



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 09/29/2014 07:39 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 09/29/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 09/29/2014 01:13 PM
 First Team Leader Assigned: [REDACTED] Date/Time 09/29/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 09/29/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	1 Yr 11 Mos	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: TFACTS: Yes under Case ID [REDACTED]
 Open Court Custody/FSS/FCIP: No
 Closed Court Custody: No
 Open CPS: Yes
 [REDACTED] / DEC & DEI/ [REDACTED] AP: [REDACTED] / 08-12-2014/ CM [REDACTED]
 Substantiated: No
 Death: No



**Tennessee Department of Children's Services
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Screened out: No

History (not listed above):

██████████ / ENN & DEC/ ██████████ / NSN/ 12-11-2013
██████████ / PHA/ ██████████ / AUPU/ 11-06-2013
██████████ / DEI/ ██████████ / SRA/ 10-01-2012

DUPLICATE REFERRAL: No

County: ██████████
Notification: E-mail
School / Daycare: None
Native American Descent: Unknown
Directions: None Given

Reporter's name/relationship: ██████████ || ██████████ ██████████

NOTE: Address and any applicable phone numbers are listed under the oldest child victim, ██████████

Reporter states: ██████████ (age 1 month) resides with his mother ██████████ in either ██████████ or ██████████. It is known that there are other children in the home, but their information is currently unknown by the reporter.

██████████ address is listed on her driver's license as ██████████

The following incident occurred at ██████████. This address is listed on ██████████ driver's license. It is unknown what ██████████ relationship is to the family at this time, but he was present at the home at the time of this incident.

At about 6:07AM on ██████████, ██████████ contacted 9-1-1 and reported that ██████████ (age 1 month) was unresponsive. ██████████ reported that ██████████ had not been "feeling good" all day yesterday (██████████). ██████████ reported that ██████████ "slept with her." It is unclear by the reporter at this time where exactly ██████████ were sleeping whether it was in a bed, recliner, or couch. ██████████ also mentioned something about blood being on ██████████ nose during the 9-1-1 call. On the 9-1-1 call ██████████ could be heard constantly asking what she could do such as CPR.

The ambulance arrived at the home in ██████████ and transported ██████████ to ██████████ in ██████████. The reporter contacted the hospital and learned that ██████████ has passed away. The time of death is unknown by the reporter at this time. The reporter has been told that ██████████ has made arrangements with ██████████ for an autopsy. ██████████ cause of death is unknown at this time. The medical examiner from ██████████ is currently on their way to ██████████ to meet with the family. It is unknown if ██████████ had any special needs or disabilities.

The reporter has not spoken with EMS personnel at this time but will be receiving information for them at a later point. The reporter has not spoken directly with the family. The home has not been observed by the referent at this time.

██████████ has reported that the family has had a DCS case in the past and it was possibly due to drug exposure.

The reporter will be contacting ██████████ with the ██████████ office to schedule a time to meet with the family at the home located in ██████████ today ██████████ following CPIT.

██████████ ██████████ CAD ██████████



**Tennessee Department of Children's Services
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Per SDM: Investigative Track / P1. 9/29/14 @ 9:28 AM. [REDACTED]

Email Notification Sent To:
[REDACTED]

CC: [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 33 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: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 1 Yr 11 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: [REDACTED]

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:** 24 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: 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: 09/29/2014

Assignment Date: 09/29/2014

Street Address:

City/State/Zip:

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]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
								10/23/2014

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 10/23/2014

Team Leader: [REDACTED]

Date: 10/23/2014

E. Investigation Summary

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

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

[REDACTED] body was not observed as she pronounced deceased prior to Child Protective Services Investigator (CPSI) making contact. No marks, bruises or other concerns were noted on [REDACTED] autopsy. [REDACTED] does have another child, [REDACTED], who was observed to be appropriately dressed and clean with no visible marks/bruises. He could not be appropriately interviewed due to his age.

See case notes for a description of the home environment. No immediate concerns or hazards were observed in the home.

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

Through interviews with [REDACTED], extended family members, and medical professions including staff from [REDACTED] there is no substantial evidence to support that abuse or neglect lead to [REDACTED] death. Both parents denied drug-use and passed drug-screens with the Department on 9/29/14. Investigators with the Methamphetamine Task Force swabbed [REDACTED] home and belongings and there is no evidence to support that Methamphetamine was being used, manufactured, or kept in the home of [REDACTED].



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]

[REDACTED] was up to date on medical appointments and family members reported no concerns about either [REDACTED] parenting of [REDACTED]. Preliminary Autopsy Results showed no evidence of abuse or neglect. Final Autopsy Results showed no significant trauma or pathology at gross or microscopic examination to which death may be attributed. The cause of death was classified as undetermined. Both parents acted appropriately and took necessary action at the time of [REDACTED] death.

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

[REDACTED] interviewed [REDACTED] (alleged perpetrator) and [REDACTED] (father of [REDACTED] at [REDACTED] home in [REDACTED]. Both [REDACTED] reported getting home late the evening of 9/28/14 after [REDACTED] picked [REDACTED] up from work. [REDACTED], who primarily resides in [REDACTED] with [REDACTED], stayed at [REDACTED] home due to having a court hearing the next morning. Both [REDACTED] stated that they stayed up late watching television and [REDACTED] intended on placing [REDACTED] in her bassinette, which was situated in the middle of the living room, prior to falling asleep. Both [REDACTED] fell asleep and [REDACTED] awoke at approximately 6:00 AM to find [REDACTED] partially wedged in between the back of the futon and herself. [REDACTED] touched the infant however the infant did not respond when [REDACTED] touched her. Both parents passed drug-screens on 9/29/14.

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

The following was reported to the Department:

Reporter states: [REDACTED] (age 1 month) resides with his mother [REDACTED] in either [REDACTED]. It is known that there are other children in the home, but their information is currently unknown by the reporter.

[REDACTED] address is listed on her driver's license as [REDACTED]

The following incident occurred at [REDACTED]. This address is listed on [REDACTED] driver's license. It is unknown what [REDACTED] relationship is to the family at this time, but he was present at the home at the time of this incident.

At about 6:07AM on Monday [REDACTED] contacted 9-1-1 and reported that [REDACTED] (age 1 month) was unresponsive. [REDACTED] reported that [REDACTED] had not been "feeling good" all day yesterday [REDACTED] reported that [REDACTED] "slept with her." It is unclear by the reporter at this time where exactly [REDACTED] were sleeping whether it was in a bed, recliner, or couch. [REDACTED] also mentioned something about blood being on [REDACTED] nose during the 9-1-1 call. On the 9-1-1 call [REDACTED] could be heard constantly asking what she could do such as CPR.

The ambulance arrived at the home in [REDACTED] and transported [REDACTED] to [REDACTED] in [REDACTED]. The reporter contacted the hospital and learned that [REDACTED] has passed away. The time of death is unknown by the reporter at this time. The reporter has been told that [REDACTED] has made arrangements with [REDACTED] for an autopsy. [REDACTED] cause of death is unknown at this time. The medical examiner from [REDACTED] is currently on their way to [REDACTED] to meet with the family. It is unknown if [REDACTED] had any special needs or disabilities.

The reporter has not spoken with EMS personnel at this time but will be receiving information for them at a later point. The reporter has not spoken directly with the family. The home has not been observed by the referent at this time.

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



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

Case Name : ██████████

Investigation ID: ██████████

This referral was received on ██████████ at 8:40 AM for allegations of Neglect Death against the mother, ██████████ for ██████████. The Department had an open Investigation ██████████ at the time of ██████████ death for allegations of Drug-Exposed Infant regarding ██████████ and Drug-Exposed Child regarding her sibling, ██████████ by ██████████ which was opened on 8/12/14. Allegations of Drug-Exposed Infant were classified Allegation Substantiated, Perpetrator Substantiated due to ██████████ admitting to taking non-prescribed Oxycodone during her pregnancy and the child being diagnosed with Neonatal Abstinence Syndrome. She began Suboxone treatment during her pregnancy and was compliant with services. Allegations of Drug-Exposed Child against ██████████ were classified Allegation Unsubstantiated, Perpetrator Unsubstantiated due to insufficient evidence to support that ██████████ was exposed to any drug use.

██████████ awoke to find ██████████ not breathing at approximately 6:00 AM on ██████████. ██████████ had reportedly fallen asleep with ██████████ on a futon in couch-position in the living-room of her paramour's home. She contacted 9-1-1 and ██████████ was transported to ██████████ where she was pronounced dead at 6:59 AM. ██████████ with the ██████████ was assigned to this investigation along with Child Protective Services Investigator ██████████.

