



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

Case # 2014.065

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	04/24/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	04/24/2014		
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:	Unknown			Relationship to Victim:	None	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:	NA					

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

DCS received a referral regarding the death of the child, ██████████ at 9:37AM on 04-24-2014. The referral alleged that the child was found in his bed at approximately 7:00am by his grandmother ██████████. According to the grandmother, she went to wake the children at approximately 7:00am to get them ready for school and to get ██████████ ready for his court date that he had on 04-24-2014. When the grandmother went into the bedroom, ██████████ did not wake up. She went to touch the child and the child felt cold to the touch. The grandmother then yelled for the mother ██████████ and the grandfather, ██████████. The grandmother then called 911 and the 911 operator asked that CPR be performed on the child. The grandfather ██████████ then performed CPR on the child at at that time blood started coming out of the child's mouth. When the EMS arrived, they assessed the scene and that child was pronounced dead. The child's body was sent to ██████████ which was later sent to the ██████████ for a preliminary autopsy at approximately 2:00pm on 04-24-2014. Detective ██████████ spoke with ██████████ and it was determined at this time that the preliminary cause of death was due to an overdose. According to the medical examiner, the child did not have any injuries, bruising, or apparent trauma, The child did however, have a small mark near his ankle which could have been caused by an injection however further examination will determine the actual cause of death.

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

Name of Physician:	██████████	Telephone #	() -
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

CM ██████████ contacted ██████████ with ██████████ regarding ██████████ and the family. ██████████ had been working with the family recently. She reported she was surprised by what had happened. She said everything had been going great in the home. She said recently there was only one incident that could have caused concern. She said ██████████ was trying to find something valuable to wear to school. She said ██████████ mother ██████████ contacted her about it. She said ██████████ said he could have something in his room from a long time ago like a dip bottle or bottle of vodka. She said ██████████ and ██████████ went through ██████████ room together. She said ██████████ and ██████████ relationship had been improving. She said she last saw ██████████ on Monday with probation and he was fine. She said ██████████ had told her she was keeping all of her medication locked up. ██████████ said she did not have any concerns about the family. She said she did not suspect any kind of abuse or neglect going on. She reported she did not suspect his death was caused by abuse or neglect. She said ██████████ had been doing great. She said he had said he wanted to keep his life clean and ██████████ had goals.

Cm ██████████ met with the mother, ██████████, grandmother, ██████████ and the grandfather ██████████ at approximately 2:00pm at the family home on 04/24/2014 in regards to the DCS referral. At the time of the visit, the family explained the incident in detail. ██████████, the child's grandmother says that she went into the bedroom to wake the children at approximately 7:00am on 04-24-2014. The 3 boys, ██████████ sleep in the same room. ██████████ and ██████████ were sleeping on the bottom bunk on the night of 04-23-2014. The grandmother says that she always wakes the children up for school at the same time everyday and when she wakes them up, ██████████ is the first one to complain about getting up. ██████████ says that when she turned the light on to wake the children, ██████████ did not say anything., The other

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

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two children got up and out of the bed. The grandmother then observed [REDACTED] as asleep and she went over to wake him by touching him. [REDACTED] says that [REDACTED] felt cold to the touch and he still did not wake. [REDACTED] says that she then yelled for the child's mother, [REDACTED] and the grandfather, [REDACTED] then called 911.

CM then spoke with the grandfather, [REDACTED] says that while [REDACTED] was on the phone with 911, that the operator asked if anyone in the home knew CPR. [REDACTED] says that he does know CPR and the 911 operator asked [REDACTED] to begin administering CPR on the child. The 911 operator told the family that the EMS were on their way. [REDACTED] says that while he began administering CPR, the child began to bleed out of his mouth and there was somewhat of a foam around the child's mouth.

CM then spoke with the mother, [REDACTED]. She confirmed that when [REDACTED] had said were true. CM spoke in detail with the mother. The mother says that at approximately 4:00am, her son [REDACTED] woke her up because he said that [REDACTED] was snoring too loudly and that he could not sleep. [REDACTED] says that she then told [REDACTED] that he could go sleep on the couch. She says that about 10 minutes later, she got up out of her bed to go see if [REDACTED] went and got on the couch and he was there. She says that she went into the living room to check on [REDACTED] and when she did, she passed by [REDACTED] room and she could hear him snoring, but that she did not go into the room to check on [REDACTED]. [REDACTED] says that the child had a court date at the [REDACTED] Juvenile court on 04-24-2014 to testify. [REDACTED] says that another child had physically injured [REDACTED] at school and he was supposed to testify against the student. [REDACTED] says that [REDACTED] had been really nervous about going to court for the past 3 days. She says that he had been vomiting a lot, but that his eating habits did not change. She says that she had called the doctor about his vomiting and that the doctor said that it was probably due to [REDACTED] being nervous about testifying in court. The doctor advised the mother to call back after the court date if he was still vomiting and that they would see the patient. [REDACTED] says that the child has a history of drugs. She says that the child was abusing pain medication and that she had found marijuana in his room at one time. [REDACTED] says that she asked the child where he was getting the drugs and that the child told her that he was getting it at school, but did not tell her who he was getting it from. [REDACTED] says that she takes a number of medications including Oxycontin and Oxycodone. [REDACTED] says that [REDACTED] also has a prescription for Hydrocodone when he injured his knee at school, but that he only took a few of those pills. She says that all medication in the home is kept in a safe in the back bedroom. CM observed the safe that was locked and the medication that was inside the safe. CM asked the mother if it was okay if CM performed a pill count with all of the mother's medications as well as the child's and the mother agreed. Both the mother and the child's prescription count were correct and were not missing any. [REDACTED] communicated to CM that the child was acting normal before he went to bed and he hugged everyone and told them he loved them. She says that he has recently been participating in an IOP program at [REDACTED] and that he is really doing well and that he has been passing all of his drug screens. She says that she had no concern of his abusing any medication. [REDACTED] says that [REDACTED] was doing really well in school and making good grades.

