Ms. [REDACTED] and her daughter staying with him. Mr. [REDACTED] stated that he did not. CPSI asked Mr. [REDACTED] to consent to a drug screen. Mr. [REDACTED] stated that he did not want to. Mr. [REDACTED] stated that he smokes pot and that's all but he doesn't want his name involved with DCS. CPSI stated that she wanted to make sure that he was not doing meth. Mr. [REDACTED] stated that he does not do meth and never has. Mr. [REDACTED] stated that Ms. [REDACTED] will be caring for the child, not him. CPSI stated that if they are in his home she needed to make sure that he was not doing meth or other drugs. Mr. [REDACTED] consented to the drug screen and tested positive for marijuana (hard copy in file). CPSI told Mr. [REDACTED] and Ms. [REDACTED] to stop using marijuana. CPSI told Ms. [REDACTED] that she needed to get her and [REDACTED] things and leave her father's home since he tested positive for meth. Ms. [REDACTED] stated that she will. Ms. [REDACTED] stated that she is very angry with him right now.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 05/05/2014 Contact Method: Phone Call
 Contact Time: 01:05 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/13/2014
 Completed date: 07/14/2014 Completed By: System Completed
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/13/2014 12:13 PM Entered By: [REDACTED]

Date: 5/5/2014

Time: 1:05pm

Type of Contact: Collateral Contact

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: [REDACTED] [cousin]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] was contacted by Ms. [REDACTED] Ms. [REDACTED] stated that she believes that Mr. [REDACTED] is doing methamphetamine. Ms. [REDACTED] stated that Ms. [REDACTED] son gets information from Mr. [REDACTED] wife. Ms. [REDACTED] stated that she believes they are doing meth.



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: 05/05/2014 Contact Method: Face To Face
 Contact Time: 12:45 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/13/2014
 Completed date: 07/13/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Other Persons Living in Home Interview/Observation,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/13/2014 12:20 PM Entered By: [REDACTED]

Date: 5/5/2014

Time: 12:45pm

Type of Contact: Other adult in the home/ Sibling interview/ AP Interview

Location of Contact: Family Home

Primary person(s) to be interviewed and relationship: [REDACTED] [maternal grandfather], [REDACTED] [sister], [REDACTED] [birth mother]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] knocked on the door and was invited inside by Mr. [REDACTED]. CPSI explained that she was trying to get a hold of Ms. [REDACTED] but couldn't. CPSI explained to Mr. [REDACTED] that she needed to have a child and family team meeting. Mr. [REDACTED] stated that he will tell Ms. [REDACTED] when she comes home. Mr. [REDACTED] cell phone rang and he stated that it was his daughter calling. Mr. [REDACTED] told her that CPSI was here and needed to speak with her. CPSI told Ms. [REDACTED] that she needed to have a meeting with the family. CPSI and Ms. [REDACTED] agreed to 5/6/2014 at 4:00pm at the [REDACTED] County office. CPSI told Ms. [REDACTED] to bring her family that would be supportive of her and Ms. [REDACTED] since she has custody of [REDACTED]. Ms. [REDACTED] stated that she will try to get her to come. CPSI thanked Ms. [REDACTED] and Mr. [REDACTED]. CPSI observed [REDACTED] sitting on the couch watching TV. [REDACTED] appeared well and healthy. CPSI asked Mr. [REDACTED] if she could see [REDACTED] bed. Mr. [REDACTED] showed CPSI where [REDACTED] slept. [REDACTED] has a toddler bed that is about a foot off of the ground. The home was observed and no safety concerns were noted at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/29/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/13/2014

Completed date: 07/13/2014

Completed By: [REDACTED] [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/13/2014 12:19 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

Date: 4/29/2014

Time: 2:00pm

Type of Contact: Notation

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship:

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] received a copy of the medical records from [REDACTED] Medical for [REDACTED] [REDACTED] Records also include the emergency personnel that responded to the scene. Records indicate the victim was DOA (Dead on Arrival) and pronounced deceased at 10:37am.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/24/2014	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED] [REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/13/2014
Completed date:	07/13/2014	Completed By:	[REDACTED] [REDACTED] [REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/13/2014 12:19 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

