



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 10/03/2014 04:58 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 10/03/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 10/06/2014 08:11 AM
First Team Leader Assigned: [REDACTED] Date/Time 10/06/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 10/06/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 8 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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



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Screened out 0

History (not listed above): Yes

4-14-14 / # [REDACTED] / DEI and DEC / Unsubstantiated
3-26-10 / # [REDACTED] / LOS / No Services Needed
3-19-14 / # [REDACTED] / DEI / Unsubstantiated
11-01-09 / # [REDACTED] / MDM / Services Recommended and Accepted
9-02-09 / # [REDACTED] / LOS / Services Recommended and Accepted
3-15-09 / # [REDACTED] / PYA / No Services Needed
11-26-08 / # [REDACTED] / DEC / Unsubstantiated
9-08-07 / # [REDACTED] / DEC and SRPI / Unsubstantiated
8-14-07 / # [REDACTED] / MDM and DEI / Services Recommended and Accepted
8-9-07 / # [REDACTED] / DEC / Unsubstantiated and Unable to Complete
3-08-07 / # [REDACTED] / ENN / Unsubstantiated
6-19-06 / # [REDACTED] / SRPI and LOS / Unsubstantiated
4-07-06 / # [REDACTED] / DEC and LOS / Unable to Complete
3-08-06 / # [REDACTED] / SRPI, NUN, LOS, and EDN / Unsubstantiated
9-02-05 / # [REDACTED] / SRPI / Unsubstantiated
8-21-05 / # [REDACTED] / PHA / Unsubstantiated
7-15-05 / # [REDACTED] / ABN, MDM, and SRPI / Unsubstantiated
8-18-04 / # [REDACTED] / ENN / Unsubstantiated

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Directions: None given

Referent's name/relationship: Detective [REDACTED] | [REDACTED]

Deceased Child [REDACTED] (7 mons), Caucasian, Non-Hispanic and no affiliation with any Native American Tribe

Living in the home are [REDACTED] three male siblings (whose names and information were unknown by the referent), the birth parents, [REDACTED] and [REDACTED], and the paternal grandparents, [REDACTED].

The referent stated:

This child is not in DCS Custody.

At 1:49 p.m. [REDACTED] today, the [REDACTED] County Central Dispatch received a call from [REDACTED] stating [REDACTED] wasn't breathing. EMS and LE were dispatched to the home address of [REDACTED] in [REDACTED] County.

EMS arrived at the home prior to LE and made a determination that [REDACTED] had expired and performing CPR would be useless, so they did nothing to try to bring [REDACTED] back. [REDACTED] had been moved by [REDACTED] to EMS and LE's arrival. [REDACTED] was very distraught and was holding [REDACTED] in her arms when EMS arrived. Upon LE's arrival, [REDACTED] had been placed back into the parent's bed where she had been sleeping all night between [REDACTED] and [REDACTED]. She was lying on her back. Upon inspection of [REDACTED] body by Detective [REDACTED] of the [REDACTED] Police Department, no physical injuries were observed. Both parents told Detective [REDACTED] that [REDACTED] would not sleep in her own bed and would only sleep with them. They reported they had placed [REDACTED] in bed between them sometime around midnight last night. They said she was placed on her back.

[REDACTED] reported that when he woke up this morning at approximately 6:00 a.m., [REDACTED] appeared to be fine. [REDACTED] went on to get [REDACTED] siblings ready for school and [REDACTED] stayed in bed with [REDACTED]. Sometime between 6:30 a.m. and 7:00 a.m., after sending the siblings on to school, [REDACTED] returned to [REDACTED].



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bed with [REDACTED] and [REDACTED] said he didn't wake up again until approximately 1:49 p.m. which was the same time [REDACTED] discovered [REDACTED] wasn't breathing. [REDACTED] stated she awoke around 9 a.m. and again at 11:00 a.m. this morning and [REDACTED] appeared to be fine. She said when she woke up the last time, at approximately 1:49 p.m. she saw that [REDACTED] wasn't breathing, her lips were blue, and she had foam bubbles coming from her mouth with mucus coming from her nose. [REDACTED] said she started hollering.

[REDACTED] and [REDACTED] reported that [REDACTED] had taken her 6 month-old shots a few days earlier and they had noticed [REDACTED] had a little mucus and was running a slight temperature. [REDACTED] doctor was contacted about this and the doctor advised these were normal results. [REDACTED] was also teething and the doctor said this might be another reason her temperature may have been higher than normal.

The Medical Examiner and Coroner were called. The Coroner arrived, but the ME never did. The Coroner conducted an examination of [REDACTED] and completed the Sudden Unexplainable Death Form. [REDACTED] and [REDACTED] were asked to do a re-enactment of the events of the day and agreed to do so, but said they couldn't do it today given the circumstances. Both [REDACTED] and [REDACTED] were visibly upset and distraught.

A removal service was called and [REDACTED] was transported to [REDACTED] State Forensic Center to have an autopsy performed.

[REDACTED] and [REDACTED] had been gone running errands and were not home when the incident occurred. They did return to the home, however, even prior to LE's arrival this morning.

Both [REDACTED] and [REDACTED] have drug history. In fact upon [REDACTED] birth, she was placed in the NICU for approximately 30 days.

The referent had no additional information.

Child's current location/is the child safe at this time: Unknown

Perpetrator's location at this time: Unknown

Special Needs or Disabilities: Unknown

Is there Domestic Violence in the home: Unknown

Any other safety concerns for the child(ren) or worker who may respond: Unknown

Per SDM: Investigative Track, [REDACTED], TL on 10/03/14 @ 6:47.

[REDACTED] 10-03-14 06:51:30 PM [REDACTED] 10-03-14 06:52:09 PM [REDACTED] Received

Notified Child Death Group: [REDACTED] and [REDACTED]
[REDACTED] RA notified



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Tennessee Child Abuse Hotline Summary**

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 38 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 28 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 71 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 1 Yr 8 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 69 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

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: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

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: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

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:

Participant 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: 10/03/2014

Assignment Date: 10/06/2014

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			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			02/23/2015
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			02/23/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: AUPU

D. Case Workers

Case Worker: [REDACTED]

Date: 02/23/2015

Team Leader: [REDACTED]

Date: 02/23/2015

E. Investigation Summary

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

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

The family would not allow CPSI into the home but did allow the older children to come to the door so that CPSI could see them. CPSI did not observe any marks or bruises on the children. They appeared to be clean and was dressed appropriately.

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

The autopsy reports that the cause of death is sudden unexpected infant death of a 7mth old girl, associated with co-sleeping in an adult bed, history of neonatal abstinence syndrome, Rhinovirus positivity, and multiple bacteria detected on postmortem culture.



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

Case Name : ██████████

Investigation ID: ██████████

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

CPSI was unable to get a statement from the parents of the infant. They were unwilling to work with DCS in regards to the incident.

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

At 1:49 p.m. ██████ today, the ██████ County Central Dispatch received a call from ██████ stating ██████ wasn't breathing. EMS and LE were dispatched to the home address of ██████ in ██████ County. EMS arrived at the home prior to LE and made a determination that ██████ had expired and performing CPR would be useless, so they did nothing to try to bring ██████ back. ██████ had been moved by ██████ prior to EMS and LE's arrival. ██████ was very distraught and was holding ██████ in her arms when EMS arrived. Upon LE's arrival, ██████ had been placed back into the parent's bed where she had been sleeping all night between ██████ and ██████. She was lying on her back. Upon inspection of ██████ body by Detective ██████ of the ██████ Police Department, no physical injuries were observed. Both parents told Detective ██████ that ██████ would not sleep in her own bed and would only sleep with them. They reported they had placed ██████ in bed between them sometime around midnight last night. They said she was placed on her back. ██████ reported that when he woke up this morning at approximately 6:00 a.m., ██████ appeared to be fine. ██████ went on to get ██████ siblings ready for school and ██████ stayed in bed with ██████. Sometime between 6:30 a.m. and 7:00 a.m., after sending the siblings on to school, ██████ returned to bed with ██████ and ██████. ██████ said he didn't wake up again until approximately 1:49 p.m. which was the same time ██████ discovered ██████ wasn't breathing. ██████ stated she awoke around 9 a.m. and again at 11:00 a.m. this morning and ██████ appeared to be fine. She said when she woke up the last time, at approximately 1:49 p.m. she saw that ██████ wasn't breathing, her lips were blue, and she had foam bubbles coming from her mouth with mucus coming from her nose. ██████ said she started hollering. ██████ and ██████ reported that ██████ had taken her 6 month-old shots a few days earlier and they had noticed ██████ had a little mucus and was running a slight temperature. ██████ doctor was contacted about this and the doctor advised these were normal results. ██████ was also teething and the doctor said this might be another reason her temperature may have been higher than normal. The Medical Examiner and Coroner were called. The Coroner arrived, but the ME never did. The Coroner conducted an examination of ██████ and completed the Sudden Unexplainable Death Form. ██████ and ██████ were asked to do a re-enactment of the events of the day and agreed to do so, but said they couldn't do it today given the circumstances. Both ██████ and ██████ were visibly upset and distraught. A removal service was called and ██████ was transported to ██████ State Forensic Center to have an autopsy performed.

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

This case was presented to CPIT and will be classified as AUPU due to the autopsy report. The report states that the cause of death is sudden unexpected infant death of a 7mth old girl, associated with co-sleeping in an adult bed, history of neonatal abstinence syndrome, Rhinovirus positivity, and multiple bacteria detected on postmortem culture.

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] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/06/2015	Contact Method:
Contact Time: 04:38 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/06/2015
Completed date: 10/06/2015	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: 10/06/2015 03:39 PM Entered By: [REDACTED]

[REDACTED]
 The Department of Children Services (DCS) Investigations received a referral on 10-3-2014 with an allegation of Child Neglect Death in regards to [REDACTED], alleged child victim. DCS was notified after [REDACTED] Detective (Det.) [REDACTED] completed the initial investigation. LI [REDACTED] completed the Child Death Notification Form and entered the date of death in TFACTS. The Child Protective Investigation Team (CPIT) was convened. The initial notification was not sent to the Judge per Judge [REDACTED] court order on 1-24-2013. CPSI contacted the referent for additional information. The referent did not report any additional information. A history check was completed on this family through TFACTS. This child had two previous open cases with allegations of Drug Exposed Infant. These cases were closed as AUPU.

Det. [REDACTED] stated the family reported to him that around 1:49 pm on 10-3-2014 the mother, [REDACTED]-alleged perpetrator, called 911 and reported that [REDACTED] was not breathing. EMS arrived on the scene first and determined that it was too late to perform CPR as the child had already passed away. The parents reported to Det. [REDACTED] that [REDACTED] would not sleep in her own bed and would only sleep with them. They reported they had placed [REDACTED] in bed between them sometime around midnight and she was placed on her back. The father, [REDACTED]-alleged perpetrator, stated that he had got up earlier that morning to get the other kids off to school and then he went back to bed. [REDACTED] told Det. [REDACTED] that [REDACTED] was breathing and was fine at that time. The mother reported that she had woke up a couple of times before 1:49 pm and [REDACTED] was fine at that time too. [REDACTED] reported to Det. [REDACTED] that around 1:49 pm when she woke up, she realized that [REDACTED] was not breathing and had foam bubbles coming from her mouth with mucus coming from her nose. Det. [REDACTED] stated that was when they contacted 911. The coroner [REDACTED], was contacted to come out to the home. The family refused to do a reenactment, stated it was too traumatic.

On 10-3-2014 Child Protective Services Investigator (CPSI) [REDACTED] and CPSI [REDACTED] responded to the home on [REDACTED] [REDACTED], TN that night. The paternal grandmother, [REDACTED] answered the door. CPSI [REDACTED] stated who we were and why we were there. CPSIs gave their condolences to the family. [REDACTED] would not allow CPSIs into the home on this date. [REDACTED] stated that she understood that CPSIs had a job to do but the parents were not stable enough to handle any more today/tonight. [REDACTED] stated that the parents had been in the bedroom resting the majority of the day with the door closed and did not need any visitors at this time. [REDACTED] stated that she and her family needed time to grieve and became upset. [REDACTED] stated that as long as she lived in this house, none of her grandchildren would be hurt or mistreated. [REDACTED] stated that [REDACTED] was their pride and joy. [REDACTED] stated that this was just awful. CPSI asked who all lived in the home. [REDACTED] stated that she and her husband [REDACTED] (paternal



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

grandparents), [REDACTED] (father), [REDACTED] (mother), [REDACTED] (half-brother), [REDACTED] (half-brother), and [REDACTED] (half-brother). CPSIs spoke with [REDACTED] about the other children in the home and who had custody of them. [REDACTED] stated that she had custody of [REDACTED] (15) and that [REDACTED] had custody of [REDACTED] (8) and [REDACTED] (7). [REDACTED] stated that [REDACTED] wife, [REDACTED] has custody of his other son [REDACTED] (12). [REDACTED] did allow all the children in the home to be observed at the doorway. They appeared to be clean and CPSIs did not observe any visible bruises or marks. The children had been watching TV and resting. A picture was taken of [REDACTED] and [REDACTED]. CPSIs spoke with her about grief counseling and services for the entire family. [REDACTED] reported she felt like that was something they would be interested in and would contact CPSI when they were ready. CPSI completed the initial SDM and the other children were safe. A FAST was completed and there was a moderate need for services to help with the loss of their child. CPSI offered grief counseling to the family.

CPSI [REDACTED] was unable to interview the parents, alleged perpetrators. The parents did not respond to CPSI's attempts and requested that CPSI leave the family alone. CPSI attempted multiple home visits to meet with the parents to obtain all required paper work and they did not respond to CPSI's attempts. CPSI also attempted phone calls. CPSI requested [REDACTED] medical records from birth-present. CPSI received these records and placed them in the file. CPSI requested [REDACTED] OBGYN records. CPSI received these and placed them in the file. This case was first presented to the [REDACTED] Child Protective Investigation Team (CPIT) on 10-17-2014 and reviewed monthly at the CPIT meetings. On 1-23-2015, CPSI presented this case at CPIT for classification. The autopsy was received 1-12-2015. The autopsy revealed the cause of death was Sudden Unexplained Death of a 7 month old girl. This case was classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated against [REDACTED] and [REDACTED]. There is not a preponderance of evidence in this case to support the allegation of Child Neglect Death. DCS Policy's definition of Child Death: Child death is defined as:

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

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

Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

The closing SDM and FAST was completed on 2-23-2015. The Classification Notification will be sent to the DA upon the case closure. The Classification Notification will not be sent to the Judge per Judge [REDACTED] court order on 1-24-2013.

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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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 Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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:	10/06/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 11:01 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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/06/2015

Contact Method:

Contact Time: 03:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 11:01 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/02/2015 Contact Method:
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/02/2015
 Completed date: 09/02/2015 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: 09/02/2015 01:26 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/02/2015 Contact Method:
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/02/2015
 Completed date: 09/02/2015 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: 09/02/2015 01:26 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:26 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/02/2015

Completed date: 09/02/2015

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: 09/02/2015 01:26 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2015

Contact Method:

Contact Time: 12:25 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2015

Completed date: 08/28/2015

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: 08/28/2015 11:25 AM Entered By: [REDACTED]

Death case submitted for RID approval and placed on the log. IC [REDACTED] notified case was placed on the log.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2015

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/19/2015

Completed date: 04/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/19/2015 01:14 PM Entered By: [REDACTED]

CPSI received the prenatal records and post medical records on [REDACTED]. The records have been placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2015

Contact Method: Phone Call

Contact Time: 03:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/19/2015

Completed date: 04/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/19/2015 01:12 PM Entered By: [REDACTED]

CPSI contacted [REDACTED] OBGYN to speak with someone in medical records. CPSI stated that she was following up on the request that she had sent on 4-8-2015. The lady stated that she had received the request and would have to CPSI no later that tomorrow morning. The lady stated that she would try to fax it by this afternoon. CPSI thanked her for her help.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2015

Contact Method: Phone Call

Contact Time: 09:22 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2015

Completed date: 04/08/2015

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: 04/08/2015 08:41 AM Entered By: [REDACTED]

CPSI contacted the office of Dr. [REDACTED] and spoke with [REDACTED] in medical records. CPSI stated that she had requested medical records on the 23rd of March and wanted to follow up. [REDACTED] stated that she did not have a request from CPSI. [REDACTED] stated that one of the nurses could have picked it up. CPSI stated that she would send it again and then would call back at a later time to make sure the request was received. [REDACTED] stated that would be fine. CPSI asked if [REDACTED] was the best fax number and [REDACTED] stated that it was. [REDACTED] stated that fax machine was located next to her. CPSI thanked her for her time.

CPSI sent the medical records request.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/23/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2015

Completed date: 04/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2015 08:36 AM Entered By: [REDACTED]

CPSI requested sent a second request for medical records on [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/13/2015

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2015

Completed date: 03/14/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2015 03:34 PM Entered By: [REDACTED]

CPSI [REDACTED] received the medical records on [REDACTED] on this date. These records will be placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/06/2015

Contact Method:

Contact Time: 10:09 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 12:11 PM Entered By: [REDACTED]

LI [REDACTED] provided direction on obtaining medical records in this case to CPSI [REDACTED] via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/06/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2015

Completed date: 03/14/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/14/2015 03:33 PM Entered By: [REDACTED]

CPSI [REDACTED] discussed this case with LI [REDACTED] in regards to obtaining the medical records.

