



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 12/27/2014 04:00 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 12/27/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 12/27/2014 08:48 PM
 First Team Leader Assigned: [REDACTED] Date/Time 12/27/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 12/27/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]		Environmental Neglect	No	[REDACTED]	Birth Mother
[REDACTED]		Environmental Neglect	No	[REDACTED]	Birth Father
[REDACTED]	3 Yrs (Est)	Environmental Neglect	No	[REDACTED]	Birth Mother
[REDACTED]	3 Yrs (Est)	Environmental Neglect	No	[REDACTED]	Birth Father
[REDACTED]	2 Yrs 4 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: ****The child is not in DCS custody.

TFACTS:

Family Case ID: No

Open Court Custody/FSS/FCIP: No



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

Closed Court Custody: No

Open CPS: No

Substantiated: No

Duplicate: Yes

12-27-14 / [REDACTED] / Neglect death / [REDACTED], ACV / AP, Unknown / Referent: [REDACTED] DCS personnel This referral will be screened out and sent to the [REDACTED] notification group.

Death: No

Screened out: No

History (not listed above): No

County: [REDACTED]

Notification: Email

School/ Daycare: Not aware

Native American Descent: Not aware

Directions: The family resides at [REDACTED]. The family's phone number is unknown.

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

Reporter states: ****The child is not in DCS custody.

[REDACTED] resided with his brother, [REDACTED] brother, [REDACTED]; father, [REDACTED] (DOB/age: unknown) and mother, [REDACTED] in [REDACTED]

Today, December 27, 2014, at 3:01 p.m. 911 Dispatch received a call from the mother requesting assistance. The mother reported that she and her children went to the hospital last night and all were diagnosed with the flu. The mother stated that around noon today she put the infant, [REDACTED], down in his crib for a nap, and when she checked on him around 2:30 p.m., the infant was on his stomach and not breathing.

EMS responded and the infant was declared deceased on the scene. The infant had been deceased approximately an hour prior to EMS arrival. The coroner is currently at the residence. The infant will be transported to [REDACTED] for an autopsy.

The father was not home at the time of the infant's death; he was away on a fishing trip. The father arrived at the home after officers responded to the home. The father is ex-military. The father has PTSD. The father reportedly has been seeing a doctor and getting help for his issues.

Officers observed the apartment and advised that the entire apartment is filthy. There are clothes, food, and dirty dishes strewn throughout the home. Every room in the apartment and the downstairs area is a disaster. The bedding on the children's bunk beds and infant's crib are nasty. There was a fuzzy pillow and Sippy Cup observed inside the infant's crib. The floors in the home are unpassable. The stairs in the home are the only thing that is clean and clear enough to walk on. The home is not in good living conditions for children. The two (2) older children were partially clothed in diapers and underwear when officers arrived.

Detectives are currently at the home collecting evidence. Officers were informed to make a DCS referral to have the DCS process started. The local DCS was contacted and is currently on the scene. The case manager's name is unknown at this time.



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

Is there any domestic violence in the home? Not aware
Are there any safety risks for the responding CPS worker? Not aware
Do any of the children in the home have any sort of disability? Not aware

Per SDM: Investigation P1 [REDACTED], on 12-27-14 at 5:06 p.m.

County notified via MIR3

[REDACTED] - Time Issued: 05:13:24 PM // Completed: 05:14:30 PM

Notified Child Death Group via email: [REDACTED]

[REDACTED] was also copied on the notification email and the [REDACTED] notification group.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 27 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 3 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 2 Yrs 4 Mos (Est)

Address [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: White

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: 12/27/2014

Assignment Date: 12/28/2014

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]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			06/22/2015
2	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			06/22/2015
3	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			06/22/2015
4	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			06/22/2015
5	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			06/22/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: ASSESSED AND CLOSED AS AUPU. The autopsy results are viral pneumonia due to Influenza A H3.

