



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

Case # 2014.056

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	04/08/2014
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	04/08/2014	
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:
Parents' Names:	Mother:	██████████	Father:	██████████	
Alleged Perpetrator's Name:	██████████		Relationship to Victim:	██████████	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	pending	
If child is in DCS custody, list placement type and name:	none				

Describe (in detail) circumstances surrounding death/near death:

On Tuesday, 8 April, Child Protective Services Investigator ██████████ {CPSI} was assigned a P-1 referral alleging Neglect Death and Nutritional Neglect. Reporter states that ██████████ (half sibling, age 2) and ██████████ (alleged victim, deceased, 2 months) live with their parents (names unknown). The children are not believed to be in DCS custody.

A report was made to law enforcement today regarding a child that was not breathing. It is unknown who contacted law enforcement. When detectives arrived at the family's home, it appeared that ██████████ was malnourished. ██████████ was pronounced deceased within the last hour. It is unknown at this time what the parent's story is for what happened to cause the fatality. The parents were present in the home at the time. It is unknown if there were any safety or environmental concerns inside of the home. It is believed that ██████████ body is being transported to a hospital (possibly ██████████). It is believed that an autopsy will be completed.

██████████ and the parents are currently at the ██████████ Police Department. It is unknown at this point if the parents have any history of abuse or neglect, or history with the police.

Additional details can be provided to the case worker once they are obtained. Law enforcement will need immediate DCS response.

Special Needs or Disabilities: None; ██████████ is lactose intolerant.

Child's current location/is the child safe at this time: ██████████ is being transported to a hospital. ██████████ is at the ██████████ Police Department.

Perpetrator's location at this time: Both parents are at the ██████████

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	none	Telephone #	(none) -
Street Address:	none	City/State/Zip:	none

Describe (in detail) interview with family:

Interview conducted at ██████████ Police Department on 8 April, and was already in progress at the time of CPSI's arrival.

[REDACTED] {paramour}: Mr. [REDACTED] stated that he does not know much about rearing children as he has never had a child. Mr. [REDACTED] reported that the child appeared to be "skinny, like an Ethiopian baby." Mr. [REDACTED] reported that the child has been thin since birth.

[REDACTED] {mother}: Ms. [REDACTED] stated that the child had been crying during the night and acting as if he were in pain, and that he settled down, defecated, after which she fed him a bottle, put him in a car seat in her bedroom where the child fell asleep. According to Ms. [REDACTED], this occurred at about 05.36 on 8 April. Ms. [REDACTED] said that just prior to calling 911 that she and Mr. [REDACTED] discovered the child unresponsive and cold to the touch.

Ms. [REDACTED] said that the child has not been to any doctor since birth, and that she nurses the child and added that the child obtains about 4-6 ounces of breast milk at various intervals. Ms. [REDACTED] reported that she "lost" her breast milk pump for about two weeks. Ms. [REDACTED] stated that the child's urine became "orange" in color.

Entire interview with family was recorded and remains in the possession of the [REDACTED] Police Department.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

none

Describe disposition of body (Death):	ME office. Autopsy schedule for Wednesday, 9 April.		
Name of Medical Examiner/Coroner:	unknown	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:	none	Case #:	none

Describe law enforcement or court involvement, if applicable:

Investigation initiated on 04/08/14, [REDACTED] [REDACTED] [REDACTED].

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):

Child was placed with the maternal grandfather and an Immediate Protective Agreement initiated.

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

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
03/10/14	[REDACTED]	LOS	[REDACTED]	[REDACTED] {paramour}	NSN
08/14/13	[REDACTED]	MDM	[REDACTED]	[REDACTED] {mother}	AUPU
/ /					
/ /					
/ /					
/ /					

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Report:	Case # 2014-056 4/20/14
Any media inquiry or is attention expected? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes List organizations requesting information: unknown					
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 <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<p>Email to: [REDACTED]</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</p>					



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 04/08/2014 01:33 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 04/08/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 04/08/2014 03:26 PM
 First Team Leader Assigned: [REDACTED] Date/Time 04/08/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 04/08/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 5 Mos	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	Birth Mother
[REDACTED]	1 Yr 5 Mos	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	Birth Father

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: Letter
 Narrative: TFACTS: Yes
 Family Case ID: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated None



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

Death No

Screened out 0

History (not listed above):

3-5-14/ # [REDACTED] LOS/ No Services Needed

8-12-13/ # [REDACTED] / MDM/ Unsubstantiated

County: [REDACTED]

Notification: Letter

School/ Daycare: Unknown

Native American Descent: None

Directions: None Given

Reporter's name/relationship: [REDACTED] [REDACTED] [REDACTED]

Reporter states:

[REDACTED] (2) and [REDACTED] (2 months) live with their parents (names unknown). The children are not believed to be in DCS custody.

A report was made to law enforcement today regarding a child that was not breathing. It is unknown who contacted law enforcement. When detectives arrived at the family's home, it appeared that [REDACTED] was malnourished. [REDACTED] was pronounced deceased within the last hour. It is unknown at this time what the parent's story is for what happened to cause the fatality. The parents were present in the home at the time. It is unknown if there were any safety or environmental concerns inside of the home. It is believed that [REDACTED] body is being transported to a hospital (possibly [REDACTED]). It is believed that an autopsy will be completed.

[REDACTED] and the parents are currently at the [REDACTED] [REDACTED]. It is unknown at this point if the parents have any history of abuse or neglect, or history with the police.

Additional details can be provided to the case worker once they are obtained. [REDACTED] will need immediate [REDACTED].

Special Needs or Disabilities: None; [REDACTED] s lactose intolerant.

Child's current location/is the child safe at this time: [REDACTED] is being transported to a hospital. [REDACTED] s at the [REDACTED] Police Dept.

Perpetrator's location at this time: Both parents are at the [REDACTED] Police Dept.

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

NOTE: TFACTS lists the other child as [REDACTED] (2) and the parents as [REDACTED] and [REDACTED]

Per SDM: Investigative Track / P1 - Child Death

[REDACTED] TC, on 4/8/14 @ 2:15pm

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

EI DCS Child Death_or_Preliminary_Near_Death_Alert

[REDACTED] [REDACTED]



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

Participant(s)

Name: Unknown Participant [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 3 Yrs (Est)

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

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: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

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: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

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: 1 Yr 5 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

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: 04/08/2014

Assignment Date: 04/02/2015

Street Address: [Redacted]

City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB, SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB, SSN, Classification, Severe Abuse, Classified By, Classified Date. Contains 4 rows of allegation data.

C. Disposition Decision

Disposition Decision: Continue DCS Services

Comments:

D. Case Workers

Case Worker: [Redacted]

Date: 05/29/2014

Team Leader: [Redacted]

Date: 05/29/2014

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:

Child is deceased.



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)?

On Wednesday, 9 April, at about 08.30, Child Protective Services Investigator ██████████ {CPSI} requested and received completed ██████████ police incident report number ██████████ dated 04/08/14, which indicated the death of a child, ██████████. Report mentions that all evidence was collected by ██████████ ██████████ arrived at the residence ██████████, ██████████ to assist ambulance involving an unresponsive two-month-old infant. Report continues, stating that the child appeared to be malnourished, and there were no lacerations or bruising.