This case was initially referred to the ██████████ CPIT (Child Protective Investigative Team) on 9/29/15, reviewed at subsequent monthly CPIT staffings, and officially presented for closure on 3/26/15. CPIT agreed to classify allegations of Neglect Death "Allegation Unsubstantiated, Perpetrator Unsubstantiated."

Through interviews with ██████████, extended family members, and medical professions including staff from ██████████ there is no substantial evidence to support that abuse or neglect lead to ██████████ death. Both parents denied drug-use and passed drug-screens with the Department on 9/29/14. Investigators with the Methamphetamine Task Force swabbed ██████████ home and belongings and there is no evidence to support that Methamphetamine was being used, manufactured, or kept in the home of ██████████ was up to date on medical appointments and family members reported no concerns about either ██████████ parenting of ██████████. Preliminary Autopsy Results showed no evidence of abuse or neglect. Final Autopsy Results showed no significant trauma or pathology at gross or microscopic examination to which death may be attributed. The cause of death was classified as undetermined. Both parents acted appropriately and took necessary action at the time of ██████████ death.

There is not a preponderance of evidence to support allegations of Neglect Death. This case will be closed and classified as AUPU.

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: 07/30/2015

Contact Method:

Contact Time: 12:41 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2015

Completed date: 07/30/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2015 11:46 AM Entered By: [REDACTED]

Lead Investigator [REDACTED] received word on this date that this investigation was reviewed and approved for closure by [REDACTED] on 7/22/2015. This investigation will be closed on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/27/2015

Contact Method:

Contact Time: 10:19 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/27/2015

Completed date: 07/27/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/27/2015 09:22 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been submitted for review by the Regional investigations director on 7/19/15.



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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	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: 08/10/2015 11:18 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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/10/2015 11:18 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:	07/22/2015	Contact Method:	
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 08/10/2015 11:18 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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/10/2015 11:18 AM Entered By: [REDACTED]
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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
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Children Concerning**Participant(s)****Narrative Details**

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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

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

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

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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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Contact Date:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	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: 08/10/2015 11:18 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:	07/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	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: 08/10/2015 11:18 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: 06/24/2015

Contact Method:

Contact Time: 04:04 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2015

Completed date: 06/24/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2015 03:09 PM Entered By: [REDACTED]

LI has completed review of the entire file and this case will be submitted to [REDACTED] for review and to be presented to [REDACTED] for review and closure. Documentation and assessments have been updated and completed. Records, Pictures, and Autopsy has also been uploaded to TFACTS. Child protective Investigative Team (CPIT) reviews and staffing have been updated and completed. CPIT was in agreement for a classification of unsubstantiated. Case is now being forwarded for review and closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/19/2015

Contact Method:

Contact Time: 12:27 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/19/2015

Completed date: 05/19/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/19/2015 11:30 AM Entered By: [REDACTED]

LI and CPSI reviewed this case on this date. Autopsy has been uploaded to the investigation in TFACTS. CPSI has followed up with the nurse for review. LI and TC has reviewed the final case summary on the investigation LI will be reviewing the entire investigation. Once completed, the case will be submitted to IC for review and then to upper management. Documentation will continue to be entered as well as any updates from the nurse and any other info from law enforcement. Case was presented to CPIT and they were in agreement for a classification of AUPU.



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:	04/28/2015	Contact Method:	
Contact Time:	11:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/28/2015
Completed date:	04/28/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/28/2015 10:36 AM Entered By: [REDACTED]

The following documents were uploaded into Tfacts on this date:

Immediate Protection Agreement
 Final Autopsy Report
 Preliminary Autopsy Report
 FAST 2.0
 SUIDI Form

[REDACTED]
 [REDACTED]
 [REDACTED]

Photos were taken of the scene and the CD of the photos has been placed in the file.

Narrative Type: Addendum 1 Entry Date/Time: 04/28/2015 10:43 AM Entered By: [REDACTED]

CPIT Form was uploaded.



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:	04/28/2015	Contact Method:	
Contact Time:	10:37 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/28/2015
Completed date:	04/28/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/28/2015 09:37 AM Entered By: [REDACTED]

This referral was received on [REDACTED] at 8:40 AM for allegations of Neglect Death against the mother, [REDACTED] for [REDACTED]. The Department had an open investigation ([REDACTED] at the time of [REDACTED] death for allegations of Drug-Exposed Infant regarding [REDACTED] and Drug-Exposed Child regarding her sibling, [REDACTED] by [REDACTED] which was opened on 8/12/14. Allegations of Drug-Exposed Infant were classified Allegation Substantiated, Perpetrator Substantiated due to [REDACTED] admitting to taking non-prescribed Oxycodone during her pregnancy and the child being diagnosed with Neonatal Abstinence Syndrome. She began Suboxone treatment during her pregnancy and was compliant with services. Allegations of Drug-Exposed Child against [REDACTED] were classified Allegation Unsubstantiated, Perpetrator Unsubstantiated due to insufficient evidence to support that [REDACTED] was exposed to any drug use.

This family has the following additional history with the Department:

6/25/12 Drug-Exposed Infant against [REDACTED] by [REDACTED] classified Services Recommended and Accepted due to [REDACTED] admitting to taking Oxycodone without a prescription for pain during pregnancy (negative drug-screen for [REDACTED]). [REDACTED] attended worked with [REDACTED] during this investigation and passed random drug-screens prior to case closure.

9/10/13 Physical Abuse against [REDACTED] by [REDACTED] (birth father) classified Allegation Unsubstantiated, Perpetrator Unsubstantiated due to no evidence to support the allegations.

12/6/14 Environmental Neglect and Drug-Exposed Child against [REDACTED] by [REDACTED] classified No Services Needed due to no evidence to support the allegations.

[REDACTED] awoke to find [REDACTED] not breathing at approximately 6:00 AM on 9/29/14. [REDACTED] had reportedly fallen asleep with [REDACTED] on a futon in couch-position in the living-room of her paramour's home. She contacted 9-1-1 and [REDACTED] was transported to [REDACTED] where she was pronounced dead at 6:59 AM. [REDACTED] with the [REDACTED] was assigned to this investigation along with Child [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Protective Services Investigator [REDACTED].

[REDACTED] interviewed [REDACTED] (alleged perpetrator) and [REDACTED] (father of [REDACTED] at [REDACTED] home in [REDACTED]. Both [REDACTED] reported getting home late the evening of [REDACTED] after [REDACTED] picked [REDACTED] up from work. [REDACTED], who primarily resides in [REDACTED] with [REDACTED], stayed at [REDACTED] home due to having a court hearing the next morning. Both [REDACTED] stated that they stayed up late watching television and [REDACTED] intended on placing [REDACTED] in her bassinette, which was situated in the middle of the living room, prior to falling asleep. Both [REDACTED] fell asleep and [REDACTED] awoke at approximately 6:00 AM to find [REDACTED] partially wedged in between the back of the futon and herself. [REDACTED] touched the infant however the infant did not respond when [REDACTED] touched her. Both parents passed drug-screens on 9/29/14. [REDACTED] interviewed family members and medical professionals. There were no additional concerns reported.

Child death is defined as:

- Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.
- Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

This case was initially referred to the [REDACTED] CPIT (Child Protective Investigative Team) on 9/29/15, reviewed at subsequent monthly CPIT staffings, and officially presented for closure on 3/26/15. CPIT agreed to classify allegations of Neglect Death "Allegation Unsubstantiated, Perpetrator Unsubstantiated."

Through interviews with [REDACTED], extended family members, and medical professions including staff from [REDACTED] there is no substantial evidence to support that abuse or neglect lead to [REDACTED] death. Both parents denied drug-use and passed drug-screens with the Department on 9/29/14. Investigators with the Methamphetamine Task Force swabbed [REDACTED] home and belongings and there is no evidence to support that Methamphetamine was being used, manufactured, or kept in the home of [REDACTED] was up to date on medical appointments and family members reported no concerns about either [REDACTED] parenting of [REDACTED]. Preliminary Autopsy Results showed no evidence of abuse or neglect. Final Autopsy Results showed no significant trauma or pathology at gross or microscopic examination to which death may be attributed. The cause of death was classified as undetermined. Both parents acted appropriately and took necessary action at the time of [REDACTED] death.