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

NA

Describe disposition of body (Death):	DCS did not observe the body		
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Name of Medical Examiner/Coroner:	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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Type:	Case #:
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Describe law enforcement or court involvement, if applicable:

Law enforcement was called to the home the morning of 04-24-2014 when the child was found unresponsive. CM spoke with Detective [REDACTED] at approximately 1:00pm on 04/24/2014 regarding the incident. Detective [REDACTED] says that when they arrived to the home, the child was unresponsive and that the grandfather had been trying to perform CPR on the child. Detective [REDACTED] says that there was blood on the bed sheets from the child's mouth. She says that LE did not find anything in the home that was suspicious. She says that LE went through the child's phone and that they did not find anything suspicious.

The child had recently gotten into an altercation with another child in March of 2014. The incident did not happen at school, but at a park in the area. The child was involved in a physical altercation with another child named [REDACTED]. The child [REDACTED] was physically hurt in that altercation. On 04-24-2014, there was a court date set, for the child [REDACTED] to testify against [REDACTED] and to tell the judge what happened in the altercation.

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):

Cm discussed grief counseling with the mother [REDACTED] [REDACTED] and suggested that all children have an intake with a counselor. Cm gave the mother information to several counseling services in the area.

Name: [REDACTED]	Age: 9 Years old
Name: [REDACTED]	Age: 6 years old
Name: [REDACTED]	Age: 5 years old
Name:	Age:
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
01/19/2014	[REDACTED]	SEE	[REDACTED]	[REDACTED]	AU/PU
04/08/2014	[REDACTED]	DEC	[REDACTED]	[REDACTED]	AU/PU
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

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

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

Email to: [REDACTED]
within forty-eight (48) hours of notification
Include subject line (in RED): CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 04/24/2014 08:37 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 04/24/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 04/24/2014 10:45 AM
 First Team Leader Assigned: [REDACTED] Date/Time 04/24/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 04/24/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	14 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: None
 Narrative: The child is not in custody.
 TFACTS: History was found for this family
 Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated No



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

Death None prior

Screened out Yes (2) intake [REDACTED] (2-6-2014); intake [REDACTED] (2-18-2014)

History (not listed above): Yes

4-1-2014 [REDACTED] - DEC Unsubstantiated

1-17-2014- [REDACTED] SEE - Unsubstantiated

County: [REDACTED]

Notification: None

School/ Daycare: [REDACTED]

Native American Descent: No

Directions: None provided

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

Reporter states: [REDACTED] (age 14) was not in DCS custody and was in the custody of his mother [REDACTED] [REDACTED] resided with his two younger brothers, ages 9 and 6 (names unknown), mother [REDACTED] [REDACTED] and grandparents [REDACTED] [REDACTED] was found deceased in his bed at 7:30 am ([REDACTED] Time) today (4-24-14). [REDACTED] had been sick and vomiting for the past few days.

[REDACTED] had a court date this morning (4-24-2014) to testify against the person that had been bullying him (unknown). [REDACTED] physician (unknown information) believed that the vomiting was from the stress of having to testify. [REDACTED] was scheduled to be seen by his physician again today, after the court appearance, to ensure that the vomiting was not stress related. [REDACTED] also had respiratory issues and was taking medication, including: Zyrtec, Abilify and Singulair.

The six year old brother (unknown) was asleep in the bottom bunk bed next to [REDACTED] in the bedroom that all three brothers shared. The nine year old brother (unknown) had gotten up at about 4:00 am and woke [REDACTED] up, stating that [REDACTED] was snoring too loudly. [REDACTED] went into the bedroom and checked on [REDACTED]. She also found that [REDACTED] was snoring loudly. [REDACTED] states that this is not out of the ordinary for [REDACTED] to snore loudly. [REDACTED] told the nine year old that he could sleep on the couch since [REDACTED] was snoring.

It was reported that this morning [REDACTED] grandmother, [REDACTED] went into the bedroom to wake [REDACTED] [REDACTED] felt that [REDACTED] was cold to the touch and would not wake up. [REDACTED] called out to [REDACTED] and [REDACTED] the grandfather. Both [REDACTED] and [REDACTED] went into [REDACTED] bedroom and [REDACTED] proceeded to start CPR on [REDACTED]

911 was called while [REDACTED] was administrating CPR on [REDACTED]. When EMS (Emergency Medical Services) arrived at the home, [REDACTED] was found deceased. There were no other medications found other than the medications that [REDACTED] was taking for his respiratory issues. It was noted that all medications in the home are locked up in a lock box that is kept in the grandmothers bedroom.

[REDACTED] body will be transported to the [REDACTED] and will then be transported to [REDACTED] for an autopsy.

The family has not had any previous history with DCS.

Special Needs or Disabilities: None reported

Childs current location/is the child safe at this time: [REDACTED]

Perpetrators location at this time: N/A

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

Per SDM: Investigative Track, P1, Neglect Death. [REDACTED] TL on 4-24-14 @ 10:13 am

Notified Child Death Group: [REDACTED]



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

RA [REDACTED] was copied on the notification email.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 30 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 14 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: [REDACTED] Race: [REDACTED] Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 6 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 9 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/24/2014

Assignment Date: 04/24/2014

Street Address: [REDACTED]

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

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/22/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case has been investigated and was presented to the [REDACTED] CPIT team on 08-04-2014. At this time, the case will be classified as AU/PU, as agreed on between all members of the team.

D. Case Workers

Case Worker: [REDACTED]

Date: 08/22/2014

Team Leader: [REDACTED]

Date: 08/22/2014

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:

The ACV is deceased and therefore unable to provide a statement. The home in which ACV lived with his sibling, mother and grandparents was observed as SAFE and appropriate.

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

An autopsy report was received from [REDACTED] Forensics and it is reported the cause of [REDACTED] death is oxycodone toxicity.

[REDACTED] juvenile probation officer reported that [REDACTED] had been doing well. [REDACTED] reported [REDACTED] had been providing clean drug screens for probation.

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

[REDACTED], birth mother, stated her son had been stressing about testifying in court against another child for



**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]

bullying. [REDACTED] showed CM [REDACTED] that she had kept her medications locked up so that the children did not have access.
It is unknown how or from whom [REDACTED] could have obtained the medication that is said to have caused his death.

