



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 04/07/2014 09:40 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 04/07/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 04/08/2014 09:36 AM
 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]	7 Yrs	Lack of Supervision	Yes	[REDACTED]	[REDACTED]
[REDACTED]	7 Yrs	Sexual Abuse	Yes	Unknown Participant [REDACTED], Unknown	None

Preliminary Near Death: [REDACTED]

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: This child is not in DCS custody.

TFACTS: YES /Case ID: [REDACTED]

Open Court Custody/FSS/FCIP None

Closed Court Custody None

Open CPS - None

Substantiated None



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Fatality None

Screened out YES/1

History (not listed above):

10-25-13 [REDACTED] /PHA [REDACTED] Unsubstantiated
4-12-11 [REDACTED] EDN and ENN [REDACTED] No Services Needed (EDN) and ENN (Unable to Complete)
5-28-10 [REDACTED] PHA and PYA [REDACTED] /No Services Needed
10-25-08 [REDACTED] PHA and ABN [REDACTED] and [REDACTED] Unsubstantiated
7-29-08 [REDACTED] DEC [REDACTED] /Unsubstantiated
8-29-02 [REDACTED] PHA [REDACTED] Unable to Complete
8-28-02 [REDACTED] PHA [REDACTED] Unsubstantiated

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

Reporters name/relationship: [REDACTED]

Reporter states:

This child is not in DCS custody.

Living in the home are [REDACTED] (7), [REDACTED] (2), [REDACTED] (8), [REDACTED] (11), and [REDACTED] (13) with [REDACTED]. The children are in the custody of [REDACTED] and the father is unknown at this time. It is unknown where they attend school or if they have any known special needs or disabilities. The family is believed to have just moved to [REDACTED] from [REDACTED] recently.

On April 7, 2014 [REDACTED] contacted 911 when [REDACTED] was found fully submerged in the bathtub. [REDACTED] was found when [REDACTED] went to the restroom. [REDACTED] pulled [REDACTED] out of the water and [REDACTED] attempted to perform CPR until emergency personnel responded. When officers and EMTs responded to the scene, [REDACTED] did not have a pulse and CPR was continued on him by EMS. [REDACTED] was transported to [REDACTED] Emergency by ambulance. While in the emergency room staff was able to get a pulse on [REDACTED]. Other than a pulse, [REDACTED] is unresponsive. [REDACTED] is being transported to [REDACTED] by life flight. The doctor at [REDACTED] stated that there are already signs of neurological damage to [REDACTED]. It is unknown if [REDACTED] story is consistent with what happened to [REDACTED] at this time.

[REDACTED] stated that the family was all in the living room eating dinner. [REDACTED] noted that [REDACTED] must have slipped out of the room and started his own bath water. According to [REDACTED] [REDACTED] does not normally run his own bath water, but has been allowed from time to time to be in the bathtub unsupervised. [REDACTED] did not know how long [REDACTED] was in the bathroom but [REDACTED] claimed that [REDACTED] was likely away from the living room for about 15 minutes.

At the time of the call, [REDACTED] and the children were all still at the home. It is unknown if they will be going to [REDACTED]. There were no other signs of concerns noted by law enforcement at the home. All the other children appeared to be healthy and there were no signs of physical injuries on any of the children. The home was well kept and did not appear to be a safety hazard.

[REDACTED] is the report number for [REDACTED] Police Department.

This is all the information given at this time.



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

Per SDM: Investigation Track P 1-Near fatality [REDACTED] on 4/7/14 at 10:06 PM [REDACTED]

[REDACTED] TL on 04/07/14 @ 11:11 PM.

Received by [REDACTED] on 04/07/14 @ 11:19 PM.

Notified Child Death Group: [REDACTED]
[REDACTED] was also copied on the notification email.

Extended Intake Information taken on 04/07/14 @ 11:20 PM by [REDACTED] from [REDACTED] Nurse @ [REDACTED]

[REDACTED] was transported to the hospital by EMS from [REDACTED] home with CPR in progress. EMS reported that [REDACTED] was found in the bathtub by [REDACTED] went and got [REDACTED] after pulling [REDACTED] out of the bathtub. Reportedly, [REDACTED] went into the bathroom to find [REDACTED] face down on the floor like he was dead. [REDACTED] yelled out [REDACTED] name but [REDACTED] did not respond. [REDACTED] began CPR after calling EMS. [REDACTED] was intubated on the scene by EMS but was still unresponsive. [REDACTED] is still unconscious and has been airlifted to [REDACTED] hospital. [REDACTED] should be at [REDACTED] at this time. When [REDACTED] was at [REDACTED] a rhythm was found as well as a pulse. During examination at [REDACTED] was found to have a dilated anus. Hospital staff asked [REDACTED] for consent to do a forensic exam and [REDACTED] gave consent. The hospital collected swabs and took pictures. There were no other injuries or markings on [REDACTED] to indicate any other form of abuse. [REDACTED] Police Department has been notified; [REDACTED] was at the hospital and can be contacted back at [REDACTED]

There is no knowledge of past abuse or neglect issues with the family. [REDACTED] was asked if there is any history of sexual assault and [REDACTED] reported that there has not been. [REDACTED] reported that [REDACTED] was in the bathroom for approximately twenty minutes assuming [REDACTED] was by himself.

[REDACTED] TL on 04/08/14 @ 12:31 AM.

Received by [REDACTED] on 04/08/14 @ 12:34 AM.

Notified Child Death Group: [REDACTED]
[REDACTED] was also copied on the notification email.



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

Participant(s)

Name: [REDACTED]
Gender: Male Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Black/African Age: 7 Yrs
Address: [REDACTED], [REDACTED], [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Alleged Perpetrator: Yes
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/07/2014

Assignment Date: 04/08/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			08/19/2014
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			08/28/2014
3	[REDACTED]	[REDACTED]	Sexual Abuse	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			08/28/2014
4	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			08/19/2014

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegations unsubstantiated

D. Case Workers

Case Worker: [REDACTED]

Date: 08/28/2014

Team Leader: [REDACTED]

Date: 09/05/2014

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:



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

Case Name : ██████████

Investigation ID: ██████████

██████████ made a face/face visit with ██████████ in the critical care unit. ██████████ is on the ventilator and was unable to be interviewed.

