



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

Case # 2014.104

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	07/02/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	07/02/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:		
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:						

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

The open case for this incident is # ██████████. Per additional information, this child victim is now deceased as a result of the incident involved in the open case. The following information was provided by ██████████ on 7/2/14 at 9:02am: "The child ██████████ has now passed away. His time of death was 6:59 am. He was pronounced brain dead. He has been in the hospital at ██████████ since Saturday. The near death report is very detailed in the circumstances of what has happened to the child. Law enforcement is involved, and there is an open investigation. An autopsy will be performed. The other child ██████████ is still with the mother ██████████. The mother was still at the hospital and the child was with other family members when referent last spoke with the mother."

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:

CPSI ██████████ Det. ██████████ and Det. ██████████ interviewed the mother, ██████████ in a conference room at ██████████ on June 28, 2014. According to Ms. ██████████ her son, ██████████ stayed the night with her neighbors ██████████ and ██████████ last night at their apartment which is ██████████. Ms. ██████████ stated she is best friends with Ms. ██████████ and considers her to be like a sister. The past two nights Ms. ██████████ daughter, ██████████ stayed at Ms. ██████████ home so last night was ██████████ turn. Ms. ██████████ and her two children went to Ms. ██████████ home at approximately 8:00PM to have dinner. While at Ms. ██████████ home the children played and were crawling around the home. Both of the twins are currently learning how to crawl. ██████████ fell asleep in the living room floor so Ms. ██████████ placed ██████████ in Ms. ██████████ bed to sleep at about 10:30PM. ██████████ drank some formula at approximately 10:10PM. ██████████ had started eating solid food so he was also fed some mashed potatoes, green beans, and some chewed up chicken. ██████████ was given four bottles throughout the day at 7:00AM, 10:00AM, 2:00PM, 6:00PM and these were all eight ounce bottles. ██████████ was diagnosed with Strep Throat three days ago by ██████████ emergency room. ██████████ was prescribed Amoxicillin and Ibuprofen. Ms. ██████████ stated she went to her home and got the medication and gave some to ██████████ while he was asleep before she went to her home for the evening. Ms. ██████████ stated she made sure ██████████ was awake when she gave him the medication so that he would not choke. Ms. ██████████ stated she placed ██████████ on his side when she placed him in the bed. Also in the bed at the time was Ms. ██████████ two year old daughter.

Ms. ██████████ stated that at 7:00AM this morning Mr. ██████████ knocked on her door. Mr. ██████████ was on the phone with 911 when he came to get Ms. ██████████. Ms. ██████████ immediately went next door to see what was going on and when Ms. ██████████ walked into the home of Ms. ██████████ she was holding ██████████ and blood was coming out of his nose. Ms. ██████████ stated she started CPR using two fingers between ██████████ nipples. Ms. ██████████ stated that before she started CPR a neighbor name ██████████ had come over and started CPR. During CPR there was a lot of blood and mucus that came out of ██████████ nose.

CPSI ██████████ Det. ██████████ and Det. ██████████ interviewed ██████████, babysitter/neighbor, in the living room of his home on June 28, 2014. According to Mr. ██████████ his girlfriend ██████████ has been helping the children's mother, ██████████ financially and keeping one of the children for her sometimes just to ease the burden since the children are twins. Mr. ██████████ and Ms. ██████████ buy the children clothes, diapers, and formula and they also transport the children to appointments with Ms. ██████████. Last week, on Thursday Mr. ██████████ took ██████████ to ██████████ with his

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

RDA 2993

CS-0635, Rev. 08/13

Page 1

mother and he was diagnosed with Strep Throat. Mr. [redacted] took the prescriptions to [redacted] and even paid to have the prescriptions filled. Last night, Ms. [redacted] and the children came over to his home at about 8 or 9PM to eat dinner because Ms. [redacted] had cooked and invited her over to eat. The children fell asleep so they were put to bed at about 10:00PM. [redacted] was placed in Mr. [redacted] bed to sleep. Mr. [redacted] stated he and Ms. [redacted] continuously checked on [redacted] throughout the evening. Mr. [redacted] was busy writing someone a letter that is in jail. Ms. [redacted] wanted [redacted] to stay at her home again and Mr. [redacted] spoke up and said no that it was [redacted] turn to spend the night because [redacted] had spent the night the past two evenings.

Mr. [redacted] stated that he was in and out of the home all evening between his home and the neighbors. Mr. [redacted] was at a neighbor's home playing cards and admitted to drinking some alcohol while he was there. Mr. [redacted] stated he had about three shots of alcohol mixed with Sprite during the course of the evening. Mr. [redacted] stated that the women were at his apartment with the children and did not drink any alcohol that night. Mr. [redacted] stated he came home at about 2:00AM and went to get in his bed. At that time Mr. [redacted] moved [redacted] to the top of the bed and placed him on his side. [redacted] was on the side of the bed near the wall up on a pillow with no blankets on him. Mr. [redacted] daughter [redacted] was also in the bed on the other side so Mr. [redacted] layed down between the children closes to his daughter. Mr. [redacted] woke up once at approximately 5:00AM and there was still no blankets on [redacted] and he was still at the top of the bed in the position in which he was placed. At this time Mr. [redacted] had no concerns because he stated when he placed [redacted] up there he was responsive.

Mr. [redacted] then got up a second time at approximately 7:00AM and found [redacted] at the foot of the bed with his feet facing the head of the bed. Mr. [redacted] stated that [redacted] was still on his back and there were no blankets on him. Mr. [redacted] stated he scooted to the bottom of the bed and started talking to [redacted] asking him why he was not up yet and [redacted] did not respond. Mr. [redacted] then noticed some blood on [redacted] nostril. Mr. [redacted] stated he placed his hand on [redacted] stomach but it did not rise or fall he then placed his finger under [redacted] nose and he did not feel him breathing so he picked him up and placed him back at the top of the bed. Mr. [redacted] stated that when he picked [redacted] up his body was limp. Mr. [redacted] immediately went to the living room woke up Ms. [redacted] to tell her what was going on, dialed 911 on his cell phone, and ran next door to get [redacted] mother. Ms. [redacted] slept on the couch in the living room with her son that night because he was acting out and wanted attention. Mr. [redacted] stated that by the time he returned to his home [redacted] was in the living room on the ottoman and CPR was being performed by the family's neighbor [redacted] Mr. [redacted] stated that "blood and snot went into [redacted] mouth while she was performing CPR and she had to spit it out". Mr. [redacted] stated he contacted 911 at 7:08AM. As soon as EMS arrived they immediately picked [redacted] up and transported him to the hospital.

CPSI [redacted] Det. [redacted] and Det. [redacted] interviewed [redacted] babysitter/ mom's friend, in the living room of her home on June 28, 2014. According to Ms. [redacted] it was approximately 1:00AM when the mother, [redacted] put [redacted] in Ms. [redacted] bed. When Mr. [redacted] came in and went to bed he moved [redacted] to the top of the bed. Mr. [redacted] got up to go to the restroom and found [redacted] unresponsive. Ms. [redacted] stated that Mr. [redacted] called 911 and went to get the child's mother. While Mr. [redacted] was gone Ms. [redacted] picked [redacted] up and was holding him screaming for help and that is when the neighbor [redacted] heard her and came over and started CPR. During the CPR there was a lot of blood and mucus that came out of [redacted] nose and mouth. [redacted] has been very congested and sick so he is on medication and his mother gave him the medication last night after she laid him down. Ms. [redacted] stated that [redacted] chest would rattle when he would breathe and his nose would have to be cleaned out because they would be full mucous. Ms. [redacted] stated that mother would normally suction his nose out but she did not do so while [redacted] was at Ms. [redacted] home so it is unknown if his nose was suctioned at all yesterday. Ms. [redacted] stated she just wants to know what caused [redacted] to be unresponsive because she loved the babies like they were her own.

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

CPSI [redacted] observed [redacted] while he was being stabilized at [redacted] on 6-28-14. CPSI [redacted] contacted Social Work for the Pediatric Intensive Care Unit to get updates on [redacted]

The child, [redacted] passed away on 7-2-14. His time of death was 6:59 am. He was pronounced brain dead. He had been in the hospital since Saturday 6-28-14.

Describe disposition of body (Death):	The body is currently at [redacted] and remains on life support at this time so that organs can be harvested.
--	---

Name of Medical Examiner/Coroner:	Unknown at this time	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
--	----------------------	-------------------------------	-----------------------------	---

Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
--	-----------------------------	---

Was there DCS involvement at the time of Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
---	-----------------------------	---

Intake #: [redacted] Investigation #: [redacted] Date of Report: **Case # 2014-104**

Type: Near Fatality Case #: [redacted]

Describe law enforcement or court involvement, if applicable:
 This case was assigned to [redacted] Detective [redacted]. [redacted] interviewed the parties involved, completed a re-enactment of the incident and took pictures of the home on 6-28-14.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):
 [redacted] died on 7-2-14 at the hospital. The twin, [redacted] remains in the care of her mother, [redacted] at this time. There is an abundance of family/friend support to assist with caring for [redacted] if necessary. The victim was not in the care of the mother when this incident occurred. The babysitter's children [redacted] age 2 and [redacted] age 3 remain in the home with their parents as there were no safety concerns noted in the family's home. The children sleep in individual toddler beds in their own room; therefore, co-sleeping is not a risk factor.