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

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

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: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/21/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/21/2014

Completed date: 10/21/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/21/2014 01:23 PM Entered By: [REDACTED]

This case has been submitted for review for closure by Lead Investigator (LI), [REDACTED] who has read and approved this case for closure. The case was then submitted to Investigations Coordinator (IC) [REDACTED] for review. IC [REDACTED] has reviewed the case and found all investigative tasks to have been completed, and approved the closure. The case will now be logged on the shared drive for the Regional Investigations Director (RID) to review and either approve or send back with questions/further tasks. The following documents have been scanned into the documents section in the investigation case for review, if needed:

The EMS report from the first responders
 The police report
 The autopsy report

This case will be placed on the shared drive log today, 10-21-14 for further review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/20/2014

Contact Method:

Contact Time: 01:09 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/20/2014

Completed date: 10/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/20/2014 12:14 PM Entered By: [REDACTED]

The case tasks have been completed as well as the case summary. CM has scanned in necessary documents for case. At this time this will be sent to [REDACTED] for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/18/2014 Contact Method:
 Contact Time: 09:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/25/2014
 Completed date: 09/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2014 05:02 AM Entered By: [REDACTED]

This case was assigned to caseworker [REDACTED] by [REDACTED]. The Alleged Child Victim (ACV) is [REDACTED]. The allegations are Neglect/Death. The alleged perpetrator (AP) is Unknown. The response is due on 04/25/2014 08:37 AM (CT). This case was assigned to the Investigation track.

[REDACTED], age 14, is in the custody of his mother, [REDACTED] and resided with two younger brothers, age 6 and 9, his mother and his maternal grandparents, [REDACTED] was found deceased in his bed on 4/24/2014 at 7:30am [REDACTED] Time). [REDACTED] had been sick and vomiting for a few days.

[REDACTED] had a court date this same morning and was to testify against another juvenile that had been bullying him. [REDACTED] physician believed that the vomiting was due to the stress of having to testify, according to [REDACTED] was schedule to be seen again on this same day after court, to ensure that the vomiting was stress relating and rule out any other cause.

It was reported The Department of Childrens Services (DCS) that [REDACTED] 6 year old brother was asleep on the bottom bunk next to [REDACTED] in the bedroom that all three brothers shared. The 9 year old brother had gotten out of bed at about 4:00 a.m. and woke his mother up, reporting to her that [REDACTED] was snoring too loud. [REDACTED] reported this was not unusual for [REDACTED] to snore loudly. [REDACTED] told the nine year old he could sleep on the couch due to [REDACTED] snoring.

It was reported that [REDACTED] grandmother, [REDACTED], went into the bedroom to wake [REDACTED] [REDACTED] felt that [REDACTED] was cold to touch and would not wake up [REDACTED] alerted [REDACTED] and [REDACTED] the grandfather. Both [REDACTED] and [REDACTED]

[REDACTED] went into [REDACTED] bedroom where [REDACTED] began CPR on [REDACTED] 911 was called while [REDACTED] continued to administer CPR on [REDACTED] When [REDACTED] Emergency Medical Services (EMS) arrived at the home along with officers from [REDACTED] Sheriff Office [REDACTED] was determined to be deceased.

[REDACTED] is reported to have had respiratory issues and took medication for that. There were no other medications located other than those. Law Enforcement noted that all other medications in the home were locked up in a box that was kept in the grandmothers bedroom. [REDACTED] had a history of substance abuse and had recently completed a substance abuse treatment program successfully.

[REDACTED] body was transported to [REDACTED] and then transferred to [REDACTED] for an autopsy.

An investigation was completed by Child Protection Services Investigator [REDACTED] Sheriff Office Detective [REDACTED] and [REDACTED] Sheriff Office Detective [REDACTED]. Interviews were completed with all



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

individuals living in the home. Interviews were also completed with juvenile court officials and other service providers for [REDACTED] and there were no concerns reported from any of these individuals, all reported he was doing very well in his substance abuse recovery.

The allegation of this referral was neglect/death and the alleged perpetrator is unknown.

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

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the 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.
3. 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.

The case was presented to the [REDACTED] Child Protective Investigation Team on 08/04/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

An autopsy report was returned from [REDACTED] on 8/4/2014 with the cause of death listed as oxycodone toxicity. It is unknown where [REDACTED] obtained oxycodone.

[REDACTED] had a history of substance abuse. [REDACTED] service providers, his mother and his probation officer all reported that [REDACTED] was doing well in his recovery and they had not observed any concerns in [REDACTED] Recovery. [REDACTED] probation officer reported [REDACTED] drug screens were all clean.

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

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2014

Contact Method:

Contact Time: 05:17 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/22/2014

Completed date: 08/22/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/22/2014 04:20 PM Entered By: [REDACTED]

Effective today this case is being transferred to CM [REDACTED] CM [REDACTED] has taken another position within the department. At this time law enforcement is trying to locate another individual that needs to be interviewed in regards to the case. This has been staffed with both CM's so as to not disrupt the investigation. Detective [REDACTED] has been notified of the case transfer.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/22/2014 Contact Method: Phone Call
 Contact Time: 04:57 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/22/2014
 Completed date: 08/22/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/22/2014 04:00 PM Entered By: [REDACTED]

Cm contacted Det [REDACTED] [REDACTED] about this case on this date. Det. [REDACTED] says that he will get in touch with CM [REDACTED] on Tuesady 08-26-2014 regarding this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/19/2014 Contact Method:
 Contact Time: 02:53 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office 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): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 01:55 PM Entered By: [REDACTED]

On this date, Cm contacted [REDACTED] [REDACTED] health regarding the child's medical records and diagnosis. Cm asked to speak with Dr. [REDACTED] (formerly Dr. [REDACTED]). It was communicated that the doctor is unavailable until monday. Cm asked that the doctor contact cm at the doctor's convenience. Cm gave the secretary her contact information and who the case was regarding.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/19/2014 Contact Method:
 Contact Time: 09:41 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/19/2014
 Completed date: 08/19/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 08:46 AM Entered By: [REDACTED]

On this date, Cm reviewed the child's mental health records. The child was diagnosed with MOOD DISORDER NOS (DSM code 296.90) It was also noted that with this mood disorder the child also has anger issues. The child was diagnosed by [REDACTED] on 03/08/2012.