The siblings ██████████ ██████████ and ██████████ were interviewed by the Investigator separately and privately. ██████████ reports he did see ██████████ go in the bathroom but he closed his bedroom door to eat his chicken and fries. He didnt know anything had happen until he heard a loud scream coming from the bathroom. He stated everyone was throwing up at home because ██████████ brought home a virus from school. He stated everyone was sick except for him. ██████████ stated ██████████ was sick when she got home from school. She described him under a blanket in ██████████ bedroom when she entered the home. She stated later that evening ██████████ went to the back twice. She stated the second time he went to use the bathroom. She stated she went to the bathroom she observed ██████████ in a kneeling position on the bathroom floor. ██████████ report ██████████ and ██████████ playing together in the bathtub. He saw ██████████ floating in the bathtub the first time he passed by the bathroom but he thought he was playing. Hewent back to the bathroom a second time and ██████████ was face-up in the bathtub. He pulled ██████████ by his arm out the tub. He described trying to stand ██████████ up by the waist when the pulled him out the bathtub and asking him several times was he alright but he wouldnt say anything. He told his mother that ██████████ was not moving. The two year old was unable to be interviewed due to his age and limited verbal skills.

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

The autopsy results shows cause of death-Anoxic Encephalopathy due to drowning; manner of death: undetermined.

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

The mother ██████████ ██████████ reports that the seven year old as well as her two year old snuck off but she really didnt notice that they were gone. The mother stated that her thirteen year old son, ██████████ had to go to the bathroom and she stated that he came and told her that ██████████ and ██████████ was in the bathroom and that ██████████ was in the tub as if he was dead. The mother stated that ██████████ never told her that he had already pulled ██████████ out of the tub. The mother stated that the two year came to her and then she yelled ██████████ name because she thought that he was playing a joke. The mother stated that she realized that he wasnt getting up and she began to preform CPR. The mother stated that her eleven year old daughter, ██████████ grabbed the phone and called 911 and then she continued to perform CPR as she talked to the paramedics

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

The report states that ten-month old ██████████ was found unresponsive by his mother ██████████ ██████████ at the family apartment. The mother reports ██████████ was lying face down in his pillow when she entered the room. The father was not at home. The mother called 911 and attempted to perform CPR on ██████████ ██████████ was pronounced deceased at 9:26 a.m. ██████████ had no visible marks, bruises or abrasions that would indicate foul play. ██████████ body was taken to the medical examiner office in ██████████ Tennessee for an autopsy.

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

The autopsy results on ██████████ ██████████ states the manner of death and cause of death could not be determined. At this time there is no evidence to support the allegations of Neglect Death as defined by DCS Policy. There is no medical evidence and no witnesses to support the allegations. The investigation is closed as allegations unsubstantiated/perpetrator unsubstantiated.

Distribution Copies:



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2014

Contact Method:

Contact Time: 05:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/16/2014

Completed date: 09/16/2014

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: 09/16/2014 05:10 PM Entered By: [REDACTED]

[REDACTED] has reviewed the case recordings and file. [REDACTED] finds that the case manager has completed the following casework: observation and forensic interview with the child, interview with the alleged perpetrator, interview with the victim and perpetrator's parents/caretaker, convened with CPIT and home visit. The safety assessment was completed and there were no immediate harm factors. Supervisor agrees with the case manager's classification of the allegation. No further Child Protective Services will be provided at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2014

Contact Method:

Contact Time: 12:13 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2014

Completed date: 08/28/2014

Completed By: [REDACTED] [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: 08/28/2014 12:13 PM Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigation Summary & Classification Decision of Child Abuse/Neglect Referral (CS-0740) completed, placed in the file, and distributed to the designated officials (Juvenile Court, Regional General Counsel and District Attorney)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2014

Completed date: 08/28/2014

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: 08/28/2014 12:12 PM Entered By: [REDACTED]

Case Summary:

DCS policy defines Child Death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. 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.

On 4/7/14, [REDACTED] Police Department [REDACTED] and [REDACTED] responded to a possible drowning at [REDACTED] in [REDACTED] concerning seven-year old [REDACTED]. The child was found by the thirteen-year old brother submerged in water in the bathtub. The brother pulled [REDACTED] out the water then told the mother. The mother began administering CPR on the child until Emergency Medical Service and [REDACTED] Fire Department arrived at the home to continue administering CPR. EMS transported the child to the [REDACTED] emergency room. [REDACTED] continued to be unresponsive and was airlifted to [REDACTED] in [REDACTED] Tennessee.

The mother [REDACTED] reports that the seven year old as well as her two year old snuck off but she really didn't notice that they were gone. The mother stated that her thirteen year old son, [REDACTED] had to go to the bathroom and she stated that he came and told her that [REDACTED] and [REDACTED] was in the bathroom and that [REDACTED] was in the tub as if he was dead. The mother stated that [REDACTED] never told her that he had already pulled [REDACTED] out of the tub. The mother stated that the two year old came to her and then she yelled [REDACTED] name because she thought that he was playing a joke. The mother stated that she realized that he wasn't getting up and she began to perform CPR. The mother stated that her eleven year old daughter, [REDACTED] grabbed the phone and called 911 and then she continued to perform CPR as she talked to the paramedics.

The siblings [REDACTED] and [REDACTED] were interviewed by the Investigator separately and privately. [REDACTED] reports he did see [REDACTED] go in the bathroom but he closed his bedroom door to eat his chicken and fries. He didn't know anything had happened until he heard a loud scream coming from the bathroom. He stated everyone was throwing up at home because [REDACTED] brought home a virus from school. He stated everyone was sick except for him. [REDACTED] stated [REDACTED] was sick when she got home from school. She described him under a blanket in [REDACTED] bedroom when she entered the home. She stated later that evening [REDACTED] went to the back twice. She stated the second time he went to use the bathroom. She stated she went to the bathroom she observed [REDACTED] in a kneeling position on the bathroom floor.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] report [REDACTED] and [REDACTED] playing together in the bathtub. He saw [REDACTED] floating in the bathtub the first time he passed by the bathroom but he thought he was playing. Hewent back to the bathroom a second time and [REDACTED] was face-up in the bathtub. He pulled [REDACTED] by his arm out the tub. He described trying to stand [REDACTED] up by the waist when the pulled him out the bathtub and asking him several times was he alright but he wouldnt say anything. He told his mother that [REDACTED] was not moving. The two year old was unable to be interviewed due to his age and limited verbal skills.

