



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

Case # 2014.105

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	07/03//2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	07/03//2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Mother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

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

██████████ was in the bathtub with her sister and was about to defecate in the water. The mother called her name which shocked her and cause her to fall, hitting her head, and going under water. The mother states only under water a few seconds before she pulled her out. The mother called 911 and they assisted her with compressions until paramedics arrived.

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

Name of Physician:	Dr. ██████████	Telephone #	██████████
Street Address:	██████████	City/State/Zip:	██████████

**Describe (in detail) interview with family:**

The mother reports that she had taken a shower before the father took his shower to go to work. The mother states that after the father took his shower ██████████ and ██████████ were in the bathtub playing. The mother states that the water was high in the tub but she could not say who ran the water. The mother states that she was standing in the bathroom finishing getting ready by the mirror and ██████████ called out saying that ██████████ was about to "poop" in the bathtub. The mother states that she called ██████████ name which startled her and she fell, hitting her head on the tub and went under water. The mother states that she grabbed ██████████ out of the tub, called 911, and started compression as directed by the 911 operator until paramedics arrived.

██████████ was interviewed. ██████████ reported being in the tub with her sister and her sister falling and hitting her head. ██████████ says that she showed her mother ██████████ had fallen and the mother grabbed her out of the water and her sister's eyes were closed.

██████████ completed a forensic interview at the ██████████ on 7/1/2014 at which time she disclosed that her mother was in the kitchen and she was calling out to her for help because ██████████ was under water.

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

CPSI ██████████ arrived at the hospital @ 5:30 pm on 6/28/2014, meeting first with Sgt. ██████████ and Lieutenant ██████████. CPSI ██████████ went to the room to observe the child and spoke with the charge Nurse ██████████ and the Task Nurse ██████████. The charge Nurse reported that ██████████ pupils are fixed and dilated, lungs are clear, and they requested a drug screen. CPSI ██████████ only observed for a minute due to nursing staff working on client. CPSI ██████████ then went to the family room and spoke with the mother. CPSI ██████████ watched Sgt. ██████████ get a formal statement from the mother. CPSI ██████████ interviewed ██████████ and talked with the ██████████. CPSI ██████████ had the parents

to sign the necessary paperwork. CPSI [REDACTED] contacted LI [REDACTED]

Describe disposition of body (Death): [REDACTED]

Name of Medical Examiner/Coroner: [REDACTED] Was autopsy requested?  No  Yes

Did CPS open an investigation on this Death/Near Death?  No  Yes

Was there DCS involvement at the time of Death/Near Death?  No  Yes

Type: [REDACTED] Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:

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):

CPSI [REDACTED] provided LI [REDACTED] with information on the maternal grandparents to complete an IPA. There backgrounds were clear for the IPA. LI [REDACTED] contacted the legal department who stated that because [REDACTED] is not the daughter of the [REDACTED] and the father was not at home at the time of the incident. He has custody and no IPA is necessary.

Name: [REDACTED] Age: 4

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

Contact Person: [REDACTED] Telephone Number: [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]**

Intake #:	██████████	Investigation #:	██████████	Date of Referral	Case # 2014-105

*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*

CS-0635, Rev. 08/13

RDA 2993

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**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 03:30 PM [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 12:14 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 06/30/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 06/30/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 1 Mos	Lack of Supervision	Yes	[REDACTED]	Birth Father

Preliminary Near Death: [REDACTED]

**Referent(s)**

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact [REDACTED]

Notification: Letter

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

TFACTS:

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: No

Substantiated: No

Death: No



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

Screened out : Yes [REDACTED]

History (not listed above): Yes  
7-10-09 / [REDACTED] / LOS / Unable to Complete

County: [REDACTED]  
Notification: Letter  
School/ Daycare: No  
Native American Descent: No  
Directions: The family resides at [REDACTED]

Reporter's name/relationship [REDACTED]

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

[REDACTED] live with their mother, [REDACTED],  
23) and father, [REDACTED] County.

Law enforcement (LE) responded to a call regarding an unresponsive child. When LE arrived on the scene, [REDACTED] was already being transported to [REDACTED] Hospital by emergency medical technicians. LE did not get to observe [REDACTED]. It is unknown if [REDACTED] had sustained an injury. It has been learned that [REDACTED] is currently in "extreme critical condition". [REDACTED] reported that she was taking a shower with [REDACTED] and [REDACTED] and she left the shower for "just a second" and when she returned to the shower she noticed that [REDACTED] was submerged under water, unresponsive. It is believed that [REDACTED] slipped in the shower. The referent had no further information regarding the incident. LE is requesting that DCS respond immediately.

LE report number: [REDACTED]

Special Needs or Disabilities: Unknown  
Child's current location/is the child safe at this time: [REDACTED] Hospital  
Perpetrator's location at this time: Home  
Any other safety concerns for the child or worker who may respond: None

Per SDM: Investigative Track, P1 - [REDACTED], CM3, on 6-28-14 at 4:31 p.m.  
County notified via MIR3 on 6-28-14 at 4:31 p.m. by [REDACTED]

[REDACTED] Time Issued: 04:37:53 PM // Completed: 04:44:09 PM

Email has been sent to Preliminary Near Death Group: [REDACTED]  
[REDACTED]

[REDACTED] Administrator, [REDACTED], was also copied on the notification email



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: White Age: 2 Yrs 1 Mos

Address [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 4 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 35 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

A. Investigation

Case Name: [Redacted]

Investigation ID: [Redacted]

Referral Date: 06/28/2014

Assignment Date: 06/30/2014

Street Address: [Redacted],

City/State/Zip: [Redacted]

B. Allegation

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

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: allegations substantiated/ perpetrator substantiated

D. Case Workers

Case Worker: [Redacted]

Date: 10/07/2014

Team Leader: [Redacted]

Date: 10/07/2014

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

[Redacted] was observed at [Redacted] Hospital. [Redacted] was observed unresponsive with no marks or bruises.