Death scene checklist denotes that the child was being held by the mother when law enforcement arrived. On Friday, 25 April, at about 14.57, Child Protective Services Investigator ██████████ {CPSI} called and spoke with ██████████ Health Services, ██████████, telephone number ██████████ to inquire about the A and D assessments for ██████████ and ██████████ and was told that the two had been seen on 21 April, passed a drug screen, and no services were required.

On Monday, 21 April, at about 12.20, Child Protective Services Investigator ██████████ {CPSI} received medical records pertaining to ██████████ {deceased}, which were sent from ██████████ Medical Center. Records indicate that the child was born on ██████████ weighing 5 pounds, 15 ounces, length 20.25, head circumference 13.25, attending physician is ██████████ and apgar score is 8/9. Impression at admission was listed as "no prenatal care." Note that child is "doing well."

CPSI was notified by ██████████ Detective ██████████ that the autopsy report had returned and a copy is en route.

CPSI later received and forwarded to Social Services Team Leader ██████████ and Lead Investigator ██████████ Medical Examiner's Report, State number ██████████ case number ██████████ pertaining to an autopsy performed on ██████████ on 9 April at 09.00, whose results are as follows:

Cause of death: starvation and dehydration.
 Manner of death; homicide
 Circumstances of death: Infant not fed.

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

Ms. ██████████ stated that the child had been crying during the night and acting as if he were in pain, and that he settled down, defecated, after which she fed him a bottle, put him in a car seat in her bedroom where the child fell asleep. According to Ms. ██████████ this occurred at about 05.36 on 8 April. Ms. ██████████ said that just prior to calling 911 that she and Mr. ██████████ discovered the child unresponsive and cold to the touch.

Ms. ██████████ said that the child has not been to any doctor since birth, and that she nurses the child and added that the child obtains about 4-6 ounces of breast milk at various intervals. Ms. ██████████ reported that she "lost" her breast milk pump for about two weeks. Ms. ██████████ stated that the child's urine became "orange" in color.

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

N/A.



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

Case Name : ██████████

Investigation ID: ██████████

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

Child Protective Services Investigator ██████████ (CPSI) received case with allegation of Neglect Death. CPSI was unable to observe the child, ██████████ as the child was already deceased. CPSI observed an interview with ██████████ at ██████████ Police Department (alleged perpetrator) who stated that the child had been crying during the night and acting as if he were in pain, and that he settled down, defecated, after which she fed him a bottle, put him in a car seat in her bedroom where the child fell asleep. According to Ms. ██████████ this occurred at about 05.36 on 8 April. Ms. ██████████ said that just prior to calling 911 that she and Mr. ██████████ discovered the child unresponsive and cold to the touch. Ms. ██████████ said that the child has not been to any doctor since birth. CPSI interviewed law enforcement (collaterals) who stated that they are awaiting autopsy report. CPSI observed the home and found no noticeable discrepancies {safety placement}. CPSI also conducted a site visit. CPSI is closing the case as AIPI for Neglect Death, and AIPI for the added allegations of Nutritional Neglect and Medical Maltreatment. Case transitioned to an FSW, as other sibling remains in a safety placement with relatives and there is ongoing court involvement.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2015

Contact Method:

Contact Time: 07:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/30/2015

Completed date: 04/30/2015

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: 04/30/2015 07:15 PM Entered By: [REDACTED]

IC [REDACTED] received permission from the RID & Deputy Director of Investigations to close the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/10/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2015

Completed date: 04/21/2015

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: 04/21/2015 09:13 AM

Entered By: [REDACTED]

Case submitted for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method:

Contact Time: 05:43 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2015

Completed date: 03/11/2015

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: 03/11/2015 05:43 PM

Entered By: [REDACTED]

Case submitted for review



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 02/14/2015 Contact Method:
Contact Time: 08:44 AM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: Created Date: 02/14/2015
Completed date: 02/14/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Case Summary
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/14/2015 08:45 AM Entered By: [REDACTED]
Narrative Type: Original Entry Date/Time: 02/10/2015 11:53:09 Entered By: [REDACTED]

CASE SUMMARY:

1. Referral assigned to Child Protective Services Investigator (CPSI) [REDACTED] on 4/8/2014 with the allegations of Neglect Death & Nutritional Neglect. The Alleged Child Victim (ACV) was [REDACTED] and the Alleged Perpetrator (AP) Unknown. This family has two prior involvements with the Department of Children's Services (DCS). [REDACTED] 03/10/14, AV [REDACTED] LOS, AP [REDACTED] NSN [REDACTED] County [REDACTED] 08/14/13, AV [REDACTED] Medical Maltreatment, AP [REDACTED] AUPU [REDACTED] County}

2. Synopsis of Event: CPSI was unable to observe the child, [REDACTED] as the child was already deceased. CPSI observed an interview with [REDACTED] at [REDACTED] Police Department (alleged perpetrator) who stated that the child had been crying during the night and acting as if he were in pain, and that he settled down, defecated, after which she fed him a bottle, put him in a car seat in her bedroom where the child fell asleep. According to Ms. [REDACTED] this occurred at about 05.36 on 8 April. Ms. [REDACTED] said that just prior to calling 911 that she and Mr. [REDACTED] discovered the child unresponsive and cold to the touch. Ms. [REDACTED] said that the child has not been to any doctor since birth. CPSI observed the half-sibling, [REDACTED] who appeared to very energetic. CPSI was told by Community Services Partner, [REDACTED], that the child appeared to have a diaper rash and did not appear clean. CPSI observed the child, who had what appeared to be a diaper rash and dirty toe nails. Child was running around the room and appeared very friendly to personnel in the room and hallway. Child did not appear to be malnourished. On Wednesday, 9 April, at about 08.30, Child Protective Services Investigator [REDACTED] {CPSI} requested and received completed [REDACTED] police incident report number [REDACTED], dated 04/08/14, which indicated the death of a child, [REDACTED]. Report mentions that all evidence was collected by [REDACTED] [REDACTED] arrived at the residence, [REDACTED] to assist ambulance involving an unresponsive two-month-old infant. Report continues, stating that the child appeared to be malnourished, and there were no lacerations or bruising. Death scene checklist denotes that the child was being held by the mother when law enforcement arrived.

3. Investigator involved was CPSI [REDACTED]. The [REDACTED] Police Department investigated the death led by Detective [REDACTED] and Detective [REDACTED]. On Monday, 21 April, at about 12.20, Child Protective Services Investigator [REDACTED] {CPSI}



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

received medical records pertaining to ██████████ (deceased), which were sent, from ██████████. Records indicate that the child was born on ██████████ weighing 5 pounds, 15 ounces, length 20.25, head circumference 13.25, attending physician is ██████████, and apgar score is 8/9. Impression at admission was listed as "no prenatal care." Note that child is "doing well." According to the medical records it showed that the infant was healthy at birth. The infant passed the hearing test that was conducted on both ears. According to the records the mother was breastfeeding the newborn. The newborn screening results were within normal limits. Medical Examiner's Report, State number ██████████ case number ██████████ pertaining to an autopsy performed on ██████████ on 9 April at 09.00, whose results are as follows: Cause of death: starvation and dehydration. Manner of death; homicide Circumstances of death: Infant not fed.