The autopsy results shows cause of death-Anoxic Encephalopathy due to drowning; manner of death: undetermined.

At this time there is no evidence to support the allegations of Neglect Death as defined by DCS Policy. There is no medical evidence and no witnesses to support the allegations. The investigation is closed as allegations unsubstantiated/perpetrator unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/18/2014

Contact Method: Phone Call

Contact Time: 08:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [REDACTED]

Purpose(s): Permanency, Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 04:28 PM Entered By: [REDACTED]

[REDACTED] called [REDACTED] father [REDACTED] to follow up on [REDACTED] living with him in [REDACTED]. [REDACTED] stated [REDACTED] has been with him in [REDACTED] since June @ [REDACTED]. He stated he and [REDACTED] made the decision for [REDACTED] to live with him after the death of their son [REDACTED] and because [REDACTED] is the only child he has left. He stated they also agreed that with her having three other children and being out on her own he can better provide for [REDACTED] at this time. He stated [REDACTED] is enrolled in school and he will start school on September 20th @ [REDACTED]. [REDACTED] talks to [REDACTED] about having any concerns with the children in the home before the accident with his son [REDACTED]. He stated he did not have any concerns with [REDACTED] or the children. He stated he did have concerns at first when she decided to move to [REDACTED] not knowing anyone in [REDACTED] and being out on her own. He stated [REDACTED] has a great support system in [REDACTED] to help her with the children. [REDACTED] asks [REDACTED] about [REDACTED] participating in grief counseling. He stated he did receive grief counseling in [REDACTED] and it did help. He stated [REDACTED] will sometimes talk about how he misses his brother. [REDACTED] stated he calls and talk to the other children and they are doing well and he doesnt have any concerns with the family at this time. [REDACTED] thanked [REDACTED] for talking to her this evening and ends the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/17/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/19/2014
 Completed date: 08/19/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Persons Living in Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 04:26 PM Entered By: [REDACTED]

[REDACTED] made a home visit with the [REDACTED] family at the [REDACTED] apartment number [REDACTED] to follow up with the family before submitting the family case for closure. [REDACTED] and [REDACTED] were present at the apartment on this visit. [REDACTED] invited the Investigator inside the apartment. The children were observed sitting in the living room talking when [REDACTED] entered the apartment. [REDACTED] requested to talk to [REDACTED] privately. We talked in [REDACTED] bedroom. [REDACTED] told [REDACTED] that she and [REDACTED] made the agreement for [REDACTED] to remain in [REDACTED] to be with his father. She stated she still has custody but he will remain with his father at this time. She stated she feels it will be better for [REDACTED] to be able to spend more time with his father. She stated she talks to [REDACTED] every day. [REDACTED] informed [REDACTED] that she received the autopsy report on [REDACTED] stated she also received a copy of the report in the mail last week and was aware of the cause of death. [REDACTED] informed the Investigator that the family finished the grief counseling with [REDACTED] in [REDACTED] and [REDACTED] has also called concerning more grief counseling services for the family. She stated she hasnt decided if she will follow up with more counseling services at this time. She stated the children are enrolled in school in [REDACTED]. She stated [REDACTED] is enrolled at [REDACTED] because he is a special education student and [REDACTED] is enrolled at [REDACTED]. She stated she stated a new job working for a call center for [REDACTED] to keep her busy. She stated she comes home on the weekend but the children are still enrolled in school in [REDACTED]. She stated she is receiving services at [REDACTED] in [REDACTED]. She stated she has been consistent taking her medications. She stated she hasnt scheduled an appointment for [REDACTED] because she still has issues with him taking the medications prescribed for him at [REDACTED]. [REDACTED] had [REDACTED] medical records from [REDACTED] and allowed [REDACTED] to make copies of the records for the DCS hard file. [REDACTED] requested to take a picture of the children on this visit. [REDACTED] talks to [REDACTED] and [REDACTED] about school. [REDACTED] stated she was glad to be back in school. [REDACTED] stated he doesnt like school. When he was asked why he doesnt like school. He said, I just dont. Two year old [REDACTED] was observed climbing on the bed trying to get to his siblings. A picture was taken of the family. Before leaving the apartment, [REDACTED] walked the Investigator through the apartment. The apartment was observed to be clean and appropriately furnished. No safety concerns noted on this visit. [REDACTED] told [REDACTED] she will be submitting the family case to her supervisor for closure. [REDACTED] asks [REDACTED] to call her if she has any questions or concerns. [REDACTED] ends the visit with the family and thanked [REDACTED] for meeting with her today.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/15/2014

Contact Method: Phone Call

Contact Time: 12:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/19/2014 04:24 PM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] by phone to schedule a time to visit with the family. [REDACTED] informed the Investigator that she had to work today but she could meet this weekend at the family [REDACTED] apartment in [REDACTED]. [REDACTED] spoke with [REDACTED] about the family progress. She stated she started a new job with [REDACTED] in [REDACTED]. She stated the family finished the grief counseling with [REDACTED]. She stated she hasnt scheduled an appointment for [REDACTED] at [REDACTED] and he is not taking his medication. She stated [REDACTED] is visiting with his father in [REDACTED] for the summer and they are discussing him living with his father. She stated she is back in the apartment in [REDACTED] and she comes home on the weekends. She stated the children are still enrolled in school in [REDACTED] and they sometimes come home with her on the weekends. She stated she is trying to keep herself busy so she decided to start working. She stated they still have their moments but they are taking thing one day at a time. [REDACTED] also informed [REDACTED] that she receive [REDACTED] autopsy report and would like to discuss the results with her when they meet this weekend. [REDACTED] requested to meet with the Investigator Sunday afternoon after church. [REDACTED] asks [REDACTED] to call her if the time has to be rescheduled for the visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/15/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 04:12 PM Entered By: [REDACTED]

