



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] [REDACTED] Intake Date/Time: 07/11/2014 01:25 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 07/11/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 07/11/2014 03:53 PM
 First Team Leader Assigned: [REDACTED] Date/Time 07/11/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 07/11/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 6 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: E-mail
 Narrative: TFACTS: Yes
 Family Case IDs: [REDACTED]
 Open FSS- [REDACTED] 3/12/13, [REDACTED] (supervisors [REDACTED] and [REDACTED])
 Closed Court Custody No
 Open CPS - No
 Substantiated No
 Death No



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

Screened out 1

History (not listed above): Yes

03/24/2014 [REDACTED] ENN & LOS - Services Recommended and Accepted
 04/23/2013 [REDACTED] PHY & PYA No Services Needed
 08/03/2012 [REDACTED] - LOS No Services Needed
 10/18/2011 [REDACTED] SEE Allegation Unsubstantiated/Perpetrator Unsubstantiated
 07/13/2010 [REDACTED] ENN & PYA No Services Needed

County: [REDACTED]
 Notification: Email
 School/ Daycare: Unknown
 Native American Descent: No
 Directions: None

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] (5mo.), [REDACTED] (4), and [REDACTED] (2) are not in state custody and reside with their birth mother [REDACTED] (36). Their birth [REDACTED] (age unknown) does not reside in the home.

On 7-11-2014 between the hours of 0530 0600 Law Enforcement responded to [REDACTED], where they were met by [REDACTED] stated that she was visiting a friend (name unknown) at the residence and that she [REDACTED] were sleeping in a king size bed.

[REDACTED] stated that she put [REDACTED] to sleep at 1230 am and when she went to check on [REDACTED] at 530am, she still had her pacifier in her mouth but she was not breathing. At that point [REDACTED] stated that she rolled [REDACTED] over and started to perform CPR on her. It is unknown how long [REDACTED] performed CPR on [REDACTED] called 911 and Emergency Medical Service (EMS) personal responded to the residence and took [REDACTED] to [REDACTED].

[REDACTED] did not have any visible injuries when she was transported to [REDACTED] other than a runny nose. Currently medical personnel have stated that the cause of death may have resulted from SIDS and the autopsy is pending. [REDACTED] has been interviewed, but neither [REDACTED] has been interviewed. There have been previous allegations of Environmental Neglect against the family, but no previous instances of a child fatality, serious injury, known pattern of abuse, history with law enforcement, or mental health issues within the home.

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

Per SDM: Investigative Track, P1

[REDACTED], CM3.

Notification to [REDACTED] and RA [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 3 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 1 Yr 6 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: UNKNOWN

Contact Comments: Mothers Telephone Number

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 5 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 37 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 07/11/2014

Assignment Date: 07/15/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/19/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: CPSI recommended a safety plan be implemented to ensure the safety and well being of the children until the autopsy report is ready for review. Safety plan was implemented between the mother and the maternal and paternal grandmothers. The mother agreed to allow the younger children [REDACTED] (4), and [REDACTED] (2) to remain with the paternal grandmother until the autopsy report comes back and the mother utilities is restored. The mother agreed to allow the older children [REDACTED] (9), and [REDACTED] (14) to remain with their maternal grandmother until the autopsy report and the water is restored in the family home. During this time, the mother will ensure \$290.00 deposit is paid to the [REDACTED] utility company. The mother will also ensure she has appliances in the family home and the children have their own beds to sleep in prior to the children returning home.

D. Case Workers

Case Worker: [REDACTED]

Date: 11/19/2014

Team Leader: [REDACTED]

Date: 11/19/2014

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:

CPSI observed the children properly dressed in neat and clean clothing. CPSI [REDACTED] did not observe any visible marks or bruises on the children during the observation. CPSI [REDACTED] observed the children's height and weight which it appeared appropriate. CPSI [REDACTED] did not observe any signs of neglect during the observation. The children stated that they feel safe in the home with their mother. The older sibling stated that they were in [REDACTED] visiting relatives when the incident occurred. The children appear to have a loving relationship with their mother.



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

Case Name : ██████████

Investigation ID: ██████████

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

N/A

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

AP stated the infant had water with ginger ale prior to going to bed as she does not give her a bottle at bedtime, but the infant did not drink it. AP stated the infant was behaving normally and did not appear sick or anything. AP stated she woke up to give the infant a bottle and noticed the pacifier in her mouth and not moving. AP stated she blew in her mouth to try and revive her, but it didn't work. AP then called 911 and they tried to resuscitate her, but was unsuccessful. AP appeared genuinely emotional about the death of her infant.

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

On 7-11-2014 between the hours of 0530 0600 Law Enforcement responded to ██████████ where they were met by ██████████ ██████████ stated that she was visiting a friend (name unknown) at the residence and that she, ██████████ were sleeping in a king size bed.

██████████ stated that she put ██████████ to sleep at 1230 am and when she went to check on ██████████ at 530am, she still had her pacifier in her mouth but she was not breathing. At that point ██████████ stated that she rolled ██████████ over and started to perform CPR on her. It is unknown how long ██████████ performed CPR on ██████████ ██████████ called 911 and Emergency Medical Service (EMS) personal responded to the residence and took ██████████ to ██████████

██████████ did not have any visible injuries when she was transported to ██████████ other than a runny nose. Currently medical personnel have stated that the cause of death may have resulted from SIDS and the autopsy is pending. ██████████ has been interviewed, but neither ██████████ has been interviewed. There have been previous allegations of Environmental Neglect against the family, but no previous instances of a child fatality, serious injury, known pattern of abuse, history with law enforcement, or mental health issues within the home.

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

DCS policy defines Neglect Death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by resulting from direct action or the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in a death of a child. Child fatalities are always treated as severe child abuse. Any child death that is the result of the caretaker's failure to meet childcare responsibilities.

During the investigation, there was not enough evidence to support the allegations. The autopsy report states the cause of death could not be determined.