Date: 4/24/2014
 Time: 2:30pm
 Type of Contact: Notation
 Location of Contact: DCS Office
 Primary person(s) to be interviewed and relationship:
 Other persons present at the contact and relationship:

Content and Observations:
 CPSI [REDACTED] requested the medical records from [REDACTED] Medical for [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/22/2014

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: 07/13/2014

Completed date: 07/13/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/13/2014 12:17 PM Entered By: [REDACTED]

Date: 4/22/2014

Time: 10:00am

Type of Contact: CPIT Meeting

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: CPIT Team

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] presented the case at CPIT. The team was in agreement that Ms. [REDACTED] be substantiated for Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/22/2014

Contact Method:

Contact Time: 09:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/13/2014

Completed date: 07/13/2014

Completed By: [REDACTED] [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/13/2014 12:18 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

Date: 4/22/2014

Time: 9:55am

Type of Contact: Notation

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship:

Other persons present at the contact and relationship:

Content and Observations:

Officer [REDACTED] gave CPSI a copy of the dispatch report from 3/27/2014.



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: 04/14/2014 Contact Method: Face To Face
 Contact Time: 03:45 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/13/2014
 Completed date: 07/13/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/13/2014 12:14 PM Entered By: [REDACTED]

Date: 4/14/2014

Time: 3:45pm

Type of Contact: AP Interview

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: [REDACTED] [birth mother]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] met with Ms. [REDACTED] at the [REDACTED] County office. CPSI asked Ms. [REDACTED] if there is a history of abuse, substance abuse or domestic violence. Ms. [REDACTED] stated that yes there is abuse in her childhood. Ms. [REDACTED] stated that there has been no domestic violence. Ms. [REDACTED] stated that there is a substance abuse history with her mother and she was arrested in 2009 for meth. Ms. [REDACTED] stated that she does not do that now. Ms. [REDACTED] stated that is why Mr. [REDACTED] is in prison now - for meth. Ms. [REDACTED] stated that she had counseling when she was a child. Ms. [REDACTED] stated that [REDACTED] has asthma. Ms. [REDACTED] stated that [REDACTED] has hereditary "strombosis" with her left eye. Ms. [REDACTED] stated that she lymphoma cancer. Ms. [REDACTED] stated that she receives radiation and anti-inflammatory injections. Ms. [REDACTED] stated that the children see Dr. [REDACTED] in [REDACTED] Ms. [REDACTED] stated that [REDACTED] goes to school in [REDACTED] and she attends [REDACTED] Ms. [REDACTED] stated that she receives \$340 in food stamps and the girls are on [REDACTED]. Ms. [REDACTED] stated that she receives families first.



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: 04/07/2014 Contact Method: Phone Call
 Contact Time: 09:58 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/13/2014
 Completed date: 07/13/2014 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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/13/2014 12:11 PM Entered By: [REDACTED]

Date: 4/7/2014

Time: 9:58am

Type of Contact: Collateral Contact

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: [REDACTED] [paternal grandmother]

Other persons present at the contact and relationship:

Content and Observations:

CPSI contacted Ms. [REDACTED]. Ms. [REDACTED] stated that she has custody of [REDACTED]. Ms. [REDACTED] stated that [REDACTED] stays with her mostly, though Ms. [REDACTED] has custody. Ms. [REDACTED] stated that she didn't know what all was going on. Ms. [REDACTED] stated that Ms. [REDACTED] wrecked her car and then got mad when she told Ms. [REDACTED] to come over and take [REDACTED] to the doctor once time. Ms. [REDACTED] stated that she is not sure [REDACTED] was [REDACTED] son. Ms. [REDACTED] stated that she told Ms. [REDACTED] to be careful and that one time she laid [REDACTED] in a queen sized bed. Ms. [REDACTED] stated that [REDACTED] was about 4 or 5 months old and he rolled off the bed and they thought his nose was broken but it wasn't. Ms. [REDACTED] stated that [REDACTED] was born with a hole in his heart. Ms. [REDACTED] stated that she warned Ms. [REDACTED] about not putting [REDACTED] in a baby bed. Ms. [REDACTED] stated that Ms. [REDACTED] is on probation out of [REDACTED] County.



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:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/13/2014

Completed date: 07/13/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/13/2014 12:16 PM Entered By: [REDACTED]

Date: 4/4/2014

Time: 11:00am

Type of Contact: Notation

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship:

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] received a copy of the prelim autopsy report. The report stated that it is probable positional asphyxiation due to unsafe sleep environment.