4. The alleged perps were ██████████ & ██████████ Interviews conducted: Detective ██████████ & ██████████ Mother, ██████████ and her boyfriend ██████████ Responding officers, The collateral, ██████████ father, ██████████

5. Details of interviews: CPS ██████████ observed the half-sibling, ██████████ who appeared to very energetic. CPSI was told by Community Services Partner, ██████████, that the child appeared to have a diaper rash and did not appear clean. CPSI observed the child, who had what appeared to be a diaper rash and dirty toe nails. Child was running around the room and appeared very friendly to personnel in the room and hallway. Child did not appear to be malnourished. On Tuesday, 8 April, at about 15.10, Child Protective Services Investigator ██████████ (CPSI) observed an interview with ██████████ (birth mother and alleged perpetrator) at the ██████████ Police Department, as Detectives ██████████ and ██████████ conducted the interview. ██████████ (paramour and alleged perpetrator) had already been interviewed. ██████████ (paramour): Mr. ██████████ stated that he does not know much about rearing children as he has never had a child. Mr. ██████████ reported that the child appeared to be "skinny, like an Ethiopian baby." Mr. ██████████ reported that the child has been thin since birth ██████████ (mother): Ms. ██████████ stated that the child had been crying during the night and acting as if he were in pain, and that he settled down, defecated, after which she fed him a bottle, put him in a car seat in her bedroom where the child fell asleep. According to Ms. ██████████, this occurred at about 05.36 on 8 April. Ms. ██████████ said that just prior to calling 911 that she and Mr. ██████████ discovered the child unresponsive and cold to the touch. Ms. ██████████ said that the child has not been to any doctor since birth and that she nurses the child and added that the child obtains about 4-6 ounces of breast milk at various intervals. Ms. ██████████ reported that she "lost" her breast milk pump for about two weeks. Ms. ██████████ stated that the child's urine became "orange" in color. The collateral, ██████████ (paternal grandfather). Mr. ██████████ said that he knew that his daughter had lost her TN Care on the children and had encouraged her to renew the TN Care. Mr. ██████████ inquired if his daughter would be charged with a crime. Mr. ██████████ reported that the birth father has not stepped up to the plate and acted like a father. LI ██████████ asked Mr. ██████████ about his relationship with his daughter and he reported that he has a pretty good relationship with his daughter. LI asked if ██████████ and the children ever lived with him. He stated that ██████████ and ██████████ lived with him a long time ago. LI ██████████ asked about the mother's relationship with the children. He reported that she is a good mother and is over protective of her children. He stated that he had no concerns with her being around the children. He stated that when he saw her with the children she was always attentive. He stated that he couldn't see the family much because he is a truck driver but he did speak with her over the phone every day. LI ██████████ asked Mr. ██████████ if ██████████ ever took the children to the doctor. He reported that she tried taking them to the doctor but had no insurance. She applied for insurance on the children and was denied. He reported that he couldn't believe that they would deny small children insurance. He reported that ██████████ is currently with him at this time. LI ██████████ thanked Mr. ██████████ for speaking with her and understood he had to go back to work.

██████████ police incident report number ██████████ dated 04/08/14, which indicated the death of a child, ██████████ Report mentions that all evidence was collected by ██████████ arrived at the residence, ██████████ to assist ambulance involving an unresponsive two-month-old infant. Report continues, stating that the child appeared to be malnourished, and there were no lacerations or bruising. Death scene checklist denotes that the child was being held by the mother when law enforcement arrived.

6. Case classified as AIPi for Neglect Death, Medical Maltreatment and Nutritional Neglect.

Neglect Death:

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 child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are 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] Region

Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

Medical Maltreatment:

A situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment does not pertain to elective health care or treatment.

a) It applies to procedures or treatment that a physician or other health, medical professional deems medically necessary.

b) Medical neglect may rise to the level of severe child abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

Nutritional Neglect:

A parent or caretaker's failure to provide adequate nutrition to a child.

7. Child Protective Investigation Team, CPIT-[REDACTED] County, presented on 4/23/2014. The team was in agreement that the case should be closed as ASPS, Allegation Substantiated, Perpetrator Substantiated. Detective [REDACTED] and the Attorney General were in agreement as well.

8. All interviews done resulted in Ms. [REDACTED] was arrested on 2/4/2015 and charged with aggravated child abuse, aggravated child neglect, and felony murder. She is being held on a \$100,000 bond. She is currently 24 weeks pregnant with another child.

9. Medical Examiner's Report, State number [REDACTED] case number [REDACTED] pertaining to an autopsy performed on [REDACTED] on 9 April at 09.00, whose results are as follows: Cause of death: starvation and dehydration. Manner of death; homicide Circumstances of death: Infant not fed.

10. Closing and classification -The case will be closed as AIPI for Neglect Death, and AIPI for the added allegations of Nutritional Neglect and Medical Maltreatment.

Narrative Type: Addendum 1 Entry Date/Time: 04/30/2015 01:55 PM Entered By: [REDACTED]

10. Closing and classification -The case will be closed as ASPS for Neglect Death, and ASPS for the added allegations of Nutritional Neglect and Medical Maltreatment



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/10/2015

Contact Method:

Contact Time: 08:54 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/10/2015

Completed date: 02/10/2015

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: 02/10/2015 08:57 AM Entered By: [REDACTED]

Case Conference

LI [REDACTED] reviewed the face to face with the siblings that are documented in the system by FSW [REDACTED] FSW [REDACTED] is assigned to this case and sees the sibling each month. The last contact documented with sibling in the system is 2/4/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/05/2015

Contact Method:

Contact Time: 09:35 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2015

Completed date: 02/05/2015

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: 02/05/2015 09:38 AM Entered By: [REDACTED]

Ms. [REDACTED] was arrested on 2/4/2015 and charged with aggravated child abuse, aggravated child neglect, and felony murder. She is being held on a \$100,000 bond. She is currently 24 weeks pregnant with another child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/12/2015

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/13/2015

Completed date: 01/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/13/2015 12:20 PM Entered By: [REDACTED]

Collateral

LI [REDACTED] contacted Sgt [REDACTED] about the status of the case. He reported that he assisted Det. [REDACTED] on the case. He reported that the case will be presented to grand jury in February. LI [REDACTED] informed him that all the initial interviews are needed for the case file. He reported that he would get with Det. [REDACTED] regarding the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/09/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 09:01 AM Entered By: [REDACTED]

Case Conference

LI [REDACTED] submitted case for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/12/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 09:01 AM Entered By: [REDACTED]

Case Conference

LI [REDACTED] submitted case for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 09:00 AM Entered By: [REDACTED]

Case Conference

LI [REDACTED] had to make corrections on the case and has resubmitted the case for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/15/2014	Contact Method: Phone Call
Contact Time: 03:30 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/15/2014
Completed date: 10/15/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/15/2014 04:01 PM Entered By: [REDACTED]