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: 06/09/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/09/2015

Completed date: 06/09/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/09/2015 10:10 AM Entered By: [REDACTED]

Administrative review conducted for case closure. Case has been reviewed by the IC, RID and Central Office. Case has been given final approval for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/22/2015

Contact Method:

Contact Time: 12:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/22/2015

Completed date: 05/22/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/22/2015 12:22 PM Entered By: [REDACTED]

Administrative review conducted on this date for case compliance for case closure. Case continues to be reviewed by Central Office staff and instructions for any corrections are being made.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/20/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/20/2015

Completed date: 05/20/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2015 10:12 AM Entered By: [REDACTED]

Case being reviewed for final approval for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/29/2015

Contact Method:

Contact Time: 02:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2015

Completed date: 01/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/29/2015 02:36 PM Entered By: [REDACTED]

Case being reviewed for final approval for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/19/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/20/2015
Completed date:	05/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/20/2015 11:12 AM Entered By: [REDACTED]

Notification to the Judge only with 740 was sent on December 19, 2014 a copy on the notice is in family case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/16/2014	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/18/2014
Completed date:	12/18/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/18/2014 12:08 PM Entered By: [REDACTED]

On 12/16/14 Child Protective Investigative Team meeting was held at the [REDACTED] in [REDACTED] CPSI [REDACTED] presented the following case for review.

Case name: [REDACTED] (AP)
 Victim: [REDACTED] (victim)
 Allegation: neglect death

[REDACTED] went over the referral that prompted Office of Child Safety involvement. CPSI [REDACTED] stated that the department received a P-1 referral with the allegations of neglect death against [REDACTED] (victim). CPSI [REDACTED] stated that all parties involved were interviewed during the investigation. The alleged perpetrator stated that all three of her children ages 9 mo., 2, and 4 was sleeping with the mother in a king size bed when the incident occurred. According to the mother, she woke up and found the child unresponsive. The mother administered CPR on the infant until the EMS arrived. The child was transported to a local hospital where she later expired. The department received the autopsy report which stated that the infant's cause of death was undetermined. Based on the information provided by the medical examiner, CPSI [REDACTED] is requesting the allegations be unsubstantiated due to the lack of evidence to support the allegations.

During the Child Protective Investigative Team meeting it was determined by all parties involved that based on the autopsy report and the lack of evidence supporting the allegations this case will be classified as Allegation Unsubstantiated Perpetrator Unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/26/2014 Contact Method:
 Contact Time: 02:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/26/2014
 Completed date: 11/26/2014 Completed By: [REDACTED]
 Purpose(s): 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: 11/26/2014 01:39 PM Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services received a referral on July 11, 2014 with an allegation of Child Neglect Death regarding custodial child [REDACTED].

The mother stated that she put the infant to sleep at 12:30 am after giving the infant some ginger ale. The mother stated she went to check on the infant at 5:30am, she still had her pacifier in her mouth but she was not breathing. The mother stated that she rolled the infant over and started to perform CPR on her. Emergency Medical Services responded to the scene and transported the infant to [REDACTED]. [REDACTED] did not have any visible injuries when she was transported to [REDACTED]. Upon arrival to the hospital, the medical staff at [REDACTED] performed CPR on the infant but was unsuccessful in reviving the infant. [REDACTED] was pronounced deceased at 6:10 am on July 11, 2014.

The investigation into this incident was conducted by The Office of Child Safety Investigator [REDACTED] Police [REDACTED], and Investigations Unit Lead [REDACTED].

The report to DCS listed [REDACTED] as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted of all adults in the family home, relatives, law enforcement, and medical professionals.

As part of the investigation, [REDACTED] was interview at the scene [REDACTED] reported [REDACTED] had no history of medical problems or health issues. [REDACTED] most recent medical exam was April 3, 2014 at [REDACTED]. The infant was seen for congestion and cough, fever, loss of appetite, increase fussiness and ear discharge. The following medication was prescribed for the infant Cefdinir 125 mg/ 5MI, Nystatin, and Tylenol. According to the mother, the infant had no further medical issues since her last visit at [REDACTED].

&#8195;

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

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

always treated as severe child abuse.

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

The case was presented to the [REDACTED] Child Protective Investigation Team on 12/16/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

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

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2014	Contact Method:	Correspondence
Contact Time:	12:40 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/19/2014
Completed date:	11/19/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notification of Classification		
Contact Sub Type:	Contact Central Office		

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

Narrative Type: Original Entry Date/Time: 11/19/2014 12:53 PM Entered By: [REDACTED]

This case will be classified as AUPU based on the autopsy report. The cause of death was undetermined.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2014	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/19/2014
Completed date:	11/19/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/19/2014 12:51 PM Entered By: [REDACTED]

CPSI [REDACTED] received the autopsy report on 11/19/14 and the results were as follows. The cause of death was undetermined based on the autopsy report. CPSI will classify and submit this case for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/27/2014 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/30/2014
 Completed date: 10/30/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Other Child Living in the Home
 Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/30/2014 11:01 AM Entered By: [REDACTED]

CFTM was held at the CAC in [REDACTED]. During the CFTM, the mother stated that the older children were doing well with the transition. The mother stated that she has located daycare and head start program for [REDACTED] and plan to enroll by Friday October 31, 2014. During the CFTM, it was decided the younger children was ready to transition back into the family home with the mother. CPSI [REDACTED] completed a home study at the family home to ensure the children had beds and other items needed. CPSI observed all four of the children properly dressed in neat and clean clothing. CPSI [REDACTED] did not observe any visible marks or bruises on the children during the observation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/16/2014	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/18/2014
Completed date:	12/18/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/18/2014 01:15 PM Entered By: [REDACTED]

[REDACTED]
Paternal grandmother

CPSI [REDACTED] spoke with [REDACTED] regarding the safety and wellbeing of the children. CPSI [REDACTED] asked the paternal grandmother if she feels [REDACTED] is a good mother to her children. [REDACTED] stated yes she feels [REDACTED] is a good mother. [REDACTED] stated that she feels the mother and the son can provide for their children. [REDACTED] stated that she do not have any safety concerns regarding the children. CPSI [REDACTED] concluded the interview by thanking the grandmother for her time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/09/2014 Contact Method: Phone Call
 Contact Time: 01:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/18/2014
 Completed date: 12/18/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/18/2014 01:20 PM Entered By: [REDACTED]

[REDACTED]
Maternal grandmother

CPSI [REDACTED] spoke with [REDACTED] regarding the safety and wellbeing of the children. CPSI [REDACTED] asked the grandmother if she feels her daughter is a good mother to her children. [REDACTED] stated yes she feel her daughter is a good mother. [REDACTED] stated that her daughter has had some problems in the past but nothing that would prevent her from caring for her children. CPSI [REDACTED] asked the grandmother if she feel her daughter can provide for her children. [REDACTED] stated yes. [REDACTED] stated that the family helps out a lot. [REDACTED] stated that she do not have any safety concerns regarding the children. CPSI [REDACTED] concluded the interview by thanking the grandmother for her time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/06/2014	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/07/2014
Completed date:	10/07/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/07/2014 01:37 PM Entered By: [REDACTED]

