



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

Case # 2014.119

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	07/24/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	07/24/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Mother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	NA		
If child is in DCS custody, list placement type and name:	NA					

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

Referral summary: ██████████ child victim, is not in state custody. ██████████ (5m) lives with his mother ██████████. The ██████████ was advised that there are two other children in the home named ██████████ (6) and ██████████ (1). It is unknown if there are other adults that live in the home.

Today, law enforcement received a call at about 7:10am advising that ██████████ was not breathing. The call was made by ██████████. Law enforcement arrived at the apartment complex around 7:12am. ██████████ was observed to be on the ground in a grassy area outside of the apartment. ██████████ was lying on his back. ██████████ had been placed there by a next door neighbor named ██████████. ██████████ was in the grassy area with ██████████. Officers attempted to perform CPR. Shortly after, the fire department arrived on scene. A defibrillator was used in an attempt to revive ██████████. EMS responded a few minutes later. ██████████ was immediately loaded into the ambulance and transported to ██████████ Hospital. An officer followed the ambulance with ██████████ in the vehicle. The reporter received a phone call shortly after 8am advising that ██████████ was pronounced deceased at 7:59am.

Officers were able to speak with ██████████ briefly before she was taken to the hospital. ██████████ reported that ██████████ had been sick for the past 7 to 10 days. ██████████ reported that ██████████ wakes up periodically at night. ██████████ reported that ██████████ was in the bed with her. ██████████ reported that she woke up at around 6:30am or 7am to get ready for work. ██████████ reported that she tried to move ██████████ up in the bed and noticed that he did not move his body. ██████████ stated that she tried again and then noticed that he was not breathing.

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

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

Describe (in detail) interview with family:

On 7/24/14, CPSI ██████████ observed the reenactment led by Detective ██████████ and Detective ██████████ with the mother, ██████████. ██████████ stated that she fed ██████████ around 4:00am and laid him on his back in her bed. ██████████ laid down on the edge of the bed to the left of him and went to sleep. She stated that she woke up between 6:30 and 7:00am and put her hand on ██████████ back. ██████████ was now on his stomach. She noticed that he wasn't moving, as he normally does, so she turned him on his back and he wasn't breathing. She woke up the father, ██████████ who was at the foot of the bed and ran to the neighbor, ██████████ to get some help.

██████████ told this CPSI that she took ██████████ to ██████████ Emergency Room on Wednesday 7-16-14 because he had a high temperature which was 105 degrees and they were discharged with some Tylenol. She stated that she took him back to the ER on Sunday 7-20-14 because of his cough. She stated that she was given a prescription by the ER doctor and was told by the ER doctor not to fill the prescription until she receives a call from him. She later told this CPSI that she was not supposed to fill the prescription until she follows up with the pediatrician, Dr. ██████████. She stated that she called Dr. ██████████ Office on Monday 7-21-14 and couldn't get an appointment until 7-30-14. She stated that ██████████ has a history of reflux and she noticed that changed on Tuesday and Wednesday. She stated that snot and milk was coming out his mouth and nose. This CPSI asked ██████████ if she would agree to a drug screen and she did. She was given a 10 panel screen and was negative for all drugs. She was asked about the co-sleeping and stated that ██████████ and ██████████

will only sleep in the bed with her. [REDACTED] does have a bassinet for [REDACTED] but doesn't have a bed for [REDACTED]

7-24-14 CPSI [REDACTED] interviewed [REDACTED] father of [REDACTED] [REDACTED] denied that he lives in the home with [REDACTED]. He stated that he was just there on Wednesday night to eat dinner. He stated that when he arrived [REDACTED] was already asleep and he didn't wake him up because he knew [REDACTED] wouldn't want him to. He stated that he slept at the foot of the bed that night. He stated that he was awakened by [REDACTED] saying that [REDACTED] wasn't breathing. He stated that he was in shock. He was asked to submit to a drug screen and stated that he will, but he will be positive for marijuana. He was given a 10 panel screen and was positive for THC, Cocaine and Oxycodone. He explained that he smokes marijuana daily. He denied smoking it around [REDACTED] children. He denied using cocaine or smoking "crack". He explained the reason for him being positive for cocaine was that his "boy deals and he may have touched it." He adamantly denied smoking cocaine. He explained the reason for being positive for Oxycodone was that he had a headache a day or 2 ago and took a Percocet. He denied having a prescription for Percocet.

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

NA

Describe disposition of body (Death):

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

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

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

Type: [REDACTED] Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:

Case assigned to [REDACTED] Youth Services Detective [REDACTED] and [REDACTED]

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 siblings [REDACTED] and [REDACTED] were observed on 7-24-14. There were no observable concerns noted. But the siblings were placed in an Immediate Protection Agreement due to the father testing positive. [REDACTED] and [REDACTED] [REDACTED] were safety placed with their, Aunt [REDACTED] [REDACTED] CPSI will obtain medical records and setup a forensic interview for [REDACTED]

Name: [REDACTED] Age: 6

Name: [REDACTED] Age: 1

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
12/14/2010	[REDACTED]	LOS and DEC	[REDACTED]	[REDACTED]	No Services Needed
/ /					
/ /					
/ /					
/ /					
/ /					

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

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



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 07/24/2014 08:45 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 07/24/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 07/24/2014 10:56 AM
 First Team Leader Assigned: [REDACTED] Date/Time 07/24/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 07/24/2014 12:00 AM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: [REDACTED]
 Notification: None
 Narrative: TFACTS: Yes
 Family Case ID's: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated No
 Child Death No
 Screened out 0



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

History (not listed above): [REDACTED] DEC, LOS/ AP: [REDACTED] No Services Needed/ 12-22-10

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: None
School/ Daycare:
Native American Descent: No
Directions: none given

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

[REDACTED] states: [REDACTED] child victim, is not in state custody. [REDACTED] (5m) lives with his mother [REDACTED]. The [REDACTED] was advised that there are two other children in the home named [REDACTED] (6) and [REDACTED] (1). It is unknown if there are other adults that live in the home.

Today, law enforcement received a call at about 7:10am advising that [REDACTED] was not breathing. The call was made by [REDACTED]. Law enforcement arrived at the apartment complex around 7:12am. [REDACTED] was observed to be on the ground in a grassy area outside of the apartment. [REDACTED] was lying on his back. [REDACTED] had been placed there by a next door neighbor named [REDACTED] ([REDACTED]). [REDACTED] was in the grassy area with [REDACTED].

Officers attempted to perform CPR. Shortly after, the fire department arrived on scene. A defibrillator was used in an attempt to revive [REDACTED]. EMS responded a few minutes later. [REDACTED] was immediately loaded into the ambulance and transported to [REDACTED] Hospital. An officer followed the ambulance with [REDACTED] in the vehicle. The reporter received a phone call shortly after 8am advising that [REDACTED] was pronounced deceased at 7:59am.

Officers were able to speak with [REDACTED] briefly before she was taken to the hospital. [REDACTED] reported that [REDACTED] had been sick for the past 7 to 10 days. [REDACTED] reported that she had taken [REDACTED] to the doctor sometime last week and that he was running a fever of 107 or 109 degrees. [REDACTED] reported that doctors never told her what was actually wrong with [REDACTED]. [REDACTED] did not say what office [REDACTED] was taken to. [REDACTED] did not say that [REDACTED] was running a fever this week. [REDACTED] did report taking [REDACTED] to daycare earlier in the week and receiving a phone call that he did not feel well.

[REDACTED] reported that [REDACTED] wakes up periodically at night. [REDACTED] reported that [REDACTED] was in the bed with her. [REDACTED] reported that she woke up at around 6:30am or 7am to get ready for work. [REDACTED] reported that she tried to move [REDACTED] up in the bed and noticed that he did not move his body. [REDACTED] stated that she tried again and then noticed that he was not breathing.

After noticing that [REDACTED] was not breathing, [REDACTED] went and knocked on the door of her neighbor [REDACTED]. Officers also spoke with [REDACTED]. [REDACTED] reported that she ran into the apartment and observed [REDACTED] lying on his back in the bed. [REDACTED] reported that she then touched the bottom of [REDACTED] foot but that he did not move. [REDACTED] reported that [REDACTED] lips were blue. [REDACTED] then contacted 911. [REDACTED] then picked [REDACTED] up and was going to drive him to the nearby fire station but then saw police officers pulling up. [REDACTED] reported that she then removed [REDACTED] from the vehicle and laid him on the ground where officers began performing CPR.

[REDACTED] did not say why she did not call 911 prior to going to the neighbor's home. [REDACTED] reported that she last observed [REDACTED] alert and free from distress at around 4am to 4:30am. The cause of death is unknown at this time. The [REDACTED] does not have any information on if an autopsy will be completed but there is a good probability.

The [REDACTED] did not observe any concerns or hazards in the family home. The home is clean and the



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infant also had a bassinet. The [REDACTED] did not particularly examine [REDACTED] but no obvious injuries were observed. It did appear that rigor mortis had set in. The [REDACTED] did not observe any visible concerning bodily fluids present on [REDACTED] body.

The mother's paramour, [REDACTED] was present at the time but the [REDACTED] did not speak with him much as he did not have a lot to say. The [REDACTED] stated that [REDACTED] is not fond of the police. The [REDACTED] does not have [REDACTED] last name at this time. It is unknown if [REDACTED] actually lives in the home. [REDACTED] did not mention anything about [REDACTED] being in the bed with her. [REDACTED] did not mention anything about [REDACTED] at all. The [REDACTED] does not know if [REDACTED] is the father of [REDACTED]. Officers have been advised by staff at the apartment office that [REDACTED] is dealing drugs out of the apartment and that there is a lot of activity late in the afternoons.

[REDACTED] was present in the home at the time of the incident. The [REDACTED] does not know where [REDACTED] was at the time. The [REDACTED] believes that [REDACTED] should also be at the hospital.

This is all the information that the [REDACTED] has at this time. Officers are still at the apartment complex. Youth Services Detectives have responded and are currently at the hospital with the family.

Special Needs or Disabilities: None known

Per SDM: Investigative Track, P1-Child Death. 07/24/14 @ 9:50am by [REDACTED] CM2
7/24/14 @ 10:47 AM. [REDACTED] TL.

Email notification sent to:

[REDACTED]
[REDACTED] Co. Regional Administrator



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 21 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 7 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 2 Yrs 3 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

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

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
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Name: Unknown Participant [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African

Age: 23 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 07/24/2014

Assignment Date: 07/24/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			11/17/2014
2	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			11/17/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case was assessed and closed.

D. Case Workers

Case Worker: [REDACTED]

Date: 11/17/2014

Team Leader: [REDACTED]

Date: 12/16/2014

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:

7/24/14 - Observation of [REDACTED] (11/03/12). This CPSI observed [REDACTED] to be walking around with her mother. She interacted with this CPSI by giving this CPSI "high fives" and smiling. There were no developmental concerns noted and no marks or bruises noted.

This CPSI conducted a follow-up face to face with [REDACTED] at [REDACTED] Elementary School on 8/29/14. Due to sensitivity of this matter, [REDACTED] was not interviewed initially so this CPSI interviewed him on this day. This CPSI established a good rapport with [REDACTED] and explained to him what DCS is on an age appropriate level. He stated that his teacher is [REDACTED] and he is in the 2nd grade. He stated that he likes school but misses is old school. He stated that he is staying with his "Nanny" and [REDACTED]. He stated that [REDACTED] is his "[REDACTED]" (Aunt). He was asked if he knew why he was staying with his Nanny and he stated it was because of his brother. He stated that his brother had the "cribs". This CPSI asked [REDACTED] what the "cribs" is and he stated "it's when a baby rolls over." He was asked about that morning regarding his brother. He



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Case Name : ██████████ ██████████ ██████████

Investigation ID: ██████████

stated that he woke up and no one was inside the apartment. He stated that he went outside and saw "██████████" (how he referred to his baby brother, ██████████) "laying in the grass and the police was with him giving him air." He stated that "██████████" (how he referred to his sister, ██████████) was crying and running to his mother. He was asked what was going on before he went to sleep that night and he stated that he doesn't remember. He stated that "██████████ his step-dad" (how he referred to ██████████) stayed at his house every night. He was asked about sleeping arrangements. He stated that he has a bed but he usually slept on the couch instead on his room. He stated "██████████ always slept in the middle of mom and ██████████ and ██████████ sometimes slept in his bed." He was asked about medicine and he stated that he takes medicine when he sneezes or coughs. He was asked in anyone in his house smoked and he stated that his mom smoked but she quit a few days ago. He stated that "██████████ smoked Newports. He stated that his mom was sleeping all the time and "██████████ slept with his mom. He was asked who took care of "██████████ and he stated "He, ██████████ and his mom took care of ██████████ He stated "██████████ was sick but seemed better." He was asked his he goes to the doctor and he stated yes, to get shots and "██████████ gets shots." He stated "██████████ doesn't get shots." He was asked how he is feeling about his brother and he stated that he feels sad. He was asked about his mother and if he knows where she is sleeping to make sure the IPA is being followed and he stated that he doesn't know where his mother sleeps.

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

This CPSI spoke with ██████████ Office Manager at Dr. ██████████ Office regarding ██████████ Ms. ██████████ stated that ██████████ has only been seen at Dr. ██████████ Office once which was on 5/2/14. She stated that he had another appointment scheduled on 5/30/14 for a well child check-up and the family was a "no show" for that appointment. ██████████ looked at the records and there was no scheduled appointment for ██████████ She stated that there was no records stating that the mother called to set up an appointment.

The Autopsy - Pathologic Diagnoses: 1. Suffocation: A. Found prone on adult bed between child and adult. B. Linear indentations on left side of face and abdomen. C. Unable to push self up or hold head up while in prone position. 2. Bronchiolitis 3. Focal early acute bronchopneumonia (histology). Cause of Death: Suffocation - Contributory Cause of Death: Bronchiolitis - Manner of Death: Accident - Circumstances of Death: Found prone in adult bed, co-sleeping.

This Child Protective Services Investigator (CPSI) ██████████ received an email back from ██████████ Safety Nurse for ██████████ on 12/4/14. ██████████ agreed with the Child Protective Investigative Team (CPIT) decision to Substantiate on Neglect Death and Medical Maltreatment.

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

On 7/24/14, This CPSI ██████████ observed the reenactment with Mother, ██████████ and Det. ██████████ and Det. ██████████ stated that she fed ██████████ around 4am and laid him on his back in her ██████████ bed. ██████████ laid down on the edge of the bed to the left of him and went to sleep. She stated that she woke up between 6:30 and 7am and put her hand on ██████████ back. ██████████ was now on his stomach. She noticed that he wasn't moving, as he normally does, so she turned him over onto his back and he wasn't breathing. She woke up the father, ██████████ who was asleep at the foot of the bed and said he wasn't breathing and ran to the neighbor, ██████████ to get some help. ██████████ noted that ██████████ doesn't like to sleep on his back.

██████████ told this CPSI that she took ██████████ to ██████████ Emergency Room on Wednesday (7/16) for his high temperature which was 105 deg. and they were discharged with some Tylenol. She stated that she took him back to the ER on Sunday (7/20) because of his cough. She stated that she was given a prescription by the ER doctor and was told by the ER doctor not to fill the prescription until she receives a call from him. She later told this CPSI that she was not supposed to fill the prescription until she follows up with his pediatrician, Dr.



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

[REDACTED] She stated that she called Dr. [REDACTED] Office on Monday (7/21) and couldn't get an appointment until 7/30. She stated that [REDACTED] has a history of reflux and she noticed that changed on Tuesday and Wednesday. She stated that snot and milk was coming out his mouth and nose. This CPSI asked [REDACTED] if she would agree to a drug screen and she did. She was given a 10 panel screen and was negative for all drugs. [REDACTED] signed the consent form and results form and it is in the file. She stated that she recently took a drug screen for her new job at the [REDACTED]. She was asked about food stamps and she receives \$600 a month. She stated that she and her children have TN Care. She denied history of domestic violence, mental health issues and medical issues. She denied any history with the department of children's services. She stated that her children attend daycare at [REDACTED]. She stated that [REDACTED] does not stay with her or live with her, he just visit sometimes. She was asked about the co-sleeping and stated that [REDACTED] and [REDACTED] will only sleep in the bed with her. [REDACTED] does have a bassinet for [REDACTED] and no bed for [REDACTED]. There was a bunk bed with only a bottom mattress in [REDACTED] room. This CPSI took photos of [REDACTED] home, the unfilled amoxicillin prescription and the discharge paperwork from the visit to the ER on 7/20. These photos were printed and her in the file.

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

[REDACTED] states: [REDACTED] child victim, is not in state custody. [REDACTED] (5m) lives with his mother [REDACTED]. The [REDACTED] was advised that there are two other children in the home named [REDACTED] (6) and [REDACTED] (1). It is unknown if there are other adults that live in the home. Today, law enforcement received a call at about 7:10am advising that [REDACTED] was not breathing. The call was made by [REDACTED]. Law enforcement arrived at the apartment complex around 7:12am. [REDACTED] was observed to be on the ground in a grassy area outside of the apartment. [REDACTED] was lying on his back. [REDACTED] had been placed there by a next door neighbor named [REDACTED]. [REDACTED] was in the grassy area with [REDACTED]. Officers attempted to perform CPR. Shortly after, the fire department arrived on scene. A defibrillator was used in an attempt to revive [REDACTED]. EMS responded a few minutes later. [REDACTED] was immediately loaded into the ambulance and transported to [REDACTED] Hospital. An officer followed the ambulance with [REDACTED] in the vehicle. The [REDACTED] received a phone call shortly after 8am advising that [REDACTED] was pronounced deceased at 7:59am. Officers were able to speak with [REDACTED] briefly before she was taken to the hospital. [REDACTED] reported that [REDACTED] had been sick for the past 7 to 10 days. [REDACTED] reported that she had taken [REDACTED] to the doctor sometime last week and that he was running a fever of 107 or 109 degrees. [REDACTED] reported that doctors never told her what was actually wrong with [REDACTED]. [REDACTED] did not say what office [REDACTED] was taken to. [REDACTED] did not say that [REDACTED] was running a fever this week. [REDACTED] did report taking [REDACTED] to daycare earlier in the week and receiving a phone call that he did not feel well. [REDACTED] reported that [REDACTED] wakes up periodically at night. [REDACTED] reported that [REDACTED] was in the bed with her. [REDACTED] reported that she woke up at around 6:30am or 7am to get ready for work. [REDACTED] reported that she tried to move [REDACTED] up in the bed and noticed that he did not move his body. [REDACTED] stated that she tried again and then noticed that he was not breathing. After noticing that [REDACTED] was not breathing, [REDACTED] went and knocked on the door of her neighbor [REDACTED]. Officers also spoke with [REDACTED]. [REDACTED] reported that she ran into the apartment and observed [REDACTED] lying on his back in the bed. [REDACTED] reported that she then touched the bottom of [REDACTED] foot but that he did not move. [REDACTED] reported that [REDACTED] lips were blue. [REDACTED] then contacted 911. [REDACTED] then picked [REDACTED] up and was going to drive him to the nearby fire station but then saw police officers pulling up. [REDACTED] reported that she then removed [REDACTED] from the vehicle and laid him on the ground where officers began performing CPR. [REDACTED] di

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

The mother, [REDACTED] took [REDACTED] to [REDACTED] Emergency Department on the 7/15/2014 with fever, cough, congestion and runny nose. She took [REDACTED] back to [REDACTED] 7/20/2014 with a cough and he was diagnosed with an ear infection and bronchitis. She was given a prescription for amoxicillin and told to follow up with Dr. [REDACTED]. She neither followed up with Dr. [REDACTED] nor got the prescription filled. On 7/24/2014, [REDACTED] placed [REDACTED] in a prone position on an unsafe sleeping surface even though she reported knowing that he was not able push himself up or hold his head up while in a prone position. Ms.



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

Case Name : [REDACTED] [REDACTED] [REDACTED]

Investigation ID: [REDACTED]

[REDACTED] placed him in an unsafe sleep environment on an adult bed with a corduroy comforter and pillows between herself and his 2 year old sister. According to the Medical Examiner, the linear marking on [REDACTED] face indicate that he was likely on top of the comforter. At his stage of development he is unable to extricate himself from the low oxygen environment that was created by the comforter near his face in compound the breathing difficulty of bronchiolitis. According to records from Dr. [REDACTED] office, [REDACTED] was educated on safe sleep positioning and environment on 5/02/2014. The case was presented to the [REDACTED] County Child Protective Investigation Team on 11/13/2014. Team members were in agreement that there was sufficient evidence to substantiate the allegation of Child Neglect Death and Medical Maltreatment. There is a preponderance of evidence to substantiate the allegation of Child Neglect Death and Medical Maltreatment. The case will be closed and classified as Allegation Substantiated / Perpetrator Substantiated for the allegation of Child Neglect Death and Medical Maltreatment.

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: 01/26/2015 Contact Method: Face To Face
 Contact Time: 08:15 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 02/04/2015
 Completed date: 02/04/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Court Hearing,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/04/2015 04:14 PM Entered By: [REDACTED]

1/26/15 - Trial at Juvenile Court in [REDACTED] County. Present were CPSI [REDACTED] Mother: [REDACTED] Father of [REDACTED]
 [REDACTED] and [REDACTED] (safety placements), [REDACTED] attorney: [REDACTED] GAL: [REDACTED]
 [REDACTED] and [REDACTED] attorney: [REDACTED]

The [REDACTED] trial settled today with a dependency and neglect finding as to [REDACTED] and [REDACTED]. As you know, it is an unusual type of case in that the petition alleges dependency and neglect of [REDACTED] and [REDACTED] based primarily upon the neglect death of [REDACTED]. However, because [REDACTED] is deceased, he is not a named subject child of the petition because the Juvenile Court really does not have jurisdiction over and therefore cannot make a dependency and neglect finding as to a deceased child. For that reason the agreement is that the mother does not contest the facts related to [REDACTED] death, but the finding is the consequent need for services for the family and the living children based upon the facts related to [REDACTED] death.

Pursuant to the terms of the order, this case does need to transfer to long term to assist the mother in completing the parenting classes that she previously started and the grief counseling recommended by her parenting assessment. [REDACTED] is not to allow any unsupervised visitation between [REDACTED] and the children and shall be further restrained from allowing [REDACTED] to have overnight visitation in the home where the children are residing and from residing in the home with the children pending further orders of the court.

An Alcohol and Drug assessment for [REDACTED] was ordered and for him to follow through with the recommendations of that assessment.

Physical and Legal custody of [REDACTED] shall remain with the mother, [REDACTED] and the IPA is dissolved. Physical and Legal custody of [REDACTED] was given to the paternal grandmother, [REDACTED]

The Agreed Order of Adjudication and Disposition is attached to the 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: 01/24/2015 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: 02/04/2015
 Completed date: 02/04/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/04/2015 04:17 PM Entered By: [REDACTED]

The Immediate Protection Agreement (IPA) was resigned at the DCS Office by [REDACTED] on 1/24/15. [REDACTED] was observed on this day while at the DCS Office. The IPA is attached to the 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: 01/20/2015 Contact Method:
 Contact Time: 10:15 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/20/2015
 Completed date: 01/20/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/20/2015 10:36 AM Entered By: [REDACTED]

The Non Custodial Permanency Plan (NCPP) was updated in Tennessee Family and Child Tracking System (TFACTS) on 1/20/15. This is attached to the 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: 01/20/2015 Contact Method: Correspondence
 Contact Time: 09:35 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/20/2015
 Completed date: 01/20/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/20/2015 09:52 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] reviewed the email sent by [REDACTED] worker, [REDACTED] who is working with [REDACTED] on the parenting. The notes are as follows and a copy is attached to the file:

12/15/14 10:00am - Counselor called to schedule an appointment. Appointment scheduled for 12/16/14 at 9:00am
 12/16/14 9:00am - Counselor went to [REDACTED] home for scheduled appointment, no answer
 12/19/14 11:30am - [REDACTED] called counselor and stated she started a new job that why she was not home for scheduled appointment. Appointment scheduled for 12/22/14 at 5:30pm
 12/26/14 8:00 am - Counselor sent [REDACTED] a reminder text about 9:00am appointment today
 12/26/14 8:45 am - [REDACTED] did not reply to first text so counselor sent another text stating for [REDACTED] to text when she is available
 12/26/14 10:45 am - [REDACTED] sent counselor a text stating Yes, counselor called [REDACTED] to see what text meant. [REDACTED] stated she forgot about appointment, but she will be available later today. Counselor informed [REDACTED] she will need to contact counselor by 1:30pm to schedule an appointment for later today. [REDACTED] stated she will.

Date	Start Time	End Time	Duration	Service Code	Participant(s)	Goals Addressed	Notes
(press[TAB] key in Notes cell to add new row)							
12/22/14	5:30 pm	6:30 pm	1.0	HV	[REDACTED]	[REDACTED]	[REDACTED] will improve on her parenting skills [REDACTED] stated she is working on getting herself together to provide a good home for her children. [REDACTED] stated she is now working and is trying to find a play to live for her and her children. [REDACTED] stated she is also working on getting her GED so she can go to [REDACTED] school. Counselor will work with [REDACTED] on developing her parenting skills.

Monthly Reviews

1. Goal [REDACTED] will work on improving on her parenting skills
 Caretaker Observation - [REDACTED] stated she is ready to start her parenting skills training
 Clinician Observation - Counselor will work with [REDACTED] on developing her parenting skills



**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:	12/16/2014	Contact Method:	
Contact Time:	05:15 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/16/2014
Completed date:	12/16/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/16/2014 05:37 PM Entered By: [REDACTED]

Li approves case transfer for non-custodial services as CPS investigation complete as substantiated for Neglect Death and Medical Maltreatment of ACV [REDACTED] by [REDACTED] [REDACTED]



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: 12/15/2014	Contact Method:
Contact Time: 12:30 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 12/15/2014
Completed date: 12/15/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 12/15/2014 12:34 PM Entered By: [REDACTED]

Summary:

The Department of Children's Services (DCS) Child Protective Services (CPS) received a referral on 07/24/2014 with an allegation of Child Neglect Death regarding child [REDACTED]. The allegation was Medical Maltreatment was later added. On 7/24/14, mother, [REDACTED] reported that [REDACTED] was in bed with her, [REDACTED] (almost 2) and the father when [REDACTED] woke up around 6:30 or 7 am. [REDACTED] tried to move [REDACTED] up on the bed and noticed that he was not breathing. [REDACTED] went and knocked on the door of her neighbor [REDACTED] reported that she ran into the apartment and observed [REDACTED] lying on his back in the bed. [REDACTED] reported that she then touched the bottom of [REDACTED] foot but that he did not move. [REDACTED] reported that [REDACTED] lips were blue. [REDACTED] then contacted 911. [REDACTED] then picked [REDACTED] up and was going to drive him to the nearby fire station but then saw police officers pulling up. [REDACTED] reported that she then removed [REDACTED] from the vehicle and laid him on the ground where officers began performing Cardiopulmonary Resuscitation (CPR). [REDACTED] was transported to [REDACTED] Emergency Department (ED) by [REDACTED] Fire Department. Upon arrival to [REDACTED] ED he was apneic (no longer breathing) and pulseless. [REDACTED] received approximately 30 minutes of CPR and 5 rounds of epinephrine before he was pronounced deceased at 7:59 am on 07/24/2014. The investigation into this incident was conducted by The Tennessee Bureau of Investigations Investigator [REDACTED] [REDACTED] Police Youth Services Detective [REDACTED] [REDACTED] and DCS Child Protective Services Investigator [REDACTED].

The report to DCS listed the birth mother, [REDACTED] as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted of care takers, family members and medical professionals.

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

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

always treated as severe child abuse.

DCS policy Work Aid 1 (B, 3) defines the following criteria Medical Maltreatment:

1. A situation in which a child does not receive adequate health care, resulting in actual or potential harm.
2. Medical maltreatment applies to procedures or treatment that a physician or other medical professional deems necessary. Medical neglect does not include elective health care or treatment.
3. Medical neglect may rise to the level of severe abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

The mother, [REDACTED] took [REDACTED] to [REDACTED] Emergency Department on the 7/15/2014 with fever, cough, congestion and runny nose. She took [REDACTED] back to [REDACTED] 7/20/2014 with a cough and he was diagnosed with an ear infection and bronchitis. She was given a prescription for amoxicillin and told to follow up with Dr. [REDACTED]. She neither followed up with Dr. [REDACTED] nor got the prescription filled. On 7/24/2014, [REDACTED] placed [REDACTED] in a prone position on an unsafe sleeping surface even though she reported knowing that he was not able push himself up or hold his head up while in a prone position. [REDACTED] placed him in an unsafe sleep environment on an adult bed with a corduroy comforter and pillows between herself and his 2 year old sister. According to the Medical Examiner, the linear marking on [REDACTED] face indicate that he was likely on top of the comforter. At his stage of development he is unable to extricate himself from the low oxygen environment that was created by the comforter near his face in compound the breathing difficulty of bronchiolitis. According to records from Dr. [REDACTED] office, [REDACTED] was educated on safe sleep positioning and environment on 5/02/2014.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 11/13/2014. Team members were in agreement that there was sufficient evidence to substantiate the allegation of Child Neglect Death and Medical Maltreatment.

There is a preponderance of evidence to substantiate the allegation of Child Neglect Death and Medical Maltreatment.

The case will be closed and classified as Allegation Substantiated / Perpetrator Substantiated for the allegation of Child Neglect Death and Medical Maltreatment.

Narrative Type: Addendum 1 Entry Date/Time: 01/20/2015 09:39 AM Entered By: [REDACTED]

It should be noted that the information regarding [REDACTED] knowing that [REDACTED] was not able push himself up or hold his head up while in a prone position was obtained from the autopsy report.



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: 12/15/2014 Contact Method:
 Contact Time: 12:05 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/15/2014
 Completed date: 12/15/2014 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: 12/15/2014 12:41 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] updated the Family Functional Assessment (FFA) on 12/15/14.



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: 12/15/2014 Contact Method:
 Contact Time: 12:05 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/15/2014
 Completed date: 12/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/15/2014 12:44 PM Entered By: [REDACTED]

The Family Assessment and Support Tool (FAST) was completed and it was Moderate. The FAST form are attached to file and entered in TFACTS.



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: 12/09/2014 Contact Method:
 Contact Time: 08:27 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/09/2014
 Completed date: 12/09/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2014 08:59 PM Entered By: [REDACTED]

After reviewing the medical records from [REDACTED] Hospital, this Child Protective Services Investigator (CPSI) [REDACTED] read through the medical records from [REDACTED] Office again to see if the mother, [REDACTED] followed up with Dr. [REDACTED] after [REDACTED] first visit to [REDACTED] Emergency Department (ED) on 3/23/14. This CPSI noted that [REDACTED] was not taken to Dr. [REDACTED] to follow up after that ED visit. It was noted that on 5/02/14 was [REDACTED] first and only visit to Dr. [REDACTED] Office and Counseling/Education was done with [REDACTED] Part of that Counseling/Education was that Dr. [REDACTED] discussed safety practices avoid use of soft bedding or toys and discussed sleeping position on back or side (back preferred) to reduce SIDS risk. [REDACTED] had his first round of vaccination which included PCV (Pevnar), Rota Teq (rotavirus vaccination), Pediarix and HIB (Haemophilus influenza).



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: 12/09/2014 Contact Method:
 Contact Time: 01:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/09/2014
 Completed date: 12/09/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2014 08:22 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] received the requested medical records from [REDACTED] Hospital for [REDACTED]. This CPSI read through the medical records and noted that [REDACTED] was taken to [REDACTED] Emergency Department (ED) on two occasions.

The first occasion was on 3/23/14 when [REDACTED] was 6 weeks old. [REDACTED] was taken to the ED because he had not had a bowel movement in 4 days. While at the ED the mother was counseled on decreasing the volume of his feeds and increasing the frequency of the neck necessary. The mother was counseled on proper positioning after feeds. The mother was advised to follow-up with the child's primary care physician (PCP). Dr. [REDACTED] was contacted by phone and had agreed to [REDACTED] in the next 24 - 48 hours.

The second occasion was on 7/24/14 when [REDACTED] was 5 months old. He was brought to the ED by [REDACTED] fire department. When he arrived he was apneic (no longer breathing) and pulseless. [REDACTED] received approximately 30 minutes of Cardiopulmonary Resuscitation (CPR) and 5 rounds of epinephrine before he was pronounced expired at 7:59am.

The [REDACTED] Medical Records are attached to the 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: 12/09/2014 Contact Method: Phone Call
 Contact Time: 11:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/09/2014
 Completed date: 12/09/2014 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: 12/09/2014 12:27 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] called [REDACTED] with [REDACTED] to follow-up regarding services for [REDACTED]. [REDACTED] stated that [REDACTED] is doing wonderful. He is on medication and is stable on his medication. He is settling down and not as hyper. She stated that he is doing so well that they are stepping him down from 3 times a week to case management once a week. She stated that [REDACTED] is talking to his father on the phone once a week. She stated that he is doing very well with his grandmother, [REDACTED]. This CPSI asked [REDACTED] about [REDACTED] grief and she stated that she feels like he is doing well. This CPSI asked [REDACTED] to send paperwork regarding [REDACTED] progress and what she is working on with [REDACTED] and she stated that she will email this CPSI.



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: 12/09/2014

Contact Method:

Contact Time: 10:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/09/2014

Completed date: 12/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2014 10:47 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] submitted a requested for services for December for [REDACTED] [REDACTED] parenting classes on 12/8/14.



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: 12/08/2014 Contact Method: Correspondence
 Contact Time: 09:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/11/2014
 Completed date: 12/11/2014 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: 12/11/2014 04:04 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] received an email back from [REDACTED] Safety Nurse for [REDACTED] on 12/4/14. [REDACTED] with the Child Protective Investigative Team (CPIT) decision to Substantiate on Neglect Death and Medical Maltreatment. [REDACTED] written opinion is attached to the 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: 12/03/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 12/06/2014

Completed date: 12/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/06/2014 05:53 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] attended the settlement hearing for [REDACTED]. This CPSI got the safety plan resigned by [REDACTED]. This CPSI gave [REDACTED] a copy of the safety plan. [REDACTED] was asked about the parenting classes and how they are going. [REDACTED] stated that she called the worker but she has not returned her phone call.

The case was set of Trial in Magistrate [REDACTED] courtroom.

Narrative Type: Addendum 1 Entry Date/Time: 12/11/2014 04:16 PM Entered By: [REDACTED]

The Trial is set for 01/26/2015 at 8:15 am.



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: 12/01/2014 Contact Method: Face To Face
 Contact Time: 04:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/02/2014
 Completed date: 12/02/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Other Child Living in the Home Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/02/2014 08:39 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] met with [REDACTED] (paternal grandmother/safety placement) and [REDACTED] at the DCS office to follow-up and to get the safety plan resigned. [REDACTED] stated that things are going well and [REDACTED] is doing well in school. She stated that he will get to ride in a limo on Friday for selling cookie dough at school. This CPSI spoke with [REDACTED] who was playing a video game on the phone. [REDACTED] stated that things are going "good." He is getting excited about Christmas. This CPSI went over the safety plan with [REDACTED] and she signed it. This CPSI gave [REDACTED] a copy of the safety plan.



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: 11/26/2014 Contact Method: Attempted Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/01/2014
 Completed date: 12/01/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/01/2014 03:57 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] called [REDACTED] to follow-up regarding the parenting/ grief classes and to get the safety plan resigned. [REDACTED] didn't answer the phone so this CPSI left [REDACTED] a voicemail message.



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: 11/26/2014 Contact Method: Phone Call
 Contact Time: 12:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/01/2014
 Completed date: 12/01/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/01/2014 01:16 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] contacted the Safety Nurse for [REDACTED] Registered Nurse (RN) [REDACTED] on 11/24/14 for a medical consult to determine if the lack of medicine-amoxicillin contributed to [REDACTED] death. This CPSI emailed a copy of the Autopsy to [REDACTED] for his review. [REDACTED] will email his written opinion to this CPSI.



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: 11/21/2014 Contact Method:
 Contact Time: 11:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/25/2014
 Completed date: 11/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 09:53 AM Entered By: [REDACTED]

MSSW Review Recommendations:

1. Medical consult with Child Death Reviewer, [REDACTED] to determine if the lack of medicine-amoxicillin contributed to death
2. Based on the results of medical consult obtain legal consult as IPA remains in place
3. Re-staff at MSSW review as there may be a need to change classification decision



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:	11/17/2014	Contact Method:	Phone Call
Contact Time:	11:15 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/17/2014
Completed date:	11/17/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/17/2014 11:26 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] called [REDACTED] with [REDACTED] [REDACTED] [REDACTED] was assigned the parenting classes with a grief counseling for [REDACTED] (mother). [REDACTED] stated that she spoke with [REDACTED] on 11/11 and set up an appointment on 11/12 at 11am [REDACTED] stated that she went to the appointment and [REDACTED] mother stated that [REDACTED] was not home. This CPSI informed [REDACTED] that [REDACTED] responds to text messages so if she is not able to reach [REDACTED] by calling her she may want to try text messaging her. This CPSI confirmed that [REDACTED] had the correct phone number for [REDACTED] [REDACTED] will contact this CPSI when she has set up another appointment with [REDACTED]



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: 11/14/2014

Contact Method: Face To Face

Contact Time: 12:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/17/2014

Completed date: 11/17/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

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

This Child Protective Services Investigator (CPSI) [REDACTED] presented this case at the [REDACTED] County Child Protective Investigative Team (CPIT) and the team agreed with classification of Allegation Substantiated / Perpetrator Substantiated (ASPS) regarding the Medical Maltreatment and Neglect Death Allegations. The CPIT form was signed and is attached to the file.

Narrative Type: Addendum 1 Entry Date/Time: 11/17/2014 11:18 AM Entered By: [REDACTED]

The case was presented at CPIT on 11/13/14 instead of 11/14/14.



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:	11/13/2014	Contact Method:	
Contact Time:	11:55 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/17/2014
Completed date:	11/17/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/17/2014 01:54 PM Entered By: [REDACTED]
 This Child Protective Services Investigator (CPSI) [REDACTED] received the Autopsy results from Det. [REDACTED] on 11/13/14.

Pathologic Diagnoses

1. Suffocation:
 - A. Found prone on adult bed between child and adult.
 - B. Linear indentations on left side of face and abdomen.
 - C. Unable to push self up or hold head up while in prone position.
2. Bronchiolitis
3. Focal early acute bronchopneumonia (histology).

Cause of Death: Suffocation

Contributory Cause of Death: Bronchiolitis

Manner of Death: Accident

Circumstances of Death: Found prone in adult bed, co-sleeping

A Copy of the Autopsy Report is attached to 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: 11/13/2014 Contact Method: Phone Call
 Contact Time: 10:52 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/17/2014
 Completed date: 11/17/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

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

This Child Protective Services Investigator (CPSI) [REDACTED] called Detective [REDACTED] with [REDACTED] Youth Services after attempting to contact Detective [REDACTED]. Det. [REDACTED] informed this CPSI that Det. [REDACTED] has received the autopsy report and Det. [REDACTED] emailed a copy of the Autopsy to this CPSI.

A copy of the autopsy is attached to the 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:	11/01/2014	Contact Method:	Correspondence
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/01/2014
Completed date:	11/01/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/01/2014 11:24 AM Entered By: [REDACTED]

This CPSI received the Parenting Assessment from [REDACTED] which was completed by [REDACTED] on 9/11/14. The assessor recommends Parenting Education Classes to enhance and further develop her parenting skills and appropriate techniques of discipline as [REDACTED] continues to make efforts to regain custody of her children. Grief Counseling is also recommended for [REDACTED] who appears to need additional support to cope with loss on so many levels.

This CPSI will send a PSG for parenting classes and grief counseling for [REDACTED]

A copy of the Parenting Assessment is attached to the 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:	10/31/2014	Contact Method:	Phone Call
Contact Time:	01:39 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/31/2014
Completed date:	10/31/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/31/2014 01:44 PM Entered By: [REDACTED]

This CPSI received a return call from [REDACTED] with [REDACTED] regarding the parenting assessment for [REDACTED]. [REDACTED] stated that the parenting assessment was completed on 09/11. She stated that she will email the assessment to this CPSI when she returns to the office.



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: 10/31/2014 Contact Method: Phone Call
 Contact Time: 01:25 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/31/2014
 Completed date: 10/31/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/31/2014 01:41 PM Entered By: [REDACTED]

This CPSI called [REDACTED] for [REDACTED] to check on the services she is providing. [REDACTED] phone number is [REDACTED]. [REDACTED] stated that [REDACTED] is doing well but he is hyper. She stated that she referral this grandmother to get him evaluated for medication to help calm him down. She stated that she goes to his grandmother's home 3 days a week. She stated that if she is still working with him when he goes back to his mother she will continue to work with him. She stated that his grandmother is wonderful and doing everything to help him with his needs.



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:	10/31/2014	Contact Method:	
Contact Time:	01:15 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/31/2014
Completed date:	10/31/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/31/2014 01:20 PM Entered By: [REDACTED]

This CPSI sent a PSG for the 3rd request for November for a parenting assessment for [REDACTED] on 10/31/14. [REDACTED] is saying that she has not been contacted by the provider. The assigned provider is [REDACTED]. This CPSI contacted [REDACTED] at [REDACTED] and she stated that she would check into why [REDACTED] has not been contacted and get back with this CPSI.



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: 10/30/2014 Contact Method: Face To Face
 Contact Time: 06:15 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 10/31/2014
 Completed date: 10/31/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Alleged Perpetrator Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/31/2014 01:07 PM Entered By: [REDACTED]

This CPSI went to [REDACTED] which is the home of [REDACTED] mother to meet with [REDACTED] and get the safety plan resigned. [REDACTED] resigned the safety plan and was given a copy. This CPSI asked [REDACTED] about the parenting assessment and she stated that no one has called her about it and left a message. She stated that she is now working for ADT selling security systems but doesn't like it because she has to drive a lot and works on commission. She stated that she is looking for housing but having a difficult time locating something for under \$550 a month. She stated that she is currently staying her with her mother. [REDACTED] stated that she has been calling about the autopsy but they told her that it is not complete yet. This CPSI reminded her about court on 11/5 at 1pm for the settlement.

This CPSI observed [REDACTED] (2) while at the grandmother's home. The grandmother was watching [REDACTED] and [REDACTED] daughter, [REDACTED] appeared healthy and happy as she ran around the house playing with [REDACTED]. There were no concerns noted with [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: 10/30/2014 Contact Method: Face To Face
 Contact Time: 04:15 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 10/31/2014
 Completed date: 10/31/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/31/2014 12:53 PM Entered By: [REDACTED]

This CPSI followed-up with [REDACTED] (Paternal grandmother/safety placement) and [REDACTED] at [REDACTED] in [REDACTED] TN [REDACTED] on 10/30/14. This CPSI got the safety plan signed by [REDACTED] and gave a copy to [REDACTED]. [REDACTED] stated that [REDACTED] is doing well in school and he got two awards at school the awards ceremony on Friday (10/24). She showed this CPSI [REDACTED] award for Most Improved and Student of the Week. She was asked about the services for [REDACTED] with [REDACTED] and how those were going and she stated he was evaluated last week and placed on medication to help him focus. She showed this CPSI the bottle of medication which was called Guanfacine 1mg. She was ask how [REDACTED] was doing on his medication and she stated that he get sleepy after he takes it. She stated that she has informed his teacher that he was placed on medication and asked the teacher to left her know if there are any changes in [REDACTED]. She stated that she took [REDACTED] to the dentist and he has to go back to the dentist on 11/20/14. The dentist is [REDACTED]. She was asked if [REDACTED] is getting to see his mother and she stated that [REDACTED] will tell [REDACTED] that she is coming by and she doesn't show up and then he gets upset. This CPSI asked [REDACTED] if [REDACTED] has gotten to visit his father recently and she stated that [REDACTED] father does not get visitation until Thanksgiving since he is in Maximum security. She stated that the family plans to go visit him then.

This CPSI took a long sleeve polo shirt, a pair of khaki pants and a winter coat to [REDACTED] for [REDACTED] on this day.

This CPSI spoke with [REDACTED]. He was outside on roller skates with a neighborhood friend when this CPSI arrived to the home of [REDACTED]. He appeared excited about the coat that this CPSI took him and thanked this CPSI for his coat. He took it upstairs to his room. He stated that school is going well and he is happy. There were no concerns with [REDACTED] on this day; he appeared healthy.

This CPSI reminded [REDACTED] about the Settlement hearing on 11/5 at 1pm at Juvenile Court.



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: 10/30/2014

Contact Method: Face To Face

Contact Time: 12:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/31/2014

Completed date: 10/31/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/31/2014 01:22 PM Entered By: [REDACTED]

This case was set for CPIT (Child Protective Investigative Team) on 10/30/14. This case was reset pending the autopsy.



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: 10/16/2014

Contact Method: Correspondence

Contact Time: 10:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/16/2014

Completed date: 10/16/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/16/2014 10:26 AM Entered By: [REDACTED]

This CPSI sent an email to [REDACTED] to check on getting warm school uniforms and a coat for [REDACTED]



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: 10/15/2014 Contact Method: Phone Call
 Contact Time: 04:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/16/2014
 Completed date: 10/16/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/16/2014 10:23 AM Entered By: [REDACTED]

This CPSI called [REDACTED] (safety placement [REDACTED]) to check on services for [REDACTED]. [REDACTED] stated that [REDACTED] with [REDACTED] came to see [REDACTED] for grief counseling today and she will be seeing him 3 times a week. She stated that she took [REDACTED] and [REDACTED] to Dr. [REDACTED] on Friday (10/10) to get shots. She stated that [REDACTED] got 4 shots and [REDACTED] got his flu vaccine. She stated that [REDACTED] is up to date on her shots. She stated that she needs some assistance with cold weather school uniforms and a winter coat for [REDACTED]. This CPSI got [REDACTED] sizes from [REDACTED] and told [REDACTED] that this CPSI will get back in touch with her tomorrow regarding the clothing. She stated that [REDACTED] and [REDACTED] are doing well and she has no concerns with them.



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: 10/08/2014 Contact Method: Phone Call
 Contact Time: 11:45 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/08/2014
 Completed date: 10/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2014 12:47 PM Entered By: [REDACTED]

This CPSI called Dr. [REDACTED] Office [REDACTED] to request medical records for [REDACTED] [REDACTED] and [REDACTED]. [REDACTED] stated that only [REDACTED] has been seen at Dr. [REDACTED] Office. She stated that he has not been seen there since 2012. This CPSI faxed a release of information to Dr. [REDACTED] Office [REDACTED] and [REDACTED] stated that the records will be faxed back tomorrow (10/9).



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:
 Contact Time: 02:50 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/06/2014
 Completed date: 10/06/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/06/2014 02:53 PM Entered By: [REDACTED]

This CPSI resubmitted the PSG for the parenting assessment for [REDACTED] for the month of October on 10/6/14.



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: 08:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 10/06/2014

Completed date: 10/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/06/2014 11:03 AM Entered By: [REDACTED]

This CPSI attended the appearance hearing for [REDACTED] to appear to court on 10/6/14 at 8:30am. [REDACTED] was present for this hearing. [REDACTED] was also present. This CPSI spoke with [REDACTED] about drug issues and gave him the phone number for the [REDACTED] Center so that he can complete an A&D assessment. [REDACTED] stated that he is not using drugs or selling drugs. He stated that he is dealing with the drug issues in Criminal Court. While at court, [REDACTED] and [REDACTED] both stated that he is the father of [REDACTED] which qualified him for a court appointed attorney. [REDACTED] was appointed to represent [REDACTED] This case was set for settlement on 11/5/14 at 1pm in Magistrate [REDACTED] courtroom.



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: 10/03/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 04:24 PM Entered By: [REDACTED]

This CPSI followed up with [REDACTED] at the DCS Office so that the IPA could be resigned. [REDACTED] resigned the IPA and a copy was given to [REDACTED] and the original is attached to the file. [REDACTED] stated that she has still not heard from the parenting assessment yet. She stated that she is working for 7am to 3:30pm in [REDACTED]. She stated that she is working on getting housing. She stated that she had a miscarriage and was in the hospital last week. She stated that [REDACTED] told her that he was given paperwork at court on Wednesday and he has a court date on Monday (10/6). This CPSI explained to [REDACTED] that is an appearance in Magistrate [REDACTED] courtroom. She stated that she spoke with his and he plans to attend. [REDACTED] stated that [REDACTED] and [REDACTED] have doctor appointments on 10/13 and 10/14 for the dentist. She stated that the appointments should be with Dr. [REDACTED]. This CPSI explained that [REDACTED] told this CPSI that the appointments are with Dr. [REDACTED]. She stated that if they are with Dr. [REDACTED] she will change them because she want them to attend the same Doctor she had when she was younger, which is Dr. [REDACTED]. She stated that this will get [REDACTED] up to date on her shots and [REDACTED] needs to get a physical for school. She stated that she has been calling the medical examiner to check on the autopsy and it's still not back. She stated that they told her that it could take up to 6 months. This CPSI asked [REDACTED] if there was anything she needs assistance with and she stated no. [REDACTED] signed a release of information for [REDACTED] and [REDACTED] while at the office and these release are attached to the 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: 10/03/2014 Contact Method: Phone Call
 Contact Time: 12:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/03/2014
 Completed date: 10/03/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 12:19 PM Entered By: [REDACTED]

This CPSI called [REDACTED] to check on [REDACTED] because [REDACTED] spend most of her time at [REDACTED] home. She stated that [REDACTED] is doing well. She stated that she has a doctor and dentist appointment set up for [REDACTED] on 10/13 and 10/14. She stated that the doctor appointment is with Dr. [REDACTED] and she could not recall the name of the dentist.



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: 10/03/2014

Contact Method: Attempted Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 12:11 PM Entered By: [REDACTED]

This CPSI called [REDACTED] to get her to resign the IPA. [REDACTED] did not answer so this CPSI left her a voicemail message explaining the urgency of the IPA being resigned. [REDACTED]



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: 09/30/2014 Contact Method: Face To Face
 Contact Time: 04:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 10/03/2014
 Completed date: 10/03/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Other Child Living in the Home Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/03/2014 11:44 AM Entered By: [REDACTED]

This CPSI conducted a follow-up face to face with [REDACTED] at the home of [REDACTED] [REDACTED] in [REDACTED]. This CPSI was greeted at the door by [REDACTED] and [REDACTED] invited this CPSI into the home. [REDACTED] appeared excited to see this CPSI and tell this CPSI about his recent birthday party. He appeared healthy on this day. [REDACTED] stated that [REDACTED] therapist with [REDACTED] can to her home on Saturday (9/27) and did an intake with [REDACTED]. This CPSI asked [REDACTED] about the mother, [REDACTED]. She stated that [REDACTED] came to [REDACTED] birthday party. She stated that [REDACTED] is with [REDACTED] and there were photos of them together on facebook. [REDACTED] resigned the IPA on this day.



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: 09/30/2014

Contact Method: Phone Call

Contact Time: 04:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 12:08 PM Entered By: [REDACTED]

This CPSI called [REDACTED] to get her to resign the IPA. [REDACTED] stated that she is at work and would meet this CPSI after she gets home from work. She agreed to meet this CPSI at 7pm and would call this CPSI when she is home from work. This CPSI called [REDACTED] at 7pm and [REDACTED] did not answer the phone.



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: 09/30/2014

Contact Method: Face To Face

Contact Time: 03:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 03:29 PM Entered By: [REDACTED]

This CPSI conducted a follow-up face to face with [REDACTED] at [REDACTED] on [REDACTED] in [REDACTED]. This CPSI observed [REDACTED] taking a nap. Her hair was neatly braided with beads and she has no marks or bruises noted.

This CPSI spoke with [REDACTED] teacher, [REDACTED] while at the daycare. [REDACTED] stated that [REDACTED] is doing well. She stated that there have been no changes in her behavior since her brother's death. She stated that [REDACTED] is sweet, she plays well with her friends, she is starting to talk more, use sentences more and expresses what she wants more. She stated that [REDACTED] is always clean and well dressed and has everything she needs.

This CPSI spoke with [REDACTED], Assistant Director of the daycare. [REDACTED] stated that [REDACTED] was going there before his death. She stated that they miss his greatly. She stated that he was always smiling and a happy baby. She stated that he was always clean and well dressed. She stated that both [REDACTED] and [REDACTED] are up to date on their shots. She gave this CPSI a copy of [REDACTED] shot record and it is attached to the file. She stated that she had not had any concerns with [REDACTED] or [REDACTED] care by the mother. She stated that if she told the mother that [REDACTED] needed diapers, the mother would bring in a whole box and same thing with wipes. She stated that [REDACTED] called her on her way to the hospital with [REDACTED] and told her that he was not breathing. She stated that she met [REDACTED] at the hospital.



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: 09/29/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 12:05 PM Entered By: [REDACTED]

This CPSI went to court on 9/29/14 due to the appearance being reset for [REDACTED] [REDACTED] did not attend on this day. It was reset for 10/6 at 8:30am. [REDACTED] will be served on 10/1 at this Criminal court appearance.



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: 09/29/2014

Contact Method: Attempted Phone Call

Contact Time: 08:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 12:06 PM Entered By: [REDACTED]

This CPSI called [REDACTED] to get her to resign the IPA. [REDACTED] did not answer so this CPSI left her a voicemail message. [REDACTED]



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: 09/26/2014

Contact Method: Attempted Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 12:00 PM Entered By: [REDACTED]

This CPSI called [REDACTED] to get her to resign the IPA. [REDACTED] did not answer so this CPSI left her a voicemail message. [REDACTED]



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: 09/25/2014 Contact Method: Phone Call
 Contact Time: 03:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/25/2014
 Completed date: 09/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2014 04:51 PM Entered By: [REDACTED]

This CPSI spoke with safety placement, [REDACTED]. She stated that she received a call from [REDACTED] for grief counseling for [REDACTED]. She stated that the worker is coming to her home on Saturday (9/27) at 3pm to complete the intake. This CPSI asked [REDACTED] about [REDACTED]. She stated that he is doing much better in school with his behavior and making friends at school. She stated that she had to quite one of her jobs so she could spend more time with [REDACTED]. She stated that the [REDACTED] worker called from phone number [REDACTED] but she could not recall her name.



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: 09/19/2014 Contact Method: Phone Call
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/25/2014
 Completed date: 09/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2014 04:46 PM Entered By: [REDACTED]

This CPSI called [REDACTED] to set up a time to meet with her to resign the IPA and to check on the parenting assessment.
 This CPSI was not able to leave a voicemail on [REDACTED] phone.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/08/2014 Contact Method: Face To Face
 Contact Time: 08:30 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 09/08/2014
 Completed date: 09/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Court Hearing
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/08/2014 11:54 AM Entered By: [REDACTED]

9/8/14 - Appearance Hearing in Magistrate [REDACTED] Courtroom at Juvenile Court. [REDACTED] and [REDACTED] were present. [REDACTED] was not present at court.

This CPSI met with [REDACTED]. This CPSI asked [REDACTED] if the provider has contacted her to get the parenting assessment completed and she stated no. This CPSI confirmed [REDACTED] contact number was [REDACTED]. This CPSI asked [REDACTED] about housing and she stated that she is staying with her mother, [REDACTED] at [REDACTED] in [REDACTED]. She stated that she went to DCS to get [REDACTED] taken off her DHS due to his death. She stated that they were doing evicted from their apartment because [REDACTED] was accused of shooting fire crackers and denied it had anything to do with [REDACTED]. She stated that she is now working at [REDACTED] and [REDACTED]. This CPSI gave [REDACTED] housing resources to assist her with locating housing. She was asked about [REDACTED] and [REDACTED] shot records. She stated that [REDACTED] and [REDACTED] are up to date on their shots. She stated that she had to have [REDACTED] and [REDACTED] up to date on their shots for school and daycare. She stated that [REDACTED] shots were done at the [REDACTED] office Health Dept near [REDACTED]. She stated that [REDACTED] shots were completed at Dr. [REDACTED] Office. She stated that [REDACTED] goes to Dr. [REDACTED] Office for his shots.

Attorney [REDACTED] was appointed to Mother, [REDACTED] contact number is [REDACTED] and his email is [REDACTED]

Attorney [REDACTED] was appointed as the GAL. [REDACTED] contact number is [REDACTED] and his email is [REDACTED]

The Settlement date is 10/5/14 at 1pm in Magistrate [REDACTED] courtroom. The appeared was reset for [REDACTED] to be served for 9/29/14 at 8:30.



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:	09/07/2014	Contact Method:	
Contact Time:	12:15 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/07/2014
Completed date:	09/07/2014	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: 09/07/2014 12:30 PM Entered By: [REDACTED]

This CPSI completed the Family Functional Assessment (FFA) on this family.

The Family Advocacy and Support Tool (FAST) was completed and it was Moderate.

The FFA and FAST forms are attached to the file and entered into TFACTS.



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: 09/03/2014

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/03/2014

Completed date: 09/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2014 05:06 PM Entered By: [REDACTED]

This CPSI, [REDACTED] sent an online referral to [REDACTED] for Grief counseling for [REDACTED] on 9/3/14.



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: 08/29/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 09/03/2014

Completed date: 09/03/2014

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: 09/03/2014 03:44 PM Entered By: [REDACTED]

This CPSI conducted a follow-up face to face with [REDACTED] (1) at her daycare ([REDACTED]) on 8/29/14. [REDACTED] was dressed appropriately and appeared healthy on this day.



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: 08/29/2014 Contact Method: Face To Face
 Contact Time: 01:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: School Created Date: 09/02/2014
 Completed date: 09/02/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/02/2014 11:06 AM Entered By: [REDACTED]

This CPSI conducted a follow-up face to face with [REDACTED] at [REDACTED] Elementary School on 8/29/14. Due to sensitivity of this matter, [REDACTED] was not interviewed initially so this CPSI interviewed him on this day. This CPSI established a good rapport with [REDACTED] and explained to him what DCS is on an age appropriate level. He stated that his teacher is [REDACTED] and he is in the 2nd grade. He stated that he likes school but misses is old school. He stated that he is staying with his "Nanny" and [REDACTED]. He stated that [REDACTED] is his [REDACTED] (Aunt). He was asked if he knew why he was staying with his Nanny and he stated it was because of his brother. He stated that his brother had the "cribs". This CPSI asked [REDACTED] what the "cribs" is and he stated "it's when a baby rolls over." He was asked about that morning regarding his brother. He stated that he woke up and no one was inside the apartment. He stated that he went outside and saw [REDACTED] (how he referred to his baby brother, [REDACTED]) "laying in the grass and the police was with him giving him air." He stated that [REDACTED] (how he referred to his sister, [REDACTED]) was crying and running to his mother. He was asked what was going on before he went to sleep that night and he stated that he doesn't remember. He stated that [REDACTED] his step-dad" (how he referred to [REDACTED]) stayed at his house every night. He was asked about sleeping arrangements. He stated that he has a bed but he usually slept on the couch instead on his room. He stated "[REDACTED] always slept in the middle of mom and [REDACTED] and [REDACTED] sometimes slept in his bed." He was asked about medicine and he stated that he takes medicine when he sneezes or coughs. He was asked in anyone in his house smoked and he stated that his mom smoked but she quit a few days ago. He stated that [REDACTED] smoked Newport. He stated that his mom was sleeping all the time and [REDACTED] slept with his mom. He was asked who took care of [REDACTED] and he stated "He, [REDACTED] and his mom took care of [REDACTED]. He stated [REDACTED] was sick but seemed better." He was asked his he goes to the doctor and he stated yes, to get shots and [REDACTED] gets shots." He stated [REDACTED] doesn't get shots." He was asked how he is feeling about his brother and he stated that he feels sad. He was asked about his mother and if he knows where she is sleeping to make sure the IPA is being followed and he stated that he doesn't know where his mother sleeps.

He was observed to be dressed appropriately and he appeared healthy on this day.

Collateral Contact:

While at [REDACTED] Elementary, this CPSI interviewed [REDACTED] Principle to inquire about services that the school may be able to offer [REDACTED] for grief counseling. She stated that the Guidance Counselor, [REDACTED] has met with



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

him once but she is not certified in grief counseling and the school doesn't have a grief support group. She stated that she has met with the grandmother due to concerns the school was having with [REDACTED] behavior. She stated that the behavior the school was concerns about was defiance, pouting and she feels that he is angry. She stated that she gave the grandmother a behavior chart last week and that appears to be working.



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: 08/29/2014

Contact Method:

Contact Time: 09:20 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/03/2014

Completed date: 09/03/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2014 03:43 PM Entered By: [REDACTED]

Case conference was held on this date. Children are placed in an Immediate Protection Agreement and there is a petition before the court. Case is pending the results of the autopsy. Services are being offered to the mother and the father of the deceased child.



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: 08/26/2014

Contact Method:

Contact Time: 11:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/08/2014

Completed date: 09/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/08/2014 05:05 PM Entered By: [REDACTED]

Investigations Coordinator [REDACTED] met with Lead Investigator [REDACTED] and Investigator [REDACTED] to discuss the death case and provide feedback from Regional Investigations Coordinator. The mother found the baby unresponsive in their home. An Immediate Protective Agreement was put in place to ensure the safety of the siblings during the investigation. Case will be reviewed again on 9/19 at the MSW Review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/26/2014 Contact Method:
 Contact Time: 10:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/26/2014
 Completed date: 08/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/26/2014 10:52 AM Entered By: [REDACTED]

This CPSI submitted a PSG request for a parenting assessment with a grief component for [REDACTED]



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: 08/13/2014 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 08/26/2014
 Completed date: 08/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/26/2014 11:08 AM Entered By: [REDACTED]

This CPSI met with [REDACTED] at [REDACTED] TN [REDACTED] to change the safety placement. [REDACTED] would like the children to be placed with [REDACTED] paternal grandmother, [REDACTED] and Aunt [REDACTED] (other adult in the home). [REDACTED] will be staying with [REDACTED] all the time and [REDACTED] will still stay with [REDACTED] but on the weekends stay with [REDACTED]

The IPA stated that: [REDACTED] will allow [REDACTED] and [REDACTED] to stay with [REDACTED] in [REDACTED] [REDACTED] will have no unsupervised contact with her children and no overnight visits with them. [REDACTED] will complete a parenting assessment and follow the recommendations of that assessment. The IPA was signed by [REDACTED] and [REDACTED]

This CPSI conducted a walk through of the home at this time. The home has 3 bedrooms, 2 1/2 baths, kitchen, den and dining area. The bedroom of the children has a bunk bed with a full size bed on the bottom. [REDACTED] will sleep on the top bunk and when [REDACTED] is there she will sleep on the bottom bunk. There were no safety hazards noted in the home. The Non-Custodial Expedited Placement Assessment was completed and signed by [REDACTED]. A release of information for back ground checks and Fingerprint information cards were completed by [REDACTED] and [REDACTED]

[REDACTED] is getting [REDACTED] enrolled in [REDACTED] elementary and will talk to the principle about grief counseling for [REDACTED] stated that [REDACTED] father is her son, [REDACTED] [REDACTED] and he is incarcerated.

This CPSI asked [REDACTED] about pediatricians for her children and she stated that Dr. [REDACTED] is the only pediatrician she uses.



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: 07/31/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 11:25 AM Entered By: [REDACTED]

This CPSI met the Medical Examiner's Office for a meeting with the Medical Examiner. Present were Det. [REDACTED] Det. [REDACTED] CPSI [REDACTED] and LI [REDACTED] and the Medical Examiner. It was noted that there was no bruising to [REDACTED]. The autopsy results are still pending.



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: 07/28/2014 Contact Method: Phone Call
 Contact Time: 11:47 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: 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): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/28/2014 12:25 PM Entered By: [REDACTED]

This CPSI spoke with [REDACTED], Office Manager at Dr. [REDACTED] Office regarding [REDACTED] [REDACTED] stated that [REDACTED] has only been seen at Dr. [REDACTED] Office once which was on 5/2/14. She stated that he had another appointment scheduled on 5/30/14 for a well child check-up and the family was a "no show" for that appointment. [REDACTED] looked at the records and there was no scheduled appointment for [REDACTED]. She stated that there was no records stating that the mother called to set up an appointment. [REDACTED] gave this CPSI their fax number so that CPSI could request the medical records. Their fax number is [REDACTED].

This CPSI faxed the release to Dr. [REDACTED] Office immediately following the phone conversation. The records will be placed in the file and documented when they are received.



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: 07/25/2014 Contact Method:
 Contact Time: 02:35 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/25/2014
 Completed date: 07/25/2014 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: 07/25/2014 02:41 PM Entered By: [REDACTED]

This CPSI completed the Initial Safety Assessment and the children are Conditionally Safe. A Copy is attached to the 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: 07/25/2014 Contact Method:
 Contact Time: 12:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: 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 01:24 PM Entered By: [REDACTED]

This CPSI went to [REDACTED] Hospital Medical Records to pick up the medical records of [REDACTED]. The records included [REDACTED] birth records and 2 visits to the emergency room.

This CPSI reviewed the records regarding [REDACTED] visits to their Emergency Department which occurred on 7/15/14 and 7/20/14.

7/15/14 - It was noted that he had a fever of 104 per daycare, mother reports coughing and nasal congestion the past few days but denies any fever. Mother did not give child tylenol or motrin prior to arrival. Baby appropriate behavior for age. Child got a chest xray with noted faint, ill-defined airspace disease RIGHT upper lobe. Diagnosis: Fever and Upper Respiratory Infection, rhinorrhea (runny nose). Follow-up with [REDACTED] within Tomorrow. Height: 24", Weight: 16 lbs 1 ounce

7/20/14 - It was noted that Dr. [REDACTED] was paged and the call was not returned. Given that the child was unable to follow up with him since his last visit to the ED according to mom, she was told to follow up with him tomorrow. Discharged: Breathing equal/unlabored. Follow up instructions given to the mother and she verbalized understanding and prescription given. Height: 24", Weight: 17lbs 5 oz

--See Medical Records for complete information.



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: 07/24/2014 Contact Method:
 Contact Time: 04:15 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/25/2014
 Completed date: 07/25/2014 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: 07/25/2014 03:36 PM Entered By: [REDACTED]

This CPSI completed a criminal background check on [REDACTED] and [REDACTED] using [REDACTED] Criminal County Clerk. They both have a positive/background history. The Background check results are attached to the 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: 07/24/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 10:51 AM Entered By: [REDACTED]

Case was discussed on this date. Immediate Protection Agreement was determined to be appropriate. LI [REDACTED] left a message with the doctor's office to follow up on the mother scheduling an appointment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████ ██████████
Case Status:	Close	Organization:	████████████████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	07/24/2014	Contact Method:	Face To Face
Contact Time:	01:45 PM	Contact Duration:	Less than 02 Hour
Entered By:	██████████	Recorded For:	
Location:	Other Caretaker Home	Created Date:	07/25/2014
Completed date:	07/25/2014	Completed By:	██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Collateral Contact,Other Child Living in the Home Interview/Observation		
Contact Sub Type:			

Children Concerning**Participant(s)**

██████████ ██████████ ██████████ ██████████ ██████████ ██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 07/25/2014 04:46 PM Entered By: ██████████

This CPSI went to the home of ██████████ ██████████ Maternal Aunt at ██████████ in ██████████ TN ██████████ There were several family members at the home already grieving the death of ██████████

7/24/14 - This CPSI interviewed ██████████ (9/17/07) in the kitchen of the home of ██████████ ██████████ (Maternal Aunt). This CPSI attempted to establish a good rapport with ██████████ and explained what DCS is to ██████████ on an age appropriate level. ██████████ was asked if he knew what happened and he stated ██████████ stopped breathing and stopped moving. He stated that ██████████ didn't make it. He appeared healthy and upset about his brother.

While at the home this CPSI spoke with LI ██████████ and LI ██████████ advised that an IPA will need to be completed.

This CPSI explained to the mother, ██████████ that an safety placement would be needed and ██████████ offered ██████████ as a placement. This CPSI spoke with ██████████ and she agreed to be a safety placement for ██████████ and ██████████. This CPSI obtained all information from ██████████ and gave this to LI ██████████ for background check to be completed. ██████████ passed the background checks.

An IPA was completed with ██████████ and ██████████ and both signed the IPA in agreement with the terms. Both took a photo of the IPA for their record.

Immediate Harm Factor: Investigating child Death

Plan/Services to be Implemented to Mitigate the immediate harm factor: ██████████ will allow ██████████ and ██████████ to stay with ██████████ ██████████. ██████████ will have no unsupervised contact and no over night visits with her children.

Monitoring: DCS will monitor.

The Fingerprint form, Release of Information for a background check, and Non-Custodial Expedited Placement Assessment Summary were completed and signed by ██████████ ██████████ These forms are in the file.

This CPSI gave the mother, ██████████ the phone numbers for ██████████ bereavement support.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████ ██████
Case Status:	Close	Organization:	████████████████████



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/24/2014 Contact Method: Face To Face
 Contact Time: 11:20 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/25/2014
 Completed date: 07/25/2014 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
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/25/2014 04:13 PM Entered By: [REDACTED]

On 7/24/14, This CPSI [REDACTED] observed the reenactment with Mother, [REDACTED] and Det. [REDACTED] and Det. [REDACTED]. [REDACTED] stated that she fed [REDACTED] around 4am and laid him on his back in her [REDACTED] bed. [REDACTED] laid down on the edge of the bed to the left of him and went to sleep. She stated that she woke up between 6:30 and 7am and put her hand on [REDACTED] back. [REDACTED] was now on his stomach. She noticed that he wasn't moving, as he normally does, so she turned him over onto his back and he wasn't breathing. She woke up the father, [REDACTED] who was asleep at the foot of the bed and said he wasn't breathing and ran to the neighbor, [REDACTED] to get some help. [REDACTED] noted that [REDACTED] doesn't like to sleep on his back.

[REDACTED] told this CPSI that she took [REDACTED] to [REDACTED] Emergency Room on Wednesday (7/16) for his high temperature which was 105 deg. and they were discharged with some Tylenol. She stated that she took him back to the ER on Sunday (7/20) because of his cough. She stated that she was given a prescription by the ER doctor and was told by the ER doctor not to fill the prescription until she receives a call from him. She later told this CPSI that she was not supposed to fill the prescription until she follows up with his pediatrician, Dr. [REDACTED]. She stated that she called Dr. [REDACTED] Office on Monday (7/21) and couldn't get an appointment until 7/30. She stated that [REDACTED] has a history of reflux and she noticed that changed on Tuesday and Wednesday. She stated that snot and milk was coming out his mouth and nose. This CPSI asked [REDACTED] if she would agree to a drug screen and she did. She was given a 10 panel screen and was negative for all drugs. [REDACTED] signed the consent form and results form and it is in the file. She stated that she recently took a drug screen for her new job at the [REDACTED]. She was asked about food stamps and she receives \$600 a month. She stated that she and her children have TN Care. She denied history of domestic violence, mental health issues and medical issues. She denied any history with the department of children's services. She stated that her children attend daycare at [REDACTED]. She stated that [REDACTED] does not stay with her or live with her, he just visit sometimes. She was asked about the co-sleeping and stated that [REDACTED] and [REDACTED] will only sleep in the bed with her. [REDACTED] does have a bassinet for [REDACTED] and no bed for [REDACTED]. There was a bunk bed with only a bottom mattress in [REDACTED] room.

This CPSI took photos of [REDACTED] home, the unfilled amoxicillin prescription and the discharge paperwork from the visit to the ER on 7/20. These photos were printed and her in the file.

7/24/14 - Observation of [REDACTED] (11/03/12). This CPSI observed [REDACTED] to be walking around with her



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

mother. She interacted with this CPSI by giving this CPSI "high fives" and smiling. There were no developmental concerns noted and no marks or bruises noted.

This CPSI explained the Native American Heritage Veto Verification, Client Rights Handbook, Notification of Equal Access, HIPAA Notice of Privacy Practices and Release of Information forms to the family. The forms were signed and a copy of the Client Rights, Notification of Equal Access, and HIPAA were provided to the family. Originals attached to file. This family isn't of Native American Heritage.

This CPSI followed the family to the home of Aunt [REDACTED] [REDACTED] at [REDACTED] so that this CPSI would see [REDACTED]



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: 07/24/2014

Contact Method: Face To Face

Contact Time: 11:20 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/25/2014

Completed date: 07/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/25/2014 04:19 PM Entered By: [REDACTED]

On 7/24/14, this CPSI interviewed [REDACTED] father of [REDACTED] [REDACTED] denied that he lives in the home with [REDACTED]. He stated that he was just there on Wednesday night to eat dinner. He stated that when he arrived [REDACTED] was already asleep and he didn't wake him up because he knew [REDACTED] wouldn't want him to. He stated that he slept at the foot of the bed that night. He stated that he was awakened by [REDACTED] saying that [REDACTED] wasn't breathing. He stated that he was in shock. He was asked to submit to a drug screen and stated that he will but he will be positive for marijuana. He was given a 10 panel screen and was positive for THC, Cocaine and Oxycodone. He explained that he smokes marijuana daily. He denied smoking it around [REDACTED] children. He denied using cocaine or smoking "crack". He explained that reason for him being positive for cocaine was that his "boy deals and he may have touched it". He adamantly denied never smoking cocaine. He explained the reason for being positive for Oxycodone was that he had a headache a day or 2 ago and took a Percocet. He denied having a prescription for Percocet. [REDACTED] is the father of [REDACTED] but not the father of [REDACTED] or [REDACTED]. [REDACTED] denied that he has observed [REDACTED] use drugs.



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: 07/24/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/24/2014

Completed date: 07/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/24/2014 07:03 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Det. [REDACTED] who stated that he just left [REDACTED] ER where he observed [REDACTED] (5 month). [REDACTED] was pronounced deceased at [REDACTED] Hospital at 7:59am. The autopsy will be performed on 7/25 at the Medical Examiners Office.



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: 07/24/2014

Contact Method: Phone Call

Contact Time: 10:52 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/25/2014

Completed date: 07/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/25/2014 03:24 PM Entered By: [REDACTED]

This CPSI spoke with the referent for additional information. The referent did not request a notification to be sent.



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: 07/24/2014

Contact Method: Face To Face

Contact Time: 10:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/25/2014

Completed date: 07/25/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/25/2014 03:28 PM Entered By: [REDACTED]

This CPSI convened Child Protective Investigative Team (CPIT) per local protocol. This CPSI met Det. [REDACTED] and Det. [REDACTED] at the family's apartment [REDACTED] at 11am on 7/24/14.



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: 07/24/2014 Contact Method:
 Contact Time: 10:37 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/25/2014
 Completed date: 07/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/25/2014 03:21 PM Entered By: [REDACTED]

The Department of Children's Services received the referral on 7/24/14 and this CPSI [REDACTED] received the referral as a response priority P1 with an immediate response regarding the Neglect Death allegation. The alleged perpetrator is [REDACTED] and the victim is [REDACTED] (5 months).

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

This CPSI completed and submitted the Notice of Child Fatality/Near Fatality on 7/25/14. The form is attached to the file.

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

12/14/10 - Allegations of DEC and LOS with [REDACTED] as the victim. The alleged perpetrator is [REDACTED] This was classified as No Services Needed.

04/08/05 to 07/10/06 - [REDACTED] was in DCS Custody.

04/17/05 - Allegation of SEE with [REDACTED] (who was 4 at the time) as the victim. The alleged perpetrator is [REDACTED] (15 at the time). This was classified as AUPU.

08/04/03 - Allegation of DEC with [REDACTED] [REDACTED] as the victim. The alleged perpetrator is [REDACTED] This was classified as Unable to complete. It was noted that child is in legal custody of his grandmother, [REDACTED] and FSS is providing services to the grandmother.

Family Composition:

[REDACTED] (mother) lives at [REDACTED] TN [REDACTED] Her phone number is [REDACTED]
 Her 3 children: [REDACTED] (6), [REDACTED] (1) and [REDACTED] (5 months) resided in the home with her.
 [REDACTED] passed away on 7/24/14 at 7:59am. [REDACTED] is [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████	██████
Case Status:	Close	Organization:	████████████████████	

father. ██████████ address is ████████████████████ TN ████████ ██████████ phone number is ██████████



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: 7/24/14 8:45 AM

Date of Assessment: 7/25/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

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 or 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.



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

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

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.



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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: _____