Safety

LI [REDACTED] contacted Mr. [REDACTED] (father) on this date. LI [REDACTED] asked Mr. [REDACTED] if he had a few minutes to answer a few questions and he reported that he was at work at the present time. LI [REDACTED] informed him that she wouldn't be long with him. LI [REDACTED] asked Mr. [REDACTED] about his relationship with his daughter and he reported that he has a pretty good relationship with his daughter. LI asked if [REDACTED] and the children ever lived with him. He stated that [REDACTED] and [REDACTED] lived with him a long time ago. LI [REDACTED] asked about the mother's relationship with the children. He reported that she is a good mother and is over protective of her children. He stated that he had no concerns with her being around the children. He stated that when he saw her with the children she was always attentive. He stated that he couldn't see the family much because he is a truck driver but he did speak with her over the phone everyday. LI [REDACTED] asked Mr. [REDACTED] if [REDACTED] ever took the children to the doctor. He reported that she tried taking them to the doctor but had no insurance. She applied for insurance on the children and was denied. He reported that he couldn't believe that they would deny small children insurance. He reported that [REDACTED] is currently with him at this time. LI [REDACTED] thanked Mr. [REDACTED] for speaking with her and understood he had to go back to work.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/15/2014	Contact Method: Phone Call
Contact Time: 12:00 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/15/2014
Completed date: 10/15/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/15/2014 01:15 PM Entered By: [REDACTED]

Safety

LI [REDACTED] contacted Ms [REDACTED] on this day to ask a few questions regarding her children. Ms. [REDACTED] was a little hesitant to speak with this LI and wanted to discuss with her attorney first. LI informed her that she only wanted to discuss her daily routine with her children and she stated that she could speak with this LI about it. Ms. [REDACTED] reported that when she delivered her baby she stayed in the hospital for three days and was released. She stated that she had the same routine with both children. She stated that she stayed home with her children until [REDACTED] passed away. She stated that she when she was at home she would put the infant in his car seat to get some vitamin C. She wanted him to get a little sunlight. LI asked about the sibling relationship. She reported that [REDACTED] was always wanting to help with the baby. She stated that she was hands on with her brother. She stated that [REDACTED] was awesome with the newborn being in the home. She really helped out with her brother. LI asked about bedtime for the children. She reported that [REDACTED] went to bed around 8 or 9. [REDACTED] went to bed at different times. She stated that [REDACTED] would stay up alot throughout the day and night. She stated that he wasn't a fussy baby. He would cry occassionally. She stated that [REDACTED] would take a nap when [REDACTED] went to sleep. She stated that she would allow her boyfriend to feed [REDACTED] to allow her to get some rest. She stated that when [REDACTED] was awake she would allow him tummy time twice a week for five minutes. LI asked about [REDACTED] feeding. She stated that he would latch on the left for 10-15 minutes and on the right for 10-15 minutes. She stated that he would eat every three to four hours. She stated that she would use the breast pump when [REDACTED] wants to feed the baby. She stated that [REDACTED] thought that [REDACTED] was her babydoll. LI asked Ms. [REDACTED] about Mr. [REDACTED]. She stated that they are no longer together and that he made a mistake when he was drinking. LI asked if he had ever cared for the children. She stated that Mr. [REDACTED] really didn't handle the children that much. He went to work at 2pm every day. She stated that he wasn't really around the children that much. He would only work, sleep, and play video games. LI asked Ms. [REDACTED] if the children went to the doctor. She reported that she was denied insurance when she moved to Tennessee from [REDACTED]. She stated that she had insurance on [REDACTED] when she was in [REDACTED]. She stated that [REDACTED] got approved insurance when he passed away. He didn't see a pediatrician due to not having insurance. She tried to apply for insurance in Tennessee in 2012 and tried several times there after. She stated that between the three of them they didn't get sick. She reported that there were times when she wanted to take the children to the doctor but had no insurance. She reported that [REDACTED] currently has TnCare insurance at this time. Ms. [REDACTED] reported that she does take care of her children. LI [REDACTED] thanked Ms. [REDACTED] for speaking with her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/10/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/15/2014

Completed date: 10/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2014 04:58 PM Entered By: [REDACTED]

Safety

LI [REDACTED] met with FSW [REDACTED] regarding the [REDACTED] family and getting assistance with medical records. She stated that she would get her worker to sign a release from mom and request medical records for [REDACTED]. She reported that [REDACTED] was seen at the Health Department for the bug bites. They report that they are fine. [REDACTED] had an appointment on July 15th to get caught up on shots. She is doing well with her grandfather and his paramour at this time. LI [REDACTED] thanked Ms. [REDACTED] for assisting.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/10/2014

Contact Method: Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/15/2014

Completed date: 10/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2014 04:53 PM Entered By: [REDACTED]

Safety

LI [REDACTED] contacted [REDACTED] with the [REDACTED] Police Department in regards to the interviews that were conducted with the family. Ms. [REDACTED] spoke with the detective about the interviews and was informed to tell this LI that the DA has everything at this time. She reported that Investigator [REDACTED] set in on the interviews that were conducted with the family. LI [REDACTED] thanked Ms. [REDACTED] for assisting this LI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/10/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 08:57 AM Entered By: [REDACTED]

Case Conference

LI [REDACTED] submitted case for review on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/28/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/02/2014
Completed date:	10/02/2014	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: 10/02/2014 12:24 PM Entered By: [REDACTED]

Safety.

CPSI was notified by [REDACTED] Detective [REDACTED] that the autopsy report had returned and a copy is en route.

CPSI later received and forwarded to Social Services Team Leader [REDACTED] and Lead Investigator [REDACTED] Medical Examiner's Report, State number [REDACTED] case number [REDACTED] pertaining to an autopsy performed on [REDACTED] on 9 April at 09.00, whose results are as follows:

Cause of death: starvation and dehydration.
Manner of death; homicide
Circumstances of death: Infant not fed.

Entire report filed in case folder.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/10/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 08:56 AM Entered By: [REDACTED]

Case Conference

Investigator [REDACTED] is still awaiting for the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/12/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 08:55 AM Entered By: [REDACTED]

Case Conference

Investigator [REDACTED] s still awaiting for the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/09/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED].

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 08:54 AM Entered By: [REDACTED].

Case Conference

Investigator [REDACTED] is still awaiting for the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/02/2014	Contact Method:
Contact Time: 03:00 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/10/2014
Completed date: 10/10/2014	Completed By: [REDACTED]
Purpose(s): Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/10/2014 03:57 PM Entered By: [REDACTED]

The meeting began with introductions. The team received an update that [REDACTED] is doing well. [REDACTED] has been staying with Mrs. [REDACTED] daughter while she works. The team discussed [REDACTED] has been swimming and playing. The team discussed [REDACTED] has been eaten up by bugs. [REDACTED] was seen at the Health Department for the bug bites. They report that they are fine. [REDACTED] has an appointment on the 15th to get caught up on shots. Mrs. [REDACTED] reports that she has contacted Parenting Classes. The team discussed that the Exchange Club offers free parenting classes. The team discussed FSW [REDACTED] will provide Mrs. [REDACTED] with the contact information for parenting classes. The team discussed adding a psychological for Mrs. [REDACTED] with a parenting component. The team discussed that Mrs. [REDACTED] will need to contact TnCare to determine if they will pay for it, if not she will fax a denial letter to FSW [REDACTED]. Mrs. [REDACTED] reports she has not began grief counseling and stated she can get that scheduled today. Mrs. [REDACTED] reports that she can also contact TNCARE today (7-2-2014) to determine if they can pay for her assessment. Mrs. [REDACTED] reports she plans to go to the [REDACTED] for counseling. The team discussed providing pay stubs for employment. The team discussed Mrs. [REDACTED] will provide a copy of a lease to the Department. The team discussed Mrs. [REDACTED] has been helping Mrs. [REDACTED] pay for child care. The team discussed that Mrs. [REDACTED] will submit a transportation plan. The team discussed Mrs. [REDACTED] will submit a budget and child care plan. The team discussed adding Mr. [REDACTED] to the plan.