On 10/06/14 CPSI [REDACTED] completed a home study at the family home located at [REDACTED] CPSI [REDACTED] observed a 3 bedroom 1 full bath fully furnished home with working utilities. CPSI [REDACTED] observed food in the refrigerator and cabinets. CPSI did not observe any safety hazard during the observation. The children will be sleeping in their own beds. CPSI [REDACTED] explained to the mother the dangers of co-sleeping. The mother stated that she understands the children need their own bed and plans to ensure the safety and wellbeing of the children by ensuring they sleep in their own beds at all times.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/06/2014

Contact Method: Face To Face

Contact Time: 03:00 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, Service Planning, Well Being

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/07/2014 01:38 PM Entered By: [REDACTED]

During the CFTM, CPSI [REDACTED] observed [REDACTED] (2), [REDACTED] (4), [REDACTED] (9), and [REDACTED] (12) properly dressed in neat and clean clothing. CPSI [REDACTED] did not observe any visible marks or bruises on the children during the observation. The children stated that they feel safe with their grandparents. CPSI did not observe any signs of neglect or abuse during the observation.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/06/2014 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 02 Hour
 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,Service Planning,Well Being
 Contact Type(s): Notation,Other Child Living in the Home Interview/Observation,Parent/Caretaker
 Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/07/2014 01:35 PM Entered By: [REDACTED]

CFTM was held in the [REDACTED] office to determine if the mother is ready to begin transition back into the home. During the CFTM it was determined that the older children [REDACTED] age 9 and [REDACTED] age 12 will return to the family home with the mother located at [REDACTED] on Friday October 10, 2014. The younger children [REDACTED] age 4, and [REDACTED] age 2 will return home after the second CFTM scheduled for October 27, 2014 at 2:00pm.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/29/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/29/2014

Completed date: 09/29/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/29/2014 10:07 AM Entered By: [REDACTED]

Administrative review conducted on this date with [REDACTED]. Environmental issues resolved and autopsy is pending for case closure. Will continue to see the children until case closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2014

Contact Method: Face To Face

Contact Time: 04:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 03:37 PM Entered By: [REDACTED]

On 09/12/14 CPSI [REDACTED] was at the [REDACTED] the home of [REDACTED] CPSI [REDACTED] observed [REDACTED] properly dressed in school uniform which was neat and clean. CPSI [REDACTED] did not observe any visible marks or bruises on the child during the observation. The child stated that things are going great. The child stated she is doing well in school. The child stated that she struggles in math but she is getting tutoring for math. CPSI [REDACTED] asked the child about her relationship with her mother. The child stated that she have a great relationship with her mother. The child stated her mother come to visit them every day. The child stated that she love her mother and her siblings. CPSI [REDACTED] concluded the interview by thanking the child for speaking with the investigator.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 03:32 PM Entered By: [REDACTED]

On 09/12/14 CPSI [REDACTED] was at the [REDACTED] the home of [REDACTED]. CPSI [REDACTED] observed [REDACTED] properly dressed in school uniform which was neat and clean. CPSI [REDACTED] did not observe any visible marks or bruises on the child during the observation. The child stated that things are going great. The child stated she had a good day at school. The child stated that she miss her younger siblings. The child stated she can't wait until this is over so they can return home. The child stated that she have a great relationship with her mother. CPSI [REDACTED] concluded the interview by thanking the child for speaking with the investigator.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 03:41 PM Entered By: [REDACTED]

On 09/12/14 CPSI [REDACTED] requested a welfare check on [REDACTED] (2) and [REDACTED] at the paternal grandmother's home located in [REDACTED]. At 2:24pm [REDACTED] P.D. responded to the home and reported the children were safe with the paternal grandmother. [REDACTED] P.D. did not observe any visible marks or bruises on the children during the observation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/04/2014	Contact Method:	Face To Face
Contact Time:	04:45 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	09/23/2014
Completed date:	09/23/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/23/2014 03:45 PM Entered By: [REDACTED]

On 09/04/14 CPSI [REDACTED] observed all the children at the [REDACTED] in [REDACTED]. The mother was taking the paternal grandmother to the supermarket to purchase food and clothing for the younger sibling. CPSI [REDACTED] observed the children properly dressed in neat and clean clothing. CPSI [REDACTED] did not observe any visible marks or bruise on the children during the observation. The children appeared healthy and happy. CPSI [REDACTED] did not observe any safety hazard during the observation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/26/2014	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/28/2014
Completed date:	08/28/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/28/2014 02:37 PM Entered By: [REDACTED]

On 08/26/14 the mother paid the deposit in the amount of \$290.00. The utilities were reconnected. CPSI will complete a PSG to cover the balance. The mother's aunt plans to give the mother her stove and refrigerator on 08/30/14. The mother stated that the family home will be ready for a complete walk through on 09/04/14.

CPSI attached the paid receipt to the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2014

Contact Method: Face To Face

Contact Time: 04:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/28/2014

Completed date: 08/28/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/28/2014 02:33 PM Entered By: [REDACTED]

[REDACTED] (12)

On 08/26/14 CPSI observed [REDACTED] (12) properly dressed in school uniform which was neat and clean. CPSI did not observe any visible marks or bruises on the child during the observation. CPSI observed the child's height and weight which it appeared appropriate. CPSI observed the child's behavior which she appeared pleasant and cooperative during the investigation. The child stated she is doing well in school. The child stated she is having problems in math but other than that she is doing well. The child stated that she feels safe in the home with her grandmother. The child stated that her mother visits them every week. The child stated that she miss her mother but would prefer to live with her maternal grandmother. The child stated that her grandmother has provided care for her and her sister for several years. The child stated they have their own room and get to travel a lot with their grandmother. The child stated that she have good relationship with her mother. The child stated that counseling is going good. The child stated the only thing she don't like about the counseling is sometimes the counselor comes to her school. The child expressed concerns about her friends and classmates finding out about her seeking counseling. CPSI concluded the interview by taking photo of the child for the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/26/2014	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/28/2014
Completed date:	08/28/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	ACV Interview/Observation, Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/28/2014 01:50 PM Entered By: [REDACTED]

[REDACTED] (9)

On 08/26/14 CPSI observed [REDACTED] (9) properly dressed in school uniform which was neat and clean. CPSI did not observe any visible marks or bruises on the child during the observation. CPSI observed the child's height and weight which it appeared appropriate. CPSI asked the child how was school. The child stated that she had a great day at school. The child stated she like her new teacher and has lots of friends this year. The child stated that she miss her mother and siblings. The child stated that she feels safe in the home with her maternal grandmother. The child stated that counseling is going well. The child stated that she meet with her counselor last week at school. The child stated that talking to her counselor has helped a lot. The child stated that she wants to continue to talk to her counselor because she can tell her anything. CPSI asked the child about her relationship with her mother. The child stated that her mother visits once a week. The child stated that she have a good relationship with her mother and her grandmother. CPSI concluded the interview by taking photo of the child for the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/25/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/28/2014

Completed date: 08/28/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/28/2014 01:16 PM Entered By: [REDACTED]

Welfare check

[REDACTED]

08/25/14

On 08/25/14 at 3:45pm [REDACTED] P.D. completed a welfare check on [REDACTED] (4) and [REDACTED] (2). [REDACTED] arrived to the paternal grandmother's home located at [REDACTED]. Upon arrival [REDACTED] was greeted by [REDACTED] the paternal grandmother. [REDACTED] observed the children to be safe with the paternal grandmother. [REDACTED] stated that he did not observe any visible marks or bruises on the children during the observation. According to [REDACTED] there was no safety hazards observed during the visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2014

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: 08/21/2014

Completed date: 08/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Medical Exam,Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2014 10:23 AM Entered By: [REDACTED]

CPSI requested a progress report from VOCA on the mother. CPSI is waiting on the counselor to provide the mother's progress report. The mother was assessed by VOCA on 08/13/14. Based on the assessment the mother was enrolled in parenting, and grief counseling.

CPSI requested and recieved an update from [REDACTED] on the children and the results or as follows:

[REDACTED] will be providing case management services for [REDACTED] will be responsible for setting up her individual/family therapy. You can reach [REDACTED] at [REDACTED] or at [REDACTED]

[REDACTED] will also be doing case management services for [REDACTED].

UHC denied [REDACTED] for our CCFT services. [REDACTED] will be doing CM with her as well.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/20/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/21/2014
Completed date:	08/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/21/2014 10:17 AM Entered By: [REDACTED]

CPSI [REDACTED] is scheduled to meet with the mother, older siblings, and the younger siblings. The paternal grandmother has agreed to bring the children to [REDACTED] on 08/26/14 to meet with the investigator to ensure the safety and well being of the children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/19/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 10:06 AM Entered By: [REDACTED]

Administrative review conducted with [REDACTED]. Services have been implemented for the family. Mother will present medical information to [REDACTED] once they have seen a doctor. A welfare check will be called in to check on the child on [REDACTED]. Autopsy is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/11/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/11/2014
 Completed date: 08/11/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/11/2014 10:05 AM Entered By: [REDACTED]

CPSI contacted the medical examiner office regarding the autopsy report and was told it will be another two weeks before the autopsy report is ready due to them being behind. CPSI will be notified once the report is ready.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/11/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/12/2014
 Completed date: 08/12/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/12/2014 10:20 AM Entered By: [REDACTED]

[REDACTED] (4) is currently with her paternal grandmother in [REDACTED] and is not of school age.
 [REDACTED] (2) is currently with his paternal grandmother in [REDACTED] and is not of school age.
 [REDACTED] (14) is enrolled and currently attending [REDACTED] in [REDACTED] county
 [REDACTED] (9) is enrolled and currently attending [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/28/2014 Contact Method:
 Contact Time: 11:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/28/2014
 Completed date: 07/28/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/28/2014 10:51 AM Entered By: [REDACTED]

On 07/22/14 the children were assessed through [REDACTED]. Based on the assessment the children will receive intensive out-patient CCFT through [REDACTED] focusing on grief counseling for the children. [REDACTED] has assigned the following counselor to work with the children [REDACTED] will provide the counseling for the older children. [REDACTED] is currently residing with her paternal grandmother in [REDACTED]. [REDACTED] will notify the [REDACTED] office for counseling for [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/28/2014	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/28/2014
Completed date:	07/28/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/28/2014 10:25 AM Entered By: [REDACTED]

CPSI completed the budget form and forwarded to Fiscal for review and approval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/28/2014	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/28/2014
Completed date:	07/28/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/28/2014 10:28 AM Entered By: [REDACTED]

As of 07/28/14 CPSI is still waiting for the autopsy report on the infant. Medical records on the infant has been received and reviewed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/25/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/28/2014
Completed date:	07/28/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/28/2014 10:24 AM Entered By: [REDACTED]

I am reviewing your request for a water bill in the amount of \$562. What is the cause of such a large bill? We must also have the personal budget form completed and a copy of the bill. Have you checked community resources? That is always to be our first course of action. Thanks

Narrative Type: Addendum 1 Entry Date/Time: 05/22/2015 02:06 PM Entered By: [REDACTED]

The family had a water leak in the family home which caused a sufficient increase in the water bill resulting in a \$562.00 bill. The family received funding from a local organization in [REDACTED] in which the funds was applied to the outstanding bill. CPSI completed a budget form with the mother and forward the form with the utility bill to fiscal for review. After reviewing the documentation the family was approved by fiscal for assistance with the water bill.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/23/2014 Contact Method:
 Contact Time: 11:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/12/2014
 Completed date: 08/12/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2014 12:58 PM Entered By: [REDACTED]

CPSI completed the CS-635 Notice of child death form and forward over to Central office for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/22/2014

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: 07/28/2014

Completed date: 07/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Medical Exam,Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/28/2014 10:54 AM Entered By: [REDACTED]

CPSI requested and received the medical records on [REDACTED] and it states that the cause of death appears to be SIDS. CPSI is awaiting the autopsy report on the infant to ensure additional steps does not need to be taken to ensure the safety and well being of the other children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/17/2014	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/17/2014
Completed date:	07/17/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/17/2014 12:07 PM Entered By: [REDACTED]

On 07/17/14 referral has been sent to [REDACTED] with resource linkage to assist the family with assistance with the water bill and appliances.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/17/2014 Contact Method:
 Contact Time: 12:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/17/2014
 Completed date: 07/17/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 12:09 PM Entered By: [REDACTED]

Referral has been sent to [REDACTED] for grief counseling for the mother to help her cope with the death of her child.
 Referral has been sent to [REDACTED] for grief counseling for the children to help them cope with the death of their sibling.

Narrative Type: Addendum 1 Entry Date/Time: 04/01/2015 12:48 PM Entered By: [REDACTED]

[REDACTED] is a nonprofit organization for Victims of Crime Act. The program set up to assist families with housing, utility assistance, and counseling a referral was sent for the [REDACTED] family to assist with grief counseling.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/16/2014 Contact Method:
 Contact Time: 03:00 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/20/2015
 Completed date: 05/20/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2015 11:10 AM Entered By: [REDACTED]

Background Checks were completed on 07/16/2014 on all adults in the home where the incident occurred [REDACTED]. The results are in the family case file.