There is not a preponderance of evidence to support allegations of Neglect Death. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/21/2015

Contact Method:

Contact Time: 04:16 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2015

Completed date: 04/21/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2015 03:43 PM Entered By: [REDACTED]

LI and CPSI reviewed this case on this date. Autopsy will be uploaded to the investigation in TFACTS. CPSI will follow up with the nurse for any questions or concerns. Assessment case is now closed as services recommended and accepted. CPSI has sent LI the final case summary on the investigation and this will be reviewed and approved by IC as well. Once reviewed and approved, case will be closed with updates from the nurse and any other info from law enforcement. Case was presented to CPIT and they were in agreement for a classification of AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	04/21/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/21/2015
Completed date:	04/21/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/21/2015 03:14 PM Entered By: [REDACTED]

CPSI reviewed this case on this date. CPSI has now received the autopsy report from Law Enforcement and has forwarded the autopsy to the DCS nurse for review. There is still an open case with the assessment team regarding mental health of the mother and concerns of relapse of drug use. Mother is still working with [REDACTED] and it is believed that they are continuing to work with her. Please see assessment case for further info. Documentation and assessments will continue to be updated as new info becomes available. Autopsy will be uploaded to the file. Case will be restaffed prior to closure.

Narrative Type: Created In Error Entry Date/Time: 04/21/2015 03:15 PM Entered By: [REDACTED]

Admin review entered on wrong date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/26/2015 Contact Method: Face To Face
 Contact Time: 09:30 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/30/2015
 Completed date: 03/30/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/30/2015 09:23 AM Entered By: [REDACTED]

CPIT Meeting

This case was presented to the [REDACTED] CPIT team on 3/26/15.

Individuals Present:

[REDACTED]

The following decision was made: It was agreed to classify [REDACTED] case as Allegation Unsubstantiated, Perpetrator Unsubstantiated for allegations of Neglect Death against [REDACTED] by her mother [REDACTED] continues to participate in grief counseling, alcohol and drug counseling, medication management, and continues to work 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: 03/16/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2015

Completed date: 04/21/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2015 03:16 PM Entered By: [REDACTED]

CPSI reviewed this case on this date. CPSI has now received the autopsy report from Law Enforcement and has forwarded the autopsy to the DCS nurse for review. There is still an open case with the assessment team regarding mental health of the mother and concerns of relapse of drug use. Mother is still working with [REDACTED] and it is believed that they are continuing to work with her. Please see assessment case for further info. Documentation and assessments will continue to be updated as new info becomes available. Autopsy will be uploaded to the file. Case will be restaffed prior to 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: 03/13/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/30/2015

Completed date: 03/30/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/30/2015 09:58 AM Entered By: [REDACTED]

Case Manager [REDACTED] sent [REDACTED] autopsy to [REDACTED] on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/02/2015 Contact Method: Phone Call
 Contact Time: 12:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/04/2015
 Completed date: 03/04/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/04/2015 11:55 AM Entered By: [REDACTED]

Case Manager [REDACTED] received a phone call on this date from [REDACTED] from the [REDACTED]. [REDACTED] stated that he has received the final autopsy report on [REDACTED]. Results show "Undetermined" as the cause of death. [REDACTED] stated that there were no signs of abuse/neglect on the report and the toxicology was negative. CM was advised that permission must be granted by the District Attorney to disclose this information to the family.

CM obtained information from the District Attorney's office to disclose the autopsy results to the family. CM contacted [REDACTED] (mother) by phone and advised her of the results.

Next Steps: CM will obtain a copy of the autopsy report from [REDACTED] and this will be updated into Tfacts. Case will be submitted for review/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: 02/27/2015 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/30/2015
 Completed date: 03/30/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/30/2015 09:18 AM Entered By: [REDACTED]

Case Manager [REDACTED] made contact with [REDACTED] and her son, [REDACTED], at the [REDACTED] in [REDACTED] on this date. The purpose of the meeting was to follow-up with [REDACTED] regarding grief counseling, determine if additional service are needed, and to determine next-steps in this investigation. Also present at the meeting were [REDACTED] from [REDACTED] who is currently working with the family), another resident of the shelter as a support for [REDACTED], and [REDACTED] (maternal grandmother) participated by phone. A no-contact order is in place preventing [REDACTED] father) from having contact with [REDACTED] of [REDACTED].

The meeting was held in the living-room of the shelter [REDACTED] expressed that [REDACTED] is doing very well and is very cooperative and helpful to the other residents at the shelter. [REDACTED] expressed no concern about [REDACTED] and stated that [REDACTED] appears to be a very loving and involved parent. She also explained that [REDACTED] is participating in educational and counseling programs through the shelter and will begin a domestic violence class soon. The shelter also transports [REDACTED] to and from [REDACTED] where [REDACTED] receives grief counseling, alcohol and drug counseling, and medication management. [REDACTED], who participated by phone, also stated that she was very proud of [REDACTED] and believed she was doing very well.

[REDACTED] stated that she needed to schedule an appointment with her OBGYN as she never had a follow-up following [REDACTED] birth. She stated that she was having problems urinating and with her menstrual cycle. She denied needing any additional services at this time.

Observations: [REDACTED] did not appear under the influence during the meeting. She was actively engaged in the meeting and appeared hopeful about her future. She interacted appropriately with [REDACTED] during the meeting, re-directing him when needed. [REDACTED] appeared appropriately dressed and clean with no visible marks/bruises. He interacted appropriately with all meeting participants. He is too young to interview. CM also observed [REDACTED] room at the shelter, which was very tidy and well-kept with no observed safety hazards [REDACTED] has plenty of clothing, food, and other necessities at the shelter.

Next Steps: The Department will follow-up on [REDACTED] autopsy. [REDACTED] will continue counseling through



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] and [REDACTED] will continue to work with the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/12/2015 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/23/2015
 Completed date: 02/23/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/23/2015 08:36 AM Entered By: [REDACTED]

[REDACTED] (mother) were observed/interviewed by Case Manager [REDACTED] on this date through Investigation [REDACTED]. Please see dictation in [REDACTED] for further information. No concerns were noted about [REDACTED], who are currently residing at the [REDACTED]. [REDACTED] has filed an order of protection against her ex-paramour [REDACTED]. She is currently receiving services at the shelter.

Next Steps: A Child and Family Team Meeting is tentatively scheduled for 2/27/15 to discuss [REDACTED] progress with services and determine if additional intervention/services are necessary.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 02/05/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/05/2015
 Completed date: 02/05/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2015 01:45 PM Entered By: [REDACTED]

LI reviewed this case and contacted CPSI regarding the autopsy on the child. There has been no new info regarding the autopsy however CPSI has made attempts with the [REDACTED] to obtained updated info regarding the autopsy. LI informed CPSI to contact the [REDACTED] for further requests on the autopsy. Documentation will be updated. Case will continue to be staffed as no info is obtained.

Narrative Type: Created In Error Entry Date/Time: 02/05/2015 01:47 PM Entered By: [REDACTED]

Admin review occurred on 1/29.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/05/2015

Contact Method:

Contact Time: 02:48 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2015

Completed date: 02/05/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2015 01:51 PM Entered By: [REDACTED]

CPSI staffed this case on this date. There are no new updates with the autopsy. CPSI will be making contact with [REDACTED] for update. There is an open case with the assessment team regarding mental health of the mother and concerns of relapse of drug use. They have been working with the mother for about a month now. The mother does have good support and she is compliant with services. She was working with [REDACTED] and it is believed that they are continuing to work with her. Please see assessment case for further info. Documentation and assessments will continue to be updated as new info becomes available. Case will be restaffed.



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: 01/30/2015 Contact Method:
 Contact Time: 12:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/02/2015
 Completed date: 02/02/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/02/2015 10:05 AM Entered By: [REDACTED]

Case Manager [REDACTED] is waiting for final autopsy report, which is not yet available.

Please see CPS Assessment Case ID [REDACTED] for further dictation. [REDACTED] is currently working with [REDACTED] (mother) through Case [REDACTED]. A Child and Family Team Meeting has tentatively been set for next week. Dictation will be updated once scheduled. Services are in the home through [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/29/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2015

Completed date: 02/05/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2015 01:46 PM Entered By: [REDACTED]

LI reviewed this case and contacted CPSI regarding the autopsy on the child. There has been no new info regarding the autopsy however CPSI has made attempts with the [REDACTED] to obtained updated info regarding the autopsy. LI informed CPSI to contact the [REDACTED] for further requests on the autopsy. Documentation will be updated. Case will continue to be staffed as no info is obtained.



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: 01/02/2015 Contact Method: Face To Face
 Contact Time: 10:40 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/02/2015
 Completed date: 02/02/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/02/2015 10:09 AM Entered By: [REDACTED]

[REDACTED] was observed/interviewed on this date along with [REDACTED] through Investigation [REDACTED]. Please see Investigation [REDACTED] for further dictation.