Name: [redacted]	Age: 8 months old
Name:	Age:
Name: [redacted]	Age: 2 years old
Name: [redacted]	Age: 4 years old
Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
03/20/2014	[redacted]	Environmental Neglect and Nutritional Neglect	[redacted]	[redacted]	Allegation Unsubstantiated/ Perpetrator Unsubstantiated
/ /					
09/08/2011	[redacted]	Drug Exposed Child and Lack of Supervision	[redacted]	[redacted]	No services needed
/ /					
/ /					
/ /					
/ /					

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: 06/28/2014 08:30 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/28/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/30/2014 09:56 AM
 First Team Leader Assigned: [REDACTED] Date/Time 06/28/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 06/28/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 6 Mos	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	None

Preliminary Near Death [REDACTED]

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: ****The child is not in DCS custody

TFACTS

Family Case IDs: Yes ([REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED])

Open Court Custody/FSS/FCIP: No

Closed Court Custody: Yes

9-10-10 / [REDACTED]

1-11-08 / [REDACTED]

10-12-11 / [REDACTED]

Open CPS - No



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

Substantiated: Yes

5-22-06/ [REDACTED] / PHA/ [REDACTED]
4-19-06/ [REDACTED] / ABN/ [REDACTED]
8-9-03 / [REDACTED] / LOS / [REDACTED]

Death No

Screened out: Yes [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED]

History (not listed above): Yes

6-2-14/ [REDACTED] ENN and NUN/ Allegation Unsubstantiated Perpetrator Unsubstantiated
4-25-07/ [REDACTED] Minor PHA/ Allegation Unsubstantiated Perpetrator Unsubstantiated
4-19-06 / [REDACTED] / SRPI / Unable to Complete
9-19-06/ [REDACTED] / ENN and SRPI / Allegation Unsubstantiated and Perpetrator Unsubstantiated
8-2-07/ [REDACTED] / PHA/ Unable to Complete
12-26-07/ [REDACTED] / PHA/ Allegation Unsubstantiated Perpetrator Unsubstantiated
4-16-09/ [REDACTED] / PHA/ Allegation Unsubstantiated Perpetrator Unsubstantiated
2-10-10 / [REDACTED] / ENN and PHA/ No Services Needed
6-28-02/ [REDACTED] Minor PHA/ Allegation Unsubstantiated Perpetrator Unsubstantiated
10-2-12/ [REDACTED] / LOS / No Services Needed
10-12-11/ [REDACTED] / DEC and LOS / No Services Needed
5-8-08 / [REDACTED] / PYA / Allegation Unsubstantiated Perpetrator Unsubstantiated
9-7-07 / [REDACTED] / LOS / Allegation Unsubstantiated Perpetrator Unsubstantiated
3-15-13 / [REDACTED] / EDN / Services Recommended and Refused

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: None Given

Directions: None Given

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

Reporter states: ****The child is not in DCS custody

[REDACTED] [REDACTED], 8 months) and [REDACTED] [REDACTED] 8 months) live with their mother [REDACTED] [REDACTED] 22). No one else resides in their home.

The [REDACTED] are neighbors to [REDACTED] [REDACTED] 42), [REDACTED] [REDACTED], 23), and their children, [REDACTED] (4) and [REDACTED] (2).

On June 28, 2014, at approximately 8:00 a.m., the [REDACTED] County Department of Children's Services, [REDACTED] (team leader) was contacted by [REDACTED] Police Department Youth Services Division [REDACTED] concerning a fatality. Case manager [REDACTED] with [REDACTED] County Department of Children's Services Investigation Unit responded to [REDACTED]. Upon arrival, it was found that this matter is considered to be a near fatality, but the child is not expected to survive. [REDACTED] is brain dead. A scan will be ran in 24 hours to see if there is any brain activity and then another scan at the 36 hour mark before making the call to pull him off life support. The mother does have the option to pull him off life support before the scans are completed.

On June 26, 2014, [REDACTED] was seen at [REDACTED] due to severe congestion and flu like symptoms. [REDACTED] was diagnosed with strep throat. He was prescribed amoxicillin and ibuprofen.

On June 27, 2014, [REDACTED] spent the night at the neighbor's home ([REDACTED]) after he, his mother and



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

twin sister had dinner at the neighbor's home. The neighbors help the mother with the twins on a regular basis by keeping one twin at a time for her. The neighbors also assist the mother with food, formula and diapers for the twins. The neighbors also help provide transportation to the doctor and hospital appointments for the twins. The mother does not have her own transportation.

The mother did not report any concerns with [REDACTED] health on Friday. Ms. [REDACTED] did report that [REDACTED] did not feel good and was not as active as when he is well. He did have a lot of congestion at that time with rattling in his chest.

[REDACTED] was sleeping in the bed with Mr. [REDACTED] and [REDACTED] (2 year). Mr. [REDACTED] was reportedly sleeping between the children in the bed. Ms. [REDACTED] slept in the living room last night (June 27, 2014) on the couch with [REDACTED] (4 years).

Ms. [REDACTED] said [REDACTED] and [REDACTED] fell asleep first. [REDACTED] fell asleep at approximately 11:00 p.m. and was placed in the bed by his mother. Mr. [REDACTED] came to the bed at approximately 2:00 a.m. on June 28, 2014. Mr. [REDACTED] admitted to having three (3) shots of liquor mixed with sprite last night prior to returning to the home and going to bed. Mr. [REDACTED] consumed the drinks while at a neighbor's home. Mr. [REDACTED] ate dinner with the family between 8:00 - 9:00 p.m. and then went to the neighbor's to play cards. Mr. [REDACTED] returned at approximately 2:00 a.m. Mr. [REDACTED] denies being drunk. Mr. [REDACTED] said [REDACTED] was near the end of the bed, where he was placed by his mother because he fell asleep in the floor of the living room. Mr. [REDACTED] said he picked [REDACTED] up and put him near the head of the bed and then Mr. [REDACTED] fell asleep between the children at approximately 2:00 a.m.

Ms. [REDACTED] said [REDACTED] was acting out so she decided to sleep in the living room with him. There is no crib or pack-n-play in the [REDACTED] house for [REDACTED] to sleep in. [REDACTED] and [REDACTED] have toddler beds in the home, but they were not sleeping in them last night.

On June 28, 2014, at approximately 5:00 a.m., Mr. [REDACTED] said he woke up to use the restroom and [REDACTED] was still in the same position and spot Mr. [REDACTED] had placed him at the head of the bed at approximately 2:00 a.m. Mr. [REDACTED] noted no concerns at that time. Mr. [REDACTED] reported [REDACTED] was never under any type of blanket or sheet.

On June 28, 2014, at approximately 7:00 a.m., Mr. [REDACTED] woke up to go to the restroom. Mr. [REDACTED] noticed [REDACTED] was at the foot of the bed, on his back, with his feet facing the head of the bed. Mr. [REDACTED] started to talk to [REDACTED] and noticed he was not moving. Mr. [REDACTED] then noticed that [REDACTED] had blood coming out of his right nostril. The blood was described to be thin and not running down the child's face.

At that time, Mr. [REDACTED] went to the living room, woke Ms. [REDACTED] and called 911 at 7:08 a.m. Ms. [REDACTED] proceeded to take [REDACTED] into the living room. Ms. [REDACTED] called for the neighbors across the hall to come help. Ms. [REDACTED] then started CPR on [REDACTED] with the help of the neighbor ([REDACTED] last name unknown). While on the phone with 911, Mr. [REDACTED] went to get [REDACTED] mother ([REDACTED]). The mother, neighbor ([REDACTED]) and Ms. [REDACTED] all took turns attempting CPR on [REDACTED] until EMS arrived. It was reported that during CPR, [REDACTED] had mucus and blood coming out of his nose.

EMS immediately transferred [REDACTED] to [REDACTED]. It is unknown when EMS arrived at the home. It is unknown what time EMS arrived at the hospital. It is unclear if [REDACTED] had a heartbeat or pulse when EMS took [REDACTED] from the [REDACTED] residence. It is unknown what procedures were performed while [REDACTED] was in the ambulance on the way to [REDACTED]. It is believed [REDACTED] has a heartbeat, but he is on oxygen (life support) and has no brain activity. It is unclear if a scan was performed to see if he had any oxygen in his brain.

[REDACTED] had no evidence or signs of trauma according to [REDACTED]. It is unknown who [REDACTED] attending physician is at this time. Photographs have been taken of [REDACTED]. [REDACTED] Police Department (Detective [REDACTED]; [REDACTED] is active on this case. No arrests or citations have been given out at this time. The doctors at [REDACTED] have not made any determination on what may have caused [REDACTED] current condition. It is unknown if the [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 23 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 1 Yr 6 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: mother

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: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 1 Yr 6 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 24 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age: 4 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 10 Mos (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 43 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]
 Referral Date: 06/28/2014
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 06/28/2014

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			02/25/2015
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			02/25/2015

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is assessed and closed as allegation unsubstantiated/ perpetrator unknown.

D. Case Workers

Case Worker: [REDACTED]

Date: 02/25/2015

Team Leader: [REDACTED]

Date: 02/25/2015

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:

CPSI [REDACTED] observed [REDACTED] on June 28, 2014 at [REDACTED] Pediatric Intensive Care Unit once he was stabilized by hospital staff and machinery. CPSI [REDACTED] observed [REDACTED] to be connected to multiple IVs and he was also connected to oxygen. [REDACTED] was unresponsive while CPSI [REDACTED] was at the hospital although he was not sedated. There is currently concern that [REDACTED] has no brain activity therefore he is currently on life support. CPSI [REDACTED] accompanied Det. [REDACTED] and Det. [REDACTED] to the child's room and photographs were taken by law enforcement. There is currently no outward signs of trauma being noted. [REDACTED] currently has no clothing on at this time not even a diaper.

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



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

Case Name : ██████████

Investigation ID: ██████████

CPSI ██████████ received a phone call from ██████████ social worker, ██████████ on June 30, 2014 regarding ██████████. According to Ms. ██████████ she just completed her conversation with the medical staff and it was stated that ██████████ currently has no brain activity but he does have some irregular labored breathes that he takes on his own so that is preventing medical staff from completing the brain death exams. At this time ██████████ has not been pronounced brain dead the scans will be completed and then a time of death will be given. Over the weekend there was an incident between the parents and the mother, ██████████ punched the father, ██████████ in the face so law enforcement was contacted. Mr. ██████████ left the hospital and no charges were filed so the mother is allowed to remain at the hospital and visit when she wants. Medical staff will begin heating ██████████ body up to normal temperature and then they will see if he gets a body functions back such as coughing and gagging. Care team is not involved on this case Dr. ██████████ was consulted Saturday evening and she requested an Ophthalmology exam and skeletal survey be completed if possible since there is no obvious signs of injury. The ophthalmology exam was completed and there is no sign of retinal hemorrhaging. The physicians that have been working with ██████████ up til this time are Dr. ██████████ on Saturday, Dr. ██████████ on Sunday, and Dr. ██████████ today.