Narrative Type: Addendum 1 Entry Date/Time: 01/13/2015 01:07 PM Entered By: [REDACTED]

The putative father of [REDACTED] is [REDACTED] whose reported whereabouts are in [REDACTED].
 The putative father of [REDACTED] is [REDACTED], whose specific whereabouts are reported as unknown.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/09/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 08:52 AM Entered By: [REDACTED]

Case Conference

Investigator [REDACTED] is still awaiting for the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/04/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/10/2014
Completed date:	10/10/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/10/2014 03:53 PM Entered By: [REDACTED]

FSW [REDACTED] conducted a home visit on this date with the sibling and caregiver.

This FSW met with Mrs. [REDACTED] she reports that things are going well in the home. She reports that she went back to work Monday and her daughter keeps [REDACTED] while she is working. Mrs. [REDACTED] reports that [REDACTED] went swimming yesterday. Mrs. [REDACTED] reports that [REDACTED] enjoys swimming, puzzles, watching movies, and playing with Barbie's. Mrs. [REDACTED] reports that [REDACTED] is very observant and watches to see how to do things such as put movies in the DVD player. Mrs. [REDACTED] reports that [REDACTED] has been calling to speak to [REDACTED]. Mrs. [REDACTED] reports that the first few times [REDACTED] spoke to [REDACTED] she kept saying baby. Mrs. [REDACTED] reports that she thinks [REDACTED] was referring to baby [REDACTED] but she is not sure. Mrs. [REDACTED] reports that she has not done it since the first few times. Mrs. [REDACTED] reports that [REDACTED] has been counting lately since she has been watching sesame Street. Mrs. [REDACTED] reports that [REDACTED] is on track developmentally. Mrs. [REDACTED] reports that there are no concerns.

Observations:

Assessment of environment The home was clean.

Children's appearance, affect, and behaviors during contact [REDACTED] was playing outside when this FSW arrived. [REDACTED] came inside with this FSW and drew pictures. [REDACTED] was in a good mood and well dressed.

Children's interaction with adults during contact [REDACTED] drew pictures with this FSW. [REDACTED] went to Mrs. [REDACTED] when she wanted something.

Safety issues There were no safety concerns observed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/29/2014

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/29/2014

Completed date: 05/29/2014

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: 05/29/2014 11:07 AM Entered By: [REDACTED]

Safety.

On Thursday, 29 May, at about 14.30, Child Protective Services Investigator [REDACTED] {CPSI} participated in a transfer Family Services Team meeting {FSTM} at the Department of Children's Services, at which time the case was transferred to Family Services Worker [REDACTED] for continued services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/29/2014 Contact Method:
Contact Time: 11:08 AM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 05/29/2014
Completed date: 05/29/2014 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Case Summary
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/29/2014 11:15 AM Entered By: [REDACTED]
Safety.

Child Protective Services Investigator [REDACTED] (CPSI) received case with allegation of Neglect Death. CPSI was unable to observe the child, [REDACTED], as the child was already deceased. CPSI observed an interview with [REDACTED] at [REDACTED] Police Department (alleged perpetrator) who stated that the child had been crying during the night and acting as if he were in pain, and that he settled down, defecated, after which she fed him a bottle, put him in a car seat in her bedroom where the child fell asleep. According to Ms. [REDACTED], this occurred at about 05.36 on 8 April. Ms. [REDACTED] said that just prior to calling 911 that she and Mr. [REDACTED] discovered the child unresponsive and cold to the touch. Ms. [REDACTED] said that the child has not been to any doctor since birth. CPSI interviewed law enforcement (collaterals) who stated that they are awaiting autopsy report. CPSI observed the home and found no noticeable discrepancies {safety placement}. CPSI also conducted a site visit. CPSI is closing the case as AIPI for Neglect Death, and AIPI for the added allegations of Nutritional Neglect and Medical Maltreatment. Case transitioned to an FSW, as other sibling remains in a safety placement with relatives and there is ongoing court involvement.

The 740 was completed. A copy of the 740 was sent to the Judge. A copy of the 740 was sent to the DA.

Closing Family Composition: [REDACTED] {sibling}, [REDACTED] {paternal grandfather}, [REDACTED] {paramour of paternal grandfather} and [REDACTED] {daughter of [REDACTED]}.

Narrative Type: Addendum 1 Entry Date/Time: 04/30/2015 01:56 PM Entered By: [REDACTED]
CPSI is closing the case as ASPS for Neglect Death, and ASPS for the added allegations of Nutritional Neglect and Medical Maltreatment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/29/2014

Contact Method: Face To Face

Contact Time: 10:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 05/29/2014

Completed date: 05/29/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/29/2014 11:05 AM Entered By: [REDACTED]

Safety.

On Thursday, 29 May, at about 10.35, Child Protective Services Investigator [REDACTED] {CPSI} met with [REDACTED] {caretaker} at her [REDACTED] residence, [REDACTED], for the purpose of explaining to her about the upcoming Family Services Team Meeting {FSTM} and she replied that she would be in attendance.

CPSI observed [REDACTED] {sibling} who appeared content and happy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/29/2014	Contact Method:	
Contact Time:	10:03 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/29/2014
Completed date:	05/29/2014	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: 05/29/2014 10:04 AM Entered By: [REDACTED]
 Safety.

On Thursday, 29 May, at about 10.03, Child Protective Services Investigator [REDACTED] {CPSI} called and spoke with the medical examiner's office, telephone number [REDACTED] to inquire about the autopsy report and was told that it is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/29/2014	Contact Method:
Contact Time: 08:06 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 05/29/2014
Completed date: 05/29/2014	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: 05/29/2014 08:09 AM Entered By: [REDACTED]
 Safety.

Case classified as APII for Neglect Death, Medical Maltreatment and Nutritional Neglect.

Neglect Death:

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 child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.

Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

Medical Maltreatment:

A situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment does not pertain to elective health care or treatment.

- a) It applies to procedures or treatment that a physician or other health, medical professional deems medically necessary.
- b) Medical neglect may rise to the level of severe child abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

Nutritional Neglect:

A parent or caretaker's failure to provide adequate nutrition to a child.

Child Protective Services Investigator [REDACTED] (CPSI) completed the closing Safety Assessment. There are no current immediate harm factors or interventions. The safety decision is: 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. (If not required, note reason that not required: ex: Closing SDM not required due to removal of child.)

The FAST Assessment was completed and the score is "low."