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: 03/28/2014

Contact Method: Phone Call

Contact Time: 06:21 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/13/2014

Completed date: 07/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/13/2014 12:12 PM Entered By: [REDACTED]

Date: 3/28/2014

Time: 6:21pm

Type of Contact: Collateral Contact

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: [REDACTED] [cousin]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] spoke with Ms. [REDACTED] Ms. [REDACTED] stated that Ms. [REDACTED] has the girls right now. Ms. [REDACTED] stated that Ms. [REDACTED] has always taken care of the children for Ms. [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: 03/27/2014 Contact Method: Face To Face
 Contact Time: 05:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/13/2014
 Completed date: 07/13/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/13/2014 12:10 PM Entered By: [REDACTED]

Date: 3/27/2014

Time: 5:00pm

Type of Contact: AP Interview/ Collateral Contact/ Sibling Interview/ Observation

Location of Contact: Family Home

Primary person(s) to be interviewed and relationship: [REDACTED] [birth mother], [REDACTED] [sister], [REDACTED] [sister], [REDACTED] [mother's paramour]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] was invited into the home. CPSI observed [REDACTED] and tried to engage but she was shy and did not speak. [REDACTED] appeared healthy and was dressed appropriately. CPSI observed Ms. [REDACTED] being very attentive to [REDACTED] CPSI spoke with [REDACTED] stated that she is okay. [REDACTED] stated that she goes to [REDACTED] in [REDACTED] stated that she is in 1st grade and makes all A's. [REDACTED] was making herself a peanut butter sandwich. Ms. [REDACTED] stated that she doesn't think the girls really understand what has happened. Ms. [REDACTED] stated that she was living with [REDACTED] (paternal grandmother) but they had a disagreement. Ms. [REDACTED] stated that it's basically because she wants to be with someone other than her son. Ms. [REDACTED] stated that Ms. [REDACTED] wouldn't let her get her things. Ms. [REDACTED] stated that she has been living with her parents for about a week. Ms. [REDACTED] stated that everyone is devastated. Ms. [REDACTED] stated that [REDACTED] lives with Ms. [REDACTED] and she has custody. Ms. [REDACTED] stated that Ms. [REDACTED] has custody because she couldn't care for [REDACTED] like she needed to be cared for and did what was best for [REDACTED] Ms. [REDACTED] stated that she gets visitations. Ms. [REDACTED] stated that [REDACTED] has everything she needs at her grandmother's home. Ms. [REDACTED] stated that [REDACTED] sleeps with her mostly. CPSI stated that under the circumstances it would be best for [REDACTED] to sleep in her own bed. Ms. [REDACTED] stated that she has a bed in storage that she will get for her daughter tonight. Mr. [REDACTED] stated that everyone is shocked. Mr. [REDACTED] stated that Ms. [REDACTED] would not intentionally hurt her children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/27/2014

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/13/2014

Completed date: 07/13/2014

Completed By: [REDACTED] [REDACTED] [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/13/2014 12:03 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

Date: 3/27/2014

Time: 2:00pm

Type of Contact: Referent Interview

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: Referent

Other persons present at the contact and relationship:

Content and Observations:

Investigator [REDACTED] contacted the referent. No additional information was provided.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/27/2014 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/13/2014
 Completed date: 07/13/2014 Completed By: [REDACTED] [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/13/2014 12:15 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

Date: 3/27/2014

Time: 2:00pm

Type of Contact: Collateral Contact

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: Officer [REDACTED] [REDACTED] [law enforcement]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] spoke with Officer [REDACTED] Officer [REDACTED] gave CPSI a copy of the re-enactment pictures taken at the scene. Officer [REDACTED] gave CPSI a copy of the Sudden Unexplained Infant Death Investigation form. Officer [REDACTED] stated that the grandfather told him that the baby's diaper had gotten caught on a screw the day before. Officer [REDACTED] stated that the grandfather told him that his legs were dangling over the bed and had started to turn color from lack of blood circulation. Officer [REDACTED] stated that he will take the case before the grand jury to see what they want to do. Officer [REDACTED] stated that he will give CPSI a copy of the prelim autopsy report when he gets it. CPSI thanked Officer [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 03/27/2014 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/13/2014
 Completed date: 07/14/2014 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Other Persons Living in Home
 Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/13/2014 12:07 PM Entered By: [REDACTED]