[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/16/2014	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/17/2014
Completed date:	07/17/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/17/2014 11:53 AM Entered By: [REDACTED]

Section III: Interview with father: CPSI spoke with the father via phone regarding the safety and wellbeing of the children. [REDACTED] expressed his concern for the other children due to the mother's history of neglect and extensive history with DCS. The father stated that DCS had an open case on his children and is concerned why his children were sleeping in the same bed with their mother. CPSI assured [REDACTED] the department will investigate the allegations and get back to him with the results of the investigation. CPSI provided the father with the investigator's contact information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/16/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/17/2014
Completed date:	07/17/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/17/2014 12:11 PM Entered By: [REDACTED]

On 07/16/14 the following safety plan was implemented and signed by the mother [REDACTED]. CPSI implemented a safety plan with the mother letting the younger children [REDACTED] reside with the paternal grandmother in [REDACTED]. The older children [REDACTED] (9) and [REDACTED] (12) reside with their maternal grandmother [REDACTED] until the mother can get her water back on and obtain refrigerator, stove, and beds for the children before the children return to the family home. The department further recommends grief counseling for the mother and the children to help cope with the death of the infant.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/16/2014 Contact Method:
 Contact Time: 11:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/17/2014
 Completed date: 07/17/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 11:13 AM Entered By: [REDACTED]

[REDACTED] Police Dept
 [REDACTED]

On 07/16/14 CPSI arrived at the police station in [REDACTED] to pick up the initial police report on the child. [REDACTED] provided the investigator with a CD which consists of photos of the crime scene and photo of the infant. CPSI did not print the photos. Receipt of the CD will be documented in TFACTS and CD attached to the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/16/2014 Contact Method:
 Contact Time: 11:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/17/2014
 Completed date: 07/17/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 12:03 PM Entered By: [REDACTED]

Section V: CPSI observed:

1. Interaction between parent and child: CPSI observed the mother and the children's relationship to be positive and loving.
2. Physical environment of the home: CPSI observed the family home to be neat and clean. CPSI observed a 3 bedroom 1 full bath fully furnished home with working utilities. CPSI did observe running water in the home located at [REDACTED]. CPSI observed food in the refrigerator and in cabinets.

Section VI: Next Steps: Staff this case with [REDACTED]. CPSI implemented a safety plan with the mother letting the younger children [REDACTED] reside with the paternal grandmother in [REDACTED]. The older children [REDACTED] (9) and [REDACTED] (12) reside with their maternal grandmother [REDACTED] until the mother can get her water back on and obtain refrigerator, stove, and beds for the children before the children return to the family home. The department further recommends grief counseling for the mother and the children to help cope with the death of the infant.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/16/2014

Contact Method: Face To Face

Contact Time: 10:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/17/2014 11:20 AM Entered By: [REDACTED]

Section I: Interview with the child: CPSI observed [REDACTED] age 9 dressed in black and white pants with red shirt which was neat and clean. . CPSI observed the child's height and weight which it appeared appropriate. CPSI did not observe any visible marks or bruises on the child during the interview. CPSI observed the child's behavior which she appeared pleasant and cooperative during interview. The child stated that she feels safe with her mother. The child stated that her and her sister just got back from [REDACTED] and [REDACTED] visiting relatives. The child admitted her and her sister reside with their maternal grandmother due to their mother's living arrangements. The child stated that there is not water at their house so her and her sister went to live with their grandmother until their mother can get the water back on. The child stated that she was not present when the incident occurred. The child stated that they see their mother every day. The child stated that she has a great relationship with her siblings and her mother. CPSI concluded the interview by taking photo of the child for the case file



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/16/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/17/2014 11:07 AM Entered By: [REDACTED]

Section I: Interview with the child: CPSI observed [REDACTED] age 12 dressed in blue pants with blue and white shirt which was neat and clean. . CPSI observed the child's height and weight which it appeared appropriate. CPSI did not observe any visible marks or bruises on the child during the interview. CPSI observed the child's behavior which she appeared pleasant and cooperative during interview. The child stated that her and her sister just got back in town from [REDACTED] and [REDACTED]. The child stated that they were visiting family for the summer. The child stated she feels safe with her mother. The child stated that her and her sister [REDACTED] was not in the home at the time of the incident. The child stated they have being staying with their maternal grandmother since the water was turned off two months ago. The child stated that she could not provide any information regarding the incident because she was not in home with her mother. The child appears to have a loving relationship with her mother. CPSI co0ncluded the conversations by taking photo of the child for the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/16/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/17/2014
Completed date:	07/17/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/17/2014 11:45 AM Entered By: [REDACTED]

Section II: Interview with the mother: CPSI spoke with the mother regarding the safety and wellbeing of the children. CPSI stated the nature of DCS visit. CPSI observed the mother's behavior which she appeared pleasant and cooperative during the interview. CPSI asked the mother about the incident that occurred that prompted DCS involvement. The mother stated her and her younger children are currently residing with a family friend [REDACTED] at [REDACTED] because the water at the family home was disconnected due to nonpayment. The mother stated she is trying to get it turned back on back the bill was over \$1000.00 dollars. The mother stated she does not have a refrigerator or stove at the family home. The mother stated she has been living with [REDACTED] for about two months. The mother stated her and [REDACTED] (4), [REDACTED] (2), and the infant was sleeping in [REDACTED] room in a king size bed. The mother stated that on 07/10/14 at 8:30 pm she gave the infant a bath and a bottle and put her to sleep for the night. According to the mother, she slept in the middle of the bed and placed [REDACTED] (4) on the far left side of the bed and put [REDACTED] (2) next to [REDACTED] on the left side of the bed. The mother stated the infant was asleep on the right side at the end of the king size bed. The stated the infant woke up at 12:05am. The mother stated [REDACTED] gave the infant a little ginger ale soda mixed with water in her bottle. The mother stated the infant drunk it and played with her and [REDACTED] for about 20 minutes. The mother stated the infant fell asleep on her chest while she was on the sofa. The mother stated she back into the bedroom and laid the infant in the bed on her back and went back to sleep. The mother stated on 07/11/14 she woke up to check on her baby and found her unresponsive. The mother stated she immediately yell out for her friend to call 911 because the baby was not breathing. The mother stated she began to preform CPR on the infant. The mother stated after several attempts to revive the infant she knew her baby was dead. The mother stated she held the baby until the EMS arrived and took the baby out of her arms. The mother stated the baby was immediately rushed to [REDACTED]. The mother stated her neighbor [REDACTED] transported her to the hospital. The mother stated once she arrived to the hospital the doctor came out and told her to come into the chapel. The mother stated she refused to go [into the chapel because she knew what the doctor's was going to tell her. The mother stated that she loves her children and is devastated. CPSI concluded the conversation by gathering additional information on the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/16/2014

Contact Method: Face To Face

Contact Time: 09:34 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original

Entry Date/Time: 07/17/2014 10:57 AM

Entered By: [REDACTED]

[REDACTED]

On 07/16/14 dispatch [REDACTED] contacted [REDACTED] to the family home to complete a welfare check on the children. At approximately 9:45am on 07/16/14 [REDACTED] responded to the family home and observed the children to safe with the paternal grandmother [REDACTED]. The officer did not observe any signs of neglect or abuse.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/16/2014 Contact Method:
 Contact Time: 09:15 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/17/2014
 Completed date: 07/17/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/17/2014 10:56 AM Entered By: [REDACTED]

On 07/16/14 CPSI contacted [REDACTED] the paternal grandmother to [REDACTED] [REDACTED] regarding the safety and wellbeing of the children. CPSI stated the nature of DCS call. CPSI advised the grandmother she would need an address where the children are located to have the [REDACTED] police come to the home and complete a welfare check on the children. [REDACTED] was cooperative and provided the investigator with the address. CPSI NOTIFIED THE [REDACTED] police to complete a welfare check at the following address [REDACTED] the home of the paternal grandmother [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/16/2014 Contact Method:
 Contact Time: 09:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/17/2014
 Completed date: 07/17/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 10:54 AM Entered By: [REDACTED]

On 07/16/14 CPSI [REDACTED] spoke with the mother regarding the safety and wellbeing of the children. The mother stated that [REDACTED] (20 and [REDACTED] (40 was at their paternal grandmother's home in [REDACTED]. The mother provided the investigator with [REDACTED] contact number. CPSI advised the mother she would need to meet with her and the older sibling by close of business July 16, 2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/15/2014	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/15/2014
Completed date:	07/15/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/15/2014 02:37 PM Entered By: [REDACTED]

CPSI attempted to contact the mother via phone regarding the safety and well being of the children. CPSI left a voice mail message for the mother to contact the investigator by close of business on 07/15/14 to schedule an interview with all parties involved. CPSI will go to the family on 07/16/14 and to the home where the infant died to conduct interview with all the adults and the children that was in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2014 Contact Method:
 Contact Time: 02:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/15/2014
 Completed date: 07/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/15/2014 02:40 PM Entered By: [REDACTED]

CPSI spoke with [REDACTED] regarding the investigation. CPSI advised [REDACTED] that she will be in [REDACTED] on 07/16/14 to meet and interview all parties involved and would like to meet with the investigating officer on this case to ensure the safety and wellbeing of the children. CPSI is scheduled to meet with [REDACTED] on 07/16/14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/14/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/25/2014
 Completed date: 08/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Notation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/25/2014 09:24 AM Entered By: [REDACTED]

On 07/14/14 the department recognizes a safety plan was implemented between the mother and the maternal and paternal grandmothers. The mother agreed to allow the younger children [REDACTED] (4), and [REDACTED] (2) to remain with the paternal grandmother until the autopsy report comes back and the utilities or restored. The mother agreed to allow the older children [REDACTED] (9), and [REDACTED] (14) to remain with their maternal grandmother until the autopsy report and the water is restored in the family home. During this time, the mother will ensure \$290.00 deposit is paid to the [REDACTED] utility company. The mother will also ensure she has appliances in the family home and the children have their own beds to sleep in prior to the children returning home.

No expedite placement was implemented due to the family making agreements for the children prior to DCS involvement. CPSI advised the mother further steps will be needed to ensure the safety and wellbeing of the children. CPSI stated to the mother, due to her history the department and her inability to keep stable housing and employment, the mother would need to ensure the utilities or paid and restored, the children have a stable home and beds to sleep in. The mother will ensure that the children are not co-sleeping. The mother needs to successfully complete a mental assessment to determine her mental stability. The mother needs to successfully complete parenting, and grief counseling. The mother has agreed to comply with the department.

On 07/14/14 [REDACTED] LE completed a welfare check on the [REDACTED] (4), and [REDACTED] (2) at the paternal grandmother's home located in [REDACTED]. LE completed the welfare check on the children and determined that there were no safety concerns. Next LE Enforcement welfare check will be completed on 08/25/14.

On 07/14/14 CPSI observed the older children at the maternal grandmother's home located in [REDACTED]. CPSI observed [REDACTED] (14), and [REDACTED] (9) to be healthy and happy. CPSI did not observe any signs of neglect or abuse during the observation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/14/2014 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/25/2014
 Completed date: 08/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

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

Safety plan was implemented between the mother and the maternal and paternal grandmothers. The mother agreed to allow the younger children [REDACTED] (4), and [REDACTED] (2) to remain with the paternal grandmother until the autopsy report comes back and the mother utilities is restored. The mother agreed to allow the older children [REDACTED] (9), and [REDACTED] (14) to remain with their maternal grandmother until the autopsy report and the water is restored in the family home. During this time, the mother will ensure \$290.00 deposit is paid to the [REDACTED] utility company. The mother will also ensure she has appliances in the family home and the children have their own beds to sleep in prior to the children returning home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/14/2014 Contact Method:
 Contact Time: 11:00 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): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/14/2014 01:23 PM Entered By: [REDACTED]

On 07/14/14 at 11:00am this case was assigned to CPSI [REDACTED] to investigate the allegations of neglect death case involving [REDACTED]. CPSI [REDACTED] will contact and interview all parties involved and staff this case with [REDACTED] for further directions. Response time was met by CPSI [REDACTED] on 07/11/14. Once CPSI [REDACTED] complete her notes and add to TFACTS CPSI [REDACTED] will proceed accordingly.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/14/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/01/2015
 Completed date: 04/01/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2015 12:35 PM Entered By: [REDACTED]

DCS history on [REDACTED] family.

07/13/2010 [REDACTED] against [REDACTED] (mother) and [REDACTED] Sr. (father) Environmental neglect and physical abuse classified as no services needed.

10/18/2011 [REDACTED] against [REDACTED] (family Friend) Sex abuse allegations case classified as Allegation Unsubstantiated /Perpetrator Unsubstantiated.

08/03/2012 [REDACTED] against [REDACTED] (mother) Lack of supervision case was classified as no services needed

04/23/2013 [REDACTED] against [REDACTED] (father) Physical abuse case was classified as no services needed

03/24/2014 [REDACTED] against [REDACTED] (mother) Environmental neglect and lack of supervision case was classified as services recommended and accepted.

Narrative Type: Addendum 1 Entry Date/Time: 05/22/2015 02:17 PM Entered By: [REDACTED]

Upon further review extensive history was found in regards to the family once all household members past and present were identified.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/11/2014 Contact Method: Face To Face
 Contact Time: 04:05 PM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/14/2014
 Completed date: 07/14/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2014 02:08 PM Entered By: [REDACTED]

Interview conducted where and with whom:

CPSI [REDACTED] conducted a HV with the family. The following were present:

[REDACTED] (Birth Mother; AP)

[REDACTED] (Family Friend)

[REDACTED] (Sibling)

[REDACTED]; Sibling)

Allegations in this case:

Neglect Death (NGD)

Section I: Interview with the child:

N/A; the infant was taken to [REDACTED] for an autopsy. CPSI [REDACTED] spoke with [REDACTED] [REDACTED] stated she was playing with the infant the previous day. [REDACTED] stated the infant was happy. [REDACTED] stated she woke up to her mother moving the infant and saying, "Wake up." [REDACTED] is not of age to speak and was observed. The children appeared healthy and comfortable in their environment at this time.

Section II: Interview with the mother:

AP stated the infant had water with ginger ale prior to going to bed as she does not give her a bottle at bedtime, but the infant did not drink it. AP stated the infant was behaving normally and did not appear sick or anything. AP stated she woke up to give the infant a bottle and noticed the pacifier in her mouth and not moving. AP stated she blew in her mouth to try and revive her, but it didn't work. AP then called 911 and they tried to resuscitate her, but was unsuccessful. AP appeared genuinely emotional about the death of her infant.

Section III: Interview with father:

N/A

Section IV: Interview with other members:

[REDACTED] (Family Friend) stated the infant woke up at about 3:15 a.m. that day and he was playing with her



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

until she fell asleep. At that time, [REDACTED] stated he put the infant in bed with his mother laying on her back. [REDACTED] stated the infant was not behaving any differently as she was always smiling and happy. [REDACTED] (Family Friend; Owner of the home) made a consistent statement as [REDACTED] and stated she reminded [REDACTED] to lay the infant on her back. [REDACTED] stated she is closely bonded with the infant. [REDACTED] gave the infant a bath the night before she passed and did not observe anything out of the ordinary. [REDACTED] stated she watches the children while the mother is at work. [REDACTED] stated the children are not physically disciplined; the mother only fusses at them.

Section V: CPSI observed:

1. Interaction between parent and child: N/A
2. Physical environment of the home: The home appeared free of clutter and health and safety hazards. The family was temporarily staying with [REDACTED] as the home does not have water at the moment.

Section VI: Next Steps

CPSI [REDACTED] will present this information to the appropriate case manager.

Narrative Type: Addendum 2 Entry Date/Time: 02/10/2015 02:58 PM Entered By: [REDACTED]

Family composition for the [REDACTED] family

[REDACTED] age (37) resides in [REDACTED] is currently married to the deceased child's biological father [REDACTED] age (27).

Children in the family Home:

[REDACTED] (11) attends [REDACTED]
 [REDACTED] (9) attends [REDACTED]
 [REDACTED] (4) currently not enrolled in school
 [REDACTED] (2) not of school age
 [REDACTED] (deceased)

Family Physician: [REDACTED]

Family Supports: [REDACTED] paternal grandmother, [REDACTED] family friend, [REDACTED] maternal grandmother.

Narrative Type: Addendum 1 Entry Date/Time: 02/03/2015 01:26 PM Entered By: [REDACTED]

Interview conducted where and with whom:

CPSI [REDACTED] conducted a HV with the family. The following were present:

[REDACTED] (Birth Mother; AP)
 [REDACTED] (Family Friend)
 [REDACTED] (Sibling)
 [REDACTED] Sibling)

Allegations in this case:

Neglect Death (NGD)

Section I: Interview with the child:

N/A; the infant was taken to [REDACTED] for an autopsy. CPSI [REDACTED] spoke with [REDACTED] and asked about if she knew what happened to her baby sister. [REDACTED] stated she was playing with ACV the previous day and she was happy. [REDACTED] stated when she woke up, her mother moving ACV and saying, "Wake up." [REDACTED] is not of age to speak and was observed. The children appeared healthy and comfortable in their environment at this time. Both were observed and appeared free of foreign marks and bruising. [REDACTED] was observed with a marking on her nose which she stated was caused by [REDACTED] striking her with a spatula. At that time [REDACTED] laughed and nodded his head. [REDACTED] were in the care of their paternal grandmother



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

at this time. The paternal grandmother stated AP is a great mother and does what she can for the children despite her relationship with the father. The paternal grandmother stated she has not heard anything regarding AP neglecting or mistreating the children.

Section II: Interview with the mother:

CPSI [REDACTED] requested AP recall the events of the night prior to ACV passing. AP stated ACV had water with ginger ale prior to going to bed as she does not give her a bottle at bedtime, but ACV did not drink it. AP stated ACV was behaving normally and did not appear sick or anything. AP stated she woke up to give ACV a bottle and noticed the pacifier in her mouth and not moving. AP stated she blew in her mouth to try and revive her, but it didn't work. AP then called 911 and they tried to revive her, but were unsuccessful. AP stated she is temporarily residing with her friend as she does not have water at her home. AP stated she, ACV, [REDACTED] slept in the king size bed together. AP stated ACV slept on one side of her and the other two (2) slept on the other side. AP appeared genuinely emotional about the death of her infant.

Section III: Interview with father:

N/A

Section IV: Interview with other members:

[REDACTED] (Family Friend) stated ACV woke up at about 3:15 a.m. that day so he played with her until she fell asleep. Once ACV fell asleep, [REDACTED] stated he put ACV back in bed with his mother lying on her back. [REDACTED] stated ACV did not go back to sleep with a pacifier in her mouth. [REDACTED] stated ACV was not behaving any differently as she was always smiling and happy. [REDACTED] (Family Friend; Owner of the home) made a consistent statement as [REDACTED] and stated she reminded [REDACTED] to lay the infant on her back. [REDACTED] stated she is closely bonded with the infant. [REDACTED] gave the infant a bath the night before she passed and did not observe anything out of the ordinary. [REDACTED] stated she told ACV to wave bye to AP that night, not knowing that would be the last time she saw her. [REDACTED] stated she watches the children while the mother is at work. [REDACTED] stated the children are not physically disciplined; the mother only fusses at them.

Section V: CPSI observed:

1. Interaction between parent and child: N/A
2. Physical environment of the home: AP escorted CPSI [REDACTED] through the home. The home appeared free of clutter and health and safety hazards. Each room has a bed, but without covers appropriately on the bed. The covers were observed in the dirty clothes pile. There was no food observed in the home as AP stated the food is at her mother's home due to not having a refrigerator. The home is free of unpleasant odors.

Section VI: Next Steps

CPSI [REDACTED] will present this information to the appropriate case manager.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/11/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2015 10:27 AM Entered By: [REDACTED]

Policy 14.5, Work Aide #2, Section Child Death Near Death states: "Note: It is not required for the Department of Children Services case manager to observe the deceased child"



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/11/2014 Contact Method:
 Contact Time: 02:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/01/2015
 Completed date: 04/01/2015 Completed By: [REDACTED]
 Purpose(s): 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: 04/01/2015 12:22 PM Entered By: [REDACTED]

Opening Case Summary for [REDACTED]

On 07/11/14, at 12:00 pm., a P 1 referral was called into Central Intake. The referral was screened into [REDACTED] at 1:25 pm on 07/11/14, with allegations of neglect death against; [REDACTED] Perpetrator. The alleged victim is [REDACTED]. The referral was assessed and assigned by LI [REDACTED] 07/11/14 at 2:00pm to Case Manager [REDACTED]. Response is due on: 07/11/14. It is unknown at this time if the children are of Native American descent. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy. CM [REDACTED] will contact the referent within 30 days if necessary.

Referral number [REDACTED] states new allegations of Neglect Death
 TFACTS History check was conducted upon case assignment. CPSI [REDACTED] observed in TFACTS the following: no

07/11/2014 Inv. ID [REDACTED]
 Allegation: neglect death
 AP: [REDACTED]
 ACV: [REDACTED]
 Classification: Unknown at this time

Notice of Case Assignment (Reporter Letter) was not sent due to the reporting requesting not to receive notification.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 07/11/2014 Contact Method: Attempted Face To Face
Contact Time: 06:10 AM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 08/12/2014
Completed date: 08/12/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Medical Exam,Notation
Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2014 10:13 AM Entered By: [REDACTED]
[REDACTED] (3 months)

Date and time of the infant's death was 07/11/14 at 6:10am.
Cause of death SIDS (Pending autopsy report)



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

Case # 2014.110

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	07/11/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	07/11/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Birth Mother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:			N/A			
Describe (in detail) circumstances surrounding death/near death:						
<p>Infant was put to bed at approximately 3:30 a.m. 7/11/14 without a pacifier and on her back. The infant was in a king size bed with her mother in between her and two (2) siblings. The mother woke up at approximately 5:15 a.m. to give the infant a bottle and noticed the infant on her stomach with a pacifier in her mouth and lack of movement. The mother attempted CPR on the infant. At that time Law Enforcement (LE) was called. The family stated there was no change in her behavior prior to death. LE denied observing signs of foul play.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	N/A		Telephone #	() -		
Street Address:			City/State/Zip:			
Describe (in detail) interview with family:						
<p>The mother stated the infant had water with ginger ale prior to going to bed as she does not give her a bottle at bedtime, but the infant did not drink it. The mother stated the infant was behaving normally and did not appear sick or anything. The mother stated she woke up to give the infant a bottle and noticed the pacifier in her mouth and not moving. The mother stated she blew in her mouth to try and revive her, but it didn't work. The mother then called 911 and they tried to resuscitate her, but was unsuccessful.</p> <p>██████████ (Sister; 4 yr.) stated she was playing with the infant the previous day. ██████████ stated the infant was happy. ██████████ stated she woke up to her mother moving the infant and saying, "Wake up."</p> <p>██████████ (Family Friend) stated the infant woke up at about 3:15 a.m. that day and he was playing with her until she fell asleep. At that time, ██████████ stated he put the infant in bed with his mother laying on her back. ██████████ stated the infant was not behaving any differently as she was always smiling and happy.</p> <p>██████████ (Family Friend; Owner of the home) made a consistent statement as Mr. ██████████ and stated she reminded ██████████ to lay the infant on her back. ██████████ stated she is closely bonded with the infant. ██████████ gave the infant a bath the night before she passed and did not observe anything out of the ordinary. ██████████ stated she watches the children while the mother is at work. ██████████ stated the children are not physically disciplined; the mother only fusses at them.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
N/A						
Describe disposition of body (Death):			Pending			
Name of Medical Examiner/Coroner:			██████████	Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?			<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?			<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		

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

Distribution: Child's Case File

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RD A 2993

Page 1

Intake #: [REDACTED] Investigation #: [REDACTED] Date of Referral: **Case # 2014-110**

Type: Investigation Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:
 LE responded to the death and had the infant sent to [REDACTED] for an autopsy. LE reported no indications of foul play and stated it appears to be SIDS.

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):
 The children are staying with relatives while the mother copes and makes arrangements.

Name: [REDACTED]	Age: 12
Name: [REDACTED]	Age: 9
Name: [REDACTED]	Age: 4
Name: [REDACTED]	Age: 2
Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
07/13/2010	[REDACTED]	ENN, PYA	[REDACTED]	[REDACTED]	NSN
10/17&18/2011	[REDACTED]	SAE	[REDACTED]	[REDACTED]	AU/PU
08/03/2012	[REDACTED]	LOS	[REDACTED]	[REDACTED]	NSN
04/22/2013	[REDACTED]	PHA, PYA	[REDACTED]	[REDACTED]	NSN
03/21/2014	[REDACTED]	ENN, LOS, EDN	[REDACTED]	[REDACTED]	SR&A
06/24/2014	[REDACTED]	LOS, PHA	[REDACTED] (PHA only applies to her; no others PHA; she also has LOS), [REDACTED]	[REDACTED]	(Pending)
/ /					

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

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

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

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

Email to: [REDACTED]

within forty-eight (48) hours of notification

**Include subject line (in RED): CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]**



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 6/24/14 2:38 PM

Date of Assessment: 7/11/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 4

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 6/24/14 2:38 PM

Date of Assessment: 7/22/14 12:00 AM

Assessment Type: Closing

Number of Children in the Household: 4

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____