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████ Region

Narrative Type: Addendum 1 Entry Date/Time: 04/30/2015 01:57 PM Entered By: ██████████
Case classified as ASPS for Neglect Death, Medical Maltreatment and Nutritional Neglect.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/23/2014	Contact Method:	
Contact Time:	04:39 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/23/2014
Completed date:	05/23/2014	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: 05/23/2014 04:40 PM Entered By: [REDACTED]
 Safety.

Family Functional Assessment {FFA} initiated and completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/23/2014 Contact Method: Phone Call
 Contact Time: 04:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/23/2014
 Completed date: 05/23/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2014 04:39 PM Entered By: [REDACTED]
 Safety.

On Friday, 23 May, at about 16.15, Child Protective Services Investigator [REDACTED] {CPSI} called and spoke with [REDACTED] {mother} and informed her of the forthcoming transfer Family Services Team Meeting {FSTM} scheduled for Thursday, 29 May, at 14.30 at the DCS office. All parties notified.

Ms. [REDACTED] said that she will soon start parenting classes, but has been unable to commence grief counseling or a parenting assessment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/16/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/23/2014

Completed date: 05/23/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2014 04:36 PM Entered By: [REDACTED]

Safety.

On Friday, 16 May, at 9.00, a court hearing was held at which time the IPA was incorporated into a court order.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/09/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 08:47 AM Entered By: [REDACTED]

Case Conference

Investigator [REDACTED] is still awaiting the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/05/2014	Contact Method:	
Contact Time:	09:37 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/05/2014
Completed date:	05/05/2014	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: 05/05/2014 09:38 AM Entered By: [REDACTED]
 Safety.

Case unable to be classified within thirty days, as autopsy report is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2014

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/25/2014

Completed date: 04/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/25/2014 03:01 PM Entered By: [REDACTED]

Safety.

On Friday, 25 April, at about 15.00, Child Protective Services Investigator [REDACTED] {CPSI} received a voice message from the mother, [REDACTED] who said that she has arranged for counseling at the [REDACTED] and is working on scheduling parenting classes at the [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/25/2014 Contact Method: Phone Call
 Contact Time: 02:57 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/25/2014
 Completed date: 04/25/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/25/2014 03:00 PM Entered By: [REDACTED]
 Safety.

On Friday, 25 April, at about 14.57, Child Protective Services Investigator [REDACTED] {CPSI} called and spoke with [REDACTED] Services, [REDACTED] telephone number [REDACTED] to inquire about the A and D assessments for [REDACTED] and [REDACTED] and was told that the two had been seen on 21 April, passed a drug screen, and no services were required.

Narrative Type: Addendum 1 Entry Date/Time: 04/26/2014 12:33 AM Entered By: [REDACTED]
 CPSI later received documentation from [REDACTED] indicating the above.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/23/2014	Contact Method:	Correspondence
Contact Time:	03:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/23/2014
Completed date:	04/23/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/23/2014 04:03 PM Entered By: [REDACTED]
 Safety.

On Wednesday, 23 April, Child Protective Services Investigator [REDACTED] {CPSI} received fax correspondence from [REDACTED] pertaining to [REDACTED] {alleged victim} and this update indicates that the child's weight has increased by 10 grams. Metabolic labs pending. Bradycardia is intermittent.

Narrative Type: Addendum 1 Entry Date/Time: 05/19/2014 12:33 PM Entered By: [REDACTED]

This case recording does not pertain to this case and was inadvertently entered.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/23/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/23/2014
Completed date:	04/23/2014	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: 04/23/2014 03:22 PM Entered By: [REDACTED]
 Safety.

Case presented before Child Protective Investigative Team {CPIT} all of whom agreed with the classification decision of AIPI. CPSI is still awaiting on medical examiner's report to determine if case will be prosecutable.

Narrative Type: Addendum 1 Entry Date/Time: 04/30/2015 02:42 PM Entered By: [REDACTED]

Case presented before Child Protective Investigative Team {CPIT} all of whom agreed with the classification decision of ASPS. CPSI is still awaiting on medical examiner's report to determine if case will be prosecutable.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 04/21/2014 Contact Method: Phone Call
 Contact Time: 12:50 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/21/2014
 Completed date: 05/22/2014 Completed By: System Completed
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2014 12:54 PM Entered By: [REDACTED]
 Safety.

On Monday, 21 April, at about 12.50, Child Protective Services Investigator [REDACTED] {CPSI} contacted [REDACTED] Services, telephone number [REDACTED] to inquire about recommendations for Mr. [REDACTED] {paramour} and was told

Narrative Type: Addendum 1 Entry Date/Time: 01/13/2015 12:52 PM Entered By: [REDACTED]

On Friday, 25 April, at about 14.57, Child Protective Services Investigator [REDACTED] {CPSI} called and spoke with [REDACTED] Services, [REDACTED] telephone number [REDACTED] to inquire about the A and D assessments for [REDACTED] and [REDACTED] and was told that the two had been seen on 21 April, passed a drug screen, and no services were required.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/21/2014	Contact Method:	Correspondence
Contact Time:	12:20 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/21/2014
Completed date:	04/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/21/2014 12:23 PM Entered By: [REDACTED]
 Safety.

On Monday, 21 April, at about 12.20, Child Protective Services Investigator [REDACTED] {CPSI} received medical records pertaining to [REDACTED] {deceased}, which were sent from [REDACTED]. Records indicate that the child was born on [REDACTED], weighing 5 pounds, 15 ounces, length 20.25, head circumference 13.25, attending physician is [REDACTED] and agpar score is 8/9. Impression at admission was listed as "no prenatal care." Note that child is "doing well."

Information forwarded to [REDACTED] Detectives [REDACTED] and [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 10/10/2014 03:40 PM Entered By: [REDACTED]

According to the medical records it showed that the infant was healthy at birth. The infant passed the hearing test that was conducted on both ears. According to the records the mother was breastfeeding the newborn. The newborn screening results were within normal limits.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/21/2014 Contact Method: Phone Call
 Contact Time: 08:47 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/21/2014
 Completed date: 04/21/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2014 08:52 AM Entered By: [REDACTED]
 Safety.

On Monday, 21 April, at about 08.47, Child Protective Services Investigator [REDACTED] {CPSI} called and spoke with [REDACTED] {birth mother}, telephone number [REDACTED] and was told that she has her A and D assessment scheduled for today at 10.00 at [REDACTED]. CPSI referred Ms. [REDACTED] to the [REDACTED] for parental assessment and counseling, to include grief counseling, and parenting classes. CPSI provided names of agencies and contact numbers and asked Ms. [REDACTED] to contact him in the event there are any obstacles.

CPSI also asked Ms. [REDACTED] to go to Department of Children's Services to obtain insurance for the other child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2014

Contact Method:

Contact Time: 10:27 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/15/2014

Completed date: 04/15/2014

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: 04/15/2014 10:29 AM Entered By: [REDACTED]

Safety.

Fingerprints for [REDACTED] safety placement scheduled for Monday, 21 April, at 08.15, 08.30 and 08.45 respectively. Family notified.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/10/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/10/2014

Completed date: 04/10/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/10/2014 11:30 AM Entered By: [REDACTED]

Safety.