[Redacted] was observed with no marks or bruises.. [Redacted] completed a forensic interview at which time she disclosed that she and [Redacted] were in the bathtub and [Redacted] slipped under water and she called her mother. [Redacted] states that her mother was in the kitchen when she called. [Redacted] was demonstrating how her sister slipped under the water. [Redacted] also reported that her mother smokes but could not say what her mother smokes.

The home was found to be appropriate with no safety hazards.

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: ██████████

The Autopsy report showed that the cause of death could not be determined.

CPSI ██████████ talked with Mrs. ██████████ the mother of ██████████ who reported that her daughter is a good mother to the children. Mrs. ██████████ states that her daughter is very attentive to the children and the father works hard to make sure the family has what they need.

██████████ a friend of the family who was also at the hospital reported that Ms. ██████████ is a good mother and that she would never do anything to harm her child. Ms. ██████████ states that ██████████ takes good care of her children. Ms. ██████████ voiced no concerns.

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

The mother reports that she had taken a shower before the father took his shower to go to work. The mother states that after the father took his shower ██████████ and ██████████ were in the bathtub playing. The mother states that the water was high in the tub but she could not say who ran the water. The mother states that she was standing in the bathroom finishing getting ready by the mirror and ██████████ called out saying that ██████████ was about to "poop" in the bathtub. The mother states that she called ██████████ name which startled her and she fell, hitting her head on the tub and went under water. The mother states that she grabbed ██████████ out of the tub, called 911, and started compression as directed by the 911 operator until paramedics arrived. The mother reported that the father was not present at the home and was at work.

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

There are no witness descriptions to the alleged abuse. Police reported a strong smell of marijuana in the home and the mother gave police the marijuana she had and received a citation.

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

Allegations substantiated/ perpetrator substantiated-- case to be prosecuted Aggravated Child Abuse.

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: 12/21/2014

Contact Method:

Contact Time: 09:57 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/23/2014

Completed date: 12/23/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/23/2014 09:08 AM      Entered By: [REDACTED]

This case read and approved for closure by [REDACTED] of Investigations. A classified CS-740 will be sent to Juvenile Court for notification to the Judge and to the DA. This case is approved to be closed.

Per policy Due Process Notification Letter A w/ attachment mailed certified to [REDACTED] by Lead Investigator [REDACTED].

A copy of Due Process Notification Letter A w/attachment and classified 740 sent to Regional Legal Staff.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/20/2014 Contact Method:  
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/17/2014  
 Completed date: 11/17/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/17/2014 02:51 PM Entered By: [REDACTED]

Referral assigned: The Department of Children's received a referral for Lack of supervision of [REDACTED] by [REDACTED] on 6/28/2014.

Events: On 06/28/2014 Law Enforcement responded to a call of an unresponsive child([REDACTED] at the families home. When officers arrived [REDACTED] had already been transported to [REDACTED] Hospital. The mother([REDACTED]) reported at that time that she was taking a shower with [REDACTED] and [REDACTED] and she left the shower for just a second and when she returned she noticed that [REDACTED] was submerged under water and non responsive. [REDACTED] was in the hospital for several days and pronounced dead on 7/3/2014. There was a strong smell of marijuana in the home when police arrived. The mother gave the police the marijuana she was smoking and was issued a citation on the scene.

Investigators involved: CPSI [REDACTED] and Sgt. [REDACTED] with [REDACTED] Police Department were assigned the case to investigate.

Alleged Perpetrator: The Alleged Perpetrator is [REDACTED] the birth mother to [REDACTED]

Interviews were conducted with [REDACTED] the alleged Perpetrator and [REDACTED] sibling

Details of interviews:

Policy: LACK OF SUPERVISION:

DCS Policy defines Lack of Supervision as a failure to provide adequate supervision by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that 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 the 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). Lack of Supervision is also defined as 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.



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

Case Id: ██████████

Case Name: ██████████

Case Status: Open

Organization: ██████████

Policy : Child death is defined as:

• Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

• Any child death caused by abuse or neglect resulting from direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse.

• Any child death caused by abuse or neglect resulting from the parent or caretakers to stop another persons direct action that resulted in the death of the child.

Child Protective Investigation Team: 7/1/2014 Referral reviewed and stamped Coordinate, get medical record, forensic interview of ██████████

07/31/2014: CPSI ██████████ and Sgt. ██████████ presented the case to the Child Protective Investigation Team review team. The allegations of lack of supervision were substantiated against the mother. Sgt. ██████████ is still trying to get the mother into the office to complete a official statement but has not been able to reach the mother. CPSI ██████████ made the team aware that the mother is not returning her phone calls either. CPSI ██████████ and Sgt. ██████████ will make a visit to the home the following morning to attempt contact. Sgt. ██████████ will contact the DA'S office and they will decide what the charges will be against the mother and if they are going to arrest her.

10/20/2014- Per Sgt. ██████████ Ms. ██████████ with be charged with Aggravated Child abuse.

Result of interviews: on 6/28/2014 ██████████ reported that she had taken a shower before the father took his shower to go to work. The mother states that after the father took his shower ██████████ and ██████████ were in the bathtub playing. The mother states that the water was high in the tub but she could not say who ran the water. The mother states that she was standing in the bathroom finishing getting ready by the mirror and ██████████ called out saying that ██████████ was about to "poop" in the bathtub. The mother states that she called ██████████ name which startled her and she fell, hitting her head on the tub and went under water. The mother states that she grabbed ██████████ out of the tub, called 911, and started compression as directed by the 911 operator until paramedics arrived. The mother reported that the father was not present at the home and was at work. Ms. ██████████ was visibly upset and shaken by the events and appeared appropriately concerned for her daughter.

██████████ was interviewed. ██████████ reported on 6/28/2014 that she was in the tub with her sister and her sister falling and hitting her head. ██████████ says that she showed her mother ██████████ had fallen and the mother grabbed her out of the water and her sister's eyes were closed. However during her forensic on 7/1/2014 ██████████ made a disclosure reporting that she and ██████████ were in the bathtub and ██████████ slipped under water and she called her mother. ██████████ states that her mother was in the kitchen when she called. ██████████ was demonstrating how her sister slipped under the water. ██████████ also reported that her mother smokes but coul not say what her mother smokes. The forensic was observed by CPSI ██████████ and Sgt. ██████████

Preponderance of evidence: There is evidence that the mother was under the influence of drugs at the time of the incident. When the police arrived at the home on the night of the incident the home had a strong smell of marijuana. The mother reported to police that she had smoked earlier that day while the children were outside. The mother gave the police the marijuana she had in the home and was issued a citation.

██████████ reported that ██████████ not in the room when ██████████ fell in the bathtub and ██████████ had to call for help from her mother several times as reported in ██████████ forensic interview.

Closing and Classification:

The case will be closed and classified as Allegations Substantiated/ perpetrator substantiated for the allegations of Child Neglect Death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/20/2014 Contact Method:  
 Contact Time: 09:52 AM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/20/2014  
 Completed date: 10/20/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/20/2014 09:52 AM Entered By: [REDACTED]

**NEGLECT DEATH:**

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities.

**LACK OF SUPERVISION:**

DCS Policy defines Lack of Supervision as a failure to provide adequate supervision by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that 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 the 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). Lack of Supervision is also defined as 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.

**DRUG EXPOSED INFANT/CHILD:** (The medical definition of infant is age 0 to 1 year old. Child is over the age of 1 year old.)

Note: When an infant is born to a mother who is using illegal substances, the infant must test positive or require medical treatment for symptoms of drug dependency to indicate for Drug Exposed Infant.

DCS Policy defines Drug Exposed Infant/Child as an Infant/child who has been exposed to a drug or chemical substance (e.g., alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, meth, heroin, inhalants or any other illegal substances), as verified by a positive drug screen.

Infant/child who has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes but is not limited to the following situations:

- Drugs or chemical substances are administered to or given to children;

- Children exposed to or living within close physical proximity to where drugs or chemical substances are manufactured (the manufacturing of methamphetamine in a home where children are present, is always considered severe abuse).

- Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities. Impairment of the parent/caretakers ability to meet childcare responsibilities MUST



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

Case Id: ██████████

Case Name: ██████████

Case Status: Open

Organization: ██████████

be supported by evidence, including documented examples.

The Department received a referral for lack of supervision of ██████████ by her mother ██████████. The referral reports that Officers responded to a call regarding a unresponsive child. ██████████ was transported to ██████████ Hospital in extreme critical condition. Sgt. ██████████ with the ██████████ Police Department met CPSI ██████████ at the hospital and talked with the officers on the scene who reported a strong smell of marijuana in the home and the mother turned of marijuana to the officers and was issued a citation. The mother reported that she was in the hall finishing getting dressed after getting out of the shower when ██████████ called out saying that ██████████ was about to use the bathroom in the tub. The mother states that she called ██████████ name and it shocked ██████████ who fell and hit her head on the tub. The mother admitted to smoking marijuana in the home but reported using earlier that morning while the children were outside. The mother tested positive for marijuana at the hospital. ██████████ completed a forensic interview at which time she described that she and ██████████ were in the tub and that ██████████ fell and that she was calling out for her mother. ██████████ reported that her mother was in the kitchen and her father was at work. ██████████ date of death was 7/3/2014 @ 1:27 pm. The case was reviewed in CPIT on 07/31/2014 and allegations were approved as Allegations Substantiated/ Perpetrator Substantiated. The case is to be prosecuted for Aggravated Child Abuse. An Autopsy was requested and received on 10/20/2014. The report shows that the cause of death could not be determined. CPSI ██████████ has made contact with the family and offered grief counseling on several occasions. The family has declined services. ██████████ is doing well and there are no additional concerns at this time.

**Tasks completed during the investigation:**

Observation of Clients and interview with the sibling

Interview with the alleged perpetrator

Interview with the non offending caretaker

Home visit made

Forms discussed and signed by mother and father: Hipaa, Equal Access, Native American, Clients rights, and MRS information given to the family

Community resources provided to the family

Pictures were taken and placed in chart

Collateral were positive for the mother

Background checks completed and placed in the chart.

Initial Safety Assessment completed - conditionally safe

Final safety assessment completed- safe

Notice of Child Death Reports completed

forensic interview completed

drug screen completed

Autopsy report requested and received.

Genogram completed

The family declined services several times during the investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/20/2014

Contact Method:

Contact Time: 09:40 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/20/2014

Completed date: 10/20/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/20/2014 09:40 AM      Entered By: [REDACTED]

CPSI [REDACTED] provided a copy of the autopsy report to Sgt. [REDACTED] with [REDACTED] PD and to the DCS Death Review team.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/20/2014

Contact Method:

Contact Time: 09:07 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/20/2014

Completed date: 10/20/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original    Entry Date/Time: 10/20/2014 09:08 AM    Entered By: [REDACTED]

CPSI [REDACTED] received a copy of the autopsy report from the [REDACTED] Regional Forensic Center. The cause of death could not be determined.

Narrative Type: Addendum 1    Entry Date/Time: 10/20/2014 09:10 AM    Entered By: [REDACTED]

There was no evidence of injury and the drug screen was negative for alcohol and selected drugs.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/10/2014

Contact Method:

Contact Time: 02:39 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/10/2014

Completed date: 10/10/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/10/2014 02:41 PM      Entered By: [REDACTED]

CPSI [REDACTED] called the medical examiners office to check on the status of the autopsy report. CPSI [REDACTED] talked to [REDACTED] who states that the report is almost complete, they are just waiting on the doctor to sign it. CPSI [REDACTED] will check back next week on the status.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/08/2014 Contact Method: Face To Face  
 Contact Time: 11:00 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 10/10/2014  
 Completed date: 10/10/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/10/2014 02:38 PM Entered By: [REDACTED]

Documentation of contact: CPSI [REDACTED] made a visit to the home of [REDACTED]. Ms. [REDACTED] was present in the home along with [REDACTED]. Ms. [REDACTED] reported that everything is going okay. Ms. [REDACTED] states that [REDACTED] is doing well but she misses her sister. Ms. [REDACTED] states that she will ask about her but she has not observed any changes in her behaviors that would cause her to be alarmed. Ms. [REDACTED] reports that she has not heard anything from the police or the District Attorney since she gave her statement to Sgt. [REDACTED]. CPSI [REDACTED] inquired of Ms. [REDACTED] how she has been doing and how is she feeling. Ms. [REDACTED] states that she is doing okay and trying to keep busy. Ms. [REDACTED] states that she misses her daughter. CPSI [REDACTED] offered Ms. [REDACTED] grief counseling. Ms. [REDACTED] reports that she does not need grief counseling at this time.

[REDACTED] was observed in the home. At first she was shy with CPSI [REDACTED] but soon she became comfortable and wanted CPSI [REDACTED] to see her write her name. [REDACTED] lead CPSI [REDACTED] into her room and on her chalk board she wrote her name. [REDACTED] reported that she has a fish, a bird, a bunny, and a dog. [REDACTED] showed CPSI [REDACTED] off of her pets. Ms. [REDACTED] fixed [REDACTED] some chicken nuggets and [REDACTED] sat at the table to eat them and wanted CPSI [REDACTED] to watch her eat. CPSI [REDACTED] talked with [REDACTED] for a little while longer. CPSI [REDACTED] talked a little while longer with [REDACTED]. CPSI [REDACTED] made Ms. [REDACTED] aware that the autopsy report is still not ready and that is why the case is still open. CPSI [REDACTED] made Ms. [REDACTED] aware that she will need to see [REDACTED] every month until that is received. Ms. [REDACTED] states that she understands and for CPSI [REDACTED] to call her for any appointments and that if they move like they are planning on doing she will contact CPSI [REDACTED] to provide the new address.

Observation: The home was clean with no safety hazards. The home is fully furnished. [REDACTED] has a princess room. The home had food with working utilities.

Plan: check on autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/07/2014

Contact Method: Attempted Phone Call

Contact Time: 12:25 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/07/2014

Completed date: 10/07/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/07/2014 12:30 PM      Entered By: [REDACTED]

CPSI [REDACTED] placed a call to the family in an attempt to make contact and an appointment to see [REDACTED]. There was not an answer. CPSI [REDACTED] left a message for a return phone call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/29/2014

Contact Method:

Contact Time: 02:50 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/29/2014

Completed date: 09/29/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/29/2014 02:53 PM      Entered By: [REDACTED]

CPSI [REDACTED] checked on the status of the autopsy report. The report is still incomplete.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/25/2014	Contact Method:	Attempted Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/07/2014
Completed date:	10/07/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/07/2014 12:33 PM      Entered By: [REDACTED]

CPSI [REDACTED] made a visit to the home in an attempt to make contact with the family. There was not an answer at the home.  
 CPSI [REDACTED] left a card at the home and called and left a message for a return phone call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2014

Contact Method:

Contact Time: 11:41 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/16/2014

Completed date: 09/16/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/16/2014 11:43 AM      Entered By: [REDACTED]

CPSI [REDACTED] contacted the medical examiners office for an update on the autopsy report. The report is still incomplete at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2014	Contact Method:	Attempted Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/07/2014
Completed date:	10/07/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/07/2014 12:32 PM      Entered By: [REDACTED]

CPSI [REDACTED] made a visit to the home in an attempt to make contact with the family. There was not an answer at the home.  
 CPSI [REDACTED] left a card at the home and called and left a message for a return phone call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2014

Contact Method:

Contact Time: 09:38 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/04/2014

Completed date: 09/04/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/04/2014 09:39 AM      Entered By: [REDACTED]

CPSI [REDACTED] called the medical examiners office for a status on the autopsy report. The report is still pending at this time. Per [REDACTED] usually takes about 8- 10 weeks for completion.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/25/2014

Contact Method: Phone Call

Contact Time: 09:17 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/25/2014

Completed date: 08/25/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/25/2014 09:18 AM      Entered By: [REDACTED]

CPSI [REDACTED] contacted the medical examiners office. The autopsy report is still incomplete at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/05/2014

Contact Method: Face To Face

Contact Time: 09:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/05/2014

Completed date: 08/05/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/05/2014 10:22 AM      Entered By: [REDACTED]

CPSI [REDACTED] talked with Sgt. [REDACTED] in regards to his contact with the family. Sgt. [REDACTED] states that he has made contact with the mother and the father and that the mother is coming in today to give her statement. Sgt. [REDACTED] states that he told both the mother and the father to contact CPSI [REDACTED] and provided them with the phone number. CPSI [REDACTED] made Sgt. [REDACTED] aware that the parents have not contacted her and that she will try again to contact them.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/01/2014	Contact Method:	Attempted Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/01/2014
Completed date:	08/01/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, 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: 08/01/2014 10:13 AM      Entered By: [REDACTED]

CPSI [REDACTED] along with Sgt. [REDACTED] made a visit to the home to make contact with the mother and [REDACTED]. There was not an answer at the home.

CPSI [REDACTED] called the mother and did not get an answer. CPSI [REDACTED] called the maternal grandmother who reported that the mother was at home. CPSI [REDACTED] made the grandmother aware that the department as well as [REDACTED] has been trying to reach the mother but she has not been returning phone calls. CPSIO [REDACTED] stressed to the grandmother that the mother needs to get into contact with Sgt. [REDACTED] and DCS immediately. The grandmother reported that she will try to get in contact with the mother and have her call asap.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2014	Contact Method:	Correspondence
Contact Time:	01:30 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/01/2014
Completed date:	08/01/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/01/2014 10:19 AM      Entered By: [REDACTED]

CPSI [REDACTED] and Sgt. [REDACTED] presented the case to the CPIT review team. The allegations of lack of supervision were substantiated against the mother. Sgt. [REDACTED] is still trying to get the mother into the office to complete a official statement but has not been able to reach the mother. CPSI [REDACTED] made the team aware that the mother is not returning her phone calls either. CPSI [REDACTED] and Sgt. [REDACTED] will make a visit to the home the following morning to attempt contact. Sgt. [REDACTED] will contact the DA'S office and they will decide what the charges will be against the mother and if they are going to arrest her.

Narrative Type: Addendum 1      Entry Date/Time: 10/20/2014 10:47 AM      Entered By: [REDACTED]

10/20/2014- Per Sgt. [REDACTED] Ms. [REDACTED] with be charged with Aggravated Child abuse.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/30/2014

Contact Method:

Contact Time: 12:51 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/30/2014

Completed date: 07/30/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/30/2014 12:52 PM      Entered By: [REDACTED]

CPSI [REDACTED] called the medical examiners office. The autopsy report is still pending at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/25/2014

Contact Method: Attempted Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/30/2014

Completed date: 07/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/30/2014 12:53 PM      Entered By: [REDACTED]

CPSI [REDACTED] called the number for the mother and left a message for a return phone call regarding a home visit.

CPSI [REDACTED] talked with Sgt. [REDACTED] who states that he has also not had any contact with the mother.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/14/2014

Contact Method: Attempted Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/14/2014

Completed date: 07/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/14/2014 10:35 AM      Entered By: [REDACTED]

CPSI [REDACTED] called the mother to check on her and to find out information about the funeral arrangements for [REDACTED]. There was not an answer, CPSI [REDACTED] left a message for a return phone call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/14/2014

Contact Method:

Contact Time: 10:28 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/14/2014

Completed date: 07/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/14/2014 10:29 AM      Entered By: [REDACTED]

CPSI [REDACTED] called the medical examiners office to check on the status of the autopsy report. The report is not ready. The body has been released to the funeral home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/14/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/14/2014

Completed date: 07/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/14/2014 10:34 AM      Entered By: [REDACTED]

CPSI [REDACTED] talked with Sgt. [REDACTED] in regards to the status of the case. Sgt. [REDACTED] asked CPSI [REDACTED] to contact the family because they are not returning his calls and he needs to get another statement from the mother per the DA's office.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/07/2014

Contact Method: Phone Call

Contact Time: 03:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/07/2014

Completed date: 07/07/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/07/2014 03:50 PM      Entered By: [REDACTED]

Documentation of contact: CPSI [REDACTED] called Ms. [REDACTED] to check on her and the family. Ms. [REDACTED] states that they are doing the best that they can at this time. CPSI [REDACTED] made Ms. [REDACTED] aware that she understands that it is a hard time for her and the family right now. CPSI [REDACTED] inquired of Ms. [REDACTED] if she was interested in Grief counseling for the family at this time and she stated that CPSI [REDACTED] could end her the information but right now she is not interested in counseling. CPSI [REDACTED] made the mother aware that she will check with some resources and send the information to her or bring the information to the house when CPSI [REDACTED] makes her visit to the home at a later date.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/07/2014

Contact Method:

Contact Time: 03:43 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/07/2014

Completed date: 07/07/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/07/2014 03:45 PM      Entered By: [REDACTED]

CPSI [REDACTED] sent over a request for a copy of the autopsy report. CPSI [REDACTED] also called the Medical Examiners officer to verify if the report was ready and was informed that the report was not ready.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/03/2014

Contact Method:

Contact Time: 02:11 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): Safety - Child/Community, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original    Entry Date/Time: 07/03/2014 02:11 PM    Entered By: [REDACTED]

New Intake number is [REDACTED]

Narrative Type: Addendum 1    Entry Date/Time: 07/03/2014 03:39 PM    Entered By: [REDACTED]

CPSI [REDACTED] added Neglect Death in the allegations.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/03/2014

Contact Method: Phone Call

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): Safety - Child/Community, Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original    Entry Date/Time: 07/03/2014 02:01 PM    Entered By: [REDACTED]

CPSI [REDACTED] received a phone from [REDACTED] reporting that [REDACTED] had passed this morning at 10:30 am.

CPSI [REDACTED] called in a referral to the DCS hotline and sent an email to [REDACTED] and [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method: Phone Call

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): 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 01:54 PM      Entered By: [REDACTED]

PC from [REDACTED] to CPSI [REDACTED] reporting that a 3rd brain death test was conducted on [REDACTED] and result was positive for brain death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method:

Contact Time: 12:00 PM

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): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/02/2014 12:03 PM      Entered By: [REDACTED]

CPSI [REDACTED] talked to [REDACTED] with [REDACTED] Mrs. [REDACTED] states that the hospital is going to do another test for brain activity on today and she will let CPSI [REDACTED] know what the results are as soon as they are completed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/02/2014 12:09 PM Entered By: [REDACTED]

[REDACTED] came into the [REDACTED] on this date to complete her forensic interview. [REDACTED] made a disclosure reporting that she and [REDACTED] were in the bathrubs and [REDACTED] slipped under water and she called her mother. [REDACTED] states that her mother was in the kitchen when she called. [REDACTED] was demonstrating how her sister slipped under the water. [REDACTED] also reported that her mother smokes but could not say what her mother smokes. The forensic was observed by CPSI [REDACTED] Sgt. [REDACTED] and an ADA



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2014

Contact Method: Phone Call

Contact Time: 12:21 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

Purpose(s): 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: 07/01/2014 12:38 PM Entered By: [REDACTED]

CPSi [REDACTED] talked to Sgt. [REDACTED] in regards to the forensic interview. Sgt. [REDACTED] reported that he has been trying to contact the mother in regards to the forensic interview scheduled at 3:30 and the mother wont return his call. Per Sgt. [REDACTED] per DA if mother does not respond she is to be arrested.

CPSi [REDACTED] called the mother who answered immediately. The mother was upset and crying. CPSi [REDACTED] let the mother know that she understand how hard this is for the family right now. CPSi [REDACTED] made the mother aware of the importance of getting [REDACTED] in to the office today to complete the forensic interview. CPSi [REDACTED] explained the process to the mother. She agreed to allow her mother or another family member bring [REDACTED] into the office. Mother concerned that [REDACTED] may be traumatized. CPSi [REDACTED] made the mother aware that [REDACTED] wont be forced to speak at all if she does not want to. The mother again agreed to have [REDACTED] at the office for her forensic at 3:30



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/01/2014 12:13 PM      Entered By: [REDACTED]

Call received from [REDACTED] (Dr. [REDACTED] Nurse). They completed the test this morning to confirm brain death but the baby took three breaths which upset the family. So the family now has to decide if they want to take her off support.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/01/2014 10:51 AM      Entered By: [REDACTED]

Case presented to the CPIT and they directed that a forensic interview be conducted on [REDACTED] today at 3:30 by [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2014

Contact Method:

Contact Time: 09:50 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/01/2014 12:11 PM      Entered By: [REDACTED]

Update per [REDACTED], stating that a brain death test had been conducted on [REDACTED] and it was positive for brain death. They will conduct a second test to see if the results are consistent with the 1st test. She also stated that the Transplant Team was present. Dr. [REDACTED] has informed the family that the prognosis does not good. We have received Dr. [REDACTED] consult.'

Per Dr. [REDACTED] report condition is consistent with drowning.

She will call back once second test is performed this morning.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2014

Contact Method: Phone Call

Contact Time: 09:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

Purpose(s): 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 10:48 AM      Entered By: [REDACTED]

PC from [REDACTED]

[REDACTED] called and informed that a brain death test had been conducted on [REDACTED] and it was positive for brain death. They will conduct a second test to see if the results are consistent with the 1st test. She also stated that the Transplant Team was present. Dr. [REDACTED] has informed the family that the prognosis does not good. We have received Dr. [REDACTED] consult.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/01/2014 12:21 PM      Entered By: [REDACTED]

Referral reviewed in morning CPIT. Referral stamped Coordinate, get medical record, forensic interview of [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 04:10 PM Entered By: [REDACTED]

CPSi [REDACTED] pulled Jssi, Meth, and sex offender records on [REDACTED] [REDACTED]

Ms. [REDACTED] only had the charge for possession of a controlled substance that the police gave her on the scene of the incident. No meth or sex offender records found.

Mr. [REDACTED] has charges for driving on a suspended license. No meth or sex offender records found.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method: Attempted Phone Call

Contact Time: 03:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2014 03:58 PM      Entered By: [REDACTED]

CPSI [REDACTED] called the referent and left a message for a return phone call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 03:36 PM Entered By: [REDACTED]

CPSI [REDACTED] talked with Dr. [REDACTED] about her assessment of the case. Dr. [REDACTED] reported that she had just talked with Sgt. [REDACTED] and made him aware that the mother said that she was in the hall way and not in the bathroom but stated that she could see the children and that [REDACTED] tried to pick the baby up when she fell in the water but she dropped her and that is why she thought the baby had hit her head.

Dr. [REDACTED] is faxing over a report to CPSI [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/30/2014 03:34 PM      Entered By: [REDACTED]

Documentation of contact: CPSI [REDACTED] called the mother who was at the hospital. The mother reported that [REDACTED] condition has not changed. The mother states that the doctor are supposed to come in soon to check to see if there is any brain activity. CPSI [REDACTED] thanked the mother for the information. CPSI [REDACTED] inquired of the mother how she and the father are holding up. The mother reports they are doing okay just very upset with not knowing what is going to happen next. CPSI [REDACTED] told the mother to be strong and made her aware that CPSI [REDACTED] will continue to check on her and the family.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 12:14 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): 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: 07/02/2014 02:05 PM      Entered By: [REDACTED]

CPS [REDACTED] will conduct a face to face visit with the ACV(s) and the family in regard to the reported allegation(s) lack of supervision. CPSI [REDACTED] will observe and conduct interviews with child(ren) to assess the safety and well-being. CPSI [REDACTED] will conduct and adhere to all CPS/CPIT directives as warrant in regard to this investigation.

The referent letter was mailed on 16-30-14. The Judge (Juvenile Court) and the District Attorney have been notified of the referral.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2014 03:49 PM      Entered By: [REDACTED]

CPSI [REDACTED] met with Sgt. [REDACTED] who was also working on a report for this case. CPSI [REDACTED] showed Sgt. [REDACTED] the information in the referral that states that that mother was in the shower with the children, stepped out of the shower for a minute, and when she returned she found the baby in the water.

CPSI [REDACTED] received a report from Dr. [REDACTED]

Report states that 18 month old patient who present secondary to a drowning even. The patients prognosis is extremely poor. The presentation is probably consistent with a drowning episode; however the length of time the patient was down is probably more significant than relayed by history and it does not appear that the patient was being adequately supervised at the time of the visit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 04:07 PM Entered By: [REDACTED]

CPSI [REDACTED] completed ath Notice of Child Death/Near Death form and sent to [REDACTED] and [REDACTED]. AT 10:46  
 CPSI [REDACTED] received a return email for [REDACTED] advising CPSI [REDACTED] to send the form on to [REDACTED]  
 [REDACTED]. This was completed at 2:39 pm due to CPSI [REDACTED] having a doctor appointment and having to attend court.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2014 03:28 PM      Entered By: [REDACTED]

CPSI [REDACTED] contacted Dr. [REDACTED] who advised that she had reviewed the records but had yet to see [REDACTED] Dr. [REDACTED] relayed her concerns that the report shows that the client did not have any marks or bruises to indicated her falling in the tub. Dr. [REDACTED] states that not having water in the lungs is not an indication that the client did not drown. Dr. [REDACTED] reported that she will contact CPSI [REDACTED] shortly after she has had a chance to have a look at the child.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/29/2014

Contact Method: Phone Call

Contact Time: 01:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2014 03:25 PM      Entered By: [REDACTED]

CPSI [REDACTED] called the number for the mother and reached the grandmother Ms. [REDACTED]. Mrs. [REDACTED] reported that nothing had changed in the client's condition and that the entire family was still at the hospital at this time. CPSI [REDACTED] inquired about the parents and she reported that they are holding as well as can be expected at this time. CPSI [REDACTED] ensured that the grandmother had CPSI [REDACTED] numbers and told her that CPSI [REDACTED] will be checking in on the family from time to time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2014

Contact Method:

Contact Time: 08:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/02/2014 02:09 PM      Entered By: [REDACTED]

email- to IC [REDACTED] and RID [REDACTED]

The mother gave this history. She had taken a shower and was in the bathroom at the sink while the two children played in the water. The oldest child yelled to the mother that the baby was trying to "boo boo" in the tub. This startled the baby and she slipped and fell and hit her head. The mother stated that the child was only under water for a few seconds.

The oldest child gave the same story about the sister slipping and hitting her head. The hospital staff states that there was no water in the child lungs and the CT scan is showing nothing that will say the child hit her head.

IPA was requested but denied by Legal. The police states when they went to the home there was a strong odor of marijuana. The mother admitted to smoking early that morning. She did test positive for marijuana.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/28/2014 Contact Method: Face To Face  
 Contact Time: 04:50 PM Contact Duration: More than 5 Hours  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office 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): Alleged Perpetrator Interview,Initial ACV Face To Face,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/30/2014 03:18 PM Entered By: [REDACTED]

Documentation of contact: CPSI [REDACTED] received a call from LI [REDACTED] at 4:50 pm in regards to [REDACTED] at [REDACTED] hospital.

CPSI [REDACTED] arrived at [REDACTED] Hospital at 5:30 pm. CPSI [REDACTED] made contact first with Sgt. [REDACTED] and Lieutenant [REDACTED]. CPSI [REDACTED] was informed by Sgt. [REDACTED] that the client is in room [REDACTED]. Sgt. [REDACTED] states that he has talked to the staff and they reported that the client has no brain activity at this time. Sgt. [REDACTED] states that the mother stated that the client slipped in the bathtub and hit her head and went under the water. Sgt. [REDACTED] states that so far the mother's story is inconsistent in that the doctors did not find any evidence of the client hitting her head, her CT scan was negative, and there was no water in her lungs. The client also did not have any other marks or bruises. Sgt. [REDACTED] made CPSI [REDACTED] aware that the mother was issued a citation at the home because there was a strong smell of marijuana in the home when officer's arrived and she gave the marijuana to the police. Sgt. [REDACTED] states that according to the mother [REDACTED] is not walking. Sgt. [REDACTED] reporting going to the office to get a tape recorded so that he can take statement from the mother and would return shortly.

CPSI [REDACTED] went to room [REDACTED] and observed [REDACTED] in the room being worked on by nurses. There was blood everywhere. CPSI [REDACTED] spoke with the charge Nurse [REDACTED] and the Task Nurse [REDACTED]. The charge Nurse reported that [REDACTED] pupils are fixed and dilated, lungs are clear, and they requested a drug screen. CPSI [REDACTED] only observed for a minute due to nursing staff working on client.

CPSI [REDACTED] then went to the family room and spoke with the mother. The mother reports that she had taken a shower before the father took his shower to go to work. The mother states that after the father took his shower [REDACTED] and [REDACTED] were in the bathtub playing. The mother states that the water was high in the tub but she could not say who ran the water. The mother states that she was standing in the bathroom finishing getting ready by the mirror and [REDACTED] called out saying that [REDACTED] was about to "poop" in the bathtub. The mother states that she called [REDACTED] name which startled her and she fell, hitting her head on the tub and went under water. The mother states that she grabbed [REDACTED] out of the tub, called 911, and started compression as directed by the 911 operator until paramedics arrived. The mother reported that the father was not present at the home and was at work.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

[REDACTED] was interviewed. [REDACTED] reported being in the tub with her sister and her sister falling and hitting her head. [REDACTED] says that she showed her mother [REDACTED] had fallen and the mother grabbed her out of the water and her sister's eyes were closed.

CPSI [REDACTED] observed Sgt. [REDACTED] get a taped statement from the mother.

CPSI [REDACTED] gave the mother a drug test to which she tested positive for marijuana.

CPSI [REDACTED] met with both parents and explained DCS involvement with the family at this point and had the parents to sign the necessary paperwork.

CPSI [REDACTED] contact LI [REDACTED] in regards to an IPA with the maternal grandparents [REDACTED] and [REDACTED].

CPSI [REDACTED] went back to the room to check on the client and took pictures of the baby. The doctor was not available to speak with. The nurses reported no change in condition.

CPSI [REDACTED] received a call back from LI [REDACTED] reporting that an IPA could be completed with the grandparents- There background was clear. LI [REDACTED] to call back after speaking with legal.

CPSI [REDACTED] observed the family to be extremely upset after speaking with the doctor who the mother reports told them that the situation did not look good at this time. CPSI [REDACTED] calmed the family down.

CPSI [REDACTED] received a phone call back from LI [REDACTED] stating that no IPA was to be completed since Ms. [REDACTED] is not the biological mother of [REDACTED] and the father was not present in the home at the time of the incident.

CPSI [REDACTED] ensured that the family had everything they needed before leaving the hospital.

Narrative Type: Addendum 2    Entry Date/Time: 10/20/2014 10:11 AM    Entered By: [REDACTED]

CPSI [REDACTED] talked with Mrs [REDACTED] the mother of [REDACTED] who reported that her daughter is a good mother to the children. Mrs. [REDACTED] states that her daughter is very attentive to the children and the father works hard to make sure the family has what they need.

[REDACTED] a friend of the family who was also at the hospital reported that Ms. [REDACTED] is a good mother and that she would never do anything to harm her child. Ms. [REDACTED] states that Ms. [REDACTED] takes good care of her children. Ms. [REDACTED] voiced no concerns.

Narrative Type: Addendum 1    Entry Date/Time: 06/30/2014 04:14 PM    Entered By: [REDACTED]

The household composition includes

- [REDACTED] - father
- [REDACTED] - mother
- [REDACTED] - client
- [REDACTED] - sibling

Ms. [REDACTED] reports being a stay at home mother for her children. Ms. [REDACTED] denies that the children are on any medications. Ms. [REDACTED] states that the children are seen at [REDACTED] Clinic by Dr. [REDACTED] and they last went to the doctor 2 weeks ago. Mr. [REDACTED] reports that they have no idea where [REDACTED] mother is and she has not been involved in several years.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

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): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 03:52 PM Entered By: [REDACTED]

CPSI [REDACTED] is assigned the following P1 referral by LI [REDACTED]

ACV [REDACTED]

ACV dob [REDACTED]

Alleged Perpetrator [REDACTED]

AP relation to ACV: mother

At the time the referral is received there is no prior DCS history with the [REDACTED] children. The father was involved in a case in [REDACTED] for lack of supervision that was closed unable to complete. The father was not listed as a perpetrator in this referral.

The referent letter was mailed. The Judge (Juvenile Court) and the District Attorney have been notified of referral.

Narrative Type: Addendum 1 Entry Date/Time: 07/01/2014 02:06 PM Entered By: [REDACTED]

There was a screen out referral dated 11/29/2013n for medical maltreatment. The referral was screened out due to no locating information on the family.



**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 3:30 PM Date of Assessment: 6/30/14 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:** \_\_\_\_\_