Autopsy results on [REDACTED] cause of death-Anoxic Encephalopathy due to drowning

Manner of death: undetermined



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/12/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 04:12 PM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] from the [REDACTED] Police Department concerning the autopsy results on [REDACTED]. [REDACTED] stated he received the report in the mail today and will email me a copy of the report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/31/2014

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 04:11 PM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] to follow up on the autopsy report on [REDACTED]. He stated received a call from [REDACTED] and he is ruling the case as drowning and the manner of death undetermined. [REDACTED] asks [REDACTED] to contact her when he receives the autopsy report from the medical examiners office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/28/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 04:10 PM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] [REDACTED] requesting a follow up on the autopsy status on [REDACTED] [REDACTED] [REDACTED] called and was told that the autopsy reports is being mailed today to [REDACTED] [REDACTED] [REDACTED] and they would not discuss the results with her over the phone because she is not listed as the Investigator working on the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/07/2014

Contact Method:

Contact Time: 11:23 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2014

Completed date: 07/07/2014

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: 07/07/2014 11:30 AM Entered By: [REDACTED]

Case was staffed on this date. [REDACTED] will follow up with RID. [REDACTED] will put noted into TFACTS and updated the recent visit of the case. Investigator [REDACTED] will follow up with a visit with the other siblings.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/19/2014

Contact Method: Phone Call

Contact Time: 06:21 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 04:08 PM Entered By: [REDACTED]

[REDACTED] called [REDACTED] for an update on the autopsy on [REDACTED]. [REDACTED] stated he called the medical examiner and was told they still had more test to be done and the report should be completed within 8-12 weeks. He stated they have not determined the cause of death on [REDACTED] at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/18/2014 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/19/2014
 Completed date: 08/19/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): 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: 08/19/2014 05:18 PM Entered By: [REDACTED]

CPS [REDACTED] met with [REDACTED] and two year old [REDACTED] at the [REDACTED] for a follow up visit for a CPS neglect death and lack of supervision investigation. [REDACTED] asks [REDACTED] about the other children. [REDACTED] and [REDACTED] talked in the conference room concerning the family. [REDACTED] stated [REDACTED] and [REDACTED] were in [REDACTED] with the grandmother and did not think they needed to come with her today. She stated [REDACTED] is in [REDACTED] visiting with his father for the summer break. Two year old [REDACTED] was observed appropriately dressed and clean on this visit. She stated the children are continuing counseling with [REDACTED] and she is also in counseling with [REDACTED]. She stated the next counseling session is on June 23rd. She stated the children have not discussed [REDACTED] death since the incident. She stated [REDACTED] start having panic attacks and wouldnt eat. She is eating and doing much better since she has been in counseling. [REDACTED] asks [REDACTED] about her decision to donate [REDACTED] organs. She stated she made the decision because she is also an organ donor. She stated havent scheduled an appointment for [REDACTED] at [REDACTED] and he is not on any medication. She stated although she initiated the first appointment with [REDACTED] at [REDACTED] in 2013 because of his behavior, she wants to get a second opinion on his diagnosis and the medication. She stated she did receive [REDACTED] records on [REDACTED] from [REDACTED] and [REDACTED] did prescribe him the medications Seroquel and Dilusions for his ADHD and he has a learning disorder. She stated [REDACTED] was diagnosis with ADHD and having a learning disorder at age eight. She stated he was prescribed the medications Methynn and Seroquel to help him focus, to concentrate and for hyperactivity. She stated [REDACTED] also received \$720.00 SSI assistance. [REDACTED] talks to [REDACTED] about taking her diagnosis medications. She stated she is prescribed Oxearbezine, Benztropine and Risperdal for Bi-Polar disorder and Citalopram for depression. She admitted to not being consistent taking her medications. She stated before relocating to [REDACTED] she was seen at the [REDACTED]. She stated she was in the process of transferring to [REDACTED]. She stated she plans to schedule an appointment with [REDACTED] now that she is back in [REDACTED]. She stated she is also in the process of applying for SSI.

[REDACTED] talks to [REDACTED] about her living arrangement plans. She stated she plan to relocate back to [REDACTED] next year because she has to be on section eight for a year in [REDACTED] before her voucher can transfer to [REDACTED]. She stated she is spending the summer in [REDACTED] with her family who are also her support system.

[REDACTED] discussed supervision of the children with [REDACTED]. She stated she and her mother [REDACTED] supervise the children and they are never left alone. [REDACTED] talks to [REDACTED] about the bathing arrangements



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

with the children. She stated the older children [REDACTED] and [REDACTED] dont need supervision when taking a shower. She stated she or her mother bathes [REDACTED] and she monitors [REDACTED] when he is in the bathtub.

[REDACTED] and [REDACTED] discussed and reviewed the Non-custodial Permanency Plan for the family. [REDACTED] signed the plan stating: For [REDACTED], [REDACTED] and [REDACTED] to be supervised by an adult, Adult supervision for [REDACTED] when interacting with his siblings or other minor children, For [REDACTED] and [REDACTED] to be supervised by an adult when bathing; for the minor children to be bath alone and supervised, for [REDACTED] to have a medication assessment, for [REDACTED] to start taking his medications, for [REDACTED] to sart services with a mental health provider in [REDACTED] for [REDACTED] to be consistent taking her prescribed medications and for [REDACTED] to receive counseling for her mental health and grief counseling. [REDACTED] was also provided a copy of the plan during the visit. After signing the plan, [REDACTED] thanked [REDACTED] for coming to meet with her today and ends the visit.



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: 06/17/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/12/2014

Completed date: 09/12/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/12/2014 04:47 PM Entered By: [REDACTED]

Medical records requested on [REDACTED] from the [REDACTED].
 The EMS records shows the water was approximately 10 inches deep in the bathtub where [REDACTED] was found face up.