Notification of the referral was sent to the referent, a copy of which is enclosed in the file folder.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: System Completed

Contact Date: 04/10/2014

Contact Method:

Contact Time: 06:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/03/2014

Completed date: 10/04/2014

Completed By: System Completed

Purpose(s):

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time:

Entered By:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/09/2014	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/09/2014
Completed date:	04/09/2014	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: 04/09/2014 04:51 PM Entered By: [REDACTED]
 Safety.

Affidavit initiated, completed and forwarded to Departmental legal.

Permanency plan completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2014

Contact Method: Correspondence

Contact Time: 11:43 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2014 11:44 AM Entered By: [REDACTED]

Safety.

On Wednesday, 9 April, at about 11.43, Child Protective Services Investigator [REDACTED] {CPSI} faxed a consent for release of information to [REDACTED], medical records, to request [REDACTED] to request child's and mother's medical records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/09/2014	Contact Method:
Contact Time: 09:25 AM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/09/2014
Completed date: 04/09/2014	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: 04/09/2014 10:40 AM Entered By: [REDACTED]

Case Conference

CPSI TL [REDACTED] conducted a case conference & MSW consult on this date with CPSI [REDACTED]. On Tuesday, 8 April, Child Protective Services investigator [REDACTED] {CPSI} was assigned a P-1 referral alleging Neglect Death and Nutritional Neglect. Reporter states that [REDACTED] (half sibling, age 2) and [REDACTED] (alleged victim, deceased, 2 months) live with their parents (names unknown). The children are not believed to be in DCS custody. CPSI has contacted the referent, obtained a collateral, and observed the half-sibling. CPSI observed interviews with the paramour and birth mother, and the birth mother stated that she had lost the breast milk pump for about two weeks and that her child had not been seen by medical personnel since birth. Birth mother stated that she had been feeding the child about four ounces of milk at various times, and the child's photographs depicted a child who appeared to be severely malnourished. Both the mother and paramour submitted to random drug screens whose results indicated negative for all illicit substances. Case is currently under investigation by [REDACTED] police Department and an autopsy is scheduled for Wednesday, 9 April. [REDACTED] {half sibling} was placed with the maternal grandfather and all required checks completed. A site/home visit was also conducted. CPSI will continue investigative tasks in accordance with established protocol. Lead Investigator [REDACTED] spoke with Investigator Coordinator [REDACTED] and [REDACTED] in regards to an IPA/Safety Placement and they agreed. All checks were completed on all the adults in the home and they were clear. Lead Investigator [REDACTED] completed the death date in the system.

Strengths for the family: Stable housing, somewhat cooperative, paramour has employment.

Barriers to safety, permanency, and well-being: Two previous allegations alleging medical maltreatment and lack of supervision indicate that the family requires parenting education to glean skills.

Services been provided and what progresses or barriers: Previous services include ensuring that a safety lock was placed in the home {LOS allegation}. CPSI will complete an affidavit ordering parenting classes and counseling.

Assessments: Sibling placed with maternal grandfather. Initial SDM completed {"conditionally safe"}.

Documentation: All required documentation entered into TFACTS.

F2F: Initial {sibling only} made on Tuesday, 8 April at [REDACTED] Police Department.

Next Steps: Continue to work case in accordance with DCS guidelines and keep LI [REDACTED] informed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/09/2014	Contact Method:	Correspondence
Contact Time:	08:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/09/2014
Completed date:	04/09/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/09/2014 09:53 AM Entered By: [REDACTED]
 Safety.

On Wednesday, 9 April, at about 08.30, Child Protective Services Investigator [REDACTED] {CPSI} requested and received completed [REDACTED] police incident report number [REDACTED] dated 04/08/14, which indicated the death of a child, [REDACTED]. Report mentions that all evidence was collected by [REDACTED]. [REDACTED] arrived at the residence, [REDACTED] to assist ambulance involving an unresponsive two-month-old infant. Report continues, stating that the child appeared to be malnourished, and there were no lacerations or bruising.

Death scene checklist denotes that the child was being held by the mother when law enforcement arrived.

Entire report, to include supplement, is filed in the file folder.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/09/2014	Contact Method:	Correspondence
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/09/2014
Completed date:	04/09/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/09/2014 09:15 AM Entered By: [REDACTED]
 Safety.

On Wednesday, 9 April, at about 08.00, Child Protective Services Investigator [REDACTED] {CPSI} requested the [REDACTED] County Sheriffs Department to conduct background checks on [REDACTED] {birth mother and alleged perpetrator} and [REDACTED] {paramour and alleged perpetrator}.

Narrative Type: Addendum 1 Entry Date/Time: 04/09/2014 10:57 AM Entered By: [REDACTED]

Neither Ms. [REDACTED] nor Mr. [REDACTED] had any local charge descriptions.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 04/08/2014 Contact Method: Face To Face
Contact Time: 03:10 PM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For:
Location: Other Community Site Created Date: 04/09/2014
Completed date: 04/09/2014 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Alleged Perpetrator Interview, Initial ACV Face To Face, Other Child Living in the Home
Interview/Observation, Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2014 10:28 AM Entered By: [REDACTED]
Safety.

On Tuesday, 8 April, at about 15.10, Child Protective Services Investigator [REDACTED] {CPSI} observed an interview with [REDACTED] {birth mother and alleged perpetrator} at the [REDACTED] Police Department, as Detectives [REDACTED] and [REDACTED] conducted the interview. [REDACTED] {paramour and alleged perpetrator} had already been interviewed.

[REDACTED] {paramour}: Mr. [REDACTED] stated that he does not know much about rearing children as he has never had a child. Mr. [REDACTED] reported that the child appeared to be "skinny, like an Ethiopian baby." Mr. [REDACTED] reported that the child has been thin since birth.

[REDACTED] {mother}: Ms. [REDACTED] stated that the child had been crying during the night and acting as if he were in pain, and that he settled down, defecated, after which she fed him a bottle, put him in a car seat in her bedroom where the child fell asleep. According to Ms. [REDACTED], this occurred at about 05.36 on 8 April. Ms. [REDACTED] said that just prior to calling 911 that she and Mr. [REDACTED] discovered the child unresponsive and cold to the touch.

Ms. [REDACTED] said that the child has not been to any doctor since birth, and that she nurses the child and added that the child obtains about 4-6 ounces of breast milk at various intervals. Ms. [REDACTED] reported that she "lost" her breast milk pump for about two weeks. Ms. [REDACTED] stated that the child's urine became "orange" in color.

Entire interview with family was recorded and remains in the possession of the [REDACTED] Police Department.

CPSI asked both Ms. [REDACTED] and Mr. [REDACTED] to submit to a random drug screen due to concerns listed in a prior referral, and both parents denied any illicit substance abuse and submitted to random screens whose results indicated negative for all substances.

CPSI observed the half-sibling, [REDACTED], who appeared to very energetic. CPSI was told by Community Services Partner, [REDACTED] that the child appeared to have a diaper rash and did not appear clean. CPSI observed the child,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

who had what appeared to be a diaper rash and dirty toe nails. Child was running around the room and appeared very friendly to personnel in the room and hallway. Child did not appear to be malnourished.

CPSI followed patrol escort to the family's residence, and observed the home to be cluttered with clothes in various piles.