Date: 3/27/2014

Time: 11:00am

Type of Contact: Collateral Contact/ AP Interview/ Other Adults living in the home

Location of Contact: Family Home

Primary person(s) to be interviewed and relationship: [REDACTED] [birth mother], [REDACTED] [maternal great-grandmother], [REDACTED] [maternal grandfather], [REDACTED] [maternal grandmother]

Other persons present at the contact and relationship: Officer [REDACTED] [law enforcement], [REDACTED] [Lead Investigator]

Content and Observations:

LI [REDACTED] spoke with the family in their home. LI offered counseling services to the family. Officer [REDACTED] took re-enactment pictures of the scene. Mr. [REDACTED] stated that his wife, [REDACTED] recently had brain surgery and has to stay in her room. No safety concerns were observed at the time. Mr. [REDACTED] stated that the family had just moved in and did not have a crib for [REDACTED] therefore placed him in the hospital bed since it had rails. Ms. [REDACTED] stated that they placed [REDACTED] in that bed because it had railings and would keep him from rolling off of the bed. Ms. [REDACTED] stated that she did not think anything would happen to [REDACTED]. Mr. [REDACTED] further stated that the day before, the child's bottom was wedged in between the rails and feet dangling off the bed and he advised the mother at that time to do something different with the baby.

Narrative Type: Addendum 1 Entry Date/Time: 07/14/2014 10:08 AM Entered By: [REDACTED]

LI [REDACTED] received a phone call on this date from Investigator [REDACTED] stating they had a child fatality of a 7 month old who got hung between the bars of a hospital bed and was found deceased by the family. Investigator [REDACTED] stated he was at the residence at that time and asked if DCS needed to respond. LI headed to the residence in [REDACTED] City. At the end of the residence road, LI spoke with Investigator [REDACTED] who was leaving the residence. He stated that EMS had taken the infant to the local hospital to await medical examiners preliminary cause of death before sending for an autopsy. Investigator [REDACTED] stated that the grandfather told him that the victim had slid through those bars the day before and he told the mother to find a different place for him to sleep, however, she did not. The grandfather advised Investigator [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

that his wife had just had brain surgery and the bed was hers.

LI went to the residence and spoke with the grandfather, [REDACTED] who was still very shaken and crying. He stated that the mother was not home. Both siblings were at the home and LI [REDACTED] did interact with them, however, did not interview officially. The oldest one, [REDACTED] stated that she saw her brother sleeping and told her grandfather. She is the one who initially found [REDACTED] hanging between the rails on the bed. Mr. [REDACTED] stated that it was an accident, and that he doesn't know what they will do now. Mr. [REDACTED] stated that Ms. [REDACTED] and the children had just been there a couple of weeks. [REDACTED] father is currently in prison in the state of [REDACTED], and Ms. [REDACTED] had been staying with his mother, [REDACTED]. They recently had a disagreement and Ms. [REDACTED] and the children left their home and came to his. They still have ?? for several days at a time, and that is probably where the children will go and stay for the next few days. He is afraid now they will try to take the children away from the mother. The great grandmother, [REDACTED] was present also and very distraught. LI [REDACTED] advised Mr. [REDACTED] that the Department would need to speak with the mother, [REDACTED] and that we would contact them at a later date. LI asked Mr. [REDACTED] if he would notify the Department when they got the funeral arrangements set. He stated he would. LI advised the family that the Department will assist in obtaining grievance counseling for the children as well as the adults who may need it. LI left contact information for Investigator [REDACTED] and LI [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 03/27/2014 Contact Method:
 Contact Time: 10:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/13/2014
 Completed date: 07/14/2014 Completed By: System Completed
 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: 07/13/2014 11:17 AM Entered By: [REDACTED]
 Investigation # [REDACTED]

This case was assigned as an Investigation case to Investigator [REDACTED] on 3/27/2014 for [REDACTED] County. All times are recorded in Eastern Standard Time. The response priority was P1 and the allegations are Neglect Death. The alleged victim is [REDACTED] and the alleged perpetrator is [REDACTED] [REDACTED] birth mother]. Referent was contacted on 3/27/2014 by phone. CPIT was convened with Officer [REDACTED] [REDACTED] The Juvenile Judge, [REDACTED] was notified on 3/27/2014 by fax. The District Attorney, [REDACTED], was notified by fax. Response was met on 3/27/2014 at 10:45am.