No immediate concerns were reported to Case Manager [REDACTED] at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/15/2014

Contact Method: Phone Call

Contact Time: 03:53 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/15/2014

Completed date: 12/15/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/15/2014 02:53 PM Entered By: [REDACTED]

Case Manager [REDACTED] contacted [REDACTED] on this date for a status on [REDACTED] autopsy. CM was advised that the final autopsy report is not yet complete. CM was advised that the report could take approximately 6 months or longer.



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

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/15/2014 02:34 PM Entered By: [REDACTED]

Case Manager [REDACTED] spoke to [REDACTED] from [REDACTED] on this date. [REDACTED] completed a courtesy Face to Face with [REDACTED] earlier on this date. [REDACTED] reported that [REDACTED] appeared very upset about [REDACTED] but stated that she is going to ensure the safety of both her and [REDACTED] reported that the home appeared tidy and well-kept with no observed safety hazards and [REDACTED], although visibly upset, did not appear under the influence. [REDACTED] was observed with bruises on her body that were allegedly caused by [REDACTED] and it was recommended that [REDACTED] go to an emergency room to be evaluated. [REDACTED] was not present during the altercation.

During this visit, [REDACTED] showed [REDACTED] several pictures of [REDACTED] and appeared excited to see [REDACTED]. He interacted appropriately with [REDACTED] and had no visible marks/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: 12/04/2014 Contact Method: Phone Call
 Contact Time: 12:10 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/15/2014
 Completed date: 12/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/15/2014 02:30 PM Entered By: [REDACTED]

Case Manager [REDACTED] received a phone call from [REDACTED] (mother) on this date. [REDACTED] reported that she and [REDACTED] (father of [REDACTED]) have broken up. She stated that she went to the home of [REDACTED] the evening prior to gather her belongings. [REDACTED] stated that she knocked on the door to his home but there was no answer, so she used her key to let herself in. [REDACTED] stated that she is still on [REDACTED] lease. She walked through the home and heard what sounded like "people having sex" in the bedroom. She walked into the bedroom and observed [REDACTED], a man, and a woman participating in sexual activity in the bed. [REDACTED] stated that the woman in the bed jumped up, gathered what appeared to be drugs, and ran out of the back-door. She stated that [REDACTED] physically assaulted her and told her to leave the home. [REDACTED] stated that she and her mother are going to the courthouse to get restraining order against [REDACTED] is not the father of [REDACTED], and although he has played a "father role," [REDACTED] stated that she does not want to allow [REDACTED] around [REDACTED] until he participates in Anger Management.

CM received a message from [REDACTED] on this date. He stated that he does not want to work with the Department and stated that he thought [REDACTED] was using drugs.

CM contacted [REDACTED] with [REDACTED] who is currently providing grief counseling to [REDACTED] reported that [REDACTED] has been very compliant with services and has never appeared under the influence. She reported that [REDACTED] is appropriately going through her stages of grief and has cared for [REDACTED] appropriately in all visits. [REDACTED] stated that she has attempted to gain cooperation from [REDACTED], however he has refused to work with services. She reported no additional concerns at this time.

CM later received a phone call from [REDACTED] stating that she and her mother are going to stay with another relative for the holidays. She stated that she will stay in contact with CM and continue to work with in-home grief counseling.



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:	12/04/2014	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/15/2014
Completed date:	12/15/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/15/2014 02:24 PM Entered By: [REDACTED]

The following Screened-Out referral was made on this date:

The child [REDACTED] (2) lives with his mother [REDACTED] (31) and grandmother [REDACTED] (69). [REDACTED] (23) is the birth father of [REDACTED].

[REDACTED] would get a prescription but does not take it as prescribed [REDACTED] is prescribed Clonopin and went to a pain clinic for her back where she got Percocet 10s and Roxy (30 or 15). [REDACTED] would get Opana from a friend in [REDACTED] [REDACTED] would go buy Xanax off the street and sell her food stamps for pills. [REDACTED] has been lying on her income taxes for the past two years as if she has been working and she has a friend who would lie for her. [REDACTED] would leave [REDACTED] with [REDACTED] all the time. There were text messages where [REDACTED] had been talking to people about selling her food stamps for drugs and selling drugs.

[REDACTED] broke into [REDACTED] home Tuesday morning and started an altercation. LE had to be called and [REDACTED] claimed she was coming over to get her belongings but it was around 3am. [REDACTED] has an anger problem to where it is unknown if [REDACTED] is safe in [REDACTED] care. [REDACTED] lost a child on [REDACTED] where the child was lying in [REDACTED] arms and it is believed [REDACTED] rolled over on the newborn. [REDACTED] has been seeing a grief counselor for the past two months but it is unknown if it is helping her.

[REDACTED] has had a drug issue since her husband left her 7 years ago and her addiction increased when she lost her father in 2008. There is concern for [REDACTED] wellbeing and safety due to [REDACTED] drug habits and her anger issues. [REDACTED] previous case worker [REDACTED] (last name unknown) was a friend of [REDACTED] who would tip [REDACTED] off on when she is going to do a drug screen. [REDACTED] would also let [REDACTED] slide on doing the drug screen and put down that she passed.

It is requested there be a different worker who responds to this report.



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: 12/04/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2015

Completed date: 02/05/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2015 01:42 PM Entered By: [REDACTED]

LI reviewed this case and notified CPSI of a screened out referral regarding concerns of drugs. CPSI will be following up with the family. There is no new info regarding the autopsy of the child. CPSI will continue to monitor the home and address issues. Documentation and assessments will continue to be updated as info is obtained. Case will be restaffed.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/26/2014 Contact Method: Face To Face
 Contact Time: 08:30 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/15/2014
 Completed date: 12/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/15/2014 02:47 PM Entered By: [REDACTED]

Case Manager [REDACTED] made Face to Face contact with [REDACTED] (mother), [REDACTED] (sibling), and [REDACTED] (maternal grandmother) at their home on this date for a scheduled home visit. Present were all household members. CM was allowed into the home by [REDACTED].

All family members were in the kitchen when CM arrived. [REDACTED] was carrying various toys around the home and wanted to show CM his toys and pictures of his sister. [REDACTED] reported to CM that his sister was "dead." He showed CM several pictures on the living room walls and in a baby-book created by [REDACTED]. [REDACTED] told CM that she has recently stopped going to [REDACTED] for Suboxone and is going now to [REDACTED]. [REDACTED] stated that the reason she began using pain medication was following a car accident when she was younger, and she recently had an MRI on her neck and back for possible future surgery. She showed CM the following valid prescriptions:

Clonazepam 1MG (filled 10/27/14) [REDACTED]
 Oxycodone-Acetaminophen (filled 10/31/13) - [REDACTED]
 Suboxone (quantity 36, filled 9/11/14)

All pill-counts appeared appropriate. [REDACTED] reported that she finished her prescription for Suboxone this month and will not go back to the clinic after November, 2014. She consented to a drug-screen and tested positive for only her prescriptions. She did not appear under the influence.

[REDACTED] reported that she and [REDACTED] have separated. She reported that she got into a verbal argument with him outside of her mother's home a few days ago. She admitted to accusing [REDACTED] of using Meth when she originally found out that [REDACTED] car-seat had trace amounts of Methamphetamine, however she calmed down once she realized that he had not failed a drug-screen and did not have any traces of Methamphetamine on his person. [REDACTED] explained that she felt that she was in the "blaming" stage of grief and that she had learned that from her grief counselor. [REDACTED] believed that [REDACTED] was in the "anger" stage of grief, but he has refused to seek counseling. [REDACTED] stated that although [REDACTED] is not [REDACTED] biological or legal father, she will allow [REDACTED] to see [REDACTED] if it is supervised by her [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

CM spoke briefly to [REDACTED] in private. She reported that [REDACTED] is doing very well and is very protective of [REDACTED]. She reported that she has been in the home many times when [REDACTED] has met with [REDACTED]. [REDACTED] appears very attentive and cooperative during the sessions. She stated that [REDACTED] has reached out to family members and appears to be processing [REDACTED] grief appropriately. She had no concerns to report at this time.

CM thanked [REDACTED] and the family and left the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/24/2014

Contact Method: Attempted Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/24/2014

Completed date: 11/24/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/24/2014 10:31 AM Entered By: [REDACTED]

Case Manager [REDACTED] contacted [REDACTED] (mother) on this date by phone. CM left a message asking [REDACTED] to return CM's phone call to schedule a visit. [REDACTED] had previously told CM that she was out of town but would be back in town by today.