Copies of the medical records will be placed in the DCS hard file.



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: 05/29/2014

Contact Method: Phone Call

Contact Time: 03:28 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Permanency, Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 05:02 PM Entered By: [REDACTED]

[REDACTED] called [REDACTED] to follow up with the family after not showing up to meet with [REDACTED] at the [REDACTED] on 5/2/14. [REDACTED] apologized for not calling to reschedule to meet at the center. She stated she has had so many things going and she completely forgot. She stated her and the children are still in [REDACTED] Tennessee with her mother [REDACTED] at [REDACTED]. She stated she still has her apartment in [REDACTED] but she is not sure if she is plans to move back into the apartment. She stated she took [REDACTED] to the doctor yesterday because she was not eating. She stated she is doing fine and they are in counseling with [REDACTED] discussed following up with counseling for herself. She stated she also has the same counselor as the children. [REDACTED] discussed the medication appointments for her and [REDACTED] with [REDACTED]. She stated she hasnt made an appointment yet but she plans to schedule an appointment for [REDACTED] at [REDACTED] and for herself at [REDACTED]. [REDACTED] asks [REDACTED] to call her to schedule a time to meet to discuss a plan for the family.



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: 05/02/2014

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 04:07 PM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] by phone to follow up on the family. [REDACTED] stated the family is doing as well as expected. She stated she is concerned about her daughter because shes not eating. She stated she did schedule a counseling appointment for the family with [REDACTED] on May 5th at [REDACTED] [REDACTED] recommended for [REDACTED] to keep the appointment with the children and to also follow up with counseling for herself. [REDACTED] also requested to meet with [REDACTED] and the children. [REDACTED] agreed to meet with the Investigator on Friday at the [REDACTED] @ 9:00 a.m. [REDACTED] asks [REDACTED] to call her if they need to reschedule.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 03:58 PM Entered By: [REDACTED]

The CPIT team met on 4/25/14 and is in agreement. Allegations and alleged perpetrator unsubstantiated.
 CPIT form included in the CPS hard case file



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/14/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/14/2014

Completed date: 04/14/2014

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: 04/14/2014 10:30 AM Entered By: [REDACTED]

Compliance is being checked and case deficits acknowledged based on when the review was conducted.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/12/2014	Contact Method:	Phone Call
Contact Time:	04:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/06/2014
Completed date:	05/06/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/06/2014 09:35 AM Entered By: [REDACTED]

[REDACTED] received a call from [REDACTED] stating that she had just left the funeral home and that she was on her way home. [REDACTED] gave the mother her condolences and explained that she knew it was a difficulty time for and that she had spoken with one of our supervisor and got permission to allow her time to take care of her family. [REDACTED] would be touching bases with her later in the week and if she needed anything to call myself or [REDACTED] thanked LI for being considerate of her familys needs at this time and that she would contact [REDACTED] later once everything was completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/12/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2014

Completed date: 05/06/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2014 09:30 AM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED], [REDACTED] and advised that she was in [REDACTED] awaiting the mother to call back in order to meet with her in regards to the permanency plan. LI explained that the mother was currently at the funeral home making arrangements for her son and that she did not think it was appropriate time for us to be discussing a plan with her. [REDACTED] stated that she understood and that it would be ok for us to allow her this time to take care of her family needs and that we could get with her later on during the week. LI will contact both the mother and the CPSI and let them know what had been decided.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/12/2014

Contact Method: Phone Call

Contact Time: 03:27 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2014

Completed date: 05/06/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2014 09:24 AM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] via phone to set up a time to meet with her to go over the permanency plan that they had discussed previously and sign off on it. [REDACTED] advised that she was going to the funeral home to make arrangements for her son and that she would contact me once she was done. LI advised that it would take about an hour and half for her to get to [REDACTED] but would head that way and wait on her call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/12/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 05:32 PM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] by phone to schedule a time to meet with her to discuss safety measures and to sign a non-custodial plan for the family. [REDACTED] was in agreement to meet but she had to meet with the mortician today for [REDACTED] funeral. [REDACTED] asks [REDACTED] to call her when she is ready to meet today.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/10/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 05:04 PM Entered By: [REDACTED]

[REDACTED] called [REDACTED] to express her condolences regarding the passing of her son [REDACTED] told [REDACTED] to call her and let her know what she could do to assist the family. [REDACTED] also spoke with [REDACTED] father [REDACTED] and expressed her condolences to him as well. [REDACTED] talks to [REDACTED] and [REDACTED] about grief counseling for the adults and children. [REDACTED] agreed that the children will need counseling to deal with the loss of the brother. [REDACTED] recommended to the parents that they receive counseling as well. Again, [REDACTED] asks the family to please call her if they need anything or if she can assist them during this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/10/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 03:59 PM Entered By: [REDACTED]

[REDACTED] received a call from [REDACTED] that [REDACTED] passed away this morning @ 9:30 a.m. She stated an autopsy will be done in [REDACTED] after the child's organs have been donated.

[REDACTED] called and informed [REDACTED] that [REDACTED] passed away this morning @ 9:30 a.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

Case Recording Details

Recording ID: ██████████ Status: Completed
 Contact Date: 04/09/2014 Contact Method: Face To Face
 Contact Time: 08:00 PM Contact Duration: Less than 02 Hour
 Entered By: ██████████ Recorded For:
 Location: Hospital Created Date: 08/19/2014
 Completed date: 08/19/2014 Completed By: ██████████
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 04:47 PM Entered By: ██████████

CPS ██████████ and ██████████ with the ██████████ Police Department and ██████████ visited with ██████████ and the children at ██████████. We met with ██████████ privately in the family room to talk. ██████████ updated us on ██████████ status. She informed us that a decision has to be made when to take ██████████ off the ventilator but she is praying that he will get better. She stated they are dealing with the situation the best they can. She stated ██████████ father ██████████ was in route to ██████████ from ██████████ and should arrived later tonight or in the morning so they will make the decision together.