CPSI invited the family to follow CPSI to the Department of Children's Services office, where the mother signed all required paperwork, agreed to a no-contact Immediate Protective Agreement {initiated by CPSI ██████████ and the mother desired her child, ██████████, to be placed with her father, ██████████. In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

All required checks completed and approved by Lead Investigator ██████████

Child Protective Services Investigator ██████████ (CPSI) completed the initial Safety Assessment. There are current immediate harm factors and interventions. Neglect Death allegations currently under investigation.

The safety intervention is: IPA, safety placement {no contact}

The safety decision is: 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.

CPSI did not make face to face contact with the deceased child but procured photograph which are filed in the case folder.

Next steps: Prepare affidavit, refer family to parenting classes, await autopsy report.

Narrative Type: Addendum 2 Entry Date/Time: 10/03/2014 01:20 PM Entered By: ██████████

Two previous allegations alleging medical maltreatment and lack of supervision were discussed with Ms. ██████████ who denied having blown Marijuana smoke onto the child and said that the cases were closed.

Mr. ██████████ said that he knew that his daughter had lost her TN Care on the children and had encouraged her to renew the TN Care. Mr. ██████████ inquired if his daughter would be charged with a crime. Mr. ██████████ reported that the birth father has not stepped up to the plate and acted like a father.

Narrative Type: Addendum 1 Entry Date/Time: 10/03/2014 01:10 PM Entered By: ██████████

██████████ was not very talkative but appeared to be the proper weight and did not appear to be malnourished.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2014

Contact Method: Correspondence

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2014 09:13 AM Entered By: [REDACTED]

Safety.

On Tuesday, 8 April, Child Protective Services Investigator [REDACTED] (CPSI) faxed a copy of the referral to the [REDACTED] Police Department to convene Child Protective Investigative Team (CPIT).

CPSI learned that Detectives [REDACTED] and [REDACTED] had been assigned the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/08/2014	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/09/2014
Completed date:	04/09/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/09/2014 09:14 AM Entered By: [REDACTED]
 Safety.

On Tuesday, 8 April, Child Protective Services Investigator [REDACTED] {CPSI} contacted the referent and the two discussed the referral in detail.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/08/2014	Contact Method:
Contact Time: 01:33 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/09/2014
Completed date: 04/09/2014	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: 04/09/2014 09:07 AM Entered By: [REDACTED]
 Safety.

On Tuesday, 8 April, Child Protective Services investigator [REDACTED] {CPSI} was assigned a P-1 referral alleging Neglect Death and Nutritional Neglect. Reporter states that [REDACTED] (half sibling, age 2) and [REDACTED] (alleged victim, deceased, 2 months) live with their parents (names unknown). The children are not believed to be in DCS custody.

A report was made to law enforcement today regarding a child that was not breathing. It is unknown who contacted law enforcement. When detectives arrived at the family's home, it appeared that [REDACTED] was malnourished. [REDACTED] was pronounced deceased within the last hour. It is unknown at this time what the parent's story is for what happened to cause the fatality. The parents were present in the home at the time. It is unknown if there were any safety or environmental concerns inside of the home. It is believed that [REDACTED] body is being transported to a hospital (possibly [REDACTED]). It is believed that an autopsy will be completed.

[REDACTED] and the parents are currently at the [REDACTED] Police Department. It is unknown at this point if the parents have any history of abuse or neglect, or history with the police.

Additional details can be provided to the case worker once they are obtained. Law enforcement will need immediate DCS response.

Special Needs or Disabilities: None; [REDACTED] is lactose intolerant.

Child's current location/is the child safe at this time: [REDACTED] is being transported to a hospital. [REDACTED] is at the [REDACTED] Police Dept.

Perpetrator's location at this time: Both parents are at the [REDACTED] Police Dept.

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

NOTE: TFACTS lists the other child as [REDACTED] (age 2) and the parents as [REDACTED] and [REDACTED]

A copy of the initial referral was sent to the judge and district attorney.

Reported family composition includes [REDACTED] (half sibling, age 2) and [REDACTED] (alleged victim, deceased, 2



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

months) live with their parents (names unknown).

Previous TFACTS history includes the following prior cases:

[REDACTED], 03/10/14, AV [REDACTED] LOS, AP [REDACTED] NSN [REDACTED] County}
[REDACTED], 08/14/13, AV [REDACTED] Medical Maltreatment, AP [REDACTED] AUPU [REDACTED] County}



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/08/2014	Contact Method: Correspondence
Contact Time: 12:34 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 01/15/2015
Completed date: 01/15/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 01/15/2015 11:54 AM Entered By: [REDACTED]

Collateral Contact

Reporting Officer: [REDACTED]

On 04/08/2014 at 12:33 Officer [REDACTED] was dispatched to [REDACTED] for an ambulance assist involving an unresponsive 2 month old infant. On this date, Officer [REDACTED] was riding with me. We were close by the scene and responded as well, arriving at 12:34. I was met at the door by [REDACTED] and a very distraught [REDACTED] was holding the infant, [REDACTED], in her arms. I took the infant from her and felt that he was unresponsive and cold to the touch. His coloring was pale and livid. He was wearing a onesie and a diaper at the time. I observed that livor mortis was present on the backs of his arms and legs. [REDACTED] appeared to be malnourished because of the fact that he was unusually thin for a 2 month old infant. There were no apparent lacerations or bruising on his head or extremities. I took him from the doorway into the livingroom and laid him on the floor where I began performing chest compressions for approximately 1 to 2 minutes. [REDACTED] arrived scene and determined that [REDACTED] was deceased. I began to ask [REDACTED] and [REDACTED] about the incident. [REDACTED] advised that during the night, [REDACTED] had been crying and acting as if he were in pain. [REDACTED] stated that he settled down after he defecated. She also said that she fed [REDACTED] a bottle and put him in a car seat in her bedroom where he fell asleep. She stated several times that this occurred at 05:36. She told me that she was in the bed in the same room with [REDACTED]. She advised before [REDACTED] called 911, they found him unresponsive and cold to the touch.

I instructed Officer [REDACTED] to begin gathering information for the incident report. We discovered that there was another child, [REDACTED] (2YOA) in one of the bedrooms of the apartment. She appeared to be in good health. Corporal [REDACTED] arrived on the scene and instructed me to take [REDACTED] and [REDACTED] out of the apartment and to keep them separated. [REDACTED] was taken and placed in the back of the ambulance, while [REDACTED] sat on the rear bumper of the ambulance. I stayed with them at the ambulance until they were transported to the police department for questioning. At that time, Det. [REDACTED] and other detectives began arriving and took control of the scene.

CSI Tech [REDACTED] arrived and began photographing and collecting evidence from the scene. Community Services Coordinator [REDACTED] arrived on scene and transported [REDACTED] to the police department during the investigation.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker: [REDACTED]
 Date of Referral: 3/5/14 1:17 PM Date of Assessment: 3/10/14 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 3

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker: [REDACTED]
 Date of Referral: 3/5/14 1:17 PM Date of Assessment: 3/11/14 12:00 AM
 Assessment Type: Closing Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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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: _____



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Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker: [REDACTED]
 Date of Referral: 4/8/14 1:33 PM Date of Assessment: 4/8/14 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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