D. Case Workers

Case Worker: [REDACTED]

Date: 06/22/2015

Team Leader: [REDACTED]

Date: 06/23/2015

E. Investigation Summary



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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:

12/27/2015 [REDACTED] was grief stricken as evidenced by [REDACTED] holding back tears and then expressing his grief by crying when [REDACTED] provided support in expressing his grief. [REDACTED] appeared to be concerned about his younger brother but confused about the situation.

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 results conducted by [REDACTED] reports cause of death is viral pneumonia due to Influenza A H3.

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

12/27/2014 [REDACTED] (mother) was interviewed by [REDACTED] and Child Protective Services Investigator [REDACTED] on 12/27/2015 at a neighbor's home [REDACTED] was interviewed by [REDACTED] on 12/27/2015 at [REDACTED]. Both [REDACTED] provided the same information leading up to [REDACTED] death. The Alleged Child Victim (ACV) [REDACTED] was found in his crib by [REDACTED] at approx. 3 p.m. unresponsive face-down with discolored skin on his neck and behind his ear. Upon turning [REDACTED] over, [REDACTED] reported that he was stiff, discolored and not breathing. [REDACTED] contacted her husband [REDACTED] who advised her to contact Emergency Medical Services. [REDACTED] was transported to [REDACTED] and pronounced deceased on 12/27/2015 at 6:45 p.m.

[REDACTED] reported that the entire family was suffering from the flu and they went to [REDACTED] on 12/26/2015 at approx. 5 p.m. The entire family was diagnosed with the flu by [REDACTED]. [REDACTED] had a temperature of 103 degrees and was given Motrin while at the hospital. [REDACTED] discharged the family and prescribed Tamiflu for each family member. The family stopped at the hospital pharmacy [REDACTED] and had the prescriptions for Tamiflu filled and then [REDACTED] to get liquid foods and popsicles. Once home, [REDACTED] was given 5ml of Tamiflu and 5ml of Motrin and put to bed in his crib around 12 a.m. [REDACTED] reported that he and [REDACTED] checked on [REDACTED] and took his temperature and his temperature seemed to be dropping but he was still clammy and sweaty but he could not remember the exact time. [REDACTED] reported that [REDACTED] woke up around 3-4 a.m. and I fixed him a bottle. [REDACTED] reported that he could not sleep and stayed up the rest of the night and left the home at approx. 5:45 a.m. to go fishing. [REDACTED] checked on [REDACTED] who was fine. [REDACTED] reported that she and her other 2 children, [REDACTED], got up at approx. 9 a.m. and went downstairs to watch cartoons. [REDACTED] reported that she left [REDACTED] in his crib as he seemed to not want to get up. [REDACTED] reported that [REDACTED] did not eat any solid food that morning and she was aware that [REDACTED] had given [REDACTED] a sippy cup of milk during the night. [REDACTED] reported that she and her other 2 sons laid around most of the day because they felt bad and that she checked on [REDACTED] about 5 times that day. [REDACTED] reported she checked on [REDACTED] at approx. 1 p.m. and [REDACTED] raised his head and smiled at her and laid his head back down. Around 3 p.m., [REDACTED] went upstairs to check on [REDACTED] again and noticed he was laying on his stomach with his face into the mattress. [REDACTED] called [REDACTED] name but he did not respond. When [REDACTED] got closer she noticed that the skin on the back of his neck and behind his ear was discolored. [REDACTED] turned [REDACTED] over and he was stiff, blue, and not breathing. [REDACTED] contacted [REDACTED] who attempted to explain CPR, however [REDACTED] reported to [REDACTED] that he was blue and [REDACTED] told [REDACTED] to contact 911 and he was on his way home.

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

Reporter states: ****The child is not in DCS custody.

[REDACTED] resided with his brother, [REDACTED].



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

old); brother, [REDACTED]; father, [REDACTED] (DOB/age: unknown) and mother, [REDACTED] in [REDACTED]

Today, December 27, 2014, at 3:01 p.m. 911 Dispatch received a call from the mother requesting assistance. The mother reported that she and her children went to the hospital last night and all were diagnosed with the flu. The mother stated that around noon today she put the infant, [REDACTED], down in his crib for a nap, and when she checked on him around 2:30 p.m., the infant was on his stomach and not breathing.