The child's diagnosis remained constant since 2012 and was most recently diagnosed with the same disorder by the same doctor on 03-10-2014



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/18/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office 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): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/19/2014 08:33 AM Entered By: [REDACTED]

Cm discussed this case with Detective [REDACTED] [REDACTED] from the [REDACTED] Sheriff's Department. Detective [REDACTED] will schedule a time to meet with the family and to also interview the father of the child [REDACTED]. On this date, Cm also sent an email to Det. [REDACTED] regarding the family's contact information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/15/2014

Contact Method:

Contact Time: 11:25 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/15/2014

Completed date: 08/15/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 10:30 AM Entered By: [REDACTED]

The autopsy has been received and the cause of death was oxycodone toxicity. The case has been presented to CAPITA and classified AUPU. The alleged perpetrator was unknown. CM has met with the mother and discussed the results of the autopsy and continued to encourage counseling intake for the siblings. Mother reported the siblings are doing great and that her and her mother continue to do counseling. CM has had contact with the siblings and has documented it. At this time CM needs enter the diagnosis and see if doctor will talk with her as to date he had not returned the phone calls. CM is also trying to locate a number or address for the father.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

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

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/04/2014 04:37 PM Entered By: [REDACTED]

Cm received a copy of the autopsy report on this date. The autopsy reveals that the child's cause of death was OXYCODONE TOXICITY.

Cm uploaded this document into TFACTS in this investigation under documents.

4:45pm
08-04-2014

Cm met with the family at the family home. The mother asked the children to go outside and play while CM speaks with them. Cm reported to the mother and grandfather that the autopsy results are back. Cm communicated that that the cause of death was oxycodone toxicity. The mother says that she was worried that he dies of natural causes and that someone could happen to the other children. [REDACTED] says that she was well aware that he had a history of using oxycodone but was almost certain that he was done using and that he was doing well. [REDACTED] began to talk about [REDACTED] dad again, [REDACTED]. She says that she read on Facebook under [REDACTED] account that he had been using alcohol at his dad's home. Additionally, she says that [REDACTED] dad [REDACTED] would allow [REDACTED] to hang around adults that were known drug users [REDACTED]). She says that he was around his dad the day before he passed away. She says that his dad would tell [REDACTED] that he was staying up all night playing video games, but come to find out, he was really partying with his dad. Cm asked her if she thinks that this is where he got the oxycodone and she says that she does not know. CM communicated to [REDACTED] that this information would be relayed to the detective. Cm gave [REDACTED] the information needed to obtain a copy of the autopsy. CM once again encouraged the mother to take the children for an intake with a mental health counselor. Cm encouraged the mother to call Cm with any questions she may have.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/04/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/04/2014 09:25 AM Entered By: [REDACTED]

This case was discussed at the August CPIT meeting. The case was presented as follows:

ACV: [REDACTED]

AP: Unknown

Allegations: Neglect/Death

Classification: AU/PU



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/24/2014 Contact Method: Phone Call
 Contact Time: 02:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/04/2014
 Completed date: 08/04/2014 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: 08/04/2014 09:35 AM Entered By: [REDACTED]

[REDACTED] contacted CM on this date. She says that she has been going through [REDACTED] facebook account and that her mother has found some letters that [REDACTED] had written. [REDACTED] says that [REDACTED] had been visiting his dad and she says that his dad would let him drink alcohol. She does not know if he gave the child any other drug. Cm communicated to [REDACTED] that this information would be passed along to the Detective.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/16/2014 Contact Method: Phone Call
 Contact Time: 03:12 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/16/2014
 Completed date: 07/16/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/16/2014 02:14 PM Entered By: [REDACTED]

Cm contacted the [REDACTED] department of forensics on this date regarding the autopsy. The autopsy is still pending at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/16/2014	Contact Method:	
Contact Time:	02:12 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/16/2014
Completed date:	07/16/2014	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: 07/16/2014 01:19 PM Entered By: [REDACTED]

Since the last staffing CM has received the record from [REDACTED] and he never failed a drug screen, was typically screened weekly and by his local probation Officer weekly. His test were always negative for substances. CM has also obtained [REDACTED] records yesterday and is looking for his diagnosis. CM has also left a message for the doctor who prescribed the ability to the child and has not heard back from him. CM needs to update dictation and document information provided through the contacts made and records. CM saw the family last week and everyone appeared to be well. The mother and grandmother are both in counseling at [REDACTED] health. CM continues to encourage the mother to take the other children for at least an intake. CM still has not recieved autopsy but continues to check on it.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/07/2014 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/09/2014
 Completed date: 07/09/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Other Persons Living in Home Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2014 12:49 PM Entered By: [REDACTED]

Date: 07-07-2014

Time: Approximately 4:00pm

Location: Family Home on [REDACTED], TN

Documentation of Contact:

Cm [REDACTED] met with the family at this time at the family home. Cm communicated to the family that she wanted to follow up with the family and see how they were doing. [REDACTED] (mother) says that the family is doing well and that they are "hanging in there". She says that she and her mother both go to counseling and that she will take the children for an intake if she feels like they have a need. Cm encouraged her again to have an intake for the children. Cm asked about the children's behaviors. She says that [REDACTED] behavior is much better and that he is more obedient than he used to be. She says that he is taking on more of a big brother role. She says that she thinks he is trying to be more like [REDACTED]. She says that [REDACTED] have been doing just fine and that [REDACTED] will be starting Kindergarden next school year. She says that both of those children are doing well and that she has no concerns for them at this time. Cm communicated to the mother that she had called [REDACTED] forensics and asked about [REDACTED] autopsy and that it is not finished yet. Cm communicated to the mother that she will continue to check on the progress of the autopsy. CM asked the mother if there was anything DCS could do for her at this time and she said no. Cm thanked the family for their time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/07/2014 Contact Method: Phone Call
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/04/2014
 Completed date: 08/04/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/04/2014 09:29 AM Entered By: [REDACTED]