CPSI ██████████ spoke with ██████████ social worker ██████████ on July 2, 2014 regarding ██████████. ██████████ has now been pronounced brain dead and his time of death is 6:59AM on July 2, 2014. The physician that completed the brain death scan and pronounced the time of death was Dr. ██████████ at ██████████. The mother, ██████████ did make the decision to donate ██████████ organs through Tennessee Donor Services so he will remain on the machines for the next 24- 48 hours until time to harvest his organs and the autopsy will also be performed by the medical examiners office at that time. The mother is currently at the hospital with ██████████ and the children's godmother. Ms. ██████████ spoke with Ms. ██████████ about having thoughts of harming herself and she stated she is not having those thoughts at this time but did disclose she has a history of suicide attempts and depression. Ms. ██████████ reports she is currently on medication for depression. The alleged father Mr. ██████████ admitted to the chaplain yesterday that he is in fact not the children's father he has just been there for the children and the mother so there will be no visit completed with him. Ms. ██████████ has the option to stay with ██████████ until time for him to be taken to the medical examiners office if she wishes to do so.

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

The perpetrator in this case is listed as unknown.

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

CPSI ██████████ Det. ██████████ and Det. ██████████ interviewed ██████████ in the living room of his home on June 28, 2014. According to Mr. ██████████ his girlfriend ██████████ has been helping the children's mother, ██████████ financially and keeping one of the children for her sometimes just to ease the burden since the children are twins. Mr. ██████████ and Ms. ██████████ buy the children clothes, diapers, and formula and they also transport the children to appointments with Ms. ██████████. Last week, on Thursday Mr. ██████████ took ██████████ to ██████████ with his mother and he was diagnosed with Strep Throat. Mr. ██████████ took the prescriptions to ██████████ and even paid to have the prescriptions filled. Last night, Ms. ██████████ and the children came over to his home at about 8 or 9PM to eat dinner because Ms. ██████████ had cooked and invited her over to eat. The children fell asleep so they were put to bed at about 10:00PM. ██████████ was placed in Mr. ██████████ bed to sleep. Mr. ██████████ stated he and Ms. ██████████ continuously checked on ██████████ throughout the evening. Mr. ██████████ was busy writing someone a letter that is in jail. Ms. ██████████ wanted ██████████ to stay at her home again and Mr. ██████████ spoke up and said no that it was ██████████ turn to spend the night because ██████████ had spent the night the past two evenings.

Mr. ██████████ stated that he was in and out of the home all evening between his home and the neighbors. Mr. ██████████ was at a neighbor's home playing cards and admitted to drinking some alcohol while he was there. Mr. ██████████ stated he had about three shots of alcohol mixed with Sprite during the course of the evening. Mr. ██████████ stated that the women were at his apartment with the children and did not drink any alcohol that night. Mr. ██████████ stated he came home at about 2:00AM and went to get in his bed. At that time Mr. ██████████ moved ██████████ to the top of the bed and placed him on his side. ██████████ was on the side of the bed near the wall up on a pillow with



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

Case Name : ██████████

Investigation ID: ██████████

no blankets on him. Mr. ██████ daughter ██████ was also in the bed on the other side so Mr. ██████ layed down between the children closes to his daughter. Mr. ██████ woke up once at approximately 5:00AM and there was still no blankets on ██████ and he was still at the top of the bed in the position in which he was placed. At this time Mr. ██████ had no concerns because he stated when he placed ██████ up there he was responsive.

Mr. ██████ then got up a second time at approximately 7:00AM and found ██████ at the foot of the bed with his feet facing the head of the bed. Mr. ██████ stated that ██████ was still on his back and there were no blankets on him. Mr. ██████ stated he scooted to the bottom of the bed and started talking to ██████ asking him why he was not up yet and ██████ did not respond. Mr. ██████ then noticed some blood on ██████ nostril. Mr. ██████ stated he placed his hand on ██████ stomach but it did not rise or fall he then placed his finger under ██████ nose and he did not feel him breathing.

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

Medical Records and Autopsy

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/04/2015

Contact Method:

Contact Time: 05:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/04/2015

Completed date: 03/04/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/04/2015 05:43 PM Entered By: [REDACTED]

This child death case has been reviewed and approved for closure per IC [REDACTED] and RID [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/26/2015 Contact Method:
 Contact Time: 02:41 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/26/2015
 Completed date: 02/26/2015 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: 02/26/2015 02:42 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) received a referral on June 28, 2014 with an allegation of Lack of Supervision/Neglect Death regarding non-custodial child [REDACTED] [REDACTED] was not in the state's custody at the time of death.

[REDACTED] an eight month old, African American, male was sleeping in the bed with [REDACTED] and his two year old daughter [REDACTED] on June 28, 2014. [REDACTED] was discovered at the foot of the bed at approximately 7:00AM unresponsive on this date. A phone call was placed to 911 at 7:08 AM and CPR was administered by [REDACTED] [REDACTED] was transported to [REDACTED] where he remained on life support until July 2, 2014 at 6:59AM when he was pronounced deceased.

The investigation into this incident was conducted by Youth Services Detective [REDACTED] DCS Lead Investigator [REDACTED] and Investigator [REDACTED].

The report to DCS listed an unknown person as the alleged perpetrator of Lack of Supervision/Neglect Death. Numerous interviews were conducted with the mother [REDACTED], service provider [REDACTED] mother of [REDACTED] neighbor [REDACTED], [REDACTED] and [REDACTED].

As part of the investigation the mother, [REDACTED], was interviewed and stated the twins often took turns spending the night at [REDACTED] and [REDACTED] home. The children would spend the night at the home and sleep in the bed with the family. On the night of the incident Ms. [REDACTED] placed [REDACTED] in the family's bed prior to returning to her home with [REDACTED] Mr. [REDACTED] stated that he was at a neighbor's home playing poker at the time and consumed some alcohol. Mr. [REDACTED] stated he was aware that [REDACTED] was in the bed with him and checked on him multiple times throughout the night. Mr. [REDACTED] discovered [REDACTED] to be unconscious when he got up to go to the restroom at 7:00AM. At that time [REDACTED] was no longer at the top of the bed where he was originally placed he was now at the foot of the bed and there was blood coming out of his nose. [REDACTED] was immediately picked up and moved to the living room so that CPR could be administered.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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.

DCS policy Work Aid 1 (B) defines the following criteria for Lack of Supervision:

1. The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or
2. Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills).
3. Any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

The case was presented to the [REDACTED] Child Protective Investigation Team on 9/23/2014. Team members were in agreement that there was sufficient evidence to substantiate the allegation of Child Neglect Death. After review by the Office of Child Safety, the case was presented to the [REDACTED] Child Protective Investigation Team on 2/26/2015. Team members were not in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death and Lack of Supervision.

As part of the investigation, a scene reenactment was completed by Mr. [REDACTED] at his home on June 28, 2014. [REDACTED] was sleeping in a king size bed with Mr. [REDACTED] and there were blankets and pillows on the bed. During Mr. [REDACTED] interview he admitted to consuming alcohol prior to getting in the bed with the children. [REDACTED] and his sister [REDACTED] often spent the night at Mr. [REDACTED] home and slept in the family's bed. Parties state they were unaware of the risks of co-sleeping.

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 and Lack of Supervision.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2015

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/26/2015

Completed date: 02/26/2015

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: 02/26/2015 02:44 PM Entered By: [REDACTED]

This CPSI presented this case at CPIT and the team disagreed with classification of allegation unsubstantiated/ perpetrator unsubstantiated. This case will be prosecuted and services were recommended. See CPIT form attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 02/25/2015 Contact Method:
 Contact Time: 09:14 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/25/2015
 Completed date: 02/25/2015 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: 02/25/2015 09:14 AM Entered By: [REDACTED]

The Department of Children's Services (DCS) received a referral on June 28, 2014 with an allegation of Lack of Supervision/
 Neglect Death regarding non-custodial child [REDACTED] [REDACTED] was not in the state's custody at the time of death.

[REDACTED] an eight month old, African American, male was sleeping in the bed with [REDACTED] and his two year old
 daughter [REDACTED] on June 28, 2014. [REDACTED] was discovered at the foot of the bed at approximately 7:00AM
 unresponsive on this date. A phone call was placed to 911 at 7:08 AM and CPR was administered by [REDACTED] [REDACTED]
 was transported to [REDACTED] where he remained on life support until July 2, 2014 at 6:59AM when he was
 pronounced deceased.

The investigation into this incident was conducted by Youth Services Detective [REDACTED] DCS Lead Investigator [REDACTED]
 [REDACTED] and Investigator [REDACTED].

The report to DCS listed an unknown person as the alleged perpetrator of Lack of Supervision/Neglect Death. Numerous
 interviews were conducted with the mother [REDACTED], service provider [REDACTED] mother of [REDACTED]
 [REDACTED] neighbor [REDACTED], [REDACTED] and [REDACTED]

As part of the investigation the mother, [REDACTED], was interviewed and stated the twins often took turns spending the night at
 [REDACTED] and [REDACTED] home. The children would spend the night at the home and sleep in the bed with the family.
 On the night of the incident Ms. [REDACTED] placed [REDACTED] in the family's bed prior to returning to her home with [REDACTED] Mr. [REDACTED]
 stated that he was at a neighbor's home playing poker at the time and consumed some alcohol. Mr. [REDACTED] stated he was aware
 that [REDACTED] was in the bed with him and checked on him multiple times throughout the night. Mr. [REDACTED] discovered [REDACTED] to be
 unconscious when he got up to go to the restroom at 7:00AM. At that time [REDACTED] was no longer at the top of the bed where he was
 originally placed he was now at the foot of the bed and there was blood coming out of his nose. [REDACTED] was immediately picked up
 and moved to the living room so that CPR could be administered.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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 9/23/2014. Team members were in agreement that there was sufficient evidence to substantiate the allegation of Child Neglect Death. After review by the Office of Child Safety the case is being presented again to the [REDACTED] Child Protective Investigation Team to change classification to allegation unsubstantiated perpetrator unknown for allegation of Neglect Death.

As part of the investigation, a scene reenactment was completed by Mr. [REDACTED] at his home on June 28, 2014. [REDACTED] was sleeping in a king size bed with Mr. [REDACTED] and there were blankets and pillows on the bed. During Mr. [REDACTED] interview he admitted to consuming alcohol prior to getting in the bed with the children. [REDACTED] and his sister [REDACTED] often spent the night at Mr. [REDACTED] home and slept in the family's bed. Parties state they were unaware of the risks of co-sleeping.

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 Unknown for the allegation of Child Neglect Death.

Narrative Type: Created In Error Entry Date/Time: 02/26/2015 02:40 PM Entered By: [REDACTED]

Dictation not worded properly and information needed to be edited.

Narrative Type: Addendum 1 Entry Date/Time: 02/25/2015 03:29 PM Entered By: [REDACTED]

The classification is allegation unsubstantiated/ perpetrator unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/06/2015

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/06/2015

Completed date: 02/06/2015

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: 02/06/2015 03:41 PM Entered By: [REDACTED]

CPSI [REDACTED] faxed the release of information to [REDACTED] and requested all medical records since birth.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/06/2015

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/12/2015

Completed date: 02/12/2015

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: 02/12/2015 09:32 AM Entered By: [REDACTED]

This CPSI completed the Closing Safety Assessment and the child is Safe. Copy attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/05/2015

Contact Method: Phone Call

Contact Time: 11:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/06/2015

Completed date: 02/06/2015

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: 02/06/2015 03:44 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] with [REDACTED] on February 5, 2015. Ms. [REDACTED] asked if the autopsy had been received by the department and if the manner/cause of death was SIDS. CPSI [REDACTED] explained that is not listed as a manner of death on an autopsy and the cause of death in the case was unable to be determined. CPSI [REDACTED] explained that if the agency or the mother wanted a copy of the autopsy they would need to submit a request to the medical examiners office. Ms. [REDACTED] stated that she continues to work with Ms. [REDACTED] but has not determined where she is currently living at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/03/2015

Contact Method:

Contact Time: 12:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/03/2015

Completed date: 02/03/2015

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: 02/03/2015 12:34 PM Entered By: [REDACTED]

CPSI [REDACTED] received the records from [REDACTED] of TN on February 3, 2015 and they are now included in the case file. The service provider has been having issues maintaining contact with Ms. [REDACTED] lately. The family's current address is unknown.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/28/2015 Contact Method: Attempted Phone Call
 Contact Time: 02:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/03/2015
 Completed date: 02/03/2015 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: 02/03/2015 12:33 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] with [REDACTED] of TN by phone on January 28, 2015 regarding the [REDACTED] family. CPSI [REDACTED] left a voicemail for Ms. [REDACTED] on this date stating the records had not been received and CPSI [REDACTED] needed to know the status of the records.

Ms. [REDACTED] returned CPSI [REDACTED] phone call on January 29, 2015 and stated the records were gathered and mailed as of January 27, 2015 so they should arrive in the mail in the next couple of days.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method:

Contact Time: 12:21 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/03/2015

Completed date: 02/03/2015

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: 02/03/2015 05:24 PM Entered By: [REDACTED]

CPSI [REDACTED] received medical records for [REDACTED] from [REDACTED] on January 7, 2015. CPSI [REDACTED] requested all records available for the client since birth.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/06/2015 Contact Method: Phone Call
 Contact Time: 03:20 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/06/2015
 Completed date: 01/06/2015 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: 01/06/2015 03:52 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] with [REDACTED] by phone at [REDACTED] on January 6, 2015. According to Ms. [REDACTED] Ms. [REDACTED] is still participating in the health families program at this time. Ms. [REDACTED] completed a homevisit at the beginning of December and also observed [REDACTED] and [REDACTED] at the [REDACTED] party during the third week of December. Ms. [REDACTED] stated that Ms. [REDACTED] recently moved but her current address is unknown and a visit has not been completed at the new address at this time. CPSI [REDACTED] asked Ms. [REDACTED] if she had any concerns about Ms. [REDACTED] at this time. Ms. [REDACTED] stated that there was no concerns noted while observing them at the Christmas party and that recent medical records were received for [REDACTED] and there were no concerns with the medical records. CPSI [REDACTED] asked Ms. [REDACTED] if she logs her contact with the family and she stated yes. CPSI [REDACTED] inquired about how to obtain these records and was told that Ms. [REDACTED] would need to speak with the director to see if they were able to release the information. Ms. [REDACTED] asked CPSI [REDACTED] why the case was currently still open and also asked if there was concerns regarding the autopsy. CPSI [REDACTED] explained that there are concerns regarding substance abuse and co-sleeping. Ms. [REDACTED] stated that Ms. [REDACTED] reports no longer co-sleeping. Ms. [REDACTED] stated that she had been at the home on multiple occasions and observed [REDACTED] sleeping in her own room in a crib or pack-n-play. CPSI [REDACTED] stated that the case is going to be submitted for closure since Ms. [REDACTED] is unresponsive to DCS attempts at contacting her. CPSI [REDACTED] stated that the records from Health Families are needed if available. Ms. [REDACTED] stated she would call CPSI [REDACTED] back tomorrow with an answer as to release of the records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/19/2014

Contact Method:

Contact Time: 03:35 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/06/2015

Completed date: 01/06/2015

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: 01/06/2015 03:39 PM Entered By: [REDACTED]

CPSI [REDACTED] mailed a certified letter to [REDACTED] at [REDACTED] on December 19, 2014. The certified letter receipt number is [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/07/2014 Contact Method: Face To Face
 Contact Time: 01:46 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/11/2014
 Completed date: 11/11/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/11/2014 02:05 PM Entered By: [REDACTED]

CPSI [REDACTED] and shadow [REDACTED] completed a homevisit to observe [REDACTED] and speak with the mother, [REDACTED]. CPSI [REDACTED] was greeted at the door by an African American Male whom stated that Ms. [REDACTED] was currently at work. CPSI [REDACTED] asked if [REDACTED] was currently in the home and he stated she was. CPSI [REDACTED] asked to observe [REDACTED] and the male individual asked who CPSI [REDACTED] was and what the visit was concerning. CPSI [REDACTED] explained that CPSI has been involved with the family for a couple of months and Ms. [REDACTED] is completely aware. The male stated he would need to contact the mother by phone and ask for permission to allow CPSI [REDACTED] to observe [REDACTED] and closed the apartment door. CPSI [REDACTED] stood outside the door for a couple of minutes and then the male came back to the door and held it open enough so that CPSI [REDACTED] could observe [REDACTED] playing in a pack and play in the living room. The male stated he was a friend of Ms. [REDACTED] but did not reveal his name and did not welcome CPSI [REDACTED] into the home. CPSI [REDACTED] left a card and asked the male to have Ms. [REDACTED] contact CPSI [REDACTED] as soon as possible. The individual stated he had CPSI [REDACTED] card from previous attempted visits.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/13/2014

Contact Method: Phone Call

Contact Time: 03:14 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

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: 10/17/2014 09:27 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] by phone on October 13, 2014 to find out if Ms. [REDACTED] is still residing with her and schedule a homevisit since multiple attempts have been made with no success. According to Ms. [REDACTED] is now staying at her own apartment again and is doing very well. The family had a birthday party for [REDACTED] yesterday and Ms. [REDACTED] held her emotions together and the party went great. Ms. [REDACTED] stated she is now working full time and has to ride the bus so she has to leave two hours early to get to work on time. Ms. [REDACTED] stated she did not feel she needed to complete and Alcohol and Drug Assessment because she is no longer using Marijuana and she passed the last drug screen administered by CPSI [REDACTED] CPSI [REDACTED] asked if Ms. [REDACTED] has a phone at this time and Ms. [REDACTED] stated she does not. CPSI [REDACTED] stated she will attempt another homevisit at Ms. [REDACTED] in the next week but asked Ms. [REDACTED] to have Ms. [REDACTED] contact CPSI [REDACTED] as soon as possible.

Narrative Type: Addendum 1 Entry Date/Time: 10/17/2014 09:29 AM Entered By: [REDACTED]

CPSI [REDACTED] also inquired about a possible address and phone number for [REDACTED] on this date and Ms. [REDACTED] stated she does not have any of that information. Ms. [REDACTED] stated that at this time she and Mr. [REDACTED] are not getting along so he has a new number that she does not know and she does not know where he is living.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2014	Contact Method:	Attempted Face To Face
Contact Time:	04:15 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/17/2014
Completed date:	10/17/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/17/2014 09:39 AM Entered By: [REDACTED]

CPSI [REDACTED] attempted a homevisit at the apartment of [REDACTED] on this date. A neighbor observed CPSI [REDACTED] knocking on the family's door and stated that Ms. [REDACTED] had got on the bus about an hour ago so she was not home. CPSI [REDACTED] thanked the neighbor for the information and left the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/23/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/12/2015

Completed date: 02/12/2015

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: 02/12/2015 09:27 AM Entered By: [REDACTED]

This CPSI presented this case at CPIT and the team agreed with classification of allegation substantiated/ perpetrator substantiated for Neglect Death. This case will be reviewed for prosecution and services will be recommended. See CPIT form attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

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: 10/17/2014 09:21 AM Entered By: [REDACTED]

CSP [REDACTED] received the records from [REDACTED] for the emergency room visit in June 2014. The records are now included in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/18/2014 Contact Method: Attempted Face To Face
 Contact Time: 04:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/17/2014
 Completed date: 10/17/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/17/2014 09:36 AM Entered By: [REDACTED]

CPSI [REDACTED] attempted a homevisit at the apartment of [REDACTED] and [REDACTED] on September 18, 2014. There was no answer at either of the homes. CPSI [REDACTED] left a card in the home of [REDACTED] on this date and wrote on the card asking Ms. [REDACTED] to contact CPSI [REDACTED] as soon as possible.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/09/2014 Contact Method: Attempted Face To Face
 Contact Time: 04:45 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/17/2014
 Completed date: 10/17/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/17/2014 09:34 AM Entered By: [REDACTED]

CPSI [REDACTED] attempted a homevisit on September 9, 2014 at the home of [REDACTED] there was no answer at the door on this date. CPSI [REDACTED] left a card in the family's door to let them know that CPSI [REDACTED] had came by the home on this date.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2014	Contact Method:	
Contact Time:	04:25 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/17/2014
Completed date:	10/17/2014	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: 10/17/2014 09:20 AM Entered By: [REDACTED]
 CPSI [REDACTED] faxed the release of information for [REDACTED] to [REDACTED] and [REDACTED] and requested the emergency room records for June 2014 from [REDACTED] and the birth records from [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/08/2014

Completed date: 09/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/08/2014 04:59 PM Entered By: [REDACTED]

Investigations Coordinator [REDACTED] met with Lead Investigator [REDACTED] and Investigator [REDACTED] to discuss the near death that resulted in a death and provide feedback from Regional Investigations Director [REDACTED]. The mother allowed the neighbors/friends to babysit the twin; the baby was found unresponsive in the neighbor's care. Case will be reviewed again on 9/19 at the MSW Review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/15/2014	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/26/2014
Completed date:	08/26/2014	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: 08/26/2014 10:45 AM Entered By: [REDACTED]

CPSI [REDACTED] received the records from [REDACTED] for [REDACTED] and [REDACTED] they are included in the case file. The records show that therapy sessions are being held and are scheduled for both parties to address grief. Both parties are on medication that is managed through [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/12/2014

Contact Method:

Contact Time: 04:48 PM

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): 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: 08/15/2014 03:19 PM Entered By: [REDACTED]

CPSI [REDACTED] faxed a release of information to the medical examiners office on August 12, 2014 so that the autopsy report for [REDACTED] will be sent to CPSI [REDACTED] upon completion.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/12/2014

Contact Method:

Contact Time: 04:45 PM

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): 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: 08/15/2014 03:21 PM Entered By: [REDACTED]

CSPi [REDACTED] faxed a release of information for [REDACTED] and [REDACTED] to [REDACTED] on August 12, 2014 so that their mental health records can be obtained and reviewed by CPSi [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 10:47 AM Entered By: [REDACTED]

Case conference was held on this date. A referral was received on the case. Investigator [REDACTED] addressed the concerns.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/08/2014 Contact Method: Face To Face
 Contact Time: 10:45 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/15/2014
 Completed date: 08/15/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being, Permanency
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 03:40 PM Entered By: [REDACTED]

CPSI [REDACTED] completed a homevisit at [REDACTED] which is the home of [REDACTED]. When CPSI [REDACTED] arrived at the home she was greeted by Ms. [REDACTED]. [REDACTED] was in the home being held by the healthy families worker, [REDACTED]. CPSI [REDACTED] explained that a report was made regarding [REDACTED] so CPSI [REDACTED] was there to follow up on the concerns. Ms. [REDACTED] became extremely emotional stating that her family is doing this to her. Ms. [REDACTED] stated her sister and her are fighting and her sister cut her the other day so she pressed charges. CPSI [REDACTED] asked Ms. [REDACTED] if she is currently using any drugs and she admitted to Marijuana. CPSI [REDACTED] completed a drug screen and she tested positive for Marijuana. CPSI [REDACTED] also drug screened [REDACTED] while at the home and she tested positive for her medication that she is currently on because she has staph infection and has been in the hospital. Ms. [REDACTED] tested positive for Oxycodone and Benzodiazepines, CPSI [REDACTED] viewed all of Ms. [REDACTED] prescriptions while at the home. Ms. [REDACTED] is currently prescribed Alprazolam, Oxycodone, and Sulfameth. Ms. [REDACTED] stated she is no long with Mr. [REDACTED] and he is no longer living in the home. The two have been separated for a couple of weeks. [REDACTED] reports that she is attending her counseling at [REDACTED] she is working with her [REDACTED] worker, and she is going to start counseling at [REDACTED]. CPSI [REDACTED] asked if [REDACTED] was stayin at Ms. [REDACTED] home all the time and she stated she was. CPSI [REDACTED] asked where [REDACTED] was sleeping if they were staying at Ms. [REDACTED] and Ms. [REDACTED] stated [REDACTED] sleeps with her on the couch. CPSI [REDACTED] immediately explained why this was no safe and told Ms. [REDACTED] that was not acceptable. CPSI [REDACTED] and Ms. [REDACTED] went to her home and got a pack and play for [REDACTED] to sleep in. When CPSI [REDACTED] entered Ms. [REDACTED] home it was extremely hot. Ms. [REDACTED] stated she has not been staying at her home because it upsets her to see two of everything when she now only has one child. CPSI [REDACTED] did observe two double strollers, two walkers, two cribs, two pack and plays, and baby clothes/ food all over the home. Ms. [REDACTED] stated when she came home once [REDACTED] was pronounced dead she through everything and has no taken the time to clean the house back up. Ms. [REDACTED] had questions about the autopsy and any results that may be received. CPSI [REDACTED] attempted to explain to Ms. [REDACTED] if [REDACTED] did suffocate there will likely be no findings on the autopsy. Ms. [REDACTED] stated she refuses to accept no findings. Ms. [REDACTED] was very emotional when speaking with CPSI [REDACTED] but she was positive when speaking about [REDACTED] and how she is doing her best to care for her. There were no men staying in Ms. [REDACTED] home at the time. CPSI [REDACTED] noted no concerns for [REDACTED] in either home on this date. CPSI [REDACTED] also observed Ms. [REDACTED] children on this date they were all appropriately dressed and playing in the living room. Ms. [REDACTED] mother was also at the home on this date to assist since Ms. [REDACTED] just got out of the hospital. CPSI [REDACTED] made sure to stress the important of safe sleep with Ms. [REDACTED] and made sure the pack and play was taken to Ms. [REDACTED] home so that [REDACTED] could sleep in it. Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

stated that at this time she does not have a working phone.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2014

Contact Method:

Contact Time: 09:15 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): 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: 08/15/2014 03:24 PM Entered By: [REDACTED]

The Department of Children's Services received the referral on August 8, 2014 and this CPSI received the referral as a screenout regarding drug exposed infant. The alleged perpetrator is listed as [REDACTED] mother and the victim is listed as [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/29/2014 Contact Method: Attempted Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/15/2014
 Completed date: 08/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 03:44 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted another homevisit at [REDACTED] on July 21, 2014 to check on the mother, [REDACTED] and complete a face to face with [REDACTED]. The family was not home on this date, CPSI [REDACTED] left a card in the family's door. CPSI [REDACTED] will attempt a homevisit at [REDACTED] apartment next if a phone call is not received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/24/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 10:48 AM Entered By: [REDACTED]

Case conference was held on this date. Case is a child fatality. Case is pending autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/21/2014 Contact Method: Attempted Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/15/2014
 Completed date: 08/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 03:42 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted a homevisit at [REDACTED] on July 21, 2014 to check on the mother, [REDACTED] and complete a face to face with [REDACTED]. The family was not home on this date, CPSI [REDACTED] left a card in the family's door.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/03/2014	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/12/2015
Completed date:	02/12/2015	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: 02/12/2015 09:33 AM Entered By: [REDACTED]

This CPSI completed the Initial Safety Assessment and the child is Conditionally Safe. Copy attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 10:44 AM Entered By: [REDACTED]

Case was conferenced on this date. Child fatality form was revised.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/02/2014 Contact Method: Face To Face
 Contact Time: 01:45 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/03/2014
 Completed date: 07/03/2014 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: 07/03/2014 03:56 PM Entered By: [REDACTED]

CPSI [REDACTED] met with the mother [REDACTED] and the neighbors [REDACTED] and [REDACTED] at the DCS office on July 2, 2014. CPSI [REDACTED] asked Mr. [REDACTED] and Ms. [REDACTED] to complete a drug screen while at the office. The drug screen was completed and both tested positive for Marijuana. CPSI [REDACTED] talked to the individuals about their use. Mr. [REDACTED] stated that he had actually stopped smoking marijuana because he is on probation but due to the stressors of being blamed for [REDACTED] death Mr. [REDACTED] admitted to smoking marijuana over the weekend. Ms. [REDACTED] stated she is receiving therapy through [REDACTED] and was told she needed to stop smoking marijuana because it only increased her anxiety. Ms. [REDACTED] stated she has not smoked Marijuana in over thirty days so she is not sure why she is still testing positive unless its because she has used for years. Ms. [REDACTED] is now taking Depacot for her anxiety. Ms. [REDACTED] stated that Marijuana is never used in front of or around the children. CPSI [REDACTED] asked Mr. [REDACTED] and Ms. [REDACTED] to complete an A&D assessment and follow recommendations. CPSI [REDACTED] provided the information for [REDACTED] and the [REDACTED] at [REDACTED] CPSI [REDACTED] also completed a release of information for Ms. [REDACTED] children so that their medical records could be reviewed and collected for the case file. While in the conference room Mr. [REDACTED] observed a safe sleep poster on the wall and stated he was not aware of all those concerns and dangers. Mr. [REDACTED] stated that if he would have known about safe sleep procedures he would have never got in the bed with the children. CPSI [REDACTED] explained that [REDACTED] cause of death remains unknown at this time but the fact that there was co-sleeping involved is concerning. CPSI [REDACTED] explained why the drug screens were a necessary part of the investigation and why the department has to ensure all children involved in this case are safe including Ms. [REDACTED] that is why the medical records are needed.

CPSI [REDACTED] spoke with Ms. [REDACTED] about her loss and encouraged her to attend grief counseling and speak to a professional. CPSI [REDACTED] provided Ms. [REDACTED] with bereavement providers for [REDACTED] and the [REDACTED] area. A copy of the grief and bereavement centers was given to Ms. [REDACTED] as she said she would be sitting everything up and assisting Ms. [REDACTED] the next couple of days. CPSI [REDACTED] explained to Ms. [REDACTED] how the investigation would proceed and more regarding the autopsy process as she had questions. CPSI [REDACTED] encouraged all individuals involved to contact her if they needed anything. Ms. [REDACTED] daughter [REDACTED] is currently with an aunt and Ms. [REDACTED] children are with their maternal grandmother while they assist Ms. [REDACTED] with transportation and support at this time. Ms. [REDACTED] has stated she is not going to leave Ms. [REDACTED] side at this time because of her history of depression and lack of actual family support. Ms. [REDACTED] went to the funeral home of her choice earlier today to make arrangements and is now going to make final preparations like choosing an outfit for [REDACTED] etc. Ms. [REDACTED] stated she is



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

concerned because the children's father informed her at the hospital that his family has a history of seizures and his old daughter recently had one. Ms. [REDACTED] stated she is concerned that may have happened to [REDACTED] Ms. [REDACTED] stated she just really wants to know what happened to him.

CPSI will be using the release of information and all signed DCS paperwork from the recent CPS investigation for [REDACTED] [REDACTED] and [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method: Phone Call

Contact Time: 11:42 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/02/2014

Completed date: 07/02/2014

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: 07/02/2014 12:14 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] mother of [REDACTED] on July 2, 2014 regarding [REDACTED] and [REDACTED]. According to Ms. [REDACTED] her grandchildren are very well taken care of by Ms. [REDACTED] and Mr. [REDACTED]. The children are never left unsupervised and the children never want for anything. The children have more than they will ever actually need. When the children need to go to the doctor or medical appointments they always take the children. Ms. [REDACTED] loves children and lets all the children come to her house to play because she knows she will watch them appropriately. Ms. [REDACTED] lived in the home with her daughter from September 2013 to December 2013 because she was physically ill and Ms. [REDACTED] took care of her at that time. Ms. [REDACTED] stated that her grandchildren are very active and they are always at the park or other outings. The children pick at each other and fight for their mother's attention but that's about it. Ms. [REDACTED] stated she has no concerns about drug use that she is aware of at this time. Ms. [REDACTED] is currently caring for her grandchildren while her daughter assists Ms. [REDACTED] through her time of grief and need. Ms. [REDACTED] stated that her daughter was always assisting Ms. [REDACTED] with the twins and treated them like they were her own. Ms. [REDACTED] stated that where ever her daughter went Ms. [REDACTED] and the twins were right there with her and her children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method: Phone Call

Contact Time: 11:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/02/2014

Completed date: 07/02/2014

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: 07/02/2014 12:01 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] on July 2, 2014 regarding [REDACTED] and [REDACTED]. According to Ms. [REDACTED] and [REDACTED] are good parents. They appear to be appropriate parents. Ms. [REDACTED] does not have children of her own but she does allow her niece to go to Ms. [REDACTED] home to play with her children and her children come to Ms. [REDACTED] home. Ms. [REDACTED] stated she has no concerns about alcohol or drugs in the home. Ms. [REDACTED] denies any incidents where the police have had to come to the home because of domestic violence or other issues. Mr. [REDACTED] and Ms. [REDACTED] usually take their children on outings at least five days a week to educate them and get them involved in activities in the community and keep them from being stuck in the house.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method:

Contact Time: 09:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/02/2014

Completed date: 07/02/2014

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: 07/02/2014 09:59 AM Entered By: [REDACTED]

This CPSI revised and submitted the Notice of Child Fatality/Near Fatality; see form attached.

CPSI [REDACTED] also contacted the child abuse hotline and modified the near fatality intake and provided the time of death for [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method: Phone Call

Contact Time: 08:36 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/02/2014

Completed date: 07/02/2014

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: 07/02/2014 09:21 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] social worker [REDACTED] on July 2, 2014 regarding [REDACTED] [REDACTED] has now been pronounced brain dead and his time of death is 6:59AM on July 2, 2014. The physician that completed the brain death scan and pronounced the time of death was Dr. [REDACTED] at [REDACTED]. The mother, [REDACTED] did make the decision to donate [REDACTED] organs through Tennessee Donor Services so he will remain on the machines for the next 24- 48 hours until time to harvest his organs and the autopsy will also be performed by the medical examiners office at that time. The mother is currently at the hospital with [REDACTED] and the children's godmother. Ms. [REDACTED] spoke with Ms. [REDACTED] about having thoughts of harming herself and she stated she is not having those thoughts at this time but did disclose she has a history of suicide attempts and depression. Ms. [REDACTED] reports currently being on medication for depression. The alleged father Mr. [REDACTED] admitted to the chaplain yesterday that he is in fact not the children's father he has just been there for the children and the mother so there will be no visit completed with him. Ms. [REDACTED] has the option to stay with [REDACTED] until time for him to be taken to the medical examiners office if she wishes to do so.

Narrative Type: Addendum 1 Entry Date/Time: 07/02/2014 12:05 PM Entered By: [REDACTED]

Ms. [REDACTED] stated that Mr. [REDACTED] stayed in the room with [REDACTED] last night. Mr. [REDACTED] and Ms. [REDACTED] have been a constant support for Ms. [REDACTED] at this time. Ms. [REDACTED] spoke with Ms. [REDACTED] and stated she will not be leaving Ms. [REDACTED] alone during this time as she is aware of her depression and previous history with mental health concerns. The crisis phone numbers were provided to Ms. [REDACTED] and Ms. [REDACTED] incase they were needed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2014

Contact Method: Phone Call

Contact Time: 03:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/01/2014

Completed date: 07/01/2014

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: 07/01/2014 04:49 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] social worker [REDACTED], regarding [REDACTED] on July 1, 2014. According to Ms. [REDACTED] the initial brain death scan has been completed and [REDACTED] did not pass that scan/assessment. A repeat scan will be completed in approximately 12 hours and then the time of death will be called at that time. The mother, [REDACTED] is going to be meeting with professionals to speak about possible organ donation today. Ms. [REDACTED] will have the opportunity to be present at the next scan like she was for the scan earlier today. At this time the mother is very emotional but there is support present with her at the hospital at this time. CPSI [REDACTED] has made [REDACTED] staff aware that Ms. [REDACTED] has previous suicide thoughts in the past so she may need a mental health evaluation or intervention by mobile crisis. CPSI [REDACTED] asked that Ms. [REDACTED] update her in the morning on July 2, 2014 on the status of [REDACTED] Family is currently caring for [REDACTED] and are currently at the hospital with the mother. Ms. [REDACTED] has stated she is not sure due to being with both men if Mr. [REDACTED] or Mr. [REDACTED] is the father of the twins. Ms. [REDACTED] has spoken with the [REDACTED] County Corrections Chaplain and informed him of the status of [REDACTED] and stated that a final visit with [REDACTED] at [REDACTED] would be allowed if approved by the jail and law enforcement personnel.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2014

Contact Method: Phone Call

Contact Time: 10:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/02/2014

Completed date: 07/02/2014

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: 07/02/2014 09:36 AM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call on July 1, 2014 from [REDACTED] social worker at [REDACTED] regarding [REDACTED]. According to Ms. [REDACTED] [REDACTED] has not been taking any more irregular breathes on his own so they may possibly begin the brain death exams today. The mother, [REDACTED] asked Ms. [REDACTED] to contact the [REDACTED] County Corrections Chaplain because [REDACTED] father is in jail. Ms. [REDACTED] asked who the father was and Ms. [REDACTED] stated the father is [REDACTED]. Prior to this date it was reported by Ms. [REDACTED] that the father was [REDACTED]. Ms. [REDACTED] did contact the Chaplain as she was asked and the Chaplain stated that a visit could be arranged if Mr. [REDACTED] was really the child's father. The alleged father, [REDACTED], has been at the hospital multiple times to visit the child. There is no father listed on the birth certificate so it is unknown who the child's father is at this time. CPSI [REDACTED] stated that there would be no harm in allowing a visit because the mother, [REDACTED], would not be allowed in the room with the inmate at the visit so the visit would not have an beneficial factors other than Mr. [REDACTED] being allowed to visit the child. Mr. [REDACTED] was previously on the TBI's 10 most wanted list and was arrested a couple of weeks ago with multiple charges including felony murder.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Youth Development Center

Created Date: 07/02/2014

Completed date: 07/02/2014

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: 07/02/2014 09:51 AM Entered By: [REDACTED]

This CPSI completed and submitted the Notice of Child Fatality/Near Fatality; see form attached.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/02/2014

Completed date: 07/02/2014

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: 07/02/2014 09:48 AM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED] social worker, [REDACTED] on June 30, 2014 regarding [REDACTED]. According to Ms. [REDACTED] she just completed her conversation with the medical staff and it was stated that [REDACTED] currently has no brain activity but he does have some irregular labored breathes that he takes on his own so that is preventing medical staff from completing the brain death exams. At this time [REDACTED] has not been pronounced brain dead the scans will be completed and then a time of death will be given. Over the weekend there was an incident between the parents and the mother, [REDACTED] punched the father, [REDACTED] in the face so law enforcement was contacted. Mr. [REDACTED] left the hospital and no charges were filed so the mother is allowed to remain at the hospital and visit when she wants. Medical staff will begin heating [REDACTED] body up to normal temperature and then they will see if he gets an body functions back such as coughing and gagging. Care team is not involved on this case Dr. [REDACTED] was consulted Saturday evening and she requested an Ophthalmology exam and skeletal survey be completed if possible since there is no obvious signs of injury. The ophthalmology exam was completed and there is no sign of retinal hemorrhaging. The physicians that have been working with [REDACTED] up til this time are Dr. [REDACTED] on Saturday, Dr. [REDACTED] on Sunday, and Dr. [REDACTED] today.

Ms. [REDACTED] faxed CPSI [REDACTED] some medical records for [REDACTED] on this date and they are included in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/06/2015

Completed date: 01/06/2015

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: 01/06/2015 03:19 PM Entered By: [REDACTED]

Residing at [REDACTED] is the mother [REDACTED] and the twins [REDACTED] and [REDACTED] [REDACTED] is the victim in this case is now deceased.

Residing at [REDACTED] is the neighbor [REDACTED] her boyfriend and the father of her daughter [REDACTED] her son [REDACTED] (age 4), and daughter [REDACTED] (age 2).

Neither of the families are of Native American Heritage.

This CPSI completed or requested a criminal background check on alleged perpetrator using [REDACTED] Criminal County Clerk on [REDACTED] [REDACTED], [REDACTED], an a man name [REDACTED] whom Ms. [REDACTED] alleged was the father at one time and it was positive/background history. Background check results attached to file.

A TFACTS history check was completed and the following was found:

[REDACTED]
 A referral was received regarding [REDACTED] and [REDACTED] in March 2014 with allegations of Enviornmental and Nutritional Neglect the perpetrator was [REDACTED] and the case was assessed and closed as Allegation Unsubstantiated/ Perpetrator Unsubstantiated.

[REDACTED]
 A referral was received regarding [REDACTED] in September 2011 regarding Drug Exposed Child and Lack of Supervision the alleged perpetrators were [REDACTED], [REDACTED] (maternal grandmother), and [REDACTED] the was assessed and closed as no services needed.

Both mothers have history as victims while minors.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 10:43 AM Entered By: [REDACTED]

LI [REDACTED] was on call with Investigator [REDACTED]. Case was discussed several times throughout the day and risk of the children was assessed. Investigation will continue.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/28/2014 Contact Method: Face To Face
 Contact Time: 11:40 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/01/2014
 Completed date: 07/01/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2014 04:35 PM Entered By: [REDACTED]

CPSI [REDACTED] Det. [REDACTED], and Det. [REDACTED] interviewed [REDACTED] in the living room of his home on June 28, 2014. According to Mr. [REDACTED] his girlfriend [REDACTED] has been helping the children's mother, [REDACTED] financially and keeping one of the children for her sometimes just to ease the burden since the children are twins. Mr. [REDACTED] and Ms. [REDACTED] buy the children clothes, diapers, and formula and they also transport the children to appointments with Ms. [REDACTED]. Last week, on Thursday Mr. [REDACTED] took [REDACTED] to [REDACTED] with his mother and he was diagnosed with Strep Throat. Mr. [REDACTED] took the prescriptions to [REDACTED] and even paid to have the prescriptions filled. Last night, Ms. [REDACTED] and the children came over to his home at about 8 or 9PM to eat dinner because Ms. [REDACTED] had cooked and invited her over to eat. The children fell asleep so they were put to bed at about 10:00PM. [REDACTED] was placed in Mr. [REDACTED] bed to sleep. Mr. [REDACTED] stated he and Ms. [REDACTED] continuously checked on [REDACTED] throughout the evening. Mr. [REDACTED] was busy writing someone a letter that is in jail. Ms. [REDACTED] wanted [REDACTED] to stay at her home again and Mr. [REDACTED] spoke up and said no that it was [REDACTED] turn to spend the night because [REDACTED] had spent the night the past two evenings.

Mr. [REDACTED] stated that he was in and out of the home all evening between his home and the neighbors. Mr. [REDACTED] was at a neighbor's home playing cards and admitted to drinking some alcohol while he was there. Mr. [REDACTED] stated he had about three shots of alcohol mixed with Sprite during the course of the evening. Mr. [REDACTED] stated that the women were at his apartment with the children and did not drink any alcohol that night. Mr. [REDACTED] stated he came home at about 2:00AM and went to get in his bed. At that time Mr. [REDACTED] moved [REDACTED] to the top of the bed and placed him on his side. [REDACTED] was on the side of the bed near the wall up on a pillow with no blankets on him. Mr. [REDACTED] daughter [REDACTED] was also in the bed on the other side so Mr. [REDACTED] layed down between the children closes to his daughter. Mr. [REDACTED] woke up once at approximately 5:00AM and there was still no blankets on [REDACTED] and he was still at the top of the bed in the position in which he was placed. At this time Mr. [REDACTED] had no concerns because he stated when he placed [REDACTED] up there he was responsive.

Mr. [REDACTED] then got up a second time at approximately 7:00AM and found [REDACTED] at the foot of the bed with his feet facing the head of the bed. Mr. [REDACTED] stated that [REDACTED] was still on his back and there were no blankets on him. Mr. [REDACTED] stated he scooted to the bottom of the bed and started talking to [REDACTED] asking him why he was not up yet and [REDACTED] did not respond. Mr. [REDACTED] then noticed some blood on [REDACTED] nostril. Mr. [REDACTED] stated he placed his hand on [REDACTED] stomach but it did not rise or fall he then placed his finger under [REDACTED] nose and he did not feel him breathing so he picked him up and placed him back at the top of the bed. Mr. [REDACTED] stated that when he picked [REDACTED] up his body was limp. Mr. [REDACTED] immediately went to the living room woke up Ms. [REDACTED] to tell her what was going on,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

dialled 911 on his cell phone, and ran next door to get [REDACTED] mother. Ms. [REDACTED] slept on the couch in the living room with her son that night because he was acting out and wanted attention. Mr. [REDACTED] stated that by the time he returned to his home [REDACTED] was in the living room on the ottoman and CPR was being performed by the family's neighbor [REDACTED]. Mr. [REDACTED] stated that "blood and snot went into [REDACTED] mouth while she was performing CPR and she had to spit it out". Mr. [REDACTED] stated he contacted 911 at 7:08AM. As soon as EMS arrived they immediately picked [REDACTED] up and transported him to the hospital.

A reenactment was completed using dolls and was recorded by law enforcement. Photographs were also taken at the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2014

Contact Method: Face To Face

Contact Time: 10:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2014 04:42 PM Entered By: [REDACTED]

CPSI [REDACTED] observed [REDACTED] on June 28, 2014 at [REDACTED] Pediatric Intensive Care Unit once he was stabilized by hospital staff and machinery. CPSI [REDACTED] observed [REDACTED] to be connected to multiple IVs and he was also connected to oxygen. [REDACTED] was unresponsive while CPSI [REDACTED] was at the hospital although he was not sedated. There is currently concern that [REDACTED] has no brain activity therefore he is currently on life support. CPSI [REDACTED] accompanied Det. [REDACTED] and Det. [REDACTED] to the child's room and photographs were taken by law enforcement. There is currently no outward signs of trauma being noted. [REDACTED] currently has no clothing on at this time not even a diaper.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/28/2014	Contact Method:	Face To Face
Contact Time:	10:04 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	06/30/2014
Completed date:	07/01/2014	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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2014 04:33 PM Entered By: [REDACTED]

CPSI [REDACTED] Det. [REDACTED] and Det. [REDACTED] interviewed the mother, [REDACTED] in a conference room at [REDACTED] on June 28, 2014. According to Ms. [REDACTED] her son, [REDACTED] stayed the night with her neighbors [REDACTED] and [REDACTED] last night at their apartment which is [REDACTED]. Ms. [REDACTED] stated she is best friends with Ms. [REDACTED] and consider her to be like a sister. The past two nights Ms. [REDACTED] daughter [REDACTED] stayed at Ms. [REDACTED] home so last night was [REDACTED] turn. Ms. [REDACTED] and her two children went to Ms. [REDACTED] home at approximately 8:00PM to have dinner. While at Ms. [REDACTED] home the children played and were crawling around the home. Both of the twins are currently learning how to crawl. [REDACTED] fell asleep in the living room floor so Ms. [REDACTED] placed [REDACTED] in Ms. [REDACTED] bed to sleep at about 10:30PM. [REDACTED] drank some formula at approximately 10:10PM. [REDACTED] had started eating solid food so he was also fed some mashed potatoes, green beans, and some chewed up chicken. [REDACTED] was given four bottles throughout the day at 7:00AM, 10:00AM, 2:00PM, 6:00PM and these were all eight ounce bottles. [REDACTED] was diagnosed with Strep Throat three days ago by [REDACTED] emergency room. [REDACTED] was prescribed Amoxicillin and Ibuprofen. Ms. [REDACTED] stated she went to her home and got the medication and gave some to [REDACTED] while he was asleep before she went to her home for the evening. Ms. [REDACTED] stated she made sure [REDACTED] was awake when she gave him the medication so that he would not choke. Ms. [REDACTED] stated she placed [REDACTED] on his side when she placed him in the bed. Also in the bed at the time was Ms. [REDACTED] two year old daughter. Ms. [REDACTED] stated that at 7:00AM this morning Mr. [REDACTED] came knocking on her door. Mr. [REDACTED] was on the phone with 911 when he came to get Ms. [REDACTED]. Ms. [REDACTED] immediately went next door to see what was going on. When Ms. [REDACTED] walked into the home of Ms. [REDACTED] she was holding [REDACTED] and blood was coming out of his nose. Ms. [REDACTED] stated she started CPR using two fingers between [REDACTED] nipples. Ms. [REDACTED] stated that before she started CPR a neighbor name [REDACTED] had come over and started CPR. During CPR there was a lot of blood and mucus that came out of [REDACTED] nose. When the children are at home with Ms. [REDACTED] they normally sleep in their crib together although they do have separate cribs. When the children are at Ms. [REDACTED] home they sleep with Ms. [REDACTED] most of the time. Ms. [REDACTED] has two children age 4 and 2. [REDACTED] and [REDACTED] go to [REDACTED] and their pediatrician is [REDACTED]. The twins were born at 37 weeks 6 days gestation. Ms. [REDACTED] denied having any knowledge of what may have cause her son to be unresponsive on the morning of June 28, 2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2014

Contact Method: Face To Face

Contact Time: 09:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 10:24 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with the referent, at [REDACTED] on June 28, 2014. According to the referent, the mother is [REDACTED] and her DOB is [REDACTED] and the children are [REDACTED] and [REDACTED] DOB [REDACTED]. The referent stated the little boy has been sick recently and he is aware of this because he seen the mother and the two children at the bus station downtown. Ms. [REDACTED] stated she had taken [REDACTED] to [REDACTED]. Last night [REDACTED] stayed at the neighbor's home. The neighbor's watched the little girl the night before and kept the little boy last night. The family's home address is [REDACTED] and the incident occurred at apartment [REDACTED] at the home of [REDACTED] whose DOB is [REDACTED]. [REDACTED] was in the bed with the adult male and his own child. The neighbors allegedly assist the mother with transportation to doctors' appointments and financially assist in supporting the children. In the family's bed was the family's two year old daughter, the father Mr. [REDACTED] and then [REDACTED] in that order. Mr. [REDACTED] girlfriend and her son were in the living room on the couch.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/28/2014 Contact Method:
 Contact Time: 08:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/02/2014
 Completed date: 07/02/2014 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: 07/02/2014 09:24 AM Entered By: [REDACTED]

The Department of Children's Services received the referral on June 28, 2014 and this CPSI received the referral as a response priority P1 regarding lack of supervision near fatality. The alleged perpetrator is listed as unknown and the victim is listed as [REDACTED]

Narrative Type: Addendum 2 Entry Date/Time: 02/12/2015 09:29 AM Entered By: [REDACTED]

Notice of Referral pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.

Narrative Type: Addendum 1 Entry Date/Time: 01/06/2015 03:04 PM Entered By: [REDACTED]

The Department of Children's Services received the referral on June 28, 2014 and this CPSI received the referral as a response priority P1 regarding lack of supervision near fatality. The alleged perpetrator is listed as unknown and the victim is listed as [REDACTED]. The referral states:

[REDACTED] 8 months) and [REDACTED] ([REDACTED] 8 months) live with their mother ([REDACTED] [REDACTED] 22). No one else resides in their home.

The [REDACTED] are neighbors to [REDACTED] ([REDACTED] 42), [REDACTED] ([REDACTED] 23), and their children, [REDACTED] (4) and [REDACTED] (2).

On June 28, 2014, at approximately 8:00 a.m., the [REDACTED] County Department of Children's Services, [REDACTED] (team leader) was contacted by [REDACTED] Police Department Youth Services Division ([REDACTED]) concerning a fatality. Case manager [REDACTED] with [REDACTED] County Department of Children's Services Investigation Unit responded to [REDACTED]. Upon arrival, it was found that this matter is considered to be a near fatality, but the child is not expected to survive. [REDACTED] is brain dead. A scan will be ran in 24 hours to see if there is any brain activity and then another scan at the 36 hour mark before making the call to pull him off life support. The mother does have the option to pull him off life support before the scans are completed.

On June 26, 2014, [REDACTED] was seen at [REDACTED] Emergency Department due to severe congestion and flu



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

like symptoms. [REDACTED] was diagnosed with strep throat. He was prescribed amoxicillin and ibuprofen.

On June 27, 2014, [REDACTED] spent the night at the neighbor's home [REDACTED] after he, his mother and twin sister had dinner at the neighbor's home. The neighbors help the mother with the twins on a regular basis by keeping one twin at a time for her. The neighbors also assist the mother with food, formula and diapers for the twins. The neighbors also help provide transportation to the doctor and hospital appointments for the twins. The mother does not have her own transportation.

The mother did not report any concerns with [REDACTED] health on Friday. Ms. [REDACTED] did report that [REDACTED] did not feel good and was not as active as when he is well. He did have a lot of congestion at that time with rattling in his chest.

[REDACTED] was sleeping in the bed with Mr. [REDACTED] and [REDACTED] (2 year). Mr. [REDACTED] was reportedly sleeping between the children in the bed. Ms. [REDACTED] slept in the living room last night (June 27, 2014) on the couch with [REDACTED] (4 years).

Ms. [REDACTED] said [REDACTED] and [REDACTED] fell asleep first. [REDACTED] fell asleep at approximately 11:00 p.m. and was placed in the bed by his mother. Mr. [REDACTED] came to the bed at approximately 2:00 a.m. on June 28, 2014. Mr. [REDACTED] admitted to having three (3) shots of liquor mixed with sprite last night prior to returning to the home and going to bed. Mr. [REDACTED] consumed the drinks while at a neighbor's home. Mr. [REDACTED] ate dinner with the family between 8:00 - 9:00 p.m. and then went to the neighbor's to play cards. Mr. [REDACTED] returned at approximately 2:00 a.m. Mr. [REDACTED] denies being drunk. Mr. [REDACTED] said [REDACTED] was near the end of the bed, where he was placed by his mother because he fell asleep in the floor of the living room. Mr. [REDACTED] said he picked [REDACTED] up and put him near the head of the bed and then Mr. [REDACTED] fell asleep between the children at approximately 2:00 a.m.

Ms. [REDACTED] said [REDACTED] was acting out so she decided to sleep in the living room with him. There is no crib or pack-n-play in the [REDACTED] house for [REDACTED] to sleep in. [REDACTED] and [REDACTED] have toddler beds in the home, but they were not sleeping in them last night.

On June 28, 2014, at approximately 5:00 a.m., Mr. [REDACTED] said he woke up to use the restroom and [REDACTED] was still in the same position and spot Mr. [REDACTED] had placed him at the head of the bed at approximately 2:00 a.m. Mr. [REDACTED] noted no concerns at that time. Mr. [REDACTED] reported [REDACTED] was never under any type of blanket or sheet.

On June 28, 2014, at approximately 7:00 a.m., Mr. [REDACTED] woke up to go to the restroom. Mr. [REDACTED] noticed [REDACTED] was at the foot of the bed, on his back, with his feet facing the head of the bed. Mr. [REDACTED] started to talk to [REDACTED] and noticed he was not moving. Mr. [REDACTED] then noticed that [REDACTED] had blood coming out of his right nostril. The blood was described to be thin and not running down the child's face.

At that time, Mr. [REDACTED] went to the living room, woke Ms. [REDACTED] and called 911 at 7:08 a.m. Ms. [REDACTED] proceeded to take [REDACTED] into the living room. Ms. [REDACTED] called for the neighbors across the hall to come help. Ms. [REDACTED] then started CPR on [REDACTED] with the help of the neighbor ([REDACTED] last name unknown). While on the phone with 911, Mr. [REDACTED] went to get [REDACTED] mother ([REDACTED]). The mother, neighbor ([REDACTED]) and Ms. [REDACTED] all took turns attempting CPR on [REDACTED] until EMS arrived. It was reported that during CPR, [REDACTED] had mucus and blood coming out of his nose.

EMS immediately transferred [REDACTED] to [REDACTED]. It is unknown when EMS arrived at the home. It is unknown what time EMS arrived at the hospital. It is unclear if [REDACTED] had a heartbeat or pulse when EMS took [REDACTED] from the [REDACTED] residence. It is unknown what procedures were performed while [REDACTED] was in the ambulance on the way to [REDACTED]. It is believed [REDACTED] has a heartbeat, but he is on oxygen (life support) and has no brain activity. It is unclear if a scan was performed to see if he had any oxygen in his brain.

[REDACTED] had no evidence or signs of trauma according to [REDACTED]. It is unknown who [REDACTED] attending physician is at this time. Photographs have been taken of [REDACTED] [REDACTED] Police Department (Detective [REDACTED]) is active on this case. No arrests or citations have been given out at this time. The doctors at [REDACTED] have not made any determination on what may have caused [REDACTED] current condition. It is unknown if the [REDACTED] Unit has become involved.

[REDACTED] is still with her mother at this time. It is believed that [REDACTED] and the mother are home at this time. The mother plans for [REDACTED] to go with family (contact information unknown) tonight so that she can be at the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Mr. [REDACTED] Ms. [REDACTED] and their children are still together in their home at this time. There are no safety concerns for the children in this home. There were no environmental concerns regarding the [REDACTED] residence.

[REDACTED] and [REDACTED] have no known diagnosed special needs or disabilities. The twins were born at 37 weeks and 6 days gestation. The [REDACTED] family has a history with the Department of Children's Services. The case received in March 2014 was due to failure to thrive because [REDACTED] only weighed 10 pounds. The case was unfounded for nutritional neglect and environmental neglect. [REDACTED] current weight is unknown. The reporter is unaware what may have caused [REDACTED] to be at such a low weight at the time of that case.

The [REDACTED] family also has a history with the Department of Children's Services. The [REDACTED] home has not been seen by the reporter. It is unknown if there are any safety concerns or hazards, including guns, weapons, knives or vicious animals in the [REDACTED] home. The reporter was last in the [REDACTED] home on June 28, 2014. There are no guns, weapons, knives or vicious animals in the [REDACTED] home."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/28/2014 Contact Method: Face To Face
 Contact Time: 12:15 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/01/2014
 Completed date: 07/01/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2014 04:36 PM Entered By: [REDACTED]

CPSI [REDACTED] Det. [REDACTED], and Det. [REDACTED] interviewed [REDACTED] in the living room of her home on June 28, 2014. According to Ms. [REDACTED] it was approximately 1:00AM when the mother, [REDACTED] put [REDACTED] in Ms. [REDACTED] bed. When Mr. [REDACTED] came in and went to bed he moved [REDACTED] to the top of the bed. Mr. [REDACTED] got up to go to the restroom and found [REDACTED] unresponsive. Ms. [REDACTED] stated that Mr. [REDACTED] called 911 and went to get the child's mother. While Mr. [REDACTED] was gone Ms. [REDACTED] picked [REDACTED] up and was holding him screaming for help and that is when the neighbor [REDACTED] heard her and came over and started CPR. During the CPR there was a lot of blood and mucus that came out of [REDACTED] nose and mouth. [REDACTED] has been very congested and sick so he is on medication and his mother gave him the medication last night after she laid him down. Ms. [REDACTED] stated that [REDACTED] chest would rattle when he would breathe and his nose would have to be cleaned out because they would be full mucous. Ms. [REDACTED] stated that mother would normally suction his nose out but she did not do so while [REDACTED] was at Ms. [REDACTED] home so it is unknown if his nose was suctioned at all yesterday. Ms. [REDACTED] stated she just wants to know what caused [REDACTED] to be unresponsive because she loved the babies like they were her own.

Narrative Type: Addendum 1 Entry Date/Time: 07/02/2014 09:24 AM Entered By: [REDACTED]

This interview took place at 12:15PM not AM.



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: 6/28/14 8:30 AM

Date of Assessment: 7/3/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



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: _____