Household Composition:

Child Victim: [REDACTED] DOB: [REDACTED]
 Sibling: [REDACTED] DOB: [REDACTED]
 Mother: [REDACTED] DOB: [REDACTED]
 Family Address: [REDACTED]
 Family Phone #: [REDACTED]

Father: [REDACTED] (incarcerated) DOB: [REDACTED]

Sibling: [REDACTED] DOB: [REDACTED]
 Guardian/Caretaker: [REDACTED] Relationship: Paternal grandmother
 Family Address: [REDACTED]
 Family Phone #: [REDACTED]

DCS history:

Inv. [REDACTED] reviewed case history of the family on 3/27/2014. There is DCS history.
 Investigation #: [REDACTED] Intake Date: 5/26/2004
 ACV: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

AP: [REDACTED]

Allegation: PHA

Classification: AUPU

Inv. [REDACTED] reviewed local criminal history and internet registries. There is history.

[REDACTED] 11/6/2009 - Manufacturing Methamphetamine, on felony offender registry - Probation ended in 2012.

[REDACTED] has an extensive arrest history in [REDACTED] County. Arrests dates start in 2003 and continue until the present year. Mr. [REDACTED] has been arrested for: driving on a revoked, failure to appear, violation of probation, driving on a suspended license, driving under the influence, simple possession of schedule III, IV, and VI, drug paraphernalia, methamphetamine lab, evading arrest, fines, unregistered car, fugitive and misappropriation of contract. Mr. [REDACTED] is not on any internet registries.

[REDACTED] 10/9/2009 - Bad Check, 10/4/2011 - Public Intoxication and fines, 3/7/2012 - driving under the influence and possession of a controlled substance schedule IV, and 9/17/2012 - serving time. Ms. [REDACTED] is not on any internet registries.

Current Referral States:

[REDACTED] is currently deceased. Prior to his death, he lived with his sisters [REDACTED] (6) and [REDACTED] (2), his mother, [REDACTED] and maternal grandparents, [REDACTED] and [REDACTED]. [REDACTED] father is [REDACTED] [REDACTED] is incarcerated somewhere in [REDACTED].

[REDACTED] and her children used to live with the childrens paternal grandparents (names unknown). There was a disagreement so [REDACTED] decided to go back to school in [REDACTED]. She and the children moved in the home with the maternal grandparents, [REDACTED] and [REDACTED]. The move took place within the last two weeks.

There is a hospital bed in the maternal grandparent's home for [REDACTED] as she recently had brain surgery. There is no crib in the home for [REDACTED].

Last night, [REDACTED] put [REDACTED] in the hospital bed to sleep. [REDACTED] was placed in the hospital bed because there are rails on the bed. [REDACTED] was lying in the bed horizontally. This morning [REDACTED] came in the grandfathers room and told the grandfather that [REDACTED] was standing up in the bed.

The grandfather went into the room the check on [REDACTED]. The grandfather found that [REDACTED] had gotten his head caught between the rails on the bed. [REDACTED] had basically hung himself. It is unknown how [REDACTED] was positioned on the bed when the grandfather entered the room. It is unknown when [REDACTED] was checked on today. It was reported that [REDACTED] was checked on "sometime this morning".

Law enforcement was contacted around 7 a.m. or 8 a.m. [REDACTED] was present in the home at the time of the incident. [REDACTED] body is currently at [REDACTED] Medical Center. [REDACTED] went to the hospital with [REDACTED]. The reporter has not viewed [REDACTED] body at this time. It is currently unknown if there are any signs of physical abuse or other abuse on [REDACTED]. An autopsy is pending for [REDACTED].

On 4/14/2014 at approximately 4:00pm CPSI [REDACTED] explained MRS, the Clients Rights Handbook to include the Parents Bill of Rights and HIPPA and provided the family with copies of each and kept copies of signature pages for the HIPPA and Clients Rights Handbook. CPSI asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification. CPSI obtained demographic information and completed the pictorial tool. CPSI obtained all appropriate releases of information at that time.