Cm contacted [REDACTED] in regards to speaking with Dr. [REDACTED] about the medications that were prescribed to [REDACTED].
 Dr. [REDACTED] was unavailable at this time and Cm asked the Dr. [REDACTED] contact her back.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/03/2014 Contact Method:
 Contact Time: 12:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/09/2014
 Completed date: 07/09/2014 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: 07/09/2014 01:05 PM Entered By: [REDACTED]

Cm contacted the [REDACTED] to see if [REDACTED] autopsy has been completed. It was communicated to CM that at this time, the autopsy ahs not been completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/19/2014

Contact Method:

Contact Time: 11:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/19/2014

Completed date: 06/19/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/19/2014 10:42 AM Entered By: [REDACTED]

At this time CM has obtained the photos taken at the home by law enforcement and their report. CM has scanned the police and EMS report into TFACTS for viewing. At this time CM will need to gather the following additional records: drug screens from [REDACTED] where her had completed A&D, drug screens and any other reports completed from the probation officer (ACV's) and reports from [REDACTED]. CM also needs to call and check on autopsy with the assistance of [REDACTED]. This case has also completed review with the departments CFDR. Employees interviewed were LI [REDACTED] CM [REDACTED] and current CM [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/10/2014 Contact Method: Phone Call
 Contact Time: 01:10 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/10/2014
 Completed date: 06/10/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, 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: 06/10/2014 12:14 PM Entered By: [REDACTED]

Date: 06-10-2014

Time: 1:00pm

CM spoke with the grandfather on this date regarding the family. He says that [REDACTED] is not home at this time and that she is at therapy. CM asked the grandfather if the children have been in counseling or if the adults in the home have been in counseling and he says that [REDACTED] has been, but the children have not [REDACTED] says that the children are doing extraordinary and that they have been doing just fine. He says that it is the adults in the home that is having a rough time. CM again encouraged counseling for the adults and [REDACTED] thanked CM. [REDACTED] says that "time will take care of it all". CM agreed with [REDACTED] and encouraged him to contact CM for any additional needs.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/27/2014 Contact Method:
 Contact Time: 08:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/10/2014
 Completed date: 06/10/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/10/2014 12:26 PM Entered By [REDACTED]

Cm received police photos on this date. The CD of the photos can be found in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/22/2014	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/22/2014
Completed date:	05/22/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/22/2014 02:30 PM Entered By: [REDACTED]

Cm scanned the EMS report into TFACTS. The document can be found in this investigation under DOCUMENTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/21/2014

Contact Method: Face To Face

Contact Time: 02:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/22/2014

Completed date: 05/22/2014

Completed By: [REDACTED]

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

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: 05/22/2014 11:05 AM Entered By: [REDACTED]

Date: 05-21-2014

Time: Approximately 2:10pm

Location: [REDACTED]

Present: Cm [REDACTED] and [REDACTED]

Documentation of Contact:

Cm previously spoke with the child's mother, [REDACTED] and asked permission to speak with the child, [REDACTED] at school. The mother agreed. CM then met with the child, [REDACTED] in private at [REDACTED] on this date. The child says that he remembers who CM is from a previous visit. Cm asked [REDACTED] how he was doing at school. He says that he is doing great and that he makes great grades. The child says that he will be in second grade next year and that his sister will be in Kindergarten at the same school. He says that he isn't very excited about having his sister go to the same school as he does. Cm asked him how [REDACTED] and [REDACTED] were doing (siblings). The child says that they are doing well. He says that when they are all at home that they like to play on the trampoline and that they play with their pets. He says that they have 2 cats and one is named [REDACTED] because he has white feet and it looks like he is wearing socks. He says that one of his cats died recently. CM asked the child if he has been drawing pictures recently and he says that he draws a lot of pictures at home of [REDACTED] and that he gives them to his mom. He says that his mom likes the pictures. Cm asked the child if he feels safe in his home with his family and he says that he does. Cm asked the child if there is anything that he wanted to ask CM and he said that there was not. He asked Cm when she was going to come back to the home again ahs she said that she was not sure at this time, but maybe soon. The child gave Cm a high five and CM ended the interview.

Worker Observations: The child was not shy around CM and he was clean and appeared healthy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/20/2014

Contact Method:

Contact Time: 11:47 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/20/2014

Completed date: 05/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2014 10:52 AM Entered By: [REDACTED]

CM has met with the mother again and discussed counseling. At this time none of the siblings are in counseling as the mother feelsw they are showing no signs of grief. CM is meeting with the mother again and will discuss importance of the children at least doing an intake. Family has been provided the resource guide. The department has not recieved the autopsy results yet. CM has recieved the child's PCP records, some pharmacy records and the EMS report should arrive today. CM is waiting for photos from law enforcement to add to the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/20/2014	Contact Method:	Phone Call
Contact Time:	10:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/22/2014
Completed date:	05/22/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, 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: 05/22/2014 01:04 PM Entered By: [REDACTED]

On this date, Cm contacted Detective [REDACTED] and asked to have the pictures sent to Cm that Det. [REDACTED] took of the home upon meeting the response. Detective [REDACTED] says that she will get those pictures to CM on this date. Cm thanked the detective for her time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/01/2014 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 05/22/2014
 Completed date: 05/22/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2014 01:11 PM Entered By: [REDACTED]

Date: -5/08/2014

Time: Approximately 4:00pm

Location: [REDACTED] TN (family home)

Present: Cm [REDACTED] bio mother [REDACTED], sibling [REDACTED] grandfather [REDACTED]

Documentation of Contact:

Cm made an unannounced visit to the home on this date to follow up with the family. The mother, [REDACTED] welcomed Cm into the home. Cm communicated to the family that she was there to follow up with the family. The mother says that things aren't the same since [REDACTED] is gone but that the family is hanging in there. Cm asked if she has seen any behaviors from the other children that are concerning and she said no. She says that [REDACTED] is the most emotional and that he asks the most questions but that for the most part, all 3 children are doing well. CM again encouraged the mother to have an intake for the children for grief counseling. The mother says that she isn't alarmed right now about the children's behaviors but she says that she is currently going to [REDACTED] health and seeing a counselor and that she will discuss it with her counselor and if needed she will have an intake for the other children. Cm also encouraged the grandfather to see a counselor if needed. Cm asked about the other children and she says that [REDACTED] and [REDACTED] are currently with their grandmother running errands. The child present [REDACTED] then asked Cm if she wanted to talk to her and CM said yes. Cm then spoke with the child at the dining room table while the adults were in the living room. Cm asked [REDACTED] how she was doing and she says that she is ok. She says that it is May now and that [REDACTED] and [REDACTED] are almost done with school. She says that she is 5 years old now and that she will be going to school in August. She says that she will be starting Kindergarden and that she is very excited about. Cm asked her what she does for fun at home and she says that she loves playing dress up. The child was currently wearing plastic dress up shoes. Cm asked [REDACTED] where she sleeps at night and she said that she sleeps in the bed with her mom. Cm asked her where the other people sleep and she says that her grandparents sleep in their room and the other boys sleep in their bedroom. Cm asked the child if there is anything that makes her feel uncomfortable at home and she says that there is not. Cm asked the child if there is anything that scares her in her home and she said no. CM asked the child if she feels scared if there was someone that she could tell and she says that she can always tell her mother. Cm then spoke again with the child's mother and grandfather. The mother says that she has received a death certificate for [REDACTED] and the certificate says that his cause of death is cardiac arrest. [REDACTED] says that her



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

brother has been interacting with the children a lot and taking them to his house to play with his kids. She says that seems to be helping the children. Cm again encouraged grief counseling for the other children if needed. Cm also encouraged the mother to contact CM for anything else that she needs. Cm thanked the family for their time and left the residence.

Worker Observations: Neither the mother or grandfather appeared under the influence at the time of the visit. the home was appropriate and Cm did not have any concerns for the family at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/25/2014 Contact Method:
 Contact Time: 11:02 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/25/2014
 Completed date: 04/28/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/25/2014 10:03 AM Entered By: [REDACTED]

On this date, Cm contacted [REDACTED] [REDACTED] in regards to notifying her about a child death in [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

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 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/25/2014
 Completed date: 04/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/25/2014 10:06 AM Entered By: [REDACTED]

On this date, Cm entered the date of the child's death into TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/24/2014 Contact Method:
 Contact Time: 09:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/04/2014
 Completed date: 08/04/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/04/2014 09:40 AM Entered By: [REDACTED]
 Initial Case Summary

This case was assigned to caseworker [REDACTED] by [REDACTED]. The ACVs are [REDACTED]. The allegations Neglect/Death. The alleged perpetrator is Unknown. The response is due on 04/25/2014 08:37 AM (CT). The case was assigned to the Investigation track.

Referent was contacted on 04-24-2014 via telephone.

DCS and other history:

Investigation: [REDACTED]
 ACV: [REDACTED]
 AP: [REDACTED]
 Allegation: Sexual Abuse
 Classification: AU/PU

Investigation: [REDACTED]
 ACV: [REDACTED]
 AP: [REDACTED]
 Allegation: Drug Exposed Child
 Classification: Au/PU



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/24/2014

Contact Method:

Contact Time: 04:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/22/2014

Completed date: 08/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/22/2014 11:18 AM Entered By: [REDACTED]

On this date, Cm requested PCP records from the child regular doctor. The records were requested from Dr. [REDACTED] in [REDACTED], TN



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/24/2014 Contact Method: Attempted Phone Call
 Contact Time: 04:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/16/2014
 Completed date: 05/16/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/16/2014 09:01 AM Entered By: [REDACTED]

04-24-2014
Approximately 4:00pm

Cm Spoke with Detective [REDACTED] about the case. Detective [REDACTED] says that she has spoken with the doctor who performed the preliminary autopsy and at this time there is no bruising or trauma to the child. There is however, a small mark near the child's ankle which, according to the doctor, could possibly be an injection site. The doctor says tha this will be further analyzed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/24/2014 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/28/2014
 Completed date: 05/16/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): ACV Interview/Observation, Other Child Living in the Home Interview/Observation, 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: 04/28/2014 07:30 AM Entered By: [REDACTED]

Date: 04-25-2014

Time: Approximately 2:00pm

Present: Cm [REDACTED] (bio mother), [REDACTED] (maternal grandfather), [REDACTED] (maternal grandmother), [REDACTED] (brother of ACV), [REDACTED] (sister of ACV), [REDACTED] (brother of ACV)

Safety: CM observed the home as appropriate for the children/family.

Permanence: There are no planned changes in custody at this time.

Well-Being: Cm discussed grief counseling with the mother for the family and provided contact information for several counseling resources in the area.

Household Composition and relationship to ACV:

[REDACTED] (maternal grandfather)
 [REDACTED] (maternal grandmother)
 [REDACTED] (mother)
 [REDACTED] (ACV)
 [REDACTED] (brother of ACV)
 [REDACTED] (brother of ACV)
 [REDACTED] (sister of ACV)

Cm met with the mother, [REDACTED] grandmother, [REDACTED] and the grandfather [REDACTED] at approximately 2:00pm at the family home on 04/24/2014 in regards to the DCS referral. At the time of the visit, the family explained the incident in detail. [REDACTED], the child's grandmother says that she went into the bedroom to wake the children at approximately 7:00am on 04-24-2014. The 3 boys, [REDACTED], [REDACTED] and [REDACTED] sleep in the same room. [REDACTED] and [REDACTED] were sleeping on the bottom bunk on the night of 04-23-2014. The grandmother says that she always wakes the children up for school at the same time everyday and when she wakes them up, [REDACTED] is the first



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Open

Organization: ██████████

one to complain about getting up. ██████████ says that when she turned the light on to wake the children, ██████████ did not say anything. The other two children got up and out of the bed. The grandmother then observed ██████████ as asleep and she went over to wake him by touching him. ██████████ says that ██████████ felt cold to the touch and he still did not wake. ██████████ says that she then yelled for the child's mother, ██████████ and the grandfather, ██████████ then called 911.