EMS responded and the infant was declared deceased on the scene. The infant had been deceased approximately an hour prior to EMS arrival. The coroner is currently at the residence. The infant will be transported to [REDACTED] for an autopsy.

The father was not home at the time of the infant's death; he was away on a fishing trip. The father arrived at the home after officers responded to the home. The father is ex-military. The father has PTSD. The father reportedly has been seeing a doctor and getting help for his issues.

Officers observed the apartment and advised that the entire apartment is filthy. There are clothes, food, and dirty dishes strewn throughout the home. Every room in the apartment and the downstairs area is a disaster. The bedding on the children's bunk beds and infant's crib are nasty. There was a fuzzy pillow and Sippy Cup observed inside the infant's crib. The floors in the home are unpassable. The stairs in the home are the only thing that is clean and clear enough to walk on. The home is not in good living conditions for children. The two (2) older children were partially clothed in diapers and underwear when officers arrived.

Detectives are currently at the home collecting evidence. Officers were informed to make a DCS referral to have the DCS process started. The local DCS was contacted and is currently on the scene. The case manager's name is unknown at this time.

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

Autopsy report stated that the manner of death was natural and was caused due to viral pneumonia due to Flu A H3. Report was completed on 3/27/2015.

Distribution Copies: Juvenile Court in All Cases
 District Attorney in Severe Child Abuse Cases
 Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/19/2015

Contact Method:

Contact Time: 10:28 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/19/2015

Completed date: 11/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2015 09:27 PM Entered By: [REDACTED]

Birth Records for [REDACTED] from [REDACTED] was uploaded into T-Facts . Copy of record was placed in the DCS file. Child was born on [REDACTED] and was discharged on [REDACTED]. No concerns were noted in the records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 11/19/2015

Contact Method:

Contact Time: 10:28 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/19/2015

Completed date: 11/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2015 09:28 PM Entered By: [REDACTED]

Autopsy of [REDACTED] that was completed by [REDACTED] was uploaded into to T-Facts. Copy of this autopsy was placed into the hard file.

Autopsy report stated that the manner of death was natural and was caused due to viral pneumonia due to Flu A H3. Report was completed on 3/27/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/19/2015

Contact Method:

Contact Time: 10:27 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/19/2015

Completed date: 11/19/2015

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: 11/19/2015 09:27 PM Entered By: [REDACTED]

Medical Records from [REDACTED] for [REDACTED] was uploaded into TFACTS. A hard copy of the medical records was placed into the DCS file. Medical record is for the date of service of 7/18/2014.

[REDACTED] was brought into [REDACTED] due to having a fever, cough and hoarseness. [REDACTED] was diagnosed with the croup, tachypnea, acute otitis media and fever. Child was prescribed amoxicillin and was told to continue on Claritin.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 11/19/2015 Contact Method:

Contact Time: 10:26 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 11/19/2015

Completed date: 11/19/2015 Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2015 09:26 PM Entered By: [REDACTED]

Medical Records from [REDACTED] for [REDACTED] was uploaded into TFACTS. A hard copy of the medical records was placed into the DCS file. Medical record is for the date of service of 11/21/2014.

[REDACTED] was brought into [REDACTED] due to having a spot that was leaking on his buttocks. Child was diagnosed with a skin abscess and was prescribed Bactrim to have applied to the abscess.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/19/2015

Contact Method:

Contact Time: 10:25 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/19/2015

Completed date: 11/19/2015

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: 11/19/2015 09:26 PM Entered By: [REDACTED]

Medical Records from [REDACTED] for [REDACTED] was uploaded into TFACTS. A hard copy of the medical records was placed into the DCS file. Medical record is for the date of service of 12/16/2014.