CPSI contacted [REDACTED] Medical Group and [REDACTED] Medical Center and spoke with the Medical Records Department. CPSI explained that she was requesting records pertaining to an investigation. The fax numbers were provided. CPSI requested the medical records on [REDACTED] and [REDACTED] on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/04/2015

Contact Method:

Contact Time: 11:49 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 12:09 PM Entered By: [REDACTED]

LI [REDACTED] and IC [REDACTED] discussed the information that LI had received from legal counsel regarding medical records. IC [REDACTED] provided LI information regarding how to locate resources to assist in this task.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/04/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED].

Recorded For:

Location: DCS Office

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 12:05 PM Entered By: [REDACTED]

Lead Investigator [REDACTED] and Assistant General Counsel [REDACTED] engaged in privileged communication on this date. DCS will continue attempts to obtain medical records through other measures prior before obtaining a duces tecum subpoena.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2015

Contact Method:

Contact Time: 11:39 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/26/2015

Completed date: 02/26/2015

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: 02/26/2015 10:46 AM Entered By: [REDACTED].

Lead Investigator [REDACTED] and Investigations Coordinator [REDACTED] staffed the case on this date. Additional tasks need to be completed such as requesting the medical records via Duces Tecum. Investigation is being returned to CPSI [REDACTED] for additional work.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 02/23/2015	Contact Method:
Contact Time: 05:13 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	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): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 02/23/2015 04:15 PM Entered By: [REDACTED]

The daily notification of the referral was submitted to members of CPIT. Per Judge [REDACTED] court order on 1-24-2013, the daily notification was not sent to Juvenile Court.

The safety assessment was completed on 10-3-2014.

The FAST was completed on 10-8-2014. There was a moderate need/risk to the family just losing their daughter.

The 740 has been submitted to the DA. Per Judge [REDACTED] court order on 1-24-2013, the 740 will not be sent to Juvenile Court.

The hard file can be located under the name of [REDACTED] in the [REDACTED] County DCS Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 02/23/2015	Contact Method:
Contact Time: 04:40 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 02/23/2015
Completed date: 03/26/2015	Completed By: System Completed
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: 02/23/2015 03:42 PM Entered By: [REDACTED]
 Child Death Closing Summary

Narrative Type: Addendum 1 Entry Date/Time: 04/20/2015 02:26 PM Entered By: [REDACTED]

[REDACTED]

The Department of Children Services (DCS) Investigations received a referral on 10-3-2014 with an allegation of Child Neglect Death in regards to [REDACTED], alleged child victim. DCS was notified after [REDACTED] Detective (Det.) [REDACTED] completed the initial investigation. Det. [REDACTED] did not take any formal statements from the family members.

Det. [REDACTED] stated the family reported to him that around 1:49 pm on 10-3-2014 the mother [REDACTED]-alleged perpetrator, called 911 and reported that [REDACTED] was not breathing. EMS arrived on the scene first and determined that it was too late to perform CPR as the child had already passed away. The parents reported to Det. [REDACTED] that [REDACTED] would not sleep in her own bed and would only sleep with them. They reported they had place [REDACTED] in bed between them sometime around midnight and she was placed on her back. The father, [REDACTED]-alleged perpetrator, stated that he had got up earlier that morning to get the other kids off to school and then he went back to bed. [REDACTED] told Det. [REDACTED] that [REDACTED] was breathing and was fine at that time. The mother reported that she had woke up a couple of times before 1:49 pm and [REDACTED] was fine at that time too. [REDACTED] reported to Det. [REDACTED] that around 1:49 pm when she woke up, she realized that [REDACTED] was not breathing and had foam bubbles coming from her mouth with mucus coming from her nose. Det. [REDACTED] stated that was when they contacted 911. The coroner, [REDACTED], was contacted to come out to the home. The family refused to do a reenactment due to it being too traumatic on them.

Child Protective Services Investigator (CPSI) [REDACTED] and CPSI [REDACTED] responded to the home on [REDACTED], TN that night. The paternal grandmother, [REDACTED] answered the door. CPSI [REDACTED] stated who we were and why we were there. CPSIs gave their condolences to the family. [REDACTED] would not allow CPSIs into the home on this date. [REDACTED] stated that she understood that CPSIs had a job to do but the parents were not stable enough to handle any more today/tonight. [REDACTED] stated that the parents had been in the bedroom resting the majority of the day with the door closed and did not need any visitors at this time. [REDACTED] stated that she and her family needed time to grief and became upset. [REDACTED] stated that as long as she lived in this house, none of her grandchildren would be hurt or mistreated. [REDACTED] stated that [REDACTED] was their pride and joy. [REDACTED] stated that this was just awful. CPSIs spoke with [REDACTED] about the other children in the home and who had custody of them. [REDACTED] stated that she had custody of [REDACTED] (15) and that [REDACTED] had custody of [REDACTED] (8) and [REDACTED] (7). [REDACTED] stated that [REDACTED] wife, [REDACTED] has custody of his other son [REDACTED] (12).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] did allow all the children in the home to be observed at the doorway. They appeared to be clean and CPSIs did not observe any visible bruises or marks. The children had been watching TV and resting. A picture was taken of the [REDACTED] and [REDACTED]. CPSIs spoke with her about grief counseling and services for the entire family. [REDACTED] reported she felt like that was something they would be interested in and would contact CPSI when they were ready.

CPSI [REDACTED] was unable to interview the parents, alleged perpetrators, due to them being uncooperative with DCS. CPSI attempted home visits and attempted phone calls. This case was presented to the [REDACTED] Child Protective Investigation Team (CPIT) on 1-23-2015 and will be classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated against [REDACTED] and [REDACTED]. There is not a preponderance of evidence in this case to support the allegation of Child Neglect Death. DCS Policy's definition of Child Death: Child death is defined as: Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by abuse or neglect resulting from direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse.

Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child. 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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2015

Contact Method: Phone Call

Contact Time: 03:19 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

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): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/23/2015 02:19 PM Entered By: [REDACTED]

CPSI contacted [REDACTED], Forensic Pathology Supervisor, in regards to the SUIDI form. [REDACTED] stated that the form was not filled out on a county level and one of the forensic pathologist filled it out. [REDACTED] stated that she would email CPSI a copy of it. CPSI thanked her for her information and the form. Please see file for SUIDI form.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2015

Contact Method: Phone Call

Contact Time: 12:11 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

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): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/23/2015 02:00 PM Entered By: [REDACTED]

CPSI contacted [REDACTED] at [REDACTED] and requested a copy of the SUIDI form. Mr. [REDACTED] stated that CPSI could look it up on the state website. CPSI thanked him for the information. CPSI attempted to locate the information on the website and was unable to locate the form.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2015

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

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): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 01:40 PM Entered By: [REDACTED]

CPSI contacted Det. [REDACTED] in regards to the SUIDI form. Det. [REDACTED] stated that the Coroner [REDACTED] was in the [REDACTED] Office last week and has not provided him a copy of the SUIDI form. Det. [REDACTED] stated that he did not have any formal statements from the family. Det. [REDACTED] was unable to provide CPSI a phone number for the Coroner.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/20/2015	Contact Method:	
Contact Time:	05:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED].	Recorded For:	
Location:	Other Community Site	Created Date:	02/22/2015
Completed date:	02/22/2015	Completed By:	[REDACTED].
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/22/2015 09:20 PM Entered By: [REDACTED].

CPSI [REDACTED] and LI [REDACTED] discussed the case on this date. CPSI will update case recordings and move forward with case closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/09/2015

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/22/2015

Completed date: 02/22/2015

Completed By: [REDACTED].

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/22/2015 09:18 PM Entered By: [REDACTED].

CPSI [REDACTED] and LI [REDACTED] discussed the case on this date. CPSI stated that she has not received the SUIDI form the appropriate party even though it has been requested. CPSI will update case recordings and move forward with case closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/23/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/22/2015

Completed date: 02/22/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/22/2015 09:05 PM Entered By: [REDACTED].

The case was presented to the members of the [REDACTED] County CPIT team on this date. It was discussed how the investigation was completed by LE before DCS received a referral. The family has been fully cooperative with LE but has not been very cooperative with DCS, although they did allow us to see the children when response was met. As the autopsy lists the manner of death as undetermined there is no other alternative but to classify the allegations as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/23/2015

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

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): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 03:14 PM Entered By: [REDACTED]

The case was presented to the members of the [REDACTED] County CPIT team on this date. It was discussed how the investigation was completed by LE before DCS received a referral. The family has been fully cooperative with LE but has not been very cooperative with DCS, although they did allow us to see the children when response was met. As the autopsy lists the manner of death as undetermined there is no other alternative but to classify the allegations as AUPU.

Narrative Type: Addendum 1 Entry Date/Time: 02/23/2015 03:19 PM Entered By: [REDACTED]

Medical records were not obtained in this case due to the family not cooperating with DCS and signing a Release of Information. CPSI has also been unable to get a copy of the SUIDI form from the Coroner.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/22/2015

Contact Method: Attempted Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

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): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 04:10 PM Entered By: [REDACTED]

CPSI attempted a home visit. There was no answer.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/22/2015

Contact Method:

Contact Time: 01:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/22/2015

Completed date: 02/22/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/22/2015 09:02 PM Entered By: [REDACTED]

LI [REDACTED] staffed the case with IC [REDACTED] on this date. The autopsy report was sent via email to LI by CPSI [REDACTED] while LI was at the TBI Academy. Discussed the cause of death as undetermined (accidental vs natural) allegations will have to be classified as AUPU...the case will be presented to the members of CPIT tomorrow.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/12/2015

Contact Method:

Contact Time: 11:49 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/22/2015

Completed date: 02/22/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/22/2015 08:52 PM Entered By: [REDACTED].

CPSI [REDACTED] received the autopsy from [REDACTED] on this date. CPSI then forwarded the autopsy to [REDACTED] and LI [REDACTED]. The cause of death is listed as Sudden Unexplained Death of 7 month old girl, associated with co-sleeping in an adult bed, history of neonatal abstinence syndrome, Rhinovirus positivity and multiple bacteria detected on postmortem culture. The manner of death in this case is undetermined (accidental vs. natural.)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2015

Contact Method: Attempted Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

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): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 04:09 PM Entered By: [REDACTED]

CPSI attempted to make a home visit and there was no answer.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/23/2014

Contact Method: Attempted Face To Face

Contact Time: 01:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

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): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 04:02 PM Entered By: [REDACTED]

CPSI attempted a home visit. There were vehicles in the driveway but no one answered.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/19/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED].	Recorded For:	
Location:	DCS Office	Created Date:	02/22/2015
Completed date:	02/22/2015	Completed By:	[REDACTED].
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/22/2015 08:43 PM Entered By: [REDACTED]

[REDACTED] County CPIT met this date...no updates regarding the investigation. The family is not cooperating with DCS as they are not returning phone calls. Autopsy is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/19/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

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): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/23/2015 03:17 PM Entered By: [REDACTED]

CPSI gave an update on this case. The autopsy report is still pending and the family is still being uncooperative.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/16/2014

Contact Method: Phone Call

Contact Time: 08:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

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): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/23/2015 04:13 PM Entered By: [REDACTED]

[REDACTED] contacted the DCS office and stated that she did not want DCS back at the home and did not understand why we had to continue coming back to the home. [REDACTED] appeared to be very upset and was using foul language. A phone number was not left.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/15/2014

Contact Method: Attempted Phone Call

Contact Time: 07:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

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): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/23/2015 04:06 PM Entered By: [REDACTED]

[REDACTED] contacted CPSI and left a message stating that she had found CPSI's card and did not know why she needed to come out to the home. [REDACTED] did not leave a number.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/09/2014 Contact Method: Attempted Face To Face
 Contact Time: 10:42 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/09/2014
 Completed date: 12/09/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Other Child Living in the Home Interview/Observation,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

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

On 12-9-2014 at 10:42 am CPSI made home visit at the [REDACTED] residence. There were two vehicles in the driveway. No one answered the door and CPSI left a card on the door.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/04/2014

Contact Method: Phone Call

Contact Time: 11:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/09/2014

Completed date: 12/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2014 02:18 PM Entered By: [REDACTED]

On 12/4/2014 at 11:15 am CPSI [REDACTED] called [REDACTED] with [REDACTED] School of Medicine Pathology and inquired about autopsy and to asked to be notified as the results are completed. Mrs. [REDACTED] stated the results are no complete at this time but would inform CPSI when she new something and forward the autopsy report when completed. CPSI thanked Mrs. [REDACTED] for her time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/02/2014

Contact Method:

Contact Time: 07:13 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/02/2014

Completed date: 12/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/02/2014 06:19 PM Entered By: [REDACTED]

LI [REDACTED] completed an administrative review of the case on this date. Next steps regarding this case is for CPSI [REDACTED] to update the case recordings. LI [REDACTED] sent an email to [REDACTED] on this date requesting any information regarding the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/21/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/02/2014

Completed date: 12/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/02/2014 06:13 PM Entered By: [REDACTED]

Case presented to members of CPIT on this date. No update was provided as the autopsy is still pending in this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/20/2014

Contact Method: Attempted Face To Face

Contact Time: 09:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

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): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 03:58 PM Entered By: [REDACTED]

CPSI attempted a home visit with the family and there was no answer.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/19/2014

Contact Method: Attempted Face To Face

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

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): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 03:49 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] attempted to make a home visit on this date to meet with the family. There was no answer.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/17/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/02/2014

Completed date: 12/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/02/2014 05:59 PM Entered By: [REDACTED]

The child fatality of [REDACTED] was discussed at CPIT on this date. It was discussed that CPS did not receive a referral regarding this matter until after law enforcement had cleared the scene. The grandmother refused to allow DCS access to the parents upon initial contact but did allow CPSI [REDACTED] and CPSI [REDACTED] to see the other children in the home to ensure safety. Law enforcement reports that the parents have refused to cooperate with a re-re-enactment of the event preceding the child's death stating they are not emotionally capable to endure the process of such an event. Drug screens have not been completed on the parents at this time. We do know from past investigation that the mother did have a prescription for subutex at one time, whether this is still prescribed is not known. [REDACTED] was diagnosed as NAS upon delivery but no action was taken as the mother had a valid prescription. We do know the parents had been co-sleeping with the infant as well as smoking in the bedroom where the child was sleeping. CPIT did not request any additional tasks at this time. Autopsy pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/14/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/02/2014

Completed date: 12/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/02/2014 06:01 PM Entered By: [REDACTED].

LI [REDACTED] and CPSI [REDACTED] staffed the case on this date. CPSI will attempt a home visit with the family and discuss grief counseling with them (again) at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/13/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/02/2014

Completed date: 12/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/02/2014 06:04 PM Entered By: [REDACTED]

LI [REDACTED] presented the case to the members of CPS Quality Review Team on this date. Other than continuing with the investigation no suggestions for further actions were recommended.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2014

Contact Method:

Contact Time: 07:10 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/08/2014

Completed date: 10/08/2014

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: 10/08/2014 06:13 PM Entered By: [REDACTED].

LI [REDACTED] approved the safety assessment this date.

The FAST was also approved on this date. The outcome was a Moderate Need for services. All items scoring a 2 or 3 on the FAST will be addressed in the FPP-NC that will be completed with the family. Most of the items scoring as 2 or 3 did so due to grief and loss issues.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2014

Contact Method:

Contact Time: 06:51 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2014

Completed date: 10/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2014 05:52 PM Entered By: [REDACTED]

CPSI completed the FAST assessment and the family is scored moderate risk for services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2014

Contact Method:

Contact Time: 05:17 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2014

Completed date: 10/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2014 04:19 PM Entered By: [REDACTED]

CPSI completed the SDM assessment on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2014

Contact Method:

Contact Time: 04:11 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/08/2014

Completed date: 10/08/2014

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: 10/08/2014 04:50 PM Entered By: [REDACTED]

LI [REDACTED] CPSI [REDACTED] and RID [REDACTED] staffed the case on this date. CPSI [REDACTED] advised that she had spoken to Det. [REDACTED] with [REDACTED] Police Department regarding conducting the reenactment of the child death. Det. [REDACTED] stated that he has spoken with the mother regarding this issue and she advised that she would not be completing this activity as it was too traumatic for her and her family. RID confirmed with CPSI [REDACTED] that there were no safety concerns for the other children in the home. Advised that the case be staffed at the next CPIT meeting to be held on 10/17/14 to determine if there were additional investigation activities that were not already being planned by LI [REDACTED] and CPSI [REDACTED]. LI [REDACTED] stated that she would contact [REDACTED] Chief of Police [REDACTED] to request that Det. [REDACTED] attend the CPIT meeting. LI [REDACTED] contacted Chief [REDACTED] at 5:48pm but had to leave a voice mail message.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/08/2014	Contact Method: Phone Call
Contact Time: 04:05 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/08/2014
Completed date: 10/08/2014	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/08/2014 04:57 PM Entered By: [REDACTED]

CPSI contacted Det. [REDACTED] on this date and time in regards to the [REDACTED] case. CPSI asked Det. [REDACTED] if the family had completed the reenactment of the incident. Det. [REDACTED] stated that he had spoke with the Coroner early today about the reenactment. Det. [REDACTED] stated that the Coroner told him the mother did not want to do the reenactment. Det. [REDACTED] stated that there would not be a reenactment completed. The Coroner told him that the family could not handle it. CPSI asked if Det. [REDACTED] had taken any statements from the parents and he stated that he only had his notes and the report he completed. Det. [REDACTED] stated that he was still waiting on the Sudden Unexplained Infant Death Investigaion (SUIDI) form from the coroner. Det. [REDACTED] stated that he would email his notes and report to CPSI. CPSI gave Det. [REDACTED] her email address. Det. [REDACTED] stated that he would get her the SUIDI as soon as he recieved it. Det. [REDACTED] stated that he was also just waiting on the autopsy report. CPSI thanked him for his time and help.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/06/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2014

Completed date: 10/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2014 05:57 PM Entered By: [REDACTED]

TFACTS History

3-19-2014 DEI on [REDACTED] against [REDACTED]. Classified as AUPU.

4-14-2014 DEI/DEC on [REDACTED], and [REDACTED] against [REDACTED] and [REDACTED].
Classified as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/06/2014

Contact Method:

Contact Time: 09:59 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2014

Completed date: 10/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2014 05:13 PM Entered By: [REDACTED]

LI [REDACTED] sent the Notice of Child Death Form to RID [REDACTED] IC [REDACTED], and LI [REDACTED] for notification and approval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/04/2014 Contact Method:
 Contact Time: 10:04 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/08/2014
 Completed date: 10/08/2014 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: 10/08/2014 04:41 PM Entered By: [REDACTED]

The child death case was staffed on this date with LI on call [REDACTED], IC [REDACTED] and RA [REDACTED]. The following is a summary of the contact.

County of incident: [REDACTED]

ACV: [REDACTED], DOB: [REDACTED] DOD: 10/3/14

Mother: [REDACTED]

Father: [REDACTED]

Half siblings: [REDACTED] (age 19), [REDACTED] (age 15), [REDACTED] (age 8), [REDACTED] (age 7), [REDACTED] (age 12). All of these children are [REDACTED] children. The PGM has custody of [REDACTED] dad has custody of [REDACTED] and [REDACTED] and [REDACTED] mom has custody of him. Her name is [REDACTED].

PGP's [REDACTED] and [REDACTED] also reside in this home. It is their home.

CPS History: 2 prior cases on [REDACTED] Both were unsubstantiated for DEI. One was at [REDACTED] birth due to her being born exposed to subutex in which the mother was prescribed. The other case was in April alleged both parents using illegal drugs. Both were drug screened and dad tested negative for all substances and the mother tested positive for her prescribed subutex.

There are several other prior CPS cases on the other children.

At 1:49 p.m. [REDACTED] on 10/3/14 the mother called 911 and reported [REDACTED] was not breathing. EMS arrived first and determined it was too late to perform CPR as the child had already passed away. [REDACTED] was holding [REDACTED] therefore, she had been moved once law enforcement and EMS arrived. The parents were co-sleeping with [REDACTED] and report she would not sleep in her own bed. They report she had been asleep on her back. [REDACTED] reports he got up around 6:00 a.m. to get [REDACTED] siblings ready and off to school. He returned back to bed with [REDACTED] and [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

sometime after 7:00 a.m. When both he and [REDACTED] woke up around 1:49 p.m. [REDACTED] was not breathing, her lips were blue and foam bubbles were coming from her mouth along with mucus in her nose. They report taking her to the doctor a few days prior to get her 6 month shots and contacting the doctor afterwards due to her having a slight temperature and mucus. The doctor advised them that this was normal.

Law enforcement completed the Sudden Unexplainable Infant Death Form. [REDACTED] and [REDACTED] would not agree to do a re-enactment until sometime next week.

The grandparents report leaving the home around 10:00 a.m. to run errands and returning around noon to the home.

CPS did not get paged for this referral until 7:52 p.m. [REDACTED]

CPSI [REDACTED] spoke to Detective [REDACTED] who responded to this case and he stated no foul play is suspected. He advised that [REDACTED] appeared healthy with no marks/bruising on her body. He reported one concern was that the parents smoke cigarettes in the bedroom.

[REDACTED] and [REDACTED], CPSIs arrived at the home last night. The grandmother, [REDACTED] answered the door and would not allow entry into the home. She did allow all the children in the home to be observed at the doorway. She ask that the department come back next week and to please allow the family time to grieve. CPSIs spoke with her about grief counseling and services for the entire family and she reported she felt like that was something they would be interested in and would talk about further next week

Narrative Type: Addendum 1 Entry Date/Time: 10/08/2014 04:51 PM Entered By: [REDACTED]

[REDACTED] was incorrectly referred to in the above case recording as IC but she is the acting interim Regional Investigations Director.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/03/2014 Contact Method: Face To Face
 Contact Time: 11:00 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/08/2014
 Completed date: 10/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/08/2014 05:44 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED], CPSIs arrived at the home on this night. The grandmother, [REDACTED] answered the door. CPSI [REDACTED] stated who we were and why we were there. CPSIs gave their condolences to the family. [REDACTED] would not allow CPSIs into the home on this date. [REDACTED] stated that she understood that CPSIs had a job to do but the parents were not stable enough to handle any more today/tonight. [REDACTED] stated that she and her family needed time to grief and became upset. [REDACTED] stated that as long as she lived in this house, none of her grandchildren would be hurt or mistreated. [REDACTED] stated that [REDACTED] was their pride and joy. [REDACTED] stated that this was just awful. CPSIs spoke with [REDACTED] about the other children in the home and who had custody of them. [REDACTED] stated that she had custody of [REDACTED] (15) and that [REDACTED] had custody of [REDACTED] (8) and [REDACTED] (7). [REDACTED] stated that [REDACTED] wife, [REDACTED] has custody of his other son [REDACTED] (12). [REDACTED] did allow all the children in the home to be observed at the doorway. They appeared to be clean and CPSIs did not observe any visible bruises or marks. A picture was taken of the [REDACTED] and [REDACTED]. [REDACTED] asked that the department come back next week. CPSI [REDACTED] stated that he would contact the supervisor and explain what had been requested. CPSIs went and contacted LI [REDACTED] and explained that the grandmother would not allow us in the home at this time but did let us see the children at the doorway. LI [REDACTED] contacted RID [REDACTED] at this time. CPSIs was told to follow up the following week. CPSIs explained to the grandmother that they would follow up next week with the family. CPSIs spoke with her about grief counseling and services for the entire family. [REDACTED] reported she felt like that was something they would be interested in and would talk about more next week.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/03/2014

Contact Method: Phone Call

Contact Time: 07:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

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): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/23/2015 03:56 PM Entered By: [REDACTED]

CPSI contacted Det. [REDACTED] in regards to the [REDACTED] case. Det. [REDACTED] stated that the family was reacting appropriately due to the circumstances and that there was no foul play suspected in the death of the infant. Det. [REDACTED] stated that the parents due had a drug history but did not appear to be under the influence of any substances. Det. [REDACTED] stated that they live in the home with the paternal grandparents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/03/2014

Contact Method: Phone Call

Contact Time: 07:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

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): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 03:53 PM Entered By: [REDACTED]

CPSI contacted the referent on this date. No other information was given at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/03/2014	Contact Method:
Contact Time: 06:51 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/08/2014
Completed date: 10/08/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/08/2014 02:45 PM Entered By: [REDACTED]

Case Assignment Summary

Deceased Child: [REDACTED]

The referent stated:

This child is not in DCS Custody.

At 1:49 p.m. [REDACTED] today, the [REDACTED] County Central Dispatch received a call from [REDACTED] stating [REDACTED] wasn't breathing. EMS and LE were dispatched to the home address of [REDACTED] in [REDACTED] County.

EMS arrived at the home prior to LE and made a determination that [REDACTED] had expired and performing CPR would be useless, so they did nothing to try to bring [REDACTED] back. [REDACTED] had been moved by [REDACTED] prior to EMS and LE's arrival. [REDACTED] was very distraught and was holding [REDACTED] in her arms when EMS arrived. Upon LE's arrival, [REDACTED] had been placed back into the parent's bed where she had been sleeping all night between [REDACTED] and [REDACTED]. She was lying on her back. Upon inspection of [REDACTED] body by Detective [REDACTED] of the [REDACTED] Department, no physical injuries were observed. Both parents told Detective [REDACTED] that [REDACTED] would not sleep in her own bed and would only sleep with them. They reported they had placed [REDACTED] in bed between them sometime around midnight last night. They said she was placed on her back.

[REDACTED] reported that when he woke up this morning at approximately 6:00 a.m., [REDACTED] appeared to be fine. [REDACTED] went on to get [REDACTED] siblings ready for school and [REDACTED] stayed in bed with [REDACTED]. Sometime between 6:30 a.m. and 7:00 a.m., after sending the siblings on to school, [REDACTED] returned to bed with [REDACTED] and [REDACTED]. [REDACTED] said he didn't wake up again until approximately 1:49 p.m. which was the same time [REDACTED] discovered [REDACTED] wasn't breathing. [REDACTED] stated she awoke around 9 a.m. and again at 11:00 a.m. this morning and [REDACTED] appeared to be fine. She said when she woke up the last time, at approximately 1:49 p.m. she saw that [REDACTED] wasn't breathing, her lips were blue, and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

she had foam bubbles coming from her mouth with mucus coming from her nose. ██████████ said she started hollering.

██████████ and ██████████ reported that ██████████ had taken her 6 month-old shots a few days earlier and they had noticed ██████████ had a little mucus and was running a slight temperature. ██████████ doctor was contacted about this and the doctor advised these were normal results. ██████████ was also teething and the doctor said this might be another reason her temperature may have been higher than normal.

The Medical Examiner and Coroner were called. The Coroner arrived, but the ME never did. The Coroner conducted an examination of ██████████ and completed the Sudden Unexplainable Death Form. ██████████ and ██████████ were asked to do a re-enactment of the events of the day and agreed to do so, but said they couldn't do it today given the circumstances. Both ██████████ and ██████████ were visibly upset and distraught.

A removal service was called and ██████████ was transported to ██████████ State Forensic Center to have an autopsy performed.

██████████ and ██████████ had been gone running errands and were not home when the incident occurred. They did return to the home, however, even prior to LE's arrival this morning.

Both ██████████ and ██████████ have drug history. In fact upon ██████████ birth, she was placed in the NICU for approximately 30 days.

The referent had no additional information.

Child's current location/is the child safe at this time: Unknown

Perpetrator's location at this time: Unknown

Special Needs or Disabilities: Unknown

Is there Domestic Violence in the home: Unknown

Any other safety concerns for the child(ren) or worker who may respond: Unknown

Per SDM: Investigative Track, P1. ██████████, TL on 10/03/14 @ 6:47.

██████████ 10-03-14 06:51:30 PM ██████████

10-03-14 06:52:09 PM ██████████

██████████ Received

Notified Child Death Group: ██████████ and ██████████, RA



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: 10/3/14 4:58 PM

Date of Assessment: 10/3/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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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: _____