Cm then spoke with the grandfather, ██████████ says that while ██████████ was on the phone with 911, that the operator asked if anyone in the home knew CPR. ██████████ says that he does know CPR and the 911 operator asked ██████████ to begin administering CPR on the child. The 911 operator told the family that the EMS were on their way. ██████████ says that while he began administering CPR, the child began to bleed out of his mouth and there was somewhat of a foam around the child's mouth.

CM then spoke with the mother, ██████████ She confirmed that when ██████████ had said were true. Cm spoke in detail with the mother. The mother says that at approximately 4:00am, her son ██████████ woke her up because he said that ██████████ was snoring too loudly and that he could not sleep. ██████████ says that she then told ██████████ that he could go sleep on the couch. She says that about 10 minutes later, she got up out of her bed to go see if ██████████ went and got on the couch and he was there. She says that she went into the living room to check on ██████████ and when she did, she passed by ██████████ room and she could hear him snoring, but that she did not go into the room to check on ██████████ ██████████ says that the child had a court date at the ██████████ Juvenile court on 04-24-2014 to testify. ██████████ says that another child had physically injured ██████████ at school and he was supposed to testify against the student. ██████████ says that ██████████ had been really nervous about going to court for the past 3 days. She says that he had been vomiting a lot, but that his eating habits did not change. She says that she had called the doctor about his vomiting and that the doctor said that it was probably due to ██████████ being nervous about testifying in court. The doctor advised the mother to call back after the court date if he was still vomiting and that they would see the patient. ██████████ says that the child has a history of drugs. She says that the child was abusing pain medication and that she had found marijuana in his room at one time. ██████████ says that she asked the child where he was getting the drugs and that the child told her that he was getting it at school, but did not tell her who he was getting it from. ██████████ says that she takes a number of medications including Oxycontin and Oxycodone. ██████████ says that ██████████ also has a prescription for Hydrocodone when he injured his knee at school, but that he only took a few of those pills. She says that all medication in the home is kept in a safe in the back bedroom. Cm observed the safe that was locked and the medication that was inside the safe. Cm asked the mother if it was okay if Cm performed a pill count with all of the mother's medications as well as the child's and the mother agreed. Both the mother and the child's prescription count were correct and were not missing any.

Mother's prescription Counts:

Oxycontin 30mg #60 Filled on 04-01-2013 Takes 2 a day- 10 Pills left
 Oxycodone 30mg #120 Filled on 03-31-2014 Takes 4 a day- 27 pills left
 Alprazolam XR 1 mg #30 Filled on 04-22-2014 Takes 1 a day - 26 1/2 left
 Meloxicam 15mg #30 Filled 03-26-2014 Takes 1 a day - 7 Pills left
 Risperidone 1mg #60 filled on 04-22-2014 Takes 2 daily- 52 Pills left
 Atenolol 25mg #30 filled on 04-10-2014 Takes 2 daily #12 pills left.
 Hydrochlorothiazide 25mg #30 filled on 04-2-2014 Takes 1 daily, 9 pills left
 Hydroxozine HCL 25mg #60 filled on 03-10-2014 Takes 2 daily #37 pills left.
 Simvastatin 10mg #17 filled on 04-12-2014 1 left.
 Vesicare 10mg #30 tabs filled on 04-10-2014 Takes 1 daily, 12 pills left.

Child's prescription count:

Hydrocodone #30 filed on 03-25-2014 takes 4 daily as needed- 13 pills left
 Abilify 10mg #30 filled on 03-24-2014 Takes 1 daily, 14 pills left.
 Montelukast (Singulair) 10mg #30 filled on 03-08-2014 takes 1 daily- 3 pills left.
 Cetrizine 10mg #30 25 pills left.

Cm spoke briefly with the mother about the child's prescriptions. Cm asked when the last time he had taken them. ██████████ says that she makes sure that he takes the Abilify and the "Singulair" nightly. She says the other medication (Zyrtec) she tells him to take every morning but she relies on him to take it. ██████████ says that he took his Abilify and Singulair last night at around 7:00pm.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Open

Organization: ██████████

██████████ communicated to CM that the child was acting normal before he went to bed and he hugged everyone and told them he loved them. She says that he has recently been participating in an IOP program at ██████████ and that he is really doing well and that he has been passing all of his drug screens. She says that she had no concern of his abusing any medication. ██████████ says that ██████████ was doing really well in school and making good grades.

CM then asked the mother if it would be okay if she spoke with ██████████. The other two children left with their uncle during the time that CM was in the home. The mother agreed.

CM then spoke with the next oldest child, ██████████ in private. ██████████ reports that his name is ██████████ and that his birthday is on the 23rd of December. He reports that he goes to ██████████ and that he has been sick with strep throat recently. He says that he is in ██████████ class. ██████████ says that when he is at home, he likes to ride bikes and play basketball outside. CM asked ██████████ where he sleeps and he says that he sleeps in his bedroom with the other boys. ██████████ says that last night, he was sleeping on the bottom bunk with ██████████ and ██████████ was snoring really loudly. He says that he got up out of the bed and went into his mother's room and woke her up. He says that he told her he couldn't sleep because ██████████ was snoring and his mother told him he could go get onto the couch. He says that ██████████ was sleeping on the top bunk. ██████████ says that he did get up and go sleep on the couch and that he could sleep better. He says that this morning something happened to ██████████ and he knows that ██████████ is in heaven now. He says that his ██████████ woke him up this morning and he had been at home all day. CM ended the interview.

CM then confirmed with the mother about what happened during the night. CM, asked the mother approximately what time it was when ██████████ woke her up. She says that it was about 4am. She says that she did not get out of the bed when ██████████ woke her up, but that she got out of the bed about 5-10 minutes later to make sure that he was on the couch. ██████████ says that she did go into the living room and confirm that ██████████ was sleeping on the couch. She says that at that point, she could hear ██████████ snoring and that she did not go into ██████████ room. She says that she then went back to sleep. CM gave the mother a resource pamphlet with counseling information for the younger children and also the adults in the household. The mother says that she has already had the children in counseling at ██████████. CM then completed all additional paperwork with the mother.