Mother brought [REDACTED] into the hospital due to child having a fever with vomiting and diarrhea. Mother reports child has sore throat which she observed because he had trouble swallowing. Child had also developed a rash. Child was diagnosed with a cold and was released from the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 11/19/2015

Contact Method:

Contact Time: 10:24 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/19/2015

Completed date: 11/19/2015

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: 11/19/2015 09:25 PM Entered By: [REDACTED]

Medical Records from [REDACTED] for [REDACTED] was uploaded into TFACTS. A hard copy of the medical records was placed into the DCS file. Medical record is for the date of service of 12/26/2014.

Medical records stated that [REDACTED] was positive for the flu and had a temp of 103.3. Father of the child was advised to not provide the infant with cough suppressants due to the child's age. Instructed parents to push fluids and get plenty of rest. Records reported that discharge temp of child was 102.7F

Discharge Paperwork provided to the family on 12/27/2014 (2nd Visit) after [REDACTED] was diagnosed with the flu. Child was prescribed Tamiflu and was advised to continue taking Claritin. Child temperature was recorded prior to discharge and was documented as 103.3 F.

Paperwork also documented that the parents and the other children in the home were diagnosed with the flu.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/19/2015

Contact Method:

Contact Time: 10:23 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/19/2015

Completed date: 11/19/2015

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: 11/19/2015 09:24 PM Entered By: [REDACTED]

Medical Records from [REDACTED] for [REDACTED] was uploaded into T-facts. A hard copy of the medical records was placed into the DCS file. Medical Record was for date of service of 12/27/14.

Mother reported to staff and detectives that she last saw [REDACTED] alive around 1pm and when she went to check on him around 3 pm and she found him without a pulse and lying face down in his baby bed. Law Enforcement was called and the child was transported to [REDACTED]

Records report that the body of [REDACTED] was brought into the hospital at 6:55pm. [REDACTED] was pronounced dead at 18:45 by [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 11/19/2015 Contact Method:

Contact Time: 10:22 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 11/19/2015

Completed date: 11/19/2015 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: 11/19/2015 09:23 PM Entered By: [REDACTED]

Medical Records from [REDACTED] for [REDACTED] was uploaded into TFACTS. A hard copy of the medical records was placed into the DCS file.

Medical Records were for the following dates of services-

10/25/13- Child was brought in to doctor due to his cough getting worse and it was impacting ability to eat. Diagnosed with Acute Upper Respiratory Infection. Ordered to continue with symptomatic treatment and follow up if necessary.

10/24/13-Child was brought into doctor due to having a cough - Diagnosed with Acute Upper Respiratory Infection. Order to use symptomatic treatment and follow up if necessary

10/14/13- Child was brought into doctor's office for well-baby checkup. Medical records reports normal development for child at his age. [REDACTED] was prescribed hyoscyamine sulfate.

9/30/13- Child was brought into doctor's office for well-baby checkup. Medical records reports normal development for child at his age. [REDACTED] was prescribed hyoscyamine sulfate.

9/16/13- Child was brought into doctor's office for weight check. Doctor advised that child she be brought back to the office in two weeks.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/19/2015 Contact Method:
 Contact Time: 05:34 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/19/2015
 Completed date: 11/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 11/19/2015 04:34 PM Entered By: [REDACTED]

The State of Tennessee Child Protective Services received a referral on 12/27/2014 at 4:00 p.m. with the allegations of Neglect Death with [REDACTED] as the Alleged Child Victim and Environmental Neglect with [REDACTED] as the Alleged Child Victims. Parents of [REDACTED]. Parents of [REDACTED]

There is no previous TFACTS history related to the family.

On 12/27/2014 at approximately 3:18 p.m. [REDACTED] of [REDACTED] responded to [REDACTED] in reference to a 15 month old infant DOA. [REDACTED] contacted 911 and attempted rescue breathes until Law enforcement arrived. [REDACTED] was pronounced deceased on 12/27/2014 at 6:45 p.m. in the family home.

The investigation was completed by [REDACTED] Child Protective Services Investigator, and [REDACTED] and [REDACTED]. The case was supervised by [REDACTED].

[REDACTED] are listed as the Alleged Perpetrators.

[REDACTED] (mother) was interviewed by [REDACTED] and Child Protective Services Investigator [REDACTED] on 12/27/2015 at a neighbor's home. [REDACTED] was interviewed by [REDACTED] on 12/27/2015 at [REDACTED]. Both [REDACTED] provided the same information leading up to [REDACTED] death. The Alleged Child Victim (ACV) [REDACTED] was found in his crib by [REDACTED] at approx. 3 p.m. unresponsive face-down with discolored skin on his neck and behind his ear. Upon turning [REDACTED] over, [REDACTED] reported that he was stiff, discolored and not breathing. [REDACTED] contacted her husband [REDACTED] who advised her to contact Emergency Medical Services. [REDACTED] was transported to [REDACTED] and pronounced deceased on 12/27/2015 at 6:45 p.m. [REDACTED] reported that the entire family was suffering from the flu and they went to [REDACTED] on 12/26/2015 at approx. 5 p.m. The entire family was diagnosed with the flu by [REDACTED] had a temperature of 103 degrees and was given Motrin while at the hospital. [REDACTED] discharged the family and prescribed Tamiflu for each family member. The family stopped at the hospital pharmacy [REDACTED] and had the prescriptions for Tamiflu filled and then [REDACTED] to get liquid foods and popsicles. Once home, [REDACTED] was given



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

5ml of Tamiflu and 5ml of Motrin and put to bed in his crib around 12 a.m. [REDACTED] reported that he and [REDACTED] checked on [REDACTED] and took his temperature and his temperature seemed to be dropping but he was still clammy and sweaty but he could not remember the exact time. [REDACTED] reported that [REDACTED] woke up around 3-4 a.m. and I fixed him a bottle. [REDACTED] reported that he could not sleep and stayed up the rest of the night and left the home at approx. 5:45 a.m. to go fishing. [REDACTED] checked on [REDACTED] who was fine [REDACTED] reported that she and her other 2 children, [REDACTED] got up at approx. 9 a.m. and went downstairs to watch cartoons [REDACTED] reported that she left [REDACTED] in his crib as he seemed to not want to get up. [REDACTED] reported that [REDACTED] did not eat any solid food that morning and she was aware that [REDACTED] had given [REDACTED] a sippy cup of milk during the night. [REDACTED] reported that she and her other 2 sons laid around most of the day because they felt bad and that she checked on [REDACTED] about 5 times that day [REDACTED] reported she checked on [REDACTED] at approx. 1 p.m. and [REDACTED] raised his head and smiled at her and laid his head back down. Around 3 p.m., [REDACTED] went upstairs to check on [REDACTED] again and noticed he was laying on his stomach with his face into the mattress [REDACTED] called [REDACTED] name but he did not respond. When [REDACTED] got closer she noticed that the skin on the back of his neck and behind his ear was discolored. [REDACTED] turned [REDACTED] over and he was stiff, blue, and not breathing. [REDACTED] contacted [REDACTED] who attempted to explain CPR, however [REDACTED] reported to [REDACTED] that he was blue and [REDACTED] told [REDACTED] to contact 911 and he was on his way home.

20.27 Child Death/Near-Death Rapid Response

Child Death Policy and Work Aid 1/ Section E

Child death is defined as:

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

The case was presented to the [REDACTED] Child Protective Investigation Team on 04/08/2015. The autopsy results are viral pneumonia due to Influenza A H3. CPIT team members were in agreement that there was no evidence to substantiate the allegation of Child Neglect Death.

[REDACTED] were grief stricken as evidenced by their emotional state at the family home and also at [REDACTED] where [REDACTED] was transported and pronounced deceased. [REDACTED] was provided with information about bereavement services. [REDACTED] was grief stricken as evidenced by [REDACTED] holding back tears and then expressing his grief by crying when [REDACTED] provided support in expressing his grief. [REDACTED] appeared to be concerned about his younger brother but confused about the situation. [REDACTED]

There is no preponderance of evidence to substantiate the allegation of Child Neglect Death.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/07/2015 Contact Method: Attempted Face To Face
 Contact Time: 08:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/19/2015
 Completed date: 11/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 05:29 PM Entered By: [REDACTED]

[REDACTED] went to the family home on the above date and time (Saturday morning) to attempt a final home visit. CPSI observed the family car to be present in the parking lot. CPSI knocked (loudly) on the family door 2 times with no answer. CPSI left her business card on the family door and drove around to the other side of the apartment complex. CPSI contacted [REDACTED] contact number and no answer; mail box full could not leave a message. CPSI contacted [REDACTED] contact number and after 2 rings was sent to voicemail; CPSI left a voicemail. CPSI waited until 8:45 a.m. and drove back around to the apartment and her business card was still on the family door. CPSI knocked on the door once again; no answer.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/04/2015 Contact Method: Attempted Face To Face
 Contact Time: 01:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 11/18/2015
 Completed date: 11/18/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/18/2015 08:44 PM Entered By: [REDACTED]

[REDACTED] attempted to make face to face contact with the [REDACTED] family at [REDACTED] on the above date and time. The [REDACTED] family was listed on the docket for truancy court on the above date and time, however when [REDACTED] arrived to court the court staff reported that the [REDACTED] family was taken off the docket. The court staff reported they were not aware of why the family was taken off the docket.

[REDACTED] arrived at the family home at approx. 1:40 p.m. to attempt to make contact. [REDACTED] knocked on the family door twice; no answer. [REDACTED] left her business card.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/23/2015 Contact Method: Attempted Face To Face
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/19/2015
 Completed date: 11/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 05:23 PM Entered By: [REDACTED]

[REDACTED] arrived at the family home for a scheduled final home visit. CPSI knocked on the door twice; no answer. CPSI observed the family vehicle to not be present in the parking lot. CPSI contacted [REDACTED] by phone at approx. 4:15 p.m. after waiting at the family home [REDACTED] reported that she forgot about the scheduled appointment and would not be able to meet with CPSI as a family member had been released from jail and she was providing transportation to the family member. CPSI asked [REDACTED] if she could come back later in the afternoon/evening and conduct a final home visit and [REDACTED] reported that she could not meet with CPSI and would have to reschedule on the following Monday.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 10/19/2015

Contact Method:

Contact Time: 03:34 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/19/2015

Completed date: 11/19/2015

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: 11/19/2015 04:51 PM Entered By: [REDACTED]

[REDACTED] requested mental health services/individual counseling for [REDACTED] as discussed with [REDACTED] with [REDACTED] on the above date and time via fax.

Narrative Type: Addendum 1 Entry Date/Time: 11/19/2015 04:54 PM Entered By: [REDACTED]

[REDACTED] received an email on 11/2/2015 at 2:01 p.m. from [REDACTED]. [REDACTED] reported that she had made 3 attempts to contact [REDACTED] in regards to scheduling services/assessment, however [REDACTED] had not contacted [REDACTED] back to schedule.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/19/2015 Contact Method: Phone Call
 Contact Time: 03:05 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/19/2015
 Completed date: 10/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/19/2015 02:46 PM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] on the above date and time. [REDACTED] reported that she and her husband took [REDACTED] to [REDACTED] on Friday 10/16/2015 due to a persistent cough [REDACTED] reported that she gets more concerned with any type of breathing issue since the death of her son [REDACTED] reported that [REDACTED] did not prescribe any medication [REDACTED] scheduled to meet with [REDACTED] on Friday 10/23/2015 at 4 p.m. [REDACTED] reported that due to the school filing complaints of absences on there son [REDACTED] is no longer in counseling. [REDACTED] was counseling with a provider in [REDACTED] and would miss school due to the distance. CPSI discussed referring [REDACTED] for individual counseling and [REDACTED] reported "that would be great". CPSI encouraged [REDACTED] to discuss [REