



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 09/13/2014 03:52 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 09/13/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 09/15/2014 03:34 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 09/15/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 09/15/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	2 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: E-mail  
 Narrative: \*\*\*\*\*CHILD IS NOT IN DCS CUSTODY\*\*\*\*\*

TFACTS:Yes

Family Case ID's: # [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No



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

Open CPS: Yes/# [REDACTED] DEI/ CM [REDACTED]; Sup. [REDACTED] ( Has Already Been Classified)

Substantiated: Yes/# [REDACTED] DEI [REDACTED]

Fatality: No

Screened out: 4

History (not listed above): No

DUPLICATE REFERRAL: No

County: [REDACTED]  
Notification: E-mail  
School/ Daycare: Unknown  
Native American Descent: No  
Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] <1 resided with his mother [REDACTED] 30), father [REDACTED] 33), grandmother [REDACTED] 50) and two siblings [REDACTED] /1 [REDACTED] <1) in [REDACTED]

Reportedly [REDACTED], [REDACTED] were visiting family-friends [REDACTED] 32 [REDACTED] [REDACTED] /34) at [REDACTED] on 9/12/14 between 9:30pm and 10:00pm.

Around 11:30pm, [REDACTED] put all three children [REDACTED] [REDACTED] to bed. [REDACTED] reported that at 1:30am on 9/13/14, she had gotten into the bed with her children. Around 2:27am, [REDACTED] noticed that [REDACTED] was unresponsive then contacted the paramedics. Paramedics' contacted police and police made the scene. When police made the scene at 3:00am, they observed paramedics taking [REDACTED] body in the ambulance. Paramedics transported [REDACTED] to [REDACTED] and [REDACTED] was still unresponsive. [REDACTED] and [REDACTED] are all being interviewed at this time. [REDACTED] reported that [REDACTED] was born premature and that on 9/12/14 [REDACTED] appeared to be having "breathing problems," as if they had a cold, but no other details were given. An autopsy is pending at this time. [REDACTED] are currently with [REDACTED] while [REDACTED] is still being interviewed. [REDACTED] and their children are still at [REDACTED] Felony response is going to be making the scene at [REDACTED] and interview everyone in the home and once everyone has been cleared then [REDACTED] will be allowed to go to the hospital. It is unknown at this time if there have been any previous instances of a child sustaining any serious injury or incident where a child had an injury that resulted in death. It is unknown if there are any patterns of neglect in the home. Both [REDACTED] [REDACTED] have traffic violations in police database; however, no criminal activity found. [REDACTED] [REDACTED] did not have any children in the home and only traffic violations found in police database.

[REDACTED] [REDACTED] have not found out that [REDACTED] is deceased. [REDACTED] [REDACTED] appear to be concerned for the welfare of [REDACTED]

Police are requesting for immediate assistance from DCS to [REDACTED].



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

Per SDM: Investigation Track/P1 [REDACTED] @ 5:13am on 9-13-14

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	09-13-14 05:12:48 AM	[REDACTED] ---	PRIVATE	Left Message
	09-13-14 05:12:49 AM	[REDACTED] ---	PRIVATE	Email Sent
	09-13-14 05:14:57 AM	[REDACTED] 09-13-14 05:15:26 AM	[REDACTED]	[REDACTED] Received

[REDACTED] @ 5:25am on 9-13-14

[REDACTED] was also notified



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 36 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 31 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:**

**Race:** White

**Age:** 2 Yrs

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact** [REDACTED]

**Contact Type:** CELL

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 2 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:** 2 Yrs 11 Mos

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 34 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 51 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact [REDACTED]

Contact Type: CELL

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 35 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 09/13/2014

Assignment Date: 09/15/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN		CSEM	
1	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			01/13/2015
2	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			01/13/2015
3	[REDACTED]	[REDACTED]	Neglect Death	Unk, Unk	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			01/13/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Case Closure

**D. Case Workers**

Case Worker: [REDACTED]

Date: 01/13/2015

Team Leader: [REDACTED]

Date: 01/13/2015

**E. Investigation Summary**

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

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

CPSI was not able to interview the children due to the children are too young to be interviewed. The children were seen at [REDACTED] for a medical checkup and was medically cleared.

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

The autopsy reported that two month old white male identified as [REDACTED] was discovered unresponsive by



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

Case Name [REDACTED]

Investigation ID: [REDACTED]

his mother who called for help; [REDACTED] responded and transported the victim to [REDACTED] arriving at 0319 hours. [REDACTED] staff continued lifesaving efforts with no response and was pronounced at 0330 hours by [REDACTED]. The investigator, [REDACTED] responded to the hospital and documented the decedent with photography then proceeded to the scene to perform the re-enactment.

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

The perpetrator of the neglect death is unknown. CPSI gave the mother a drug screen and was positive for Methamphetamine and the mother admitted to using the drug. The mother said that she was stressed out about the death of her son and she wanted to calm down by using drugs.

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

[REDACTED] spoke with the referent in regards to the referral.

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

The Department of Children Services received a referral concerning the allegation of Neglect Death. The alleged victim is [REDACTED]. The alleged perpetrator is Unknown Participant (none). According to the referral it was reported that on 9/13/14 the mother, [REDACTED] noticed that [REDACTED] was unresponsive and the paramedics was contacted. [REDACTED] was transported to [REDACTED] and was still unresponsive and was pronounced dead at the scene. It was reported by the parents that [REDACTED] was born premature and that on 9/12/14 [REDACTED] had breathing problems. The allegation of Neglect Death will be classified as AUPU. The Department received the autopsy report confirmed that the cause of death could not be determined. The allegation of Drug Exposed Infant was added due to the mother tested positive for Methamphetamine and admitted to the drug use on 9/16/14. The allegation will be indicated on [REDACTED].

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: 08/18/2015 Contact Method:

Contact Time: 09:48 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 08/21/2015

Completed date: 08/21/2015 Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2015 03:46 PM Entered By: [REDACTED]

[REDACTED] [REDACTED] has reviewed this case and approved it for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/18/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 08/24/2015

Completed date: 08/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/24/2015 11:33 AM      Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/17/2015

Completed date: 08/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/17/2015 11:24 AM      Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been referred for further review by the [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 08/07/2015

Contact Method:

Contact Time: 12:05 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/07/2015

Completed date: 08/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/07/2015 03:01 PM Entered By: [REDACTED]

The case has been reviewed, the surviving children have been observed and medical records including the autopsy report have been obtained and placed inside of the record. The mother admitted to drug usage and tested positive for methamphetamine when her drug screen was given. The surviving siblings were removed from the mother's care and placed with family. The siblings were seen by [REDACTED] [REDACTED] prior to the case being submitted for review. The mother is receiving services for her drug usage. The autopsy has been completed and the cause of death is unknown. The case was staffed in CPIT and was reviewed by [REDACTED] who unsubstantiated the allegation of Neglect Death although the allegation of DEI is being substantiated. The Judge will be made aware of the classification after the case has been reviewed by DCS upper management.



**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:	08/04/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/04/2015
Completed date:	08/06/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/04/2015 10:37 AM      Entered By: [REDACTED]

[REDACTED] Closing Summary:

The Department of Children's Services (Office of Child Safety) Child Protection Investigation Unit Team received a Priority 1 referral on 9/13/14 with an allegation of Neglect Death regarding non-custodial child [REDACTED] with the perpetrator listed as unknown. According to the referral it was reported that, [REDACTED] [REDACTED] were visiting family-friends [REDACTED] 32 and [REDACTED] 34) at [REDACTED] on 9/12/14 between 9:30pm and 10:00pm. Around 11:30pm, [REDACTED] put all three children [REDACTED] to bed. [REDACTED] reported that at 1:30am on 9/13/14, she had gotten into the bed with her children. Around 2:27am, [REDACTED] noticed that [REDACTED] was unresponsive then contacted the paramedics. Paramedics' contacted police and police made the scene. When police made the scene at 3:00am, they observed paramedics taking [REDACTED] body in the ambulance. Paramedics transported [REDACTED] to [REDACTED] and [REDACTED] was still unresponsive.

The investigation into this incident was conducted by the [REDACTED] [REDACTED] [REDACTED] (on call [REDACTED] [REDACTED] [REDACTED] [REDACTED]). The report to DCS listed the alleged perpetrator of Child Neglect Death as Unknown Perpetrator. Numerous interviews were conducted of family, law enforcement and medical professionals.

As part of the investigation [REDACTED] spoke to [REDACTED] in reference to the allegation of neglect death regarding [REDACTED] [REDACTED] shared that she, [REDACTED] (birth father), [REDACTED] (1yr old), and the twins, [REDACTED] (2months) were visiting the home of family friend [REDACTED]. [REDACTED] reported that the family was visiting because [REDACTED] was cooking dinner. [REDACTED] shared that as the night wore on, they decided that they would spend the night. [REDACTED] reported that they slept in the spare bedroom. This investigator asked [REDACTED] the size of the bed in which they slept; she reported that it was a full size or bigger. She reported that she and the twins were the only ones in the bed and that [REDACTED] slept on the couch in the living room. She reported that she slept next to [REDACTED] [REDACTED] was on the other side of [REDACTED]. She reported that there was a pillow on the other side of [REDACTED] and that all 3 were lying on their backs.

According to [REDACTED] [REDACTED] she remembered being awakened by [REDACTED] who reported that something was wrong with



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

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] She shared that [REDACTED] had left the home en route to buy diapers for the children. [REDACTED] became visibly upset at this point. She started to babble and stated that she was very upset over her child dying. [REDACTED] reported that she gave birth at 34 weeks gestation. She reported that both boys were born with respiratory and breathing problems. She shared that [REDACTED] was put on a CPAP machine at birth and taken off the next day. She reported that the twins were born at [REDACTED]. [REDACTED] reported that [REDACTED] was hospitalized for 5 weeks and [REDACTED] for 4 weeks after their births. [REDACTED] reported that the children were discharged with routine medical care with no specific medical protocol. [REDACTED] shared that the children were seen by their pediatrician within a week of [REDACTED] discharge from the hospital. This investigator asked about [REDACTED] health. [REDACTED] reported that he has no medical problems and he does need his 1 yr old shots. She shared that [REDACTED] was born with "club feet" but he has had surgery to correct that problem. [REDACTED] reported that the children receive medical care at [REDACTED] in [REDACTED] and have [REDACTED] health insurance.

The mother reported that she does have an open case. She reported that one of her twins tested positive for marijuana at birth. This investigator asked her which twin tested positive for marijuana; she reported she did not know. This investigator asked [REDACTED] when was the last time she smoked marijuana; she reported that she last smoked marijuana on July 4th of this year. This investigator asked [REDACTED] if she has used any other drugs recently; she reported that she is prescribed Loritabs for boils on her breast. [REDACTED] reported that she last took a loritab about 4 days ago. [REDACTED] reported that her gynecologist, [REDACTED] prescribed the loritab meds. [REDACTED] agreed to Immediate Protective Agreement that would place the children in her mother's care for the next 72 hours.

[REDACTED] asked to speak with [REDACTED] (maternal grandmother) privately. [REDACTED] reported that she only has knowledge of her smoking marijuana. [REDACTED] has since reported that her daughter has used other drugs in the past. [REDACTED] has expressed concerns for [REDACTED] and wants her to receive help.

CPSI spoke to [REDACTED] who reported that [REDACTED] was admitted to the hospital for observation only due to the fact that his brother had expired earlier in the morning. [REDACTED] medically cleared [REDACTED] and he was discharged. [REDACTED] was seen in the Emergency Room and he was medically discharged as well.

[REDACTED] spoke to [REDACTED] (birth father) in regards to the allegations of neglect death regarding [REDACTED]. [REDACTED] reported that [REDACTED] was feeding the twin boys. [REDACTED] reported that as he was preparing to leave the home of [REDACTED] to go and buy diapers, the twin boys were dozing off to sleep during the feeding. [REDACTED] reported that when he left the home, [REDACTED] and both babies were lying on their backs asleep. [REDACTED] reported that he returned to the home approximately 20 minutes later. He reported that when he entered the home, he began to speak to [REDACTED] regarding the abnormal breathing habits of the twin boys. [REDACTED] reported that he then entered the bedroom where [REDACTED] and the twin boys were lying. He reported that when he entered the room, [REDACTED] opened her eyes and dozed back off to sleep. [REDACTED] reported that he then went over to the bed to readjust the twin boys so that everyone could have sufficient space in the bed. [REDACTED] reported that when he went to move [REDACTED] he noticed that his leg was limp and at that time he thought something was wrong. [REDACTED] reported that he observed bubbles coming out of [REDACTED] mouth. [REDACTED] reported that he then called [REDACTED] to the room and at that time [REDACTED] was waking up. [REDACTED] reported that [REDACTED] began to perform CPR on [REDACTED]. [REDACTED] reported that [REDACTED] appeared to be pale white in color. [REDACTED] reported that 911 was called to the home. [REDACTED] were both transported to the hospital.

[REDACTED] spoke to [REDACTED] (maternal aunt) who reported that she is a strong support to the family. [REDACTED] shared that [REDACTED] both have a history of using drugs, specifically, Methamphetamines.

[REDACTED] did not observe any visible injuries to [REDACTED]. [REDACTED] slept on and off throughout the day. He was fussy at times throughout the day. [REDACTED] was resting well in his baby bed. Both children were seen and medically discharged.

The autopsy reported that two month old white male identified as [REDACTED] was discovered unresponsive by his mother who called for help; [REDACTED] responded and transported the victim to [REDACTED] arriving at 0319 hours. Hospital staff continued lifesaving efforts with no response and was



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

pronounced at 0330 hours by [REDACTED]. The investigator [REDACTED] responded to the hospital and documented the decedent with photography then proceeded to the scene to perform the re-enactment. The cause of death was unknown.

CPSI received medical records on [REDACTED] from [REDACTED]. According to the medical report it was reported that said victim has a birth history for apne of prematurely and received two doses of EPO prior to discharge.

The case was heard in morning cpit by [REDACTED]. She reviewed the file and said that there will be no prosecution and the allegation of Neglect Death will be unfounded. [REDACTED] signed CPIT form.

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

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

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

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

Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities. Impairment of the parent/caretaker's ability to meet childcare responsibilities MUST be supported by evidence, including documented examples.

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

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

The Department of Children's Services found no evidence found due to the autopsy from the Forensic Medical Examiner's Office reported the death could not be determined. There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death; however there is a preponderance of evidence to substantiate the allegation of Drug Exposed Infant on [REDACTED] due to the mother tested positive for methamphetamine and admitted to using the drug.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death and ASPS for the Drug Exposed Infant on [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/13/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/13/2015
Completed date:	07/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 07/13/2015 03:49 PM      Entered By: [REDACTED]

[REDACTED] Closing Summary:

The Department of Children's Services (Office of Child Safety) CPIT unit received a Priority 1 referral on 9/13/14 with an allegation of Neglect Death regarding non-custodial child [REDACTED] with the perpetrator listed as unknown. According to the referral it was reported that [REDACTED] were visiting family-friends [REDACTED] 32 and [REDACTED] 34) at [REDACTED] on 9/12/14 between 9:30pm and 10:00pm. Around 11:30pm, [REDACTED] put all three children [REDACTED] to bed. [REDACTED] reported that at 1:30am on 9/13/14, she had gotten into the bed with her children. Around 2:27am, [REDACTED] noticed that [REDACTED] was unresponsive then contacted the paramedics. Paramedics contacted police and police made the scene. When police made the scene at 3:00am, they observed paramedics taking [REDACTED] body in the ambulance. Paramedics transported [REDACTED] to [REDACTED] and [REDACTED] was still unresponsive. [REDACTED] and [REDACTED] are all being interviewed at this time. [REDACTED] and [REDACTED] reported that [REDACTED] was born premature and that on 9/12/14 [REDACTED] appeared to be having "breathing problems," as if they had a cold, but no other details were given. An autopsy is pending at this time. [REDACTED] are currently with [REDACTED] while [REDACTED] is still being interviewed. [REDACTED] and their children are still at [REDACTED]. Felony response is going to be making the scene at [REDACTED] and interview everyone in the home and once everyone has been cleared then [REDACTED] will be allowed to go to the hospital. It is unknown at this time if there have been any previous instances of a child sustaining any serious injury or incident where a child had an injury that resulted in death. It is unknown if there are any patterns of neglect in the home. Both [REDACTED] [REDACTED] have traffic violations in police database; however, no criminal activity found. [REDACTED] [REDACTED] did not have any children in the home and only traffic violations found in police database. [REDACTED] [REDACTED] have not found out that [REDACTED] is deceased. [REDACTED] [REDACTED] appear to be concerned for the welfare of [REDACTED]

The investigation into this incident was conducted by the [REDACTED] [REDACTED] [REDACTED] [REDACTED] (on call [REDACTED] [REDACTED] [REDACTED] [REDACTED]).

The report to DCS listed the alleged perpetrator of Child Neglect Death as Unknown Perpetrator. Numerous interviews were conducted of family, law enforcement and medical professionals.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

As part of the investigation, [REDACTED] spoke to [REDACTED] in reference to the allegation of neglect death regarding [REDACTED]. This investigator asked [REDACTED] if we could speak in private; [REDACTED] stated that she wanted her parents to be present for support. This investigator asked [REDACTED] to give details in regards to the incident involving [REDACTED]. [REDACTED] shared that she [REDACTED] (birth father), [REDACTED] (1yr old), and the twins, [REDACTED] (2months) were visiting the home of family friend [REDACTED]. [REDACTED] reported that the family was visiting because [REDACTED] was cooking dinner. [REDACTED] shared that as the night wore on; they decided that they would spend the night. This investigator asked [REDACTED] how long she has known [REDACTED] she reported about a year. [REDACTED] shared that [REDACTED] [REDACTED] (paramour) work together on odd jobs. This investigator asked [REDACTED] what kind of work do [REDACTED] do; she reported that she did not know, only that they did "side jobs".

[REDACTED] asked [REDACTED] where she in the children slept at [REDACTED] home; she reported that they slept in the spare bedroom. This investigator asked [REDACTED] the size of the bed in which they slept; she reported that it was a full size or bigger. This investigator asked [REDACTED] who slept in the bed that night; she reported that she and the twins were the only ones in the bed. This investigator asked where [REDACTED] slept; [REDACTED] reported that [REDACTED] slept on the couch in the living room. This investigator asked [REDACTED] the exact position of each person in the bed; she reported that she slept next to [REDACTED] [REDACTED] was on the other side of [REDACTED]. This investigator asked if the bed was positioned near the wall; [REDACTED] did not give a clear answer. She reported that there was a pillow on the other side of [REDACTED]. This investigator asked if they were positioned on the sides, stomachs, or backs; [REDACTED] reported that all 3 were lying on their backs.

[REDACTED] asked [REDACTED] to give details on what happened after she had fallen asleep. According to [REDACTED] she remembered being awakened by [REDACTED] who reported that something was wrong with [REDACTED]. She shared that [REDACTED] had left the home en route to buy diapers for the children. This investigator asked [REDACTED] to give further details of the incident after she was awakened. [REDACTED] became visibly upset at this point. She started to babble and stated that she was very upset over her child dying. This investigator offered her condolences to [REDACTED] and began asking for medical history on the children. [REDACTED] reported that she gave birth at 34 weeks gestation. She reported that both boys were born with respiratory and breathing problems. She shared that [REDACTED] was put on a CPAC machine at birth and taken off the next day. She reported that the twins were born at [REDACTED]. NOTE: [REDACTED] had to defer often to her mother, [REDACTED] when answering questions regarding the children's medical history. This investigator asked about the medical protocol of the children at discharge. [REDACTED] reported that [REDACTED] was hospitalized for 5 weeks and [REDACTED] for 4 weeks after their births. [REDACTED] reported that the children were discharged with routine medical care with no specific medical protocol. [REDACTED] shared that the children were seen by their pediatrician within a week of [REDACTED] discharge from the hospital. This investigator asked about [REDACTED] health. [REDACTED] reported that he has no medical problems and he does need his 1 yr old shots. She shared that [REDACTED] was born with "club feet" but he has had surgery to correct that problem. [REDACTED] reported that the children receive medical care at [REDACTED] in [REDACTED] and have [REDACTED] health insurance.

[REDACTED] asked [REDACTED] if she was familiar with the Synergy shot and if the twins were on that medical protocol. [REDACTED] stated that she was not familiar with that term. This investigator advised that it is a medical protocol that is routinely used with premature babies. [REDACTED] advised that she did not think that her twins were receiving that treatment. [REDACTED] reported that she had heard the term before in relation to the medical care of the twins but she was not sure if they were receiving that treatment. This investigator asked [REDACTED] if the twins had any recent bouts with colds; she reported no. This investigator asked if she had given them any over the counter meds recently; she reported no. This investigator asked [REDACTED] specifically if she had given the twins any over the counter meds for colds recently; she reported no. This investigator asked [REDACTED] if she had given the twins any meds at all recently; she reported that only thing that she has given them in recently is GRIPE water which is used to treat hiccups and gas. [REDACTED] reported that it has been a while ago since she has given them GRIPE water.

According to [REDACTED] she is currently unemployed. She reported that she receives \$350 in food stamps. [REDACTED] reported that she does not know who [REDACTED] father is. She reported that [REDACTED] claims [REDACTED] as his son. [REDACTED] reported that [REDACTED] is the birth father to [REDACTED]. This investigator asked [REDACTED] about her history with the Department. She reported that she does have an open case. She reported that one of her twins tested positive for marijuana at birth. This investigator asked her which twin tested positive for marijuana; she reported she did not know. This investigator asked [REDACTED] when was the last time she smoked marijuana; she reported that she last smoked marijuana on July 4th of this year. This investigator asked [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] if she has used any other drugs recently; she reported that she is prescribed Loritabs for boles on her breast. [REDACTED] reported that she last took a loritab about 4 days ago. [REDACTED] reported that her gynecologist, [REDACTED] prescribed the loritab meds. This investigator asked [REDACTED] if she would pass a drug screening; she reported yes. [REDACTED] reported that she had made contact with [REDACTED] for A&D treatment. This investigator asked [REDACTED] about the status of treatment at [REDACTED]. [REDACTED] did not give a clear answer regarding the status of treatment. [REDACTED] mumbled in a low voice that she had to see some doctor for clearance. This investigator did not get a clear understanding from [REDACTED] regarding her A&D treatment. This investigator concluded the interview with [REDACTED]. She became visibly upset several times during this interview. [REDACTED] agreed to Immediate Protective Agreement that would place the children in her mother's care for the next 72 hours. [REDACTED] left the hospital with her paramour, [REDACTED].

[REDACTED] asked to speak with [REDACTED] (maternal grandmother) privately. [REDACTED] obliged. [REDACTED] reported that she is a strong support for the family. This investigator asked [REDACTED] if she had any concerns for the family. She reported that she had no concerns with [REDACTED] parenting and she reported that she does not like [REDACTED]. [REDACTED] shared that she has heard that he is abusive to [REDACTED]. This investigator asked about [REDACTED] education and work history. She reported that [REDACTED] did not graduate high school and last worked last year at a restaurant. This investigator inquired about [REDACTED] substance abuse history. [REDACTED] reported that she only has knowledge of her smoking marijuana. [REDACTED] has since reported that her daughter has used other drugs in the past. [REDACTED] has expressed concerns for [REDACTED] and wants her to receive help. [REDACTED] reported that her home is an option for placement of the children and agreed to an Immediate Protective Agreement. [REDACTED] later expressed fear for her safety at the hands of [REDACTED]. [REDACTED] reported that [REDACTED] has threatened to kill anyone involved with removing his children from his custody. [REDACTED] has noted that [REDACTED] is not on the children's birth certificate.

CPSI spoke to [REDACTED] [REDACTED] who reported that [REDACTED] was admitted to the hospital for observation only due to the fact that his brother had expired earlier in the morning. [REDACTED] medically cleared [REDACTED] and he was discharged. [REDACTED] was seen in the Emergency Room and he was medically discharged as well.

[REDACTED] spoke to [REDACTED] (birth father) in regards to the allegations of neglect death regarding [REDACTED]. [REDACTED] reported that [REDACTED] was feeding the twin boys, [REDACTED] reported that as he was preparing to leave the home of [REDACTED] to go and buy diapers, the twin boys were dozing off to sleep during the feeding. [REDACTED] reported that when he left the home, [REDACTED] and both babies were lying on their backs asleep. [REDACTED] reported that he returned to the home approximately 20 minutes later. He reported that when he entered the home, he began to speak to [REDACTED] regarding the abnormal breathing habits of the twin boys. [REDACTED] reported that he then entered the bedroom where [REDACTED] and the twin boys were lying. He reported that when he entered the room, [REDACTED] opened her eyes and dozed back off to sleep. [REDACTED] reported that he then went over to the bed to readjust the twin boys so that everyone could have sufficient space in the bed. [REDACTED] reported that when he went to move [REDACTED] he noticed that his leg was limp and at that time he thought something was wrong. [REDACTED] reported that he observed bubbles coming out of [REDACTED] mouth. [REDACTED] reported that he then called [REDACTED] to the room and at that time [REDACTED] was waking up. [REDACTED] reported that [REDACTED] began to perform CPR on [REDACTED]. [REDACTED] reported that [REDACTED] appeared to be pale white in color. [REDACTED] reported that 911 was called to the home. [REDACTED] were both transported to the hospital. [REDACTED] reported that he works with his father, [REDACTED]. He did not report where. He shared that he lives with his parents at [REDACTED].

[REDACTED] spoke to [REDACTED] (maternal aunt) who reported that she is a strong support to the family. [REDACTED] shared that she is available to assist her mother with caring for the children while in her care. [REDACTED] advised hospital security staff and [REDACTED] that [REDACTED] had made threats to kill anyone involved with the removal of his children. [REDACTED] shared that [REDACTED] both have a history of using drugs, specifically, Methamphetamines. [REDACTED] did not observe any visible injuries to [REDACTED]. [REDACTED] slept on and off throughout the day. He was fussy at times throughout the day. [REDACTED] was resting well in his baby bed. Both children were seen and medically discharged.

Child Protective Service Investigator spoke with [REDACTED] at [REDACTED]. [REDACTED] reported there were no marks or bruises found on [REDACTED] and the autopsy is still pending.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The autopsy reported that two month old white male identified as [REDACTED] was discovered unresponsive by his mother who called for help; [REDACTED] responded and transported the victim to [REDACTED] arriving at 0319 hours. Hospital staff continued lifesaving efforts with no response and was pronounced at 0330 hours by [REDACTED]. The [REDACTED] responded to the hospital and documented the decedent with photography then proceeded to the scene to perform the re-enactment.

CPSI received medical records on [REDACTED] from [REDACTED]. According to the medical report it was reported that said victim has a birth history for apne of prematurely and received two doses of EPO prior to discharge. The case was heard in morning cpit by [REDACTED]. She reviewed the file and said that there will be no prosecution and the allegation of Neglect Death will be unfounded. [REDACTED] signed CPIT form.

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

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

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

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

Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities. Impairment of the parent/caretaker's ability to meet childcare responsibilities MUST be supported by evidence, including documented examples.

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

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

The Department of Children's Services found no evidence found due to the autopsy from the Forensic Medical Examiner's Office reported the death could not be determined. There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death; however there is a preponderance of evidence to substantiate the allegation of Drug Exposed Infant on [REDACTED] due to the mother tested positive for methamphetamine and admitted to using the drug.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death and ASPS for the Drug Exposed Infant on [REDACTED].

Narrative Type: Addendum 1    Entry Date/Time: 08/07/2015 03:30 PM    Entered By: [REDACTED]

Error Closing Summary. See new case closure summary for 8/4/15.



**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: 07/10/2015

Contact Method:

Contact Time: 03:05 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/13/2015

Completed date: 07/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/13/2015 03:51 PM      Entered By: [REDACTED]

The District Attorney will be forwarded a copy of the 740 Form.



**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: 07/10/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/13/2015

Completed date: 07/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/13/2015 03:50 PM      Entered By: [REDACTED]

The 740 Form will be forwarded to JC.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/25/2015 Contact Method: Face To Face  
 Contact Time: 11:35 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 06/26/2015  
 Completed date: 06/26/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/26/2015 03:31 AM Entered By: [REDACTED]

[REDACTED] met with [REDACTED] on this date.

The children ([REDACTED]) were observed to be crawling around the living room floor. During the interview the children were observed to be playing with toys. The children appeared to be healthy and did not have any marks, cuts, or bruises on their person.

[REDACTED] stated that she apologizes for taking so long to contact [REDACTED] back. [REDACTED] stated that their life has been crazy lately because of trying to get everything accomplished. [REDACTED] stated that [REDACTED] has completed her rehab and has a certificate to prove it. [REDACTED] stated that [REDACTED] has been assisting her with everything and does everything to help with the children every day. [REDACTED] stated that [REDACTED] has her an apartment in [REDACTED] and should be moving in around the 1st of July. [REDACTED] stated that the last tenant destroyed the place so it is taking them longer to clean the place up. [REDACTED] stated that [REDACTED] is working at [REDACTED] in [REDACTED] so she has had a job. [REDACTED] stated that [REDACTED] only has 2 to 4 more Parenting Classes to complete and then she should be done with everything that DCS has asked her to do. [REDACTED] stated that the children are doing well and that if she has any issues then she will be sure to contact [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: 06/19/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/17/2015

Completed date: 08/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/17/2015 11:23 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/13/2015

Completed date: 07/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/13/2015 02:41 PM      Entered By: [REDACTED]

CPSI received medical records on [REDACTED] from [REDACTED] [REDACTED] [REDACTED]. According to the medical report it was reported that said victim has a birth history for apne of prematurely and received two doses of EPO prior to discharge.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/10/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/10/2015

Completed date: 02/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/10/2015 11:33 AM      Entered By: [REDACTED]

The case was heard in morning cpit by [REDACTED] [REDACTED]. She reviewed the file and said that there will be no prosecution and the allegation of Neglect Death will be unfounded. [REDACTED] [REDACTED] signed CPIT form.



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

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/29/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/13/2015

Completed date: 04/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original    Entry Date/Time: 04/13/2015 01:51 PM    Entered By: [REDACTED]

The child had a forensic medical exam and there were no signs of sexual abuse.

Narrative Type: Addendum 1    Entry Date/Time: 07/13/2015 12:36 PM    Entered By: [REDACTED]

Error: CPSI entered the wrong dictation for case recording.



**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: 01/14/2015

Contact Method: Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/14/2015

Completed date: 01/14/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/14/2015 12:00 PM Entered By: [REDACTED]

CPSI contacted DCS in [REDACTED] [REDACTED] in regards to the referral that was reported to the DCS Hotline. It was reported by [REDACTED] that the referral was screened out.

Narrative Type: Addendum 1 Entry Date/Time: 07/13/2015 12:46 PM Entered By: [REDACTED] [REDACTED]

CPSI called in a referral to [REDACTED] [REDACTED] to request a courtesy on said children, due to this worker has not had a face to face contact with the children since November 2011, to request a courtesy visit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2015

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/14/2015

Completed date: 01/14/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/14/2015 12:05 PM Entered By: [REDACTED]

Closing Summary  
1/14/15**FINAL CASE SUMMARY:****DRUG EXPOSED INFANT/CHILD:** (The medical definition of infant is age 0 to 1 year old. Child is over the age of 1 year old.)

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

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

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

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

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

Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities. Impairment of the parent/caretaker's ability to meet childcare responsibilities MUST be supported by evidence, including documented examples.

**DEATH/NEAR DEATH:**

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report;

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.

The autopsy reported that two month old white male identified as [REDACTED] was discovered unresponsive by his mother who called for help; [REDACTED] responded and transported the victim to [REDACTED] arriving at 0319 hours. Hospital staff continued lifesaving efforts with no response and was pronounced at 0330 hours by [REDACTED]. The [REDACTED] responded to the hospital and



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

documented the decedent with photography then proceeded to the scene to perform the re-enactment. The Department of Children Services received a referral concerning the allegation of Neglect Death. The alleged victim is [REDACTED]. The alleged perpetrator is Unknown Participant (none). According to the referral it was reported that on 9/13/14 the mother, [REDACTED] noticed that [REDACTED] was unresponsive and the paramedics was contacted. [REDACTED] was transported to [REDACTED] and was still unresponsive and was pronounced dead at the scene. It was reported by the parents that [REDACTED] was born premature and that on 9/12/14 [REDACTED] had breathing problems. The allegation of Neglect Death will be classified as AUPU. The Department received the autopsy report confirmed that the cause of death could not be determined. The allegation of Drug Exposed Infant was added due to the mother tested positive for Methamphetamine and admitted to the drug use on 9/16/14. The allegation will be indicated on [REDACTED] [REDACTED] [REDACTED]

Narrative Type: Addendum 1    Entry Date/Time: 01/26/2015 12:50 PM    Entered By: [REDACTED]

error: CPSI documented the old closing summary for Neglect Death. CPSI documented new closing summary for neglect death on 1/26/15.



**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: 01/13/2015

Contact Method:

Contact Time: 08:05 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2015

Completed date: 01/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/13/2015 08:40 AM      Entered By: [REDACTED]

CPSI completed 740 Form and enclosed in case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/13/2015

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2015

Completed date: 01/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/13/2015 08:39 AM      Entered By: [REDACTED]

The closing SDM is rated as Safe.



**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: 01/13/2015

Contact Method:

Contact Time: 07:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2015

Completed date: 01/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original    Entry Date/Time: 01/13/2015 08:40 AM    Entered By: [REDACTED]

CPSI sent off indication letter to the family and enclosed in case file.

Narrative Type: Addendum 1    Entry Date/Time: 07/13/2015 01:45 PM    Entered By: [REDACTED]

CPSI sent off indication letter due to mother was indicated for Drug Exposed Infant/Child. The mother, [REDACTED] tested positive for meth and admitted to using meth at a CFTM on 9/16/14



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/09/2015

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 01/13/2015

Completed date: 01/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/13/2015 08:05 AM Entered By: [REDACTED]

The adjudication was held on today. The mother, [REDACTED] and guardian, [REDACTED] was present at the court hearing. The case was continued until March 2015. CPSI spoke with [REDACTED] in regards to this worker making a referral to [REDACTED] in regards to services being placed in the home. [REDACTED] said that she would love for services to be in the home. [REDACTED] said that the parents help out financially with the children. The mother said that she is doing well and that she is going to stay off drugs for her children. The children were not present at the court hearing due to medical issues.

Narrative Type: Addendum 1 Entry Date/Time: 07/13/2015 02:13 PM Entered By: [REDACTED]

CPSI made a referral to TEIS and TN Care Management for services on 1/9/15



**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: System Completed

Contact Date: 01/09/2015

Contact Method:

Contact Time: 11:17 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/09/2015

Completed date: 02/09/2015

Completed By: System Completed

Purpose(s):

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/09/2015 11:17 AM      Entered By: [REDACTED]

CPSI contacted TN Care [REDACTED] to make a referral for TN Care for case management services for [REDACTED] [REDACTED] [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: 01/09/2015

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/09/2015 11:11 AM      Entered By: [REDACTED]

CPSI followed up with [REDACTED] in regards to the mother, [REDACTED] with A&D Services. CPSI verified that the mother completed inpatient services and was referred to outpatient services. CPSI contacted the outpatient counselor and she advised this worker that she does not have the information at the time and will contact this worker next week.



**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: 01/09/2015

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/09/2015 10:22 AM      Entered By: [REDACTED]

CPSI contacted [REDACTED] in regards to services and concerns on said children. [REDACTED] said that this worker could make a referral to TN Care so a case manager can be assigned to said children.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/09/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2015 10:21 AM Entered By: [REDACTED]

CPSI contacted [REDACTED] DCS to make FSS referral on said children. CPSI was advised to make a DCS Referral to the CPS Hotline. CPSI made a referral to [REDACTED] on said children. The intake number is [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 07/13/2015 02:14 PM Entered By: [REDACTED]

CPSI spoke 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: 01/09/2015

Contact Method:

Contact Time: 09:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/09/2015 09:51 AM      Entered By: [REDACTED]

CPSI sent off TEIS [REDACTED] referral on said children for services.



**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: 01/08/2015

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2015 09:19 AM Entered By: [REDACTED]

CPSI contacted [REDACTED] in regards to the court hearing for 1/9/15. CPSI informed her of the court hearing and she said she will be in attendance. CPSI informed [REDACTED] to bring the children for face to face visit; she informed this worker the baby has RSV and that she was advised by the doctor and provided with a letter that the children should not attend due to their sickness. CPSI informed [REDACTED] this worker still have to make monthly visit and this worker will request a courtesy visit from [REDACTED] to see children. [REDACTED] said she has no problem with that. [REDACTED] said she has had to take the children to the doctor at least 4 times due to sickness and cold. [REDACTED] said she was informed the cause of the death of the other sibling was unknown and that makes her a little uneasy with the other twin. [REDACTED] said there was nothing put in place for services. CPSI informed her this worker was not aware and this worker will request TEIS and request a fss case be opened in [REDACTED] for children. CPSI also informed her that this worker will consult [REDACTED] in regards to what services can be offered in [REDACTED] due to her concerns.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/07/2015 Contact Method:  
 Contact Time: 02:38 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 01/07/2015  
 Completed date: 01/07/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 02:45 PM Entered By: [REDACTED]

The case has been reviewed with [REDACTED] [REDACTED] who has been instructed to add Drug exposed Infant against the mother who tested positive for methamphetamine when a urine screen was administered. The CPSI will need to document her staffing with the Family Service Worker who was over the case before the children were sent to stay with a non-relative by the court. The CPSI will also document the findings from the autopsy report and her observation of the remaining siblings when they are observed at court on 1-9-15. The CPSI is to submit the case for review once all investigative tasks have been completed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

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

CPSI contacted the [REDACTED] [REDACTED] [REDACTED] [REDACTED] informed this worker that the children exited custody with [REDACTED] CPSI informed the worker of the court hearing and asked the worker if she made a visit with the children. [REDACTED] [REDACTED] advised this worker that when the children exited out of custody that she would not keep the case open and that she was informed to close the case. CPSI will make a referral to [REDACTED] [REDACTED] for TEIS and monitoring of the children.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2015 10:34 AM Entered By: [REDACTED]

CPSI was not able to make monthly visit due to the children reside in [REDACTED] [REDACTED]. The FSW worker did not keep case open to make monthly visit.

Narrative Type: Addendum 1 Entry Date/Time: 07/13/2015 02:16 PM Entered By: [REDACTED]

CPSI was not notified by FSW Worker that the children exited custody and was placed in [REDACTED] [REDACTED] 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: 12/29/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2015 08:58 AM Entered By: [REDACTED]

CPSI was not able to make face to face with children due to the children exited custody and are with kin in [REDACTED] CPSI will attend the court hearing on 1/9/15.

Narrative Type: Addendum 1 Entry Date/Time: 07/13/2015 02:17 PM Entered By: [REDACTED]

CPSI was not able to make visit due to the children are outside of [REDACTED] and CPSI will have to get permission to cross to [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: 12/17/2014

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2015

Completed date: 01/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Medical Exam

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/13/2015 08:35 AM Entered By: [REDACTED]

The autopsy reported that two month old white male identified as [REDACTED] was discovered unresponsive by his mother who called for help; [REDACTED] responded and transported the victim to [REDACTED] arriving at 0319 hours. Hospital staff continued lifesaving efforts with no response and was pronounced at 0330 hours by [REDACTED]. The [REDACTED] responded to the hospital and documented the decedent with photography then proceeded to the scene to perform the re-enactment.

Narrative Type: Addendum 1 Entry Date/Time: 07/13/2015 02:20 PM Entered By: [REDACTED]

In the autopsy report it was reported the cause of death and manner could not be determined.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/21/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/09/2015 10:37 AM      Entered By: [REDACTED]

The children were seen at court by [REDACTED] [REDACTED] [REDACTED]. At the court hearing it was determined that the children exit out of DCS Custody and that the children be placed in the custody of [REDACTED]. The children were groomed properly and did not have any marks or bruises.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/16/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/09/2015 08:56 AM      Entered By: [REDACTED]

The children, [REDACTED] [REDACTED] [REDACTED] exited DCS custody on 11/16/14 to kin, [REDACTED] whom resides in [REDACTED] [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: 10/17/2014

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 10/23/2014

Completed date: 10/23/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/23/2014 03:04 PM      Entered By: [REDACTED]

CPSI went to the adjudication court hearing on said children. The parents wanted the children to exit custody and go the home of [REDACTED]. At the court hearing, [REDACTED] [REDACTED] continued until 1/9/15 and the children will remain in state custody.



**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: 10/17/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/20/2014

Completed date: 10/20/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

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

CPSI went to the adjudication court hearing on said children. At the court hearing, [REDACTED] [REDACTED] continued until 1/9/15 and the children will remain in state custody,



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/16/2014	Contact Method:	Face To Face
Contact Time:	12:50 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Resource Home	Created Date:	10/23/2014
Completed date:	10/23/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/23/2014 03:12 PM Entered By: [REDACTED]

The grandmother, [REDACTED] brought her grandchildren's clothing and items to the CAC for the foster care parent. CPSI took the items to the foster care parent. [REDACTED] [REDACTED] were sleep at the time of the visit and they were groomed properly. [REDACTED] stated that she took [REDACTED] to [REDACTED] the other day due to the child was not breathing properly. [REDACTED] stated that the baby had bronchitis and they gave him a treatment at the hospital and discharged him that day and was advised to follow up within a few days with his primary doctor. [REDACTED] stated that she advised the mother, [REDACTED] before she took [REDACTED] to the doctor. [REDACTED] stated that the mother told her that [REDACTED] always breathes like that and she shouldn't have to worry about taking him to the doctor. CPSI advised [REDACTED] if she feels that something is wrong with the children to take them to the doctor. CPSI also advised [REDACTED] of the baby having upper respiratory problems when he was born and that he was in the hospital for a few weeks after his birth. [REDACTED] stated that she will take the children if needed in the future.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/23/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/30/2015

Completed date: 07/30/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/30/2015 01:48 PM      Entered By: [REDACTED]

The following Internet Records Clearance inquiries were completed on [REDACTED]

Justice System Inquiry (JSSI): Aggravated Robbery, Possession of Marijuana, Theft of Property, Possession of Meth, Suspended License, Violation of Vehicle of Registration, Violation of Seat Belt, Resisting Official Detention, Failure to Appear Booking, Improper Right Turn, Crossing Median on Expressway, Leaving the Scene of Accident, Speeding.

Tennessee Felony Registry: Pending

Methamphetamine Offender Registry: Negative

Tennessee Sexual Offender Registry: Negative

National Sexual Offender Registry: Negative

Tennessee Dept. of Health Vulnerable Person: Negative

SSMS Check: Negative



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/23/2014 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 10/17/2014  
 Completed date: 10/17/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/17/2014 11:27 AM Entered By: [REDACTED]

CPSI attended the court hearing on said family. The mother and grandmother wanted the children out of state custody and to go home with the family friend, [REDACTED]. CPSI did not agree at this time due to a home study has not been completed on [REDACTED]. The guardian at litm and judge requested that [REDACTED] take a drug screen. [REDACTED] submitted to a drug screen and she tested positive for benzo. The judge ordered that the children remain in state custody. The judge also informed [REDACTED] that he needs to legitimate his children. The next court hearing is on 10/17/14 at 1:00 p.m.

The putative father, [REDACTED] was at the court hearing. CPSI introduced self to the father and informed him the role of this worker. [REDACTED] stated that he does not do any type of drugs and willing to submit to a drug screen. The father tested negative. CPSI informed the father that he needs to legitimate the children due to the court does not recognize him as the father. CPSI informed the parents that they can go tot he health department and he can agree to place his name on the birth certificate or they can complete a DNA. They advised that they will go the health center.

The children were at the court hearing with the [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 07/13/2015 02:22 PM Entered By: [REDACTED]

After the court hearing the father was not able to be contacted by phone and that the father went out of state to work. The father did not legitimate the children.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/23/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/17/2014 11:35 AM      Entered By: [REDACTED]

CPSI received a phone call from the grandmother [REDACTED]. [REDACTED] stated that she decided that she no longer wanted custody of said children and that she wanted [REDACTED] to get custody of the children.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2014

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/17/2014 11:33 AM Entered By: [REDACTED]

CPSI received a phone call from family friend, [REDACTED]. [REDACTED] stated that she is [REDACTED] next door neighbor. [REDACTED] stated that she would not recommend that the grandmother gets custody of said children. [REDACTED] stated that the grandmother uses marijuana while she has her grandchildren. [REDACTED] stated that on one occasion [REDACTED] gave her some marijuana to keep at her home due to she knew DCS was coming out to the home. [REDACTED] stated that she could not tell this worker at first due to [REDACTED] was around



**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:	09/19/2014	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/17/2014
Completed date:	10/17/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original    Entry Date/Time: 10/17/2014 11:20 AM    Entered By: [REDACTED]

CPSI filed legal petition on said children at [REDACTED]. The referee signed the petition and the children entered DCS Custody. CPSI returned to the office and informed the grandmother that the children were ordered into DCS Custody. CPSI and Foster Care worker went to the home to pick the children up. CPSI transported the children to the foster care home. The preliminary court hearing has been scheduled for 9/23/14. CPSI informed the family.

Narrative Type: Addendum 1    Entry Date/Time: 07/30/2015 01:27 PM    Entered By: [REDACTED]

The SDM is rated as Not Safe at this time and the children were placed in DCS Custody



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method: Face To Face

Contact Time: 10:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/17/2014 11:15 AM Entered By: [REDACTED]

CPSI went to the home of [REDACTED] and CPSI observed that the children were back in the home with the grandmother. The children were sleep at the time of the visit. CPSI advised the grandmother that this worker will inform her what will happen with the placement of the children on tomorrow.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/17/2014 11:17 AM      Entered By: [REDACTED]

CPSI completed a legal referral on said children asking the court to place the children in DCS Custody.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/17/2014 11:13 AM Entered By: [REDACTED]

CPSI contacted the grandmother to see when she would bring the children back to [REDACTED] [REDACTED] states that she cannot leave her job until 5:30 this afternoon and that she will bring the children back to her home. [REDACTED] stated that she felt more comfortable with the children with [REDACTED] CPSI informed the grandmother that [REDACTED] was not an option at the moment of the CFTM due to she was opout of [REDACTED] and she agreed with a family friend in [REDACTED] [REDACTED] stated that she did not know and that she was thinking about the safety of the children. [REDACTED] stated that she should have the children at her home today at 9:00 p.m. CPSI advised the grandmother that this worker will be at her home at that time to ensure that the children made it back safely.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/17/2014 11:30 AM      Entered By: [REDACTED]

CPSI advised the grandmother that the children will be entering DCS custody after staffing the case with our legal department. The grandmother was very upset with the decision and did not agree. CPSI informed the grandmother that there will be a court hearing next week and that she can speak up at the court hearing if she wants the children.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/17/2014 11:07 AM      Entered By: [REDACTED]

CPSI contacted [REDACTED] DCS to complete a safety check on the children and a home study. CPSI was advised that they are short staff and that they would get somebody to go to the home as soon as they can.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/17/2014 11:05 AM Entered By: [REDACTED]

CPSI contacted [REDACTED], family friend who is caring for the children at this time in [REDACTED] [REDACTED] CPSI obtained [REDACTED] information and her husband's information. [REDACTED] stated that [REDACTED] brought the children to her last night for her to watch them while [REDACTED] was at work. [REDACTED] stated that she is willing to take custody of the children if she has to. CPSI advised [REDACTED] that a DCS worker would have to come to the home and check on the safety of the children. [REDACTED] stated that it would not be a problem.

[REDACTED] was at work. [REDACTED] stated that she is willing to take custody of the children if she has to. CPSI advised [REDACTED] that a DCS worker would have to come to the home and check on the safety of the children. [REDACTED] stated that it would not be a problem.

Narrative Type: Addendum 1 Entry Date/Time: 07/13/2015 02:30 PM Entered By: [REDACTED]

The Department was not able to place the children in the custody of [REDACTED] due to a DCS worker was not able to conduct a home study on [REDACTED] to determine if the home was safe for the children. CPSI contacted [REDACTED] [REDACTED] and she advised that she was not able to send a worker out today due to a shortage of workers in [REDACTED] (responding to referrals in [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: 09/18/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/30/2015

Completed date: 07/30/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/30/2015 01:55 PM      Entered By: [REDACTED]

The family has history. In June 2014 allegation of Drug Exposed Infant on [REDACTED] [REDACTED] [REDACTED] against the mother, [REDACTED]  
 [REDACTED] The case was classified as ASPS.



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

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method: Phone Call

Contact Time: 09:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/17/2014 11:16 AM      Entered By: [REDACTED]

CPSI spoke with the family friend, [REDACTED] on 9/18/14 and she advised this worker that last night she received a text from the grandmother that she would not have to watch the children due to the mother wanted the children to stay in [REDACTED]. CPSI also spoke with [REDACTED] and verified that the grandmother brought the children to her last night for her to babysit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/17/2014 11:09 AM      Entered By: [REDACTED]

CPSI advised [REDACTED] that the grandmother, [REDACTED] sent the children to [REDACTED] TL advised this worker to contact the grandmother and tell her that she has to bring the children back to [REDACTED] TL advised that the grandmother went against the agreement at the CFTM and that the children need to enter state custody.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/17/2014 11:00 AM Entered By: [REDACTED]

[REDACTED] received a phone call on 9/18/14 from the grandmother, [REDACTED] [REDACTED] stated that she changed her mind and that she did not want the children to enter state custody and that she wants custody of the children as a non-custodial placement. [REDACTED] stated that she would have help financially from her family and that she will be moving to [REDACTED] for support. [REDACTED] stated that she is afraid of the putative father, [REDACTED] making threats to her in the past. [REDACTED] stated that she returned to work on today and that she sent the children to [REDACTED] with a friend [REDACTED]. [REDACTED] stated that the children might stay up there for the weekend and that she will go up there this weekend. At this time there are concerns with the grandmother caring for the children due to the grandmother sent the children out of [REDACTED] without advising the Department and that it was agreed the children would stay in [REDACTED] and that [REDACTED] would watch the children. CPSI advised [REDACTED] that the children should have not been seen out of the county due to at the CFTM on 9/16/14 that all partes agreed that a family friend in [REDACTED] would watch the children. CPSI advised [REDACTED] that she needed to get the children back to [REDACTED] as soon as possible.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2014

Contact Method: Face To Face

Contact Time: 06:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

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

[REDACTED] made a home visit with the family to ensure the safety of [REDACTED] was groomed properly and did not observe any marks or bruises. The home was appropriate and the father provided this worker with the custody paper from Juvenile Court that showed the father was giving custody of said child in 2011. [REDACTED] stated that the reason he filed for custody is due to the mother was using drugs (Xanax and Meth) years ago and he felt that she was not fit to care for the child due to her drug use. The father stated that he stopped the mother from seeing [REDACTED] (last year) due to [REDACTED] drug screened the mother and she tested positive for meth. [REDACTED] stated since she tested positive he has not allowed her to see [REDACTED]. [REDACTED] stated that he conducted the drug screen at the maternal grandmother's home. [REDACTED] stated that [REDACTED] and her husband was aware that she tested positive for meth.



**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: 09/17/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/17/2014 11:02 AM      Entered By: [REDACTED]

CPSI received a phone call from the grandmother, [REDACTED]. [REDACTED] stated that she decided that she would like to complete the custodial expedited on the children. CPSI informed [REDACTED] that she will inform the relative caregiver worker of the placement wanting to be a custodial so that the worker can complete home study.



**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: 09/17/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/17/2014 10:48 AM      Entered By: [REDACTED]

The funeral services for [REDACTED] has been scheduled for 10/17/14 at the [REDACTED] [REDACTED] located at [REDACTED].  
 CPSI was advised by the family that said victim will be cremated.



**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: 09/16/2014

Contact Method:

Contact Time: 08:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/17/2014 10:45 AM      Entered By: [REDACTED]

CPSI made contact with [REDACTED] father, [REDACTED]. CPSI introduced self and explained the purpose of the phone call. CPSI scheduled a home visit with the family for 9/17/14 at 5:30 p.m.



**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:	09/16/2014	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/17/2014
Completed date:	10/17/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/17/2014 10:43 AM      Entered By: [REDACTED]

A Child and Family Team Meeting was held on 9/16/14 in regards to the placement of [REDACTED] [REDACTED]. At the meeting the mother, [REDACTED] was giving a drug screen and she tested positive for meth. The mother admitted to using meth on 9/14/14 and took unsubscribed Xanax pills. The mother also stated that she used meth last month and that she has had a drug problem for about two years and never received treatment. The Department currently has an open case [REDACTED] on [REDACTED] for Drug Exposed Infant [REDACTED] due to the baby had marijuana in his system and the mother admitted to using marijuana. [REDACTED] advised that she has not been able to contact the mother due to her whereabouts have been unknown and that she has been uncooperative with A&D Treatment. At the meeting it was determined that the Department would complete an Expedited Placement Study with the grandmother [REDACTED] placing the children in her temporary custody. There was an IPA put in place on 9/13/14 temporarily placing the children with the grandmother, [REDACTED]. At the meeting thr IPA was extended by DCS [REDACTED] until 9/24/14. The IPA would remain in place where the grandmother, [REDACTED] would keep the keep the children and the mother has supervised visits with the children. It was also stated and verified at the meeting that while the grandmother is at work that a family friend, [REDACTED] would watch the children during the day time while the grandmother is at work. The whereabouts of the putative father are unknown at this time. At the meeting it was discovered that the mother has another child, [REDACTED] (10 yrs. old) who is in the custody of the birth father, [REDACTED] [REDACTED] [REDACTED] will make contact with the father and child in regards to who has custody of [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: 09/15/2014 Contact Method:  
 Contact Time: 09:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/16/2014  
 Completed date: 09/16/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/16/2014 03:46 PM Entered By: [REDACTED]

The Department of Children Services received a referral concerning the allegation of Neglect Death. The alleged victim is [REDACTED]. The alleged perpetrator is Unknown Participant (none). This case was assigned to [REDACTED] by [REDACTED]. The referent was notified via CARAT. Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy.

Narrative Type: Addendum 1 Entry Date/Time: 07/13/2015 02:33 PM Entered By: [REDACTED]

The Department received a referral on 9/13/14, priority 1 on [REDACTED]. Reportedly, [REDACTED] were visiting family-friends [REDACTED] 32 and [REDACTED] 34) at [REDACTED] on 9/12/14 between 9:30pm and 10:00pm. Around 11:30pm, [REDACTED] put all three children [REDACTED] to bed. [REDACTED] reported that at 1:30am on 9/13/14, she had gotten into the bed with her children. Around 2:27am, [REDACTED] noticed that [REDACTED] was unresponsive then contacted the paramedics. Paramedics' contacted police and police made the scene. When police made the scene at 3:00am, they observed paramedics taking [REDACTED] body in the ambulance. Paramedics transported [REDACTED] to [REDACTED] and [REDACTED] was still unresponsive [REDACTED] are all being interviewed at this time. [REDACTED] reported that [REDACTED] was born premature and that on 9/12/14 [REDACTED] appeared to be having "breathing problems," as if they had a cold, but no other details were given. An autopsy is pending at this time. [REDACTED] are currently with [REDACTED] while [REDACTED] is still being interviewed. [REDACTED] and their children are still at [REDACTED]. Felony response is going to be making the scene a [REDACTED] and interview everyone in the home and once everyone has been cleared then [REDACTED] will be allowed to go to the hospital. It is unknown at this time if there have been any previous instances of a child sustaining any serious injury or incident where a child had an injury that resulted in death. It is unknown if there are any patterns of neglect in the home. Both [REDACTED] have traffic violations in police database; however, no criminal activity found. [REDACTED] did not have any children in the home and only traffic violations found in police database.

[REDACTED] have not found out that [REDACTED] is deceased. [REDACTED] appear to be concerned for the welfare of [REDACTED]

Police are requesting for immediate assistance from DCS to [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:	09/13/2014	Contact Method:	
Contact Time:	05:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	09/16/2014
Completed date:	09/16/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/16/2014 03:54 PM      Entered By: [REDACTED]

CPSI made a home visit to the home of [REDACTED] at [REDACTED]. The home was neat and clean. There was plenty of room in the home. There was plenty of food in the home. This investigator did not observe any safety hazards in the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/13/2014 Contact Method:  
 Contact Time: 04:30 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 09/16/2014  
 Completed date: 09/16/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/16/2014 03:53 PM Entered By: [REDACTED]  
 [REDACTED] and hospital security were called to the [REDACTED] room due to threats of violence by [REDACTED] A  
 memo was taken by [REDACTED] [REDACTED] in regards to the threats made by [REDACTED] The  
 [REDACTED] was also alerted of the threats because [REDACTED] resides in [REDACTED] [REDACTED] [REDACTED]  
 [REDACTED] had left the hospital before law enforcement had arrived.

Narrative Type: Addendum 1 Entry Date/Time: 07/13/2015 02:34 PM Entered By: [REDACTED]

CPSI did not receive any copies from the [REDACTED] [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/13/2014 Contact Method:  
 Contact Time: 03:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 07/30/2015  
 Completed date: 07/30/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/30/2015 01:22 PM Entered By: [REDACTED]

THE SDM was not Safe at the time of the referral, The on-call worker [REDACTED] completed an IPA placing the children with the maternal grandmother [REDACTED]



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

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/13/2014 Contact Method: Face To Face  
 Contact Time: 07:30 AM Contact Duration: More than 5 Hours  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 09/16/2014  
 Completed date: 09/16/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/16/2014 03:51 PM Entered By: [REDACTED]

CPSI spoke to [REDACTED] in reference to the allegation of neglect death regarding [REDACTED]. This investigator asked [REDACTED] if we could speak in private; [REDACTED] stated that she wanted her parents to be present for support. This investigator asked [REDACTED] to give details in regards to the incident involving [REDACTED]. [REDACTED] shared that she, [REDACTED] (birth father), [REDACTED] (1yr old), and the twins, [REDACTED] (2months) were visiting the home of family friend [REDACTED]). [REDACTED] reported that the family was visiting because [REDACTED] was cooking dinner. [REDACTED] shared that as the night wore on; they decided that they would spend the night. This investigator asked [REDACTED] how long she has known [REDACTED] she reported about a year. [REDACTED] shared that [REDACTED] (paramour) work together on odd jobs. This investigator asked [REDACTED] what kind of work do [REDACTED] do; she reported that she did not know, only that they did "side jobs".

This investigator asked [REDACTED] where she in the children slept at [REDACTED] home; she reported that they slept in the spare bedroom. This investigator asked [REDACTED] the size of the bed in which they slept; she reported that it was a full size or bigger. This investigator asked [REDACTED] who slept in the bed that night; she reported that she and the twins were the only ones in the bed. This investigator asked where [REDACTED] slept; [REDACTED] reported that [REDACTED] slept on the couch in the living room. This investigator asked [REDACTED] the exact position of each person in the bed; she reported that she slept next to [REDACTED] was on the other side of [REDACTED]. This investigator asked if the bed was positioned near the wall; [REDACTED] did not give a clear answer. She reported that there was a pillow on the other side of [REDACTED]. This investigator asked if they were positioned on the sides, stomachs, or backs; [REDACTED] reported that all 3 were lying on their backs.

This investigator asked [REDACTED] to give details on what happened after she had fallen asleep. According to [REDACTED] she remembered being awakened by [REDACTED] who reported that something was wrong with [REDACTED]. She shared that [REDACTED] had left the home en route to buy diapers for the children. This investigator asked [REDACTED] to give further details of the incident after she was awakened. [REDACTED] became visibly upset at this point. She started to babble and stated that she was very upset over her child dying. This investigator offered her condolences to [REDACTED] and began asking for medical history on the children. [REDACTED] reported that she gave birth at 34 weeks gestation. She reported that both boys were born with respiratory and breathing problems. She shared that [REDACTED] was



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

put on a CPAC machine at birth and taken off the next day. She reported that the twins were born at [REDACTED] [REDACTED] NOTE: [REDACTED] had to defer often to her mother, [REDACTED] when answering questions regarding the children's medical history. This investigator asked about the medical protocol of the children at discharge. [REDACTED] reported that [REDACTED] was hospitalized for 5 weeks and [REDACTED] for 4 weeks after their births. [REDACTED] reported that the children were discharged with routine medical care with no specific medical protocol. [REDACTED] shared that the children were seen by their pediatrician within a week of [REDACTED] discharge from the hospital. This investigator asked about [REDACTED] health. [REDACTED] reported that he has no medical problems and he does need his 1 yr old shots. She shared that [REDACTED] was born with "club feet" but he has had surgery to correct that problem. [REDACTED] reported that the children receive medical care at [REDACTED] [REDACTED] in [REDACTED] and have [REDACTED] health insurance.

This investigator asked [REDACTED] if she was familiar with the Synergy shot and if the twins were on that medical protocol. [REDACTED] stated that she was not familiar with that term. This investigator advised that it is a medical protocol that is routinely used with premature babies. [REDACTED] advised that she did not think that her twins were receiving that treatment. [REDACTED] reported that she had heard the term before in relation to the medical care of the twins but she was not sure if they were receiving that treatment. This investigator asked [REDACTED] if the twins had any recent bouts with colds; she reported no. This investigator asked if she had given them any over the counter meds recently; she reported no. This investigator asked [REDACTED] specifically if she had given the twins any over the counter meds for colds recently; she reported no. This investigator asked [REDACTED] if she had given the twins any meds at all recently; she reported that only thing that she has given them in recently is GRIPE water which is used to treat hiccups and gas. [REDACTED] reported that it has been a while ago since she has given them GRIPE water.

According to [REDACTED] she is currently unemployed. She reported that she receives \$350 in food stamps. [REDACTED] reported that she does not know who [REDACTED] father is. She reported that [REDACTED] claims [REDACTED] as his son. [REDACTED] reported that [REDACTED] is the birth father to [REDACTED] [REDACTED]. This investigator asked [REDACTED] about her history with the Department. She reported that she does have an open case. She reported that one of her twins tested positive for marijuana at birth. This investigator asked her which twin tested positive for marijuana; she reported she did not know. This investigator asked [REDACTED] when was the last time she smoked marijuana; she reported that she last smoked marijuana on July 4th of this year. This investigator asked [REDACTED] if she has used any other drugs recently; she reported that she is prescribed Loritabs for boles on her breast. [REDACTED] reported that she last took a loritab about 4 days ago. [REDACTED] reported that her gynecologist, [REDACTED] prescribed the loritab meds. This investigator asked [REDACTED] if she would pass a drug screening; she reported yes. [REDACTED] reported that she had made contact with [REDACTED] for A&D treatment. This investigator asked [REDACTED] about the status of treatment at [REDACTED] [REDACTED] did not give a clear answer regarding the status of treatment. [REDACTED] mumbled in a low voice that she had to see some doctor for clearance. This investigator did not get a clear understanding from [REDACTED] regarding her A&D treatment. This investigator concluded the interview with [REDACTED]. She became visibly upset several times during this interview. [REDACTED] agreed to Immediate Protective Agreement that would place the children in her mother's care for the next 72 hours. [REDACTED] left the hospital with her paramour, [REDACTED].

CPSI asked to speak with [REDACTED] (maternal grandmother) privately. [REDACTED] obliged. [REDACTED] reported that she is a strong support for the family. This investigator asked [REDACTED] if she had any concerns for the family. She reported that she had no concerns with [REDACTED] parenting and she reported that she does not like [REDACTED]. [REDACTED] shared that she has heard that he is abusive to [REDACTED]. This investigator asked about [REDACTED] education and work history. She reported that [REDACTED] did not graduate high school and last worked last year at a restaurant. This investigator inquired about [REDACTED] substance abuse history. [REDACTED] reported that she only has knowledge of her smoking marijuana. [REDACTED] has since reported that her daughter has used other drugs in the past. [REDACTED] has expressed concerns for [REDACTED] and wants her to receive help. [REDACTED] reported that her home is an option for placement of the children and agreed to an Immediate Protective Agreement. [REDACTED] later expressed fear for her safety at the hands of [REDACTED]. [REDACTED] reported that [REDACTED] has threatened to kill anyone involved with removing his children from his custody. [REDACTED] has noted that [REDACTED] is not on the children's birth certificate.

CPSI spoke to [REDACTED] who reported that [REDACTED] was admitted to the hospital for observation only due to the fact that his brother had expired earlier in the morning. [REDACTED] medically cleared [REDACTED] and he was discharged. [REDACTED] was seen in the Emergency Room and he was medically discharged as well.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

CPSI spoke to [REDACTED] (birth father) in regards to the allegations of neglect death regarding [REDACTED] [REDACTED] [REDACTED] reported that [REDACTED] was feeding the twin boys, [REDACTED] [REDACTED] [REDACTED] reported that as he was preparing to leave the home of [REDACTED] to go and buy diapers, the twin boys were dozing off to sleep during the feeding. [REDACTED] [REDACTED] reported that when he left the home, [REDACTED] and both babies were lying on their backs asleep. [REDACTED] [REDACTED] reported that he returned to the home approximately 20 minutes later. He reported that when he entered the home, he began to speak to [REDACTED] regarding the abnormal breathing habits of the twin boys. [REDACTED] [REDACTED] reported that he then entered the bedroom where [REDACTED] and the twin boys were lying. He reported that when he entered the room, [REDACTED] opened her eyes and dozed back off to sleep. [REDACTED] [REDACTED] reported that he then went over to the bed to readjust the twin boys so that everyone could have sufficient space in the bed. [REDACTED] [REDACTED] reported that when he went to move [REDACTED] he noticed that his leg was limp and at that time he thought something was wrong. [REDACTED] [REDACTED] reported that he observed bubbles coming out of [REDACTED] mouth. [REDACTED] [REDACTED] reported that he then called [REDACTED] to the room and at that time [REDACTED] was waking up. [REDACTED] [REDACTED] reported that [REDACTED] began to perform CPR on [REDACTED] [REDACTED] reported that [REDACTED] appeared to be pale white in color. [REDACTED] [REDACTED] reported that 911 was called to the home [REDACTED] [REDACTED] were both transported to the hospital. [REDACTED] [REDACTED] reported that he works with his father, [REDACTED] He did not report where. He shared that he lives with his parents at [REDACTED] [REDACTED]

CPSI spoke to [REDACTED] (maternal aunt) who reported that she is a strong support to the family. [REDACTED] [REDACTED] shared that she is available to assist her mother with caring for the children while in her care. [REDACTED] [REDACTED] advised hospital security staff and [REDACTED] [REDACTED] had made threats to kill anyone involved with the removal of his children. [REDACTED] [REDACTED] shared that [REDACTED] [REDACTED] both have a history of using drugs, specifically, Methamphetamines.

**Observation:**

CPSI did not observe any visible injuries to [REDACTED] [REDACTED] [REDACTED] slept on and off throughout the day. He was fussy at times throughout the day. [REDACTED] was resting well in his baby bed. Both children were seen and medically discharged.

**Plan:**

CPSI will make a home visit to [REDACTED] home at [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: 09/13/2014 Contact Method: Face To Face  
 Contact Time: 07:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 09/16/2014  
 Completed date: 09/16/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/16/2014 03:48 PM Entered By: [REDACTED]

CPSI spoke to [REDACTED] from [REDACTED] [REDACTED] who reported that [REDACTED] was transported via ambulance to [REDACTED] around 3:19am. She reported that [REDACTED] was pronounced dead at [REDACTED] and the cause of death was cardio pulmonary arrest. [REDACTED] reported that the mother, [REDACTED] had reported that [REDACTED] was in the bed next to her but that the father [REDACTED] had reported that the mother was sitting up on the side of the bed when he noticed that something was wrong with [REDACTED]. [REDACTED] reported that the mother may have rolled over on [REDACTED] but the report will probably read that he died from SIDS. [REDACTED] reported that she did not observe any bruises on [REDACTED].

CPSI spoke to [REDACTED] [REDACTED] at [REDACTED] who reported that the mother and father gave conflicting stories regarding whether or not the mother was lying asleep in the bed or sitting up awake in the bed when they noticed something was wrong with [REDACTED]. [REDACTED] reported that [REDACTED] presented to the hospital with poor hygiene and poor grooming. She reported that [REDACTED] had to be bathed and that a french fry fell from the crease of his neck during his bath.

CPSI spoke to [REDACTED] maternal grandfather who reported that he is a strong support to the family. [REDACTED] shared that he lives in [REDACTED] at this time but his home is open for the mother and children to live with him. [REDACTED] shared that [REDACTED] is a loving and good mother.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/01/2014	Contact Method:	Face To Face
Contact Time:	08:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/19/2014
Completed date:	12/19/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/19/2014 11:49 AM      Entered By: [REDACTED]

CPSI was not able to meet the response time on said child, [REDACTED] due to the child is deceased. However, the on call worker met with the other children and they were groomed properly at the time. The children are too young to be interviewed.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/09/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/30/2015
Completed date:	07/30/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/30/2015 01:49 PM      Entered By: [REDACTED]

The following Internet Records Clearance inquiries were completed on [REDACTED]

Justice System Inquiry (JSSI): , Theft of Property under 500.