██████████ talks to ██████████ about any behavioral problems with the children. She stated ██████████ received in-patient services at ██████████ in 2013 for one week to assess his defiant at school. She stated ██████████ is also diagnosis ADHD and he has a learning disability. She stated he was prescribed Seroquel and Methylene but he hasnt had his medication in over six months because she doesnt feel comfortable with a 13 year old taking anti-psychotic medication. She stated the medication made ██████████ have night sweats and he didnt like the way the medication made him feel. She stated he was prescribed the medication Methylene but he has not taken the medication in over six months. ██████████ stated she plans to have ██████████ re-evaluated for his diagnosis and medications. ██████████ stated she in 2011 she was diagnosis with Bi-Polar disorder and paranoid schizophrenia. She stated she is prescribed anti-psychotic medication but she is not always consistent taking her medication. She was receiving services at ██████████ in ██████████ but recently transferred to ██████████ in ██████████ Tennessee. She stated she is taking her medication since she has been at the hospital. ██████████ asks ██████████ permission to speak with the children privately on this visit. She agreed and exited the room.

██████████ and ██████████ were interviewed by the Investigator separately and privately. ██████████ reports he did see ██████████ go in the bathroom but he closed his bedroom door to eat his chicken and fries. He stated he didnt know anything had happen until he heard a loud scream coming from the bathroom. He stated everyone was throwing up at home because ██████████ brought home a virus from school. He stated everyone was sick except for him. ██████████ stated ██████████ was sick when she got home from school. She described him under a blanket in ██████████ bedroom when she entered



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

the home. She stated later that evening [REDACTED] went to the back twice. She stated the second time he went to use the bathroom. She stated she went to the bathroom she observed [REDACTED] in a kneeling position on the bathroom floor. [REDACTED] report [REDACTED] and [REDACTED] playing together in the bathtub. He stated he saw [REDACTED] floating in the bathtub the first time he passed by the bathroom but he thought he was playing. He stated he went back to the bathroom a second time and [REDACTED] was face-up in the bathtub. He stated he pulled [REDACTED] by his arm out the tub. He described trying to stand [REDACTED] up by the waist when the pulled him out the bathtub and asking him several times was he alright but he wouldnt say anything. [REDACTED] stated he then told his mother that [REDACTED] was not moving.

The [REDACTED] was interviewed privately by the Investigators. She stated she was in [REDACTED] when she received the call about [REDACTED] and met the family at the hospital. She told the Investigators [REDACTED] is a good mother and she takes very good care of her children. She stated [REDACTED] and the children lived with her when she didnt have her own home. She stated she was happy for [REDACTED] when she decided to move on her own to [REDACTED]. She stated she did not have any concerns with the children or [REDACTED] before she moved to [REDACTED]. [REDACTED] told the Investigator that the family will needs grief counseling and they have family support in [REDACTED] to help assist with their needs.

The Investigators met with [REDACTED] before leaving the hospital. [REDACTED] asks [REDACTED] to call her if she needs any assistance for the family.

[REDACTED] and [REDACTED] visited with [REDACTED] in the critical care unit. He was lobserved laying in a hospital bed on a ventilator. The on duty nurse informed us that [REDACTED] condition has not changed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2014

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 05:21 PM Entered By: [REDACTED]

[REDACTED] received a copy of the incident report on [REDACTED] from the [REDACTED] Police Department, [REDACTED] and [REDACTED] written statements and local background checks on [REDACTED].
 A copy of the report and statements will be placed in the DCS hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2014

Contact Method: Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 04:31 PM Entered By: [REDACTED]

[REDACTED] called the [REDACTED] for an update on [REDACTED] condition. She stated there was no change in the first brain study and they plan to have another one tomorrow. If there are no changes and with the medication they are administering him they will have to make a decision tomorrow if he doesn't respond to the medication.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 05:23 PM Entered By: [REDACTED]

[REDACTED] faxed [REDACTED] a copy of [REDACTED] consultant with the family.
 A copy of the consultant will be placed in the DCS hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/08/2014	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	08/19/2014
Completed date:	08/19/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	ACV Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/19/2014 04:35 PM Entered By: [REDACTED]

CPS [REDACTED] and [REDACTED] made a face/face visit with the [REDACTED] family at [REDACTED] in [REDACTED] for a neglect death investigation. [REDACTED] met with [REDACTED] and her sister [REDACTED] privately in the family. [REDACTED] introduced herself to [REDACTED] and informed her that she has been assigned the investigation on the family due to incident occurring in [REDACTED]. [REDACTED] did not interview [REDACTED] but she did sign release of information forms. [REDACTED] then provided [REDACTED] with a card with her contact information to call her if she needed anything or had any questions. [REDACTED] provided [REDACTED] with her contact number for her records [REDACTED]. Before leaving the hospital, [REDACTED] introduced the children to the Investigator, [REDACTED] and [REDACTED] was lying in the arms of a relative asleep. The children were not interviewed on this visit. The children were in the family room where several family members gathered to support the family. [REDACTED] ends the visit with [REDACTED] and thanked her for meeting with her today.

[REDACTED] made a face/face visit with [REDACTED] in the critical care unit. [REDACTED] is on the ventilator and was unable to be interviewed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2014

Contact Method: Phone Call

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 05:35 PM Entered By: [REDACTED]

The referent was contacted regarding the referral information and initiation of the CPS investigation. The referent did not have any new information concerning the reported allegations.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 05:39 PM

Entered By: [REDACTED]

Convene CPIT

[REDACTED] with the [REDACTED] Police Department



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 05:37 PM Entered By: [REDACTED]

Notification Letter to Juvenile Court completed, placed in the file and carried to the designated individual by CPS Secretary.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2014

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2014

Completed date: 04/08/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2014 11:27 PM Entered By: [REDACTED]

On April 8, 2014 at 8:30am [REDACTED] spoke with [REDACTED] with [REDACTED] and she stated that she was going to inform the family that the child was going to be given two neurological tests just to confirm that the child is brain dead. [REDACTED] stated that currently the child is brain dead but the two neurological tests will be used to confirm the condition of the child. [REDACTED] stated that the child's life expectancy is no longer than sometime Wednesday of this week.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/08/2014 Contact Method: Face To Face
 Contact Time: 01:58 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/08/2014
 Completed date: 04/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2014 11:23 PM Entered By: [REDACTED]

(1:58AM) [REDACTED] interviewed [REDACTED]. [REDACTED] stated that she did not know much about what happened to [REDACTED]. She stated that she and her family were in the living room area of the home. She stated that [REDACTED] came into the living room and told their mother that [REDACTED] was in the bathroom laying there like he is dead. She stated that [REDACTED] thought that [REDACTED] was playing and told him to get him up. She stated that [REDACTED] said it again and [REDACTED] went into the bathroom and saw [REDACTED] lying on the floor. When [REDACTED] noticed that [REDACTED] was unconscious, she began CPR and [REDACTED] gave her mother the phone to call 911.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/08/2014	Contact Method:	
Contact Time:	01:50 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	04/08/2014
Completed date:	04/08/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/08/2014 11:25 PM Entered By: [REDACTED]

Household Composition

[REDACTED] DOB: [REDACTED] SSN: [REDACTED]
 [REDACTED] DOB: [REDACTED] SSN: MOTHER DID NOT KNOW - Child attended [REDACTED]
 [REDACTED] DOB: [REDACTED] SSN: [REDACTED] - CHILD ATTENDED [REDACTED]
 [REDACTED] DOB: [REDACTED] SSN: [REDACTED]
 [REDACTED] DOB: [REDACTED] SSN: MOTHER DID NOT KNOW Child attended [REDACTED]
 [REDACTED] DOB: [REDACTED] SSN: MOTHER DID NOT KNOW CHILD DOES NOT ATTEND SCHOOL/ DAYCARE.

The mother reported that [REDACTED] has been diagnosed with a learning disability but has not taking any medication in six months due to side effects. The mother reported that the medication was (Metholen)

[REDACTED] is the father to [REDACTED] and [REDACTED] The mother reported that the father lives in [REDACTED]

[REDACTED] is the father to [REDACTED] and [REDACTED]
 [REDACTED] is the father to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2014

Contact Method: Face To Face

Contact Time: 01:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/08/2014

Completed date: 04/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact, Medical Exam, Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/08/2014 11:17 PM Entered By: [REDACTED]

[REDACTED] met with [REDACTED] and [REDACTED]. The Doctors reported that [REDACTED] is currently on a ventilator, receiving medication to raise blood pressure, and has neurological damage. The child's brain is not responding. The child's eyes do not respond to light, he does not have a gag reflex, or respond to pain. An Arterial Line and a Central Venous Pressure Line has been placed into [REDACTED] for blood pressure purposes. [REDACTED] is currently brain dead. According to doctors [REDACTED] is not likely to survive, however assessments are being completed on the child at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/08/2014 Contact Method: Face To Face
 Contact Time: 01:45 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/08/2014
 Completed date: 04/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Medical Exam,Notation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2014 11:21 PM Entered By: [REDACTED]

[REDACTED] spoke with the mother to explain the condition of the [REDACTED] at that point as well as asked the mother what happened. [REDACTED] asked the mother what happened. The mother stated that the family was all sitting in the living room watching television and eating and [REDACTED] and [REDACTED] snuck off and he really didnt realized that they were gone. The mother stated that [REDACTED] had to go to the bathroom and he can and told her that [REDACTED] was in the tub as if he was dead. The mother stated that when she got in the bathroom [REDACTED] was in the floor and [REDACTED] was still in the tub trying to get out. The mother stated that she began to call [REDACTED] name for him to get up because she thought that he was playing. The mother stated when she realized that he wasnt getting up she began to preform CPR on him and her eleven year old got the phone and called 911 as she began to pump his chest. The mother that she did that until the paramedics made it to the home. [REDACTED] asked the mother asked the mother did she hear anything that could sound like he could have fell. The mother stated no. [REDACTED] asked the mother how many bedrooms and she stated that she has four bedrooms. [REDACTED] asked how far the bathroom is from the living room and she stated maybe about ten feet. [REDACTED] explained to the mother that the reason why she is being question is because he normally does not have seven year old children that drown in the tub. [REDACTED] stated that [REDACTED] wasnt responding to light, pain, touch, or anything at that point. [REDACTED] stated that at this point that the child was brain dead and that the MRI showed that [REDACTED] brain was swollen and that its very unlikely that he is going to live with such an injury.

According to [REDACTED], 7 year olds dont drown in tubs alone. There are no bruises or marks on the child that indicate an accident leading to a fall. A drug screen is being administered to the child to ensure that the child was not under the influence of drugs.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/08/2014 Contact Method: Face To Face
 Contact Time: 01:27 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/08/2014
 Completed date: 04/08/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2014 11:22 PM Entered By: [REDACTED]

On April 8, 2014 at approximately 1:27AM, [REDACTED] interviewed [REDACTED] regarding the incidents leading to [REDACTED] hospitalization. [REDACTED] statements were conflicting and inconsistent. According to [REDACTED] he, his mother, and siblings were in the living room together. [REDACTED] stated to [REDACTED] that he was going to take a bath. [REDACTED] left the room. [REDACTED] stated that he needed to use the restroom, so he went into the same restroom where [REDACTED] was bathing. Initially, [REDACTED] stated that when he went into the restroom [REDACTED] was laying in the bathtub without moving. He stated that at that time he pulled [REDACTED] up from the tub but when [REDACTED] body fell limp, he laid him back in the tub and went to get his mother. He stated that when he went to tell his mother, she thought that [REDACTED] and [REDACTED] were joking so she didnt come right away. He stated that eventually she came into the restroom to see what was going on. He stated that she noticed that [REDACTED] was unconscious and began performing CPR. [REDACTED] sister, went and got the telephone and called 911.

During the interview [REDACTED] statements changed. He stated that when he went into the restroom [REDACTED] was already out of the bathtub and was lying on the bathroom floor unconscious. He stated that he did not touch [REDACTED] before going to get help from his mother. [REDACTED] appeared to have some mental health or learning disabilities but stated that he is in the 7th grade and takes regular classes. [REDACTED] stated that he is not in any special needs classes and does not take medications for any reason.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/08/2014 Contact Method: Face To Face
 Contact Time: 01:25 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/08/2014
 Completed date: 04/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2014 11:15 PM Entered By: [REDACTED]

At approximately 1:25AM [REDACTED] interviewed the mother, [REDACTED] while the grandmother, [REDACTED] was present. According to the mother she stated that the entire family was sitting in the living room watching television eating dinner. The mom stated that the seven year old as well as her two year old snuck off but she really didnt notice that they were gone. The mother stated that her thirteen year old son, [REDACTED] had to go to the bathroom and she stated that he came and told her that [REDACTED] and [REDACTED] was in the bathroom and that [REDACTED] was in the tub as if he was dead. The mother stated that [REDACTED] never told her that he had already pulled [REDACTED] out of the tub. The mother stated that the two year came to her and then she yelled [REDACTED] name because she thought that he was playing a joke. The mother stated that she realized that he wasnt getting up and she began to preform CPR. The mother stated that her eleven year old daughter, [REDACTED] grabbed the phone and called 911 and then she continued to perform CPR as she talked to the paramedics.

[REDACTED] began to review the story with the mother and asked the mother to repeat her story one more time to insure all details was gathered and the mother stated that the entire family was sitting in the living room watching television eating dinner. The mom stated that the seven year old as well as her two year old snuck off but she really didnt notice that they were gone. The mother stated that her thirteen year old son, [REDACTED] had to go to the bathroom and she stated that he came back with the two year old and told her that [REDACTED] and [REDACTED] was in the bathroom and that [REDACTED] was in the tub as if he was dead. The mother stated that [REDACTED] never told her that he had already pulled [REDACTED] out of the tub. The mother stated that she went to the bathroom and that [REDACTED] was lying in the floor and she began to yell [REDACTED] name because she thought that he was playing a joke. The mother stated that she realized that he wasnt getting up and she began to preform CPR. The mother stated that her eleven year old daughter, [REDACTED] grabbed the phone and called 911 and then she continued to perform CPR as she talked to the paramedics. Investigator asked the mother did she hear anyone scream or a fall or anything unusually. The mother stated no, everything was quiet outside of them watching television. Investigator asked the mother how many bedrooms does her home have and she stated that it is four bedrooms. Investigator observed that the mother really didnt have any emotion that that current moment.

The mother reported that her home address is [REDACTED] TN [REDACTED]. The mother reported that she has only been living there for about two months. The mothers phone number is [REDACTED]. The grandmothers is [REDACTED] her phone number is [REDACTED]. The grandmother reported that her



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

home address as [REDACTED], TN.

Investigator got all required information from the mother. [REDACTED] explained the Clients Rights Handbook, HIPAA, Notification of Equal Access to Services, Native American Veto Verification and Release of Information to [REDACTED] and her signature was obtained on all appropriate forms.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2014

Contact Method: Face To Face

Contact Time: 12:35 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/08/2014

Completed date: 04/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2014 11:13 PM Entered By: [REDACTED]

The investigators arrived at the hospital at 12:35a.m. When investigators arrived at the hospital the grandmother, [REDACTED] was present at the hospital while the mother was in route to [REDACTED] from [REDACTED] TN. The grandmother stated that she isn't for sure as to what happened all she knows is that the child was found in he was found in the tub unconscious.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2014

Contact Method:

Contact Time: 12:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/08/2014

Completed date: 04/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2014 11:14 PM Entered By: [REDACTED]

[REDACTED] was accompanied by [REDACTED] to respond to a courtesy visit for [REDACTED] for the child [REDACTED]. It was reported that [REDACTED] was found fully submerged in the bathtub. [REDACTED] was found when [REDACTED] went to the restroom. [REDACTED] pulled [REDACTED] out of the water and [REDACTED] attempted to perform CPR until emergency personnel responded. When officers and EMTs responded to the scene, [REDACTED] did not have a pulse and CPR was continued on him by EMS. [REDACTED] was transported to [REDACTED] by ambulance. While in the emergency room staff was able to get a pulse on [REDACTED]. Other than a pulse, [REDACTED] is unresponsive. [REDACTED] is being transported to [REDACTED] by life flight. The doctor at [REDACTED] stated that there are already signs of neurological damage to [REDACTED]. It is unknown if [REDACTED] story is consistent with what happened to [REDACTED] at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2014

Contact Method:

Contact Time:

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

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: 06/30/2014 04:45 PM Entered By: [REDACTED]

[REDACTED] called concerning the CPS investigation on [REDACTED] the child is currently at [REDACTED] and a courtesy has been requested with [REDACTED] [REDACTED] to make the response time with the child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/07/2014

Contact Method:

Contact Time: 11:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

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: 06/30/2014 04:00 PM Entered By: [REDACTED]

P1 Lack of Supervision and sexual abuse investigation

Victim: [REDACTED] (7)

Alleged perpetrator: [REDACTED] and Unknown

On 4/7/14 [REDACTED] Police Department [REDACTED] responded to a possible drowning at [REDACTED] in [REDACTED] concerning seven-year old [REDACTED]. The child was found by the thirteen-year old brother submerged in water in the bathtub. The brother pulled [REDACTED] out the water then told the mother. The mother began administering CPR on the child until Emergency Medical Service and [REDACTED] Fire Department arrived at the home to continue administering CPR. EMS transported the child to the [REDACTED] emergency room. [REDACTED] continued to be unresponsive and was airlifted to [REDACTED] in [REDACTED] Tennessee.

TFACTS History:

8/27/02 Investigation

Physical Abuse Unsubstantiated

8/28/02 Investigation

Physical Abuse Unable to complete

7/28/08 Investigation

Drug Exposed Child Unsubstantiated

10/23/08 Investigation

Abandonment and Physical Abuse Unsubstantiated

5/28/10 Assessment

Psychological Harm and Physical Abuse No Services Needed

4/11/11 Assessment



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Educational Neglect, Environmental Neglect No Services needed

10/25/13 Investigation
Physical Abuse Unsubstantiated