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: 11/20/2014 Contact Method: Attempted Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/20/2014
 Completed date: 11/20/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2014 10:55 AM Entered By: [REDACTED]

Case Manager [REDACTED] attempted Face to Face contact with [REDACTED] (mother), [REDACTED] (father), and [REDACTED] (other-involved-child) at their home in [REDACTED] on the above date/time. CM attempted contact at the following address:

[REDACTED]

CM made contact with [REDACTED], maternal grandmother, at the home. [REDACTED] stated that the family was not currently at home. She assumed that the family went to [REDACTED] home, however she was unsure. She stated that the family spends time at each home. She reported that [REDACTED] moved from [REDACTED] to [REDACTED] due to some problems with the mobile home. [REDACTED] reported that [REDACTED] are doing very well and she had no concerns about the family currently.

CM contacted [REDACTED], in-home worker through [REDACTED], [REDACTED], who is currently providing grief counseling services to the family. [REDACTED] contact number is [REDACTED]. [REDACTED] stated that she has been very impressed with the family and stated that they are making progress with their grief. [REDACTED] stated that the family is out of town visiting extended family members. She expected the family to return at the end of the week. [REDACTED] stated that [REDACTED] appeared to be in the "anger" stage of grief previously, but he has since moved out of that stage and appears to be coping well. [REDACTED] reported no current concerns about the family.

CM contacted [REDACTED] (mother) by phone on the following phone number: [REDACTED]. [REDACTED] stated that she and [REDACTED] are staying with her cousin due to her mother's heat being broken. She stated that it will be repaired by the end of the week and the family will go back home at that time. [REDACTED] stated that she is working with [REDACTED] with [REDACTED] and really enjoys working with [REDACTED]. [REDACTED] stated that she has "laughed and cried" with [REDACTED] and it is helping her process [REDACTED] death. [REDACTED] stated that she was very ill with a stomach virus, and [REDACTED] assisted in caring for [REDACTED] while [REDACTED] rested. She stated that [REDACTED] is processing [REDACTED] death pretty well, and he understands that [REDACTED] is in Heaven with his grandpa. [REDACTED] stated that [REDACTED] looks at pictures of his sister when he feels sad and this is helping him process.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] expressed concern that the final autopsy results were not back and stated that she has been calling "the morgue" [REDACTED] multiple times asking for the results. [REDACTED] stated that she has been doing research and learned that several babies born at [REDACTED] around the same time died around their 6 week birthday. [REDACTED] relayed that [REDACTED] said the results could take up to 90 days. She stated that receiving the results would give her additional closure. [REDACTED] wished to work with grief counseling through December.

Next Steps: [REDACTED] will request a PSG for continuation of services through December with [REDACTED] [REDACTED] will contact CM following her return to [REDACTED] and CM will make Face to Face contact with all household members.



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: 11/14/2014 Contact Method: Attempted Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/20/2014
 Completed date: 11/20/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2014 11:00 AM Entered By: [REDACTED]

Case Manager [REDACTED] attempted Face to Face contact with [REDACTED] (mother), [REDACTED] (father), and [REDACTED] (other-involved-child) at their home in [REDACTED] on the above date/time. CM attempted contact at the following address:

[REDACTED]

CM made contact with [REDACTED], maternal grandmother, at the home. [REDACTED] stated that [REDACTED] were not currently at the home. She was unsure where the family went and was unsure when the family would return.

[REDACTED] reported that although the family is devastated over their loss, they appear to be coping well. She stated that she has sat with [REDACTED] multiple times and cried with her over the death of [REDACTED], however she appears to be in higher spirits lately. [REDACTED] reported that the family's grief counselor came to the home yesterday and [REDACTED] is very impressed with the counselor. She believes the family is doing well and is need of no additional services at this time.

CM attempted to contact [REDACTED] at the following phone number: [REDACTED], however there was no answer. CM left a message asking for a returned phone call.

Next Steps: CM will continue to attempt Face to Face with the family for a monthly follow-up and random drug-screens. CM will contact the family's in-home provider, [REDACTED], for an update.



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:	11/06/2014	Contact Method:	Correspondence
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/06/2014
Completed date:	11/06/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact, Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/06/2014 01:30 PM Entered By: [REDACTED]

Case Manager [REDACTED] received written documentation from [REDACTED] [REDACTED] who are currently providing grief counseling to the family. The family was originally working with [REDACTED] but have requested a new worker. The notes reflect that [REDACTED] is currently assigned to the case. Upon reviewing the notes, no immediate concerns were noted. It appears that the family is compliant with services.

Next Steps: CM will follow up with service provider with [REDACTED] and make face to face contact with the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/24/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/06/2014

Completed date: 11/06/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/06/2014 01:31 PM Entered By: [REDACTED]

A PSG was entered on this date for continued services through [REDACTED] who is currently providing grief counseling for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/23/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/23/2014

Completed date: 10/23/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2014 02:44 PM Entered By: [REDACTED]

This case was presented to CPIT in [REDACTED] on this date. Due to Final Autopsy results being unavailable at this time, this case will be restaffed on a monthly or as-needed basis until results are available. No additional concerns were noted during this meeting and no additional tasks/services were recommended. [REDACTED] are continuing to work with in-home grief counseling and random drug-screens will continue with both [REDACTED].

The team agreed to classify this case Allegation Unsubstantiated, Perpetrator Unsubstantiated at this time due to lack of evidence to support that intentional abuse or neglect led to the death 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: 10/22/2014

Contact Method:

Contact Time: 01:22 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/22/2014

Completed date: 10/22/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/22/2014 12:28 PM Entered By: [REDACTED]

LI and CPSI staffed this case on this date. After staffing with the Det, there is in sufficient evidence to support an indication against the mother. MOTHER did have prescriptions however appeared to be taking them appropriately. Case is coming up on 30 days, and CPSI will be classifying the case to remain in compliance. If further evidence surfaces that would justify abuse or neglect, classification can be changed. A FAST was also completed on 10/14/2014 with a level of Moderate based on past criminal/drug history as well as current grief and trauma. CPSI has put grief counseling in the home currently and the family is still compliant with suboxone clinic treatment. A referral was also made for counseling and parenting. CPSI will continue to monitor with the family and update dictation. Assessments will be completed as applicable. Case will be restaffed prior to closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/17/2014 Contact Method: Phone Call
 Contact Time: 11:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/22/2014
 Completed date: 10/22/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/22/2014 10:16 AM Entered By: [REDACTED]

Case Manager [REDACTED] received a phone call from [REDACTED] from [REDACTED] on this date [REDACTED] stated that he interviewed [REDACTED] and inquired about [REDACTED] carseat (which had tested positive for Methamphetamine) and [REDACTED] infant bath-tub (which had tested positive for Pseudoephedrine). [REDACTED] stated that both items were purchased second-hand by family members. [REDACTED] stated that he obtained permission from the parents to dispose of the items. [REDACTED] also stated that he received documentation from the preliminary autopsy stating that no concerns of abuse were observed. He reported that no evidence has been found for cause of death at this time and that accidental asphyxiation is a possibility.

No additional concerns were relayed at this time. CM will obtain documentation from the preliminary autopsy and place in the file 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:	10/14/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/22/2014
Completed date:	10/22/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/22/2014 10:20 AM Entered By: [REDACTED]

A FAST assessment was completed for this family on this date. Results showed a "Moderate Need/Risk" due to the following:

The family scored 2 on Traumatic Grief. [REDACTED] (1 month) passed away on [REDACTED]. The cause of death is unknown at this time but preliminary autopsy results show no sign of abuse. [REDACTED] reportedly fell asleep with the infant asleep on her chest and woke up to her infant unresponsive. Grief counseling services are in place at this time.

Both parents have a history of substance abuse but passed drug-screens on the day of [REDACTED] death. Both are working with services to remedy past conditions.

Services will continue in the home at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/23/2014
Completed date:	10/23/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/23/2014 02:39 PM Entered By: [REDACTED]

Case Manager [REDACTED] completed a follow-up home visit with [REDACTED] on this date at her home in [REDACTED]. Also present at the home was [REDACTED] (age 2). No immediate concerns were noted at this visit. Please see Investigation [REDACTED] for further dictation regarding this 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:	10/03/2014	Contact Method:	
Contact Time:	03:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/03/2014
Completed date:	10/03/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/03/2014 04:05 PM Entered By: [REDACTED]

Investigations Coordinator [REDACTED] had discussions with [REDACTED] Lead Investigator [REDACTED] regarding the importance of all participants involved to address their own well being when handling a case in which a child has died. The current child death case is assigned to [REDACTED], while the case that was open at the time of the death is assigned to [REDACTED]. Both investigators, as well as the LI and IC are aware of the availability of EAP, as well as how to access EAP should it be needed. In addition, [REDACTED] made an emergency request for grief counseling for the family, as they are devastated by the child's death. [REDACTED] also gave the family information about the compassionate friends group which can also serve as a support for the family. [REDACTED] have also talked several times in order to provide support to each other. [REDACTED] will continue to follow up on her own case to provide any further services, and will staff this case for transfer to Family Support Services (FSS) for continued services. [REDACTED] will continue to work the child death case and complete all investigative tasks required by policy.

[REDACTED] also discussed on 10-2-14 whether to continue or dissolve the IPA that was initially put in place asking that the parents only have supervised contact with the 3 year old child in the home. The preliminary autopsy report showed no signs of abuse/trauma or neglect to the child. Preliminarily, it appears that the mother fell asleep while nursing the child and the child was smothered. The mother has admitted to having a drug problem, however, prior to the child's birth, she sought treatment for her addiction and started taking Subutex. During the course of the investigation that was open at the time of the child's death, the mother had been cooperative, and had not appeared impaired at any time when CPSI met with her. Based on this, it was determined that the IPA be dissolved. The three year old is not being nursed by the mother, the child death (at this time) appears to be accidental, and there is no known imminent risk of harm to the three year old. Should the mother become non-compliant and not show progress in weaning herself from her prescription Subutex, or should further information be obtained that would appear to place the three year old at risk of harm, then either [REDACTED] will immediately consult with their LI, as well as the IC to determine what needs to occur.

On 10-2-14, [REDACTED] had a phone conversation with [REDACTED] regarding the dissolution of the IPA. [REDACTED] explained the information above to him and let him know that if, at any time, it was felt that the other child in the home was at risk of harm, we would be contacting him to determine what legal options we had.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/03/2014	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/23/2014
Completed date:	10/23/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2014 02:03 PM Entered By: [REDACTED]

Case Manager [REDACTED] received a phone call from [REDACTED] from [REDACTED] on or about 10/3/14. He stated that he received results from the lab showing a trace amount of Methamphetamine on [REDACTED] car-seat and a trace amount of Pseudoephedrine on [REDACTED] bathtub. [REDACTED] stated that the tests used can detect an extremely low amount of the substance and that a dollar bill will typically test for multiple substances as well. He stated that if [REDACTED] car-seat was purchased second-hand or if it was placed in a vehicle where Methamphetamine was previously used, the drug could have left residue on the items. He expressed no immediate concern about these findings, and stated that all other items, including [REDACTED] himself, tested negative for all substances. He plans to interview [REDACTED] about the car-seat and infant tub and will let CM know if there are additional 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:	09/30/2014	Contact Method:	Phone Call
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/23/2014
Completed date:	10/23/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2014 01:59 PM Entered By: [REDACTED]

Case Manager [REDACTED] received a phone call from [REDACTED] from [REDACTED] on this date. He reported that he attended the autopsy for [REDACTED] on this date at [REDACTED]. He stated that Preliminary Autopsy results showed no signs of abuse or neglect and stated that [REDACTED] appeared to be "a very clean baby" with no diaper rash or other signs of neglect. He stated that the autopsy has ruled-out obvious signs of death and that final autopsy results may take several months. He reported that at this time, he suspects accidental asphyxiation as the cause of death, however, the cause of death will not be known until final autopsy results are completed. He will keep [REDACTED] updated on this investigation.

This information was relayed 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:	09/30/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/22/2014
Completed date:	10/22/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/22/2014 10:23 AM Entered By: [REDACTED]

A PSG referral was made for in-home grief counseling services to work with [REDACTED] (mother and father) due to the death of their daughter, [REDACTED] on this date. CM received notification that [REDACTED] through [REDACTED] will be working with the family. [REDACTED] reported that she will meet with the family this Friday, 10/3/14, and will update Case Manager [REDACTED] if any concerns arise.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/29/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/01/2015

Completed date: 06/01/2015

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/01/2015 11:19 AM Entered By: [REDACTED]

Face to Face contact could not be made with [REDACTED] (Alleged Child Victim) on this date due to [REDACTED] being deceased when this referral was made [REDACTED] body had already been transported in preparation for the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/29/2014 Contact Method: Attempted Face To Face
 Contact Time: 12:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/03/2014
 Completed date: 10/14/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 11:36 AM Entered By: [REDACTED]

Case Manager [REDACTED] made Face to Face contact with [REDACTED] on this date at his home in [REDACTED]. No immediate safety concerns were identified for [REDACTED] at this time, but due to the death of his sibling, [REDACTED] on this date, an Immediate Protection Agreement (IPA) was completed with the family.

Case Manager [REDACTED] was not able to make Face to Face contact with [REDACTED] due to [REDACTED] passing away the morning of [REDACTED].

Details regarding the IPA and the contacts/interviews completed on this date will be added as an addendum.

Narrative Type: Addendum 1 Entry Date/Time: 10/23/2014 01:43 PM Entered By: [REDACTED]

The following notes were sent to Case Manager [REDACTED] observed [REDACTED] on this date and completed a home-visit with [REDACTED] (mother):

1215 pm 9-29-2014 [REDACTED] traveled to the [REDACTED] and was greeted by [REDACTED], maternal grandmother. She reported mother was at the doctor and was able to call her and asked her to come straight home. INV did collect the information for an expedited as [REDACTED] did asked could she have [REDACTED]. INV did ask [REDACTED] to please not tel [REDACTED] that this is a possibility as her cooperation is needed to complete the death. The home is appropriate, with fire extinguisher and smoke detector. [REDACTED] did arrive shortly and was noted to be very upset, crying and near hysterical. She reported she had [REDACTED] under her (demonstrated) like she was breast feeding. She stated that she dozed off and when she woke up, she noticed [REDACTED] had blood and mild coming out of her nose. She stated she called 911 and the infant was transported to the hospital but she was dead. Mom continued to cry stating she could not believe her baby was gone. [REDACTED] did empathize with mom and after she was someone calm, administered a UDS which was positive for benzo's and subutex which mother has prescriptions for. Mother did not have any bottles but was able to present a new RX for benzo's which was written today. [REDACTED] was advised that she needs to call [REDACTED], as [REDACTED] needs to reenact the scene. [REDACTED] did contact [REDACTED] and requested an IPA for [REDACTED] to be primary care giver and mom remain in the home [REDACTED] did make contact with [REDACTED] and was going to return to [REDACTED]. There were several family members there as well as two of which were references for both [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] observed [REDACTED] who was dressed neat and clean. He went straight to his mom when she came in and investigator did observe appropriate interaction.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/29/2014	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 04 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/23/2014
Completed date:	10/23/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Collateral Contact,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/23/2014 01:34 PM Entered By: [REDACTED]

Date: 9/29/14

Time: Approximately 11:30 AM

Location: [REDACTED]

Person(s) contacted: [REDACTED] (father), [REDACTED] (mother), [REDACTED] (paternal grandfather), [REDACTED]

Family Composition/Demographics:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Current Safety Assessment Decision: Conditionally Safe due to unknown circumstances surrounding [REDACTED] death



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Home Description: The home is a single-wide mobile home in [REDACTED]. The home was observed to have two bedrooms: the first included a bed and other belongings for [REDACTED] and the second was [REDACTED] bedroom that was observed to have a bed, dresser, and other belongings. Both bedrooms appeared tidy and well-kept with no observed clutter, trash, or insects. The home has one bathroom which also appeared tidy and well-kept with an infant tub placed on the floor in front of the sink. A slight cigarette-smoke odor was detected in the home and ash-trays were present in the living-room. A window air-conditioning unit was observed but did not appear to be on. CM observed a bassinette situated in front of a couch and futon (in couch-position) in the living-room. A thin infant blanket and small plastic toy were in the bassinette. The bassinette appeared clean without tears or stains. The kitchen was slightly cluttered with dirty dishes in the sink, but no odors or insects were observed, indicating that the dishes had not been left very long. Photos were taken of the home by [REDACTED] and will be placed in the hard-file.

Documentation of Contacts: Case Manager [REDACTED] contacted [REDACTED] (father) on this date. He stated that he was willing to meet with [REDACTED] and will allow [REDACTED] to observe their home in [REDACTED]. [REDACTED] was currently in [REDACTED] with [REDACTED] (mother), [REDACTED] sibling) and [REDACTED] family. He stated that he will meet Detective and CM at his home in [REDACTED].

CM spoke to [REDACTED] on the phone on this date. She reported that she has a doctor's appointment in [REDACTED] because she is congested and she reported that her doctor had previously told her that she may get pneumonia if she is not seen by a doctor soon. CM coordinated with [REDACTED] from [REDACTED] to meet with [REDACTED] at her residence today.

CM arrived at the home of [REDACTED] with [REDACTED]. Also present was [REDACTED]. [REDACTED] contacted the Meth Task Force to swab the home as part of his investigation due to the father's prior Initiation charge. [REDACTED] arrived at the home with his father, [REDACTED] who also resides in [REDACTED].

Upon arrival, [REDACTED] went into the home and swabbed [REDACTED] bottles, bassinette, car-seat, and other areas of the home. [REDACTED] face/mouth and pockets were also swabbed. CM interviewed [REDACTED] during this time. [REDACTED] reported that his son works in [REDACTED] on car-parts and usually works 10-12 hour days, 7-days per week. He stated that his son does not get much sleep. [REDACTED] reported that his son has made mistakes in his past and moved to [REDACTED] to "get away from people down in [REDACTED]" that were associated with his "troubled past." He stated that his son dropped out of high-school during his Junior year and got his GED. He stated that he would like to see his son obtain an education and a better-paying job, but that he did not have any current concerns about either his son or [REDACTED].

CM then entered the home with permission from [REDACTED] consented to a drug-screen and passed for all substances. He denied having any prescriptions and denied using any illegal/non-prescribed drugs. CM explained the purpose of the DCS investigation and [REDACTED] expressed that he will comply with the investigation and answer any questions.

Interview with [REDACTED] (father):

[REDACTED] began by explaining that he got home about 12:45 AM last night. He stated that [REDACTED] slept on a couch in the living-room (which appeared to be a futon in couch-position). He stated that she was propped herself up on the couch to feed [REDACTED] and was playing on her phone while [REDACTED] sat down on the adjacent couch to watch TV. He stated that he got up from the couch at approximately 2:00 AM to make two bologna sandwiches and [REDACTED] was still awake at this time playing on her phone with [REDACTED] asleep on her chest. [REDACTED] stated that one week ago, [REDACTED] pediatrician switched her to Similac Advanced formula from Similac Comfort Smooth formula. Her pediatrician is [REDACTED] and his office is near [REDACTED] in [REDACTED]. [REDACTED] provided [REDACTED] last bottle to [REDACTED] to be collected as evidence and tested.

[REDACTED] went on to state that [REDACTED] did not seem sick yesterday or last night, but seemed a little more fussy than normal. He stated that she did not seem to have a fever and was not congested. His son, [REDACTED], spent the night at his grandmother's home because this morning, [REDACTED] was going to take [REDACTED] to court in [REDACTED]. He



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

explained that [REDACTED] and the children stay at his home on occasion, but live primarily in [REDACTED]

[REDACTED] stated that [REDACTED] last feeding included formula but no other foods. He stated that she had tried rice-cereal in her bottle but this was about a week ago. He stated that she had not taken any over-the-counter medications and is not on any prescriptions. He explained that [REDACTED] was discharged from the hospital on Phenobarbital but had finished the last dose approximately two weeks ago. CM observed an empty prescription bottle for Phenobarbital prescribed on 8/21/14 by [REDACTED]. The bottle stated the following:

1.5 ML every 12 hours for one week.

1 ML every 12 hours for one week.

0.5 ML every 12 hours for one week.

0.5 ML daily for one week.

20 MG/5ML ELX

CM also observed a medication bottle for Nystatin dated 8/23/12 prescribed to [REDACTED] stated that [REDACTED] stopped taking this prescription a very long time ago and the family still had the bottle. He denied that the medication had been given to either [REDACTED].

[REDACTED] stated that after he finished eating his bologna sandwiches, he went back to the couch and had fallen asleep. He stated that at this time, [REDACTED] was still awake. He awoke at approximately 6:00 AM to [REDACTED] screaming and calling 911. He stated that at this time, [REDACTED] was standing in the living-room floor holding [REDACTED] with her phone in one hand.

[REDACTED] stated that [REDACTED] did not have any medical problems and was up to date on her medical appointments. He stated that [REDACTED] was due for another appointment in the next week but stated that since he works, [REDACTED] takes care of the appointments and he was unsure when the appointment was.

[REDACTED] explained that he will be staying with [REDACTED] for a few days. He told CM to contact [REDACTED] phone to reach [REDACTED], but that he does typically work 6 days per week. He was willing to accept Grief Counseling services and denied needing any additional services at this time.

Interview with [REDACTED] (mother): (Note: [REDACTED] was drug-screened and interviewed by [REDACTED] from [REDACTED] at her home in [REDACTED] this morning. These notes will be added to the case file).

After [REDACTED] doctor's appointment in [REDACTED], she met CM and [REDACTED] at [REDACTED]. Also present in the home was [REDACTED]. This interview occurred at approximately 3:30 PM. [REDACTED] completed a SUIDI form with [REDACTED] which will be placed in the hard-file.

[REDACTED] had difficulty going into the home and stated that she has not been back in the home since [REDACTED] passed away. She allowed CM and [REDACTED] into the home. CM asked [REDACTED] to explain the events that occurred yesterday evening leading up to when [REDACTED] was observed to be non-responsive. She explained that she went to church last night with [REDACTED] and then picked [REDACTED] up from work. She, [REDACTED] got home at approximately 12:45 or 1:00 AM and they sat down on the couch to watch a scary movie. She stated that she does not remember the name of the movie, but that it was on TV. [REDACTED] stated that she sat on the futon (in couch position) and [REDACTED] sat on the couch, both in the living-room. She fed [REDACTED] last at approximately 1:00 AM and she drank Similac Advantage from a bottle. [REDACTED] stated that she may have fallen asleep around 1:30 AM but she was unsure of the time. She stated that she "does not remember dozing off." [REDACTED], who had completed a drug-screen earlier in the day and failed only for her valid prescriptions, stated that she was prescribed Xanax 0.5 today by her doctor. She is also prescribed Buprenorphine, Clonipin, and an antibiotic. These prescriptions were previously verified by [REDACTED]. She denied taking more than the recommended/prescribed dosage.

[REDACTED] stated that [REDACTED] "seemed fine" yesterday but was slightly cranky. She stated that [REDACTED] sneezed a couple of times yesterday, but did not seem congested. She explained that [REDACTED] was prescribed Morphine at the hospital when she was born and was prescribed Phenobarbital when she was sent home. She took her last dose approximately two weeks ago. [REDACTED] stated that she gave [REDACTED] some gas-drops yesterday but no other medication. She did not appear to have a fever and did not appear to be bloated or constipated last night.

[REDACTED] interrupted and stated that he remembered looking at the clock at 2:47 AM last night. He stated that he



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

looked over at [REDACTED] and she was still awake and playing on her phone. [REDACTED] stated that at that time [REDACTED] was asleep face-down on her stomach slightly below her breasts. At this time, she moved [REDACTED] so that she was situated in a breast-feeding position and was given a pacifier. [REDACTED] stated that she breastfed [REDACTED] after her birth, but stopped after the doctor's advised her to do so due to [REDACTED] prescriptions. [REDACTED] stated that [REDACTED] likes to be positioned as if she was breastfeeding with a pacifier in her mouth. [REDACTED] stated that when she moved [REDACTED] to this position [REDACTED] was squeezing her finger and [REDACTED] sang to [REDACTED] [REDACTED] stated that he must have fallen asleep immediately after this.

[REDACTED] stated that [REDACTED] slept in a one-piece infant sleeper with a zipper and had a light receiving-blanket over her body. [REDACTED] had a comforter on the couch, but the comforter just covered [REDACTED] feet and lower legs, stopping at [REDACTED] knees. [REDACTED] stated that the room felt warm last night and the family kept the air-conditioning off as it was cooler outside. A cool-mist humidifier in the living-room ran during the night. [REDACTED] stated that her son has had strep-throat and is on antibiotics, but [REDACTED] has not shown any symptoms of strep-throat and she has been keeping the children apart from each other.

[REDACTED] stated that sometime after 2:47 AM, she must have fallen asleep. She stated that she always places [REDACTED] in her bassinet after she has fallen asleep and that she did not mean to fall asleep with [REDACTED] [REDACTED] stated that she had intended on staying awake all night to clean the home since she had to be up early for court the next day. She stated that she woke up around 6:00 AM and looked down at [REDACTED] who had moved from her right breast to her left breast-area with her body in between [REDACTED] and the futon, but stated that she was not "laying on" [REDACTED]. Her arm and head rested against [REDACTED] stomach/side and her face was not obstructed. [REDACTED] stated that she noticed a small amount of what appeared to be blood or formula under [REDACTED] nostril and she wiped it away with her finger. [REDACTED] stated that something like this would typically rouse [REDACTED], but [REDACTED] did not startle or awaken. [REDACTED] stated that she immediately stood up with [REDACTED] head fell back and her mouth fell open. She stated that she called 911 immediately at this time [REDACTED] explained that [REDACTED] did not appear discolored and her skin was warm. [REDACTED] eyes were closed and she looked as if she was asleep, but she did not appear to be breathing.

[REDACTED] explained that she found out she was pregnant with [REDACTED] on November 12, 2013. She had a miscarriage in September of that year but she did not know she was pregnant at that time. She only has one other child, [REDACTED], who is currently with his grandmother in [REDACTED]

[REDACTED] stated that [REDACTED] was last seen by her pediatrician, [REDACTED] at [REDACTED] in [REDACTED] about 3 weeks ago. She had another appointment in about a week and a half. [REDACTED] was released from the hospital on August 21 due to a diagnosis of Neonatal Abstinence Syndrome. [REDACTED] has only been given her prescribed Phenobarbital and Mylicon Drops (gas drops) since her discharge and has had no further diagnoses. She was 5 lbs 13 oz at birth and 19.25 in. long. She was full-term and exactly 40 weeks at her birth. [REDACTED] explained that the doctor had to "suction/vacuum" [REDACTED] at her birth and that [REDACTED] had "no amniotic fluid."

[REDACTED] explained that she and [REDACTED] typically slept in the living-room because they discovered fire-ants in the walls in the back bedroom. Her landlord has been notified of this, but the home has not been exterminated yet.

Both [REDACTED] denied drinking alcohol or taking any other medications/drugs last night [REDACTED] stated that her potassium kept dropping during her pregnancy, and she fell on her right hip when she was about 5 months pregnant. She took Tylenol occasionally during her pregnancy and she weened herself from her prescription medications during her pregnancy. She admitted to smoking about three-fourths of a pack of cigarettes per day, and both parents were smoking cigarettes in the home at the time of this interview.

Both parents agreed to work with Grief Counseling services and to continue working with [REDACTED] in [REDACTED] They agreed to stay in contact with CM and to cooperate with the investigation.

Agreements/Next-Steps: [REDACTED] completed an Immediate Protection Agreement on this date with [REDACTED]. [REDACTED] agreed for [REDACTED] to be in the primary care of [REDACTED] (maternal grandmother) and both [REDACTED] agreed that [REDACTED] would supervise all contact between [REDACTED] and his parents. The expiration date of the IPA is 10/2/14 at 5:00 PM. This IPA will be scanned and entered into TFacts and dissolved, extended, or filed if necessary at the end of this time period.



Tennessee Department of Children's Services
Case Recording Summary

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/29/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/22/2014

Completed date: 10/22/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/22/2014 10:27 AM Entered By: [REDACTED]

Case Manager ([REDACTED]) convened CPIT in this case by contacting all CPIT team members in-person during a scheduled CPIT meeting on this date. [REDACTED] will be assigned this case and will accompany [REDACTED] on interviews/observations on this date. This case is scheduled to be presented to CPIT again on 10/23/14.



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: 09/29/2014 Contact Method: Phone Call
 Contact Time: 09:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/22/2014
 Completed date: 10/22/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Referent Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/22/2014 10:47 AM Entered By: [REDACTED]

Case Manager [REDACTED] contacted the referent in this case. The referent stated that it appears [REDACTED] fell asleep accidentally with the infant, [REDACTED] who was observed to be unresponsive this morning when [REDACTED] woke up. No additional information is known at this time.

CM met with [REDACTED] from [REDACTED] [REDACTED] CM listened to a copy of the 911 call that was made this morning. [REDACTED] was heard and seemed very distraught. She was crying and continued to pray for her child to be ok. She was heard stating that she "didn't mean to fall asleep" and that the child typically slept in a bassinette.

CM also obtained the following criminal history for [REDACTED] (mother) and [REDACTED] (father):

[REDACTED]:
 8/31/13 Reckless Endangerment dismissed [REDACTED]
 11/10/12 Public Intoxication convicted [REDACTED]

[REDACTED]:
 1/19/13 Initiation of Meth Manufacture - pled to a lesser charge of Possession [REDACTED] was sentenced to supervised probation and has now completed all probation requirements and is no longer on probation.

Additionally, CM obtained information that both [REDACTED] [REDACTED] have an extensive reported history of purchasing Pseudoephedrine:

[REDACTED]: Approximately 17 attempted purchases (including two blocked charges one for an invalid driver's license) between 11/27/10 and 6/25/14.

[REDACTED] Approximately 8 purchases between 2006-1/17/13.

CM also contacted [REDACTED] who has an open investigation on [REDACTED] due to allegations of Drug-Exposed Infant (see investigation [REDACTED]) [REDACTED] relayed no immediate concerns and reported that both parents have been cooperative with her investigation. CM learned that [REDACTED] is the father of both [REDACTED] (age 2).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] resides in [REDACTED] due to his employment and [REDACTED] resides in [REDACTED]. Currently, the family is with [REDACTED] (maternal grandmother) in [REDACTED]. [REDACTED] will attempt contact with the family at this residence. It is unknown if the Meconium results for [REDACTED] are back, but [REDACTED] will attempt to obtain this information today. [REDACTED] attends Suboxone Therapy with [REDACTED] with [REDACTED] in [REDACTED] and is compliant. A referral has been made for [REDACTED] to work with both parents in their home, but it is unknown if these services have started. The following contacts for the family were obtained:

[REDACTED]

CM also learned from [REDACTED] that the family attended a Child and Family Team Meeting on 8/20/14. CFTM summary is located in Tfacts. Recommendations made at this CFTM included a TEIS referral, random drug-screens, and a referral to [REDACTED] in-home counseling. It was reported that [REDACTED] works 6 days per week and the home has always been observed as clean with no observed safety hazards.

CM contacted Lead Investigator [REDACTED] prior to meeting this response. CM will follow up with [REDACTED] throughout this investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/29/2014	Contact Method:	
Contact Time:	08:40 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/22/2014
Completed date:	10/22/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/22/2014 10:29 AM Entered By: [REDACTED]

This referral was received by Central Intake on [REDACTED] at 8:40 AM [REDACTED]. It was assigned to [REDACTED] on [REDACTED]. The response priority was assigned as a P1 and the response is due on [REDACTED] at 8:40 AM [REDACTED].

The following was reported to DCS (verbatim):

Reporter states: Reporter states: [REDACTED] (age 1 month) resides with his mother [REDACTED] in either [REDACTED] or [REDACTED]. It is known that there are other children in the home, but their information is currently unknown by the reporter.

[REDACTED] address is listed on her driver's license as [REDACTED]

The following incident occurred at [REDACTED]. This address is listed on [REDACTED] driver's license. It is unknown what [REDACTED] relationship is to the family at this time, but he was present at the home at the time of this incident.

At about 6:07AM on [REDACTED] contacted 9-1-1 and reported that [REDACTED] (age 1 month) was unresponsive. [REDACTED] reported that [REDACTED] had not been "feeling good" all day yesterday ([REDACTED]). [REDACTED] reported that [REDACTED] "slept with her." It is unclear by the reporter at this time where exactly [REDACTED] were sleeping whether it was in a bed, recliner, or couch [REDACTED] also mentioned something about blood being on [REDACTED] nose during the 9-1-1 call. On the 9-1-1 call [REDACTED] could be heard constantly asking what she could do such as CPR.

The ambulance arrived at the home in [REDACTED] and transported [REDACTED] to [REDACTED] in [REDACTED]. The reporter contacted the hospital and learned that [REDACTED] has passed away. The time of death is unknown by the reporter at this time. The reporter has been told that [REDACTED] has made arrangements with [REDACTED] for an autopsy [REDACTED] cause of death is unknown at this time. The medical examiner from [REDACTED] is currently on their way to [REDACTED] to meet with the family. It is unknown if [REDACTED] had any special needs or disabilities.

The reporter has not spoken with EMS personnel at this time but will be receiving information for them at a later



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

point. The reporter has not spoken directly with the family. The home has not been observed by the referent at this time.

[REDACTED] has reported that the family has had a DCS case in the past and it was possibly due to drug exposure.

The reporter will be contacting [REDACTED] with the [REDACTED] [REDACTED] to schedule a time to meet with the family at the home located in [REDACTED] today (09-29-2014) following CPIT.

[REDACTED] [REDACTED] CAD [REDACTED]

Next Steps:

CM will make contact with the family to assess for safety and needed services.

Report will be faxed to DA, CAC, and LE & Conversation will take place with LE to discuss next steps on Severe Abuse Cases.

Juvenile Court is notified of all cases on a monthly basis in accordance with local protocol. At the conclusion of the case, a 740 is submitted to the supervisor for review and signature, and then submitted to Juvenile Court on a monthly basis in accordance with local protocol.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 9/29/14 7:39 AM

Date of Assessment: 9/29/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



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): IPA completed with maternal grandmother.

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: _____