Tennessee Felony Registry: Negative

Methamphetamine Offender Registry: Negative

Tennessee Sexual Offender Registry: Negative

National Sexual Offender Registry: Negative

Tennessee Dept. of Health Vulnerable Person: Negative

SSMS Check: Negative



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/02/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/30/2015
Completed date:	07/30/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/30/2015 01:35 PM      Entered By: [REDACTED]

CPSI explained and had [REDACTED] to complete the following: Client Rights Handbook Acknowledgement; HIPPA Notice of Privacy Practices-Client Acknowledge; Notification of Equal Access to Programs and Services and Grievance Procedures; Native American Heritage Veto Verification; TNDCS Authorization for Release of Information to DCS and Notification of Release; and TNDCS Authorization for Release of Information to DCS: TennCare Eligibility.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/09/2014 Contact Method:  
 Contact Time: 10:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/30/2015  
 Completed date: 07/30/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/30/2015 01:39 PM Entered By [REDACTED]

The following Internet Records Clearance inquiries were completed on [REDACTED]

Justice System Inquiry (JSSI): Theft of Property (less than 500)

Tennessee Felony Registry: Negative

Methamphetamine Offender Registry: Negative

Tennessee Sexual Offender Registry: Negative

National Sexual Offender Registry: Negative

Tennessee Dept. of Health Vulnerable Person: Negative

SSMS Check: Negative



## Family Functional Assessment

Case Name: \_\_\_\_\_ Case ID: \_\_\_\_\_  
 Primary Case Worker: \_\_\_\_\_ Begin Date: 09/22/2014  
 Last Review By: \_\_\_\_\_ Last Review Date: \_\_\_\_\_

### I. Current Circumstances:

#### A. Reason For Involvement:

09/22/2014 - [REDACTED] - Family - The Department of Children Services received a referral on 9/13/14 with the allegation of Neglect Death. The alleged victim is [REDACTED]. The alleged perpetrator is Unknown Participant. According to the referral it was reported that [REDACTED] were visiting family-friends [REDACTED] 32 and [REDACTED] 34) at [REDACTED] on 9/12/14 between 9:30pm and 10:00pm. Around 11:30pm, [REDACTED] put all three children [REDACTED] to bed. [REDACTED] reported that at 1:30am on 9/13/14, she had gotten into the bed with her children. Around 2:27am, [REDACTED] noticed that [REDACTED] was unresponsive then contacted the paramedics. Paramedics contacted police and police made the scene. When police made the scene at they observed paramedics taking [REDACTED] body in the ambulance. Paramedics transported [REDACTED] to [REDACTED] and [REDACTED] was still unresponsive. [REDACTED] reported that [REDACTED] was born premature and that on 9/12/14 [REDACTED] appeared to be having breathing problems, as if he had a cold, but no other details were given. An autopsy is pending at this time. [REDACTED] are currently with [REDACTED] while [REDACTED] is still being interviewed. [REDACTED] and their children are still at [REDACTED]. It is unknown at this time if there have been any previous instances of a child sustaining any serious injury or incident where a child had an injury that resulted in death. It is unknown if there are any patterns of neglect in the home. Both [REDACTED] have traffic violations in police database; however, no criminal activity found. [REDACTED] did not have any children in the home and only traffic violations found in police database.

7.

#### B. Family Story:

09/22/2014 [REDACTED] - Family - 8. [REDACTED] (on call worker) responded to the referral at [REDACTED] on 9-13-14. CPSI spoke to [REDACTED] from [REDACTED] who reported that [REDACTED] was pronounced dead at [REDACTED] and the cause of death was cardio pulmonary arrest. [REDACTED] reported that the mother, [REDACTED] had reported that [REDACTED] was in the bed next to her but that the father [REDACTED] had reported that the mother was sitting up on the side of the bed when he noticed that something was wrong with [REDACTED]. [REDACTED] reported that she did not observe any bruises on [REDACTED].

9.

10. [REDACTED] spoke to [REDACTED] at [REDACTED] who reported that the mother and father gave conflicting stories regarding whether or not the mother was lying asleep in the bed or sitting up awake in the bed when they noticed something was wrong with [REDACTED]. [REDACTED] reported that [REDACTED] presented to the hospital with poor hygiene and poor grooming. She reported that [REDACTED] had to be bathed and that a french fry fell from the crease of his neck during his bath.

11.

12. [REDACTED] spoke to [REDACTED] in reference to the allegation of neglect death regarding [REDACTED]. [REDACTED] stated that she wanted her parents to be present for support. This investigator asked [REDACTED] to give details in regards to the incident involving [REDACTED]. [REDACTED] shared that she, [REDACTED] (birth father), [REDACTED] (1yr old), and the twins, [REDACTED] (2months) were visiting the home of family friend [REDACTED]. [REDACTED] reported that the family was visiting because [REDACTED] was cooking dinner. [REDACTED] shared that as the night wore on; they decided that they would spend the night. This investigator asked [REDACTED] how long she has known [REDACTED] she reported about a year. [REDACTED] shared that [REDACTED] (s paramour) work together on odd jobs. This investigator asked [REDACTED] what kind of work do [REDACTED] do; she reported that she did not know, only that they did side jobs.

13.

14. [REDACTED] asked [REDACTED] where she and the children slept at [REDACTED] home; she reported that they slept in the spare bedroom. This investigator asked [REDACTED] the size of the bed in which they slept; she reported that it was a full size or bigger. This investigator asked [REDACTED] who slept in the bed that night; she reported that she and the twins were the only ones in the bed. This investigator asked where [REDACTED] slept; [REDACTED] reported that [REDACTED] slept on the couch in the living room. This investigator asked [REDACTED] the exact position of each person in the bed; she reported that she slept next to [REDACTED] was on the other side of [REDACTED]. This investigator asked if the bed was positioned near the wall; [REDACTED] did not give a clear answer. She reported that there was a pillow on the other side of [REDACTED]. This investigator asked if they were positioned on the sides, stomachs, or backs; [REDACTED] reported that all 3 were lying on their backs.

15.

16. [REDACTED] asked [REDACTED] to give details on what happened after she had fallen asleep. According to [REDACTED] she remembered being awakened by [REDACTED] who reported that something was wrong with [REDACTED]. She shared that [REDACTED] had left the home en route to buy diapers for the children. This investigator asked [REDACTED] to give further details of the incident after she was awakened. [REDACTED] became visibly upset at this point. She started to babble and stated that she was very upset over her child dying. This investigator offered her condolences to [REDACTED] and began asking for medical history on the children. [REDACTED] reported that she gave birth at 34 weeks gestation. She reported that both boys were born with respiratory and breathing problems. She shared that [REDACTED] was put on a CPAC machine at birth and taken off the next day. She reported that the twins were born at [REDACTED].

## II. Assessment of Family Strengths and Needs/Risks:

### A. Family Significant Strengths:

09/22/2014 [REDACTED] - Family - The mother stated that she is willing to accept services. The mother has support from the her mother and father.

### B. Family Significant Needs/Risks/Concerns:

09/22/2014 - [REDACTED] - Family - The mother failed a drug screen on 9/16/14  
The mother has previous history with DCS in [REDACTED] Drug Exposed Infant.  
The mother does not have stable residence  
The mother did not participate in A&D Treatment.  
The sibling, [REDACTED] deceased on 9/13/14.

## III. Person Information:

**A. Children:**

09/22/2014 - [REDACTED] - Family - [REDACTED] (2 months, deceased)  
 [REDACTED] (2 months)  
 [REDACTED] (1 yr old)  
 [REDACTED] (10 yrs old) reside with the father [REDACTED] custody granted in 2011 with JC

**B. Adults:**

09/22/2014 - [REDACTED] - Family - [REDACTED] putative father, [REDACTED] mother, [REDACTED]  
 [REDACTED] maternal grandmother [REDACTED] grandfather.

**C. Family Together History:**

09/22/2014 - [REDACTED] - Family - It appears that the mother and grandmother have a good relationship with each other, However, the putative father and grandmother do not get along and it has been reported by the grandmother that the putative father had made several threats to her. There may be domestic violence between the mother and putative father.

**D. Other Significant Relationships:**

09/22/2014 - [REDACTED] - Family - [REDACTED] maternal grandmother  
 [REDACTED] friend,  
 [REDACTED] grandfather

**E. Legal/Court/DCS History:**

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[REDACTED]		CPS	[REDACTED]
[REDACTED]		CPS	[REDACTED]

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
09/19/2014	Court Order	Custody Removal (Initial)	[REDACTED]	[REDACTED]	
	Hearing	Annual Permanency Hearing	[REDACTED]	[REDACTED]	
11/21/2014	Court Order	Annual Permanency Review	[REDACTED]	[REDACTED]	
09/19/2014	Court Order	Custody Removal (Initial)	[REDACTED]	[REDACTED]	
	Hearing	Annual Permanency Hearing	[REDACTED]	[REDACTED]	
11/21/2014	Court Order	Annual Permanency Review	[REDACTED]	[REDACTED]	

09/22/2014 - [REDACTED] - Family - The family has a past history with DCS, [REDACTED] Drug Exposed Infant on [REDACTED]

**IV. Assessment of Safety:**

01/14/2015 - [REDACTED] - Safety [REDACTED] -

09/29/2014 - [REDACTED] Safety - [REDACTED]

09/18/2014 [REDACTED] Safety [REDACTED] The sibling deceased on 9/13/14 [REDACTED] and the mother tested positive for meth on 9/16/14. There are two other children in the home [REDACTED] (2 month old) and [REDACTED] (1 yr old)

07/09/2014 [REDACTED] Safety [REDACTED] [REDACTED] tested positive for Cannabinoid and THC at birth

09/22/2014 [REDACTED] [REDACTED] Family The Department placed sibling with the maternal grandmother on 9/13/14 and the IPA was extended until 9/24/14. The closing SDM is safe due to the children entered custody on 9/19/14

**V. Assessment of Well Being:**

09/22/2014 - [REDACTED] [REDACTED] - Family - At this time the children's well being are fine.

**VI. Assessment of Permanence:**

09/22/2014 - [REDACTED] [REDACTED] - Family - The children are in state custody.

**VII. Assessment of Resources:**

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Behavioral Services/ Non tennncare eligible A&D	Approved	[REDACTED]	10/20/2014	10/31/2014
[REDACTED]	Behavioral Services/ Non tennncare eligible A&D	Approved	[REDACTED]	10/20/2014	10/31/2014
[REDACTED]	Behavioral Services/ Non tennncare eligible A&D	Approved	[REDACTED]	10/20/2014	10/31/2014

09/22/2014 - [REDACTED] [REDACTED] - Family - The mother was provided resources for A&D at [REDACTED] [REDACTED]

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]  
 County: [REDACTED]  
 Date of Referral: 9/13/14 3:52 AM  
 Assessment Type: Initial

TN DCS Intake ID #: [REDACTED]  
 Worker: [REDACTED]  
 Date of Assessment: 9/16/14 12:00 AM  
 Number of Children in the Household: 2

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]  
 County: [REDACTED]  
 Date of Referral: 6/30/14 11:44 AM  
 Assessment Type: Closing

TN DCS Intake ID #: [REDACTED]  
 Worker: [REDACTED]  
 Date of Assessment: 9/29/14 12:00 AM  
 Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_