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

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

Worker Observations: CM observed the younger two children, but during the time that CM was in the home, their uncle took them to his home to play. CM did speak with ██████████. CM did not have any concerns for the safety of these children. The mother did not appear under the influence of any substance.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/24/2014	Contact Method:	Phone Call
Contact Time:	01:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/24/2014
Completed date:	04/28/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/24/2014 01:00 PM Entered By: [REDACTED]

Date: 04-24-2014

Time: Approximately 1:30pm

Cm [REDACTED] spoke with the referent on this date a this time. The referent says that the family is very upset about the situation. The referent says that the mother [REDACTED] was awakened by the 9 year old child at approximately 4:00am because the oldest child, [REDACTED] was snoring really loudly. The referent says that the mother then went to check on [REDACTED] and she says that he was breathing and snoring loudly which is normal for [REDACTED]. The mother then told the 9 year old that he can go and sleep on the couch if he needed to. The referent says that at approximately 7:00am on 04-24-2014, the grandmother went into the bedroom to wake the children up for school and to wake [REDACTED] up because he had a court date today. The grandmother was unable to wake [REDACTED] so she went to go get the grandfather and the mother. The mother and grandfather were unable to wake the child and the child felt cold to the touch. The grandfather began performing CPR on Josh and was unable to get him to start breathing. While the grandfather was performing CPR, the mother called 911. Upon EMS arrival, the child was clearly unresponsive and pronounced dead. The referens says that the child had been sick for 3 days and that he had gone to Dr. [REDACTED] in [REDACTED]. The child had an appointment with Dr. [REDACTED] after court on 04-24. The child's body is currently at [REDACTED] for an autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	04/24/2014	Contact Method:	Face To Face
Contact Time:	12:45 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	06/09/2014
Completed date:	06/10/2014	Completed By:	System Completed
Purpose(s):	Permanency, 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: 06/09/2014 11:59 AM Entered By: [REDACTED]

Date: 04-24-2014

Time: Approximately 12:45pm

Location: [REDACTED] Juvenile Court

Present: Cm [REDACTED] [REDACTED] (in-home worker)

Documentation of Contact:

Cm spoke with [REDACTED] on this date. [REDACTED] is the in home service worker for [REDACTED]. [REDACTED] says that she is very upset to hear this news. She says that [REDACTED] was doing great and had finished his classes at [REDACTED]. She says that he had developed a new faith that he was interested in. She says that he was making good grades at school and his relationship with his mother was progressing as well. She says that this ne very shoking news to her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/24/2014	Contact Method:	Face To Face
Contact Time:	12:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	04/28/2014
Completed date:	04/28/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, 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: 04/28/2014 10:27 AM Entered By: [REDACTED]

Date: 04-24-2014

Time: Approximately 12:30pm

Location: [REDACTED] Juvenile Court

CM [REDACTED] spoke with [REDACTED] probation office, [REDACTED] on this date at this time in regards to the child's progress in probation. [REDACTED] says that [REDACTED] had been doing really well with probation. She says that she did a drug screen with [REDACTED] on Monday and he was "clean as a whistle". She says that [REDACTED] had completed an IOP program at [REDACTED] and that he had done very well. She says that according to him, his relationship with his mother was getting much better. [REDACTED] says that she did not have any concerns for the child abusing drugs at this time. She says that he only had 9 hours of community service left to complete in order to be done with his probation. She says that the child is very cooperative and that he has good grades and that he is a good student.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/24/2014	Contact Method:	Correspondence
Contact Time:	12:13 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/24/2014
Completed date:	04/24/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/24/2014 11:15 AM Entered By: [REDACTED]

Cpit was convened on 04-24-2014. Cm [REDACTED] notified the DA's office via email and also Detective [REDACTED] via email.

Next Steps: In regards to next steps CM [REDACTED] has been instructed to make CPIT contact, locate the family, assess the safety of the siblings in the home, prepare and discuss grief information with the family, interview everyone present at the home, take photos of locked medication, contact law enforcement to see if they have photos from the scene, contact EMS in regards to what they found when they arrived at the home and initiate the required forms for notification to fatality group. CM will also need to obtain any revert records on the child in regards to current probation status, completion of rehab and records from in-home services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/24/2014

Contact Method:

Contact Time: 11:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/24/2014

Completed date: 04/24/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/24/2014 11:03 AM Entered By: [REDACTED]

This case is being assigned to CM [REDACTED] effective 4-24-2014. After assigning the case LI [REDACTED] CM3 [REDACTED] and CM2 [REDACTED] met to staff the case. CM [REDACTED] spoke with the [REDACTED] worker this morning in regards and relayed the information to CM [REDACTED]. CM [REDACTED] has also been instructed to add this information to the case recordings immediately. In regards to next steps CM [REDACTED] has been instructed to make CPIT contact, locate the family, assess the safety of the siblings in the home, prepare and discuss grief information with the family, interview everyone present at the home, take photos of locked medication, contact law enforcement to see if they have photos from the scene, contact EMS in regards to what they found when they arrived at the home and initiate the required forms for notification to fatality group. CM will also need to obtain any revert records on the child in regards to current probation status, completion of rehab and records from in-home services. This case was also staffed with RID [REDACTED] and LI [REDACTED] face to face today for next steps.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 03/24/2014 Contact Method:
 Contact Time: 04:45 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/24/2014
 Completed date: 04/25/2014 Completed By: System Completed
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/24/2014 03:48 PM Entered By: [REDACTED]

On this date, Cm requested PCP records from the child regular doctor. The records were requested from Dr. [REDACTED] in [REDACTED] TN

Narrative Type: Addendum 1 Entry Date/Time: 08/22/2014 04:21 PM Entered By: [REDACTED]

This happened on 04-24-2014, not 03-24-2014



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: 2/17/14 4:46 PM

Date of Assessment: 4/8/14 12:00 AM

Assessment Type: Closing

Number of Children in the Household: 4

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: 2/17/14 4:46 PM

Date of Assessment: 2/19/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 4

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):
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6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



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

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

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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:

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8. Other (Specify): _____

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SDM™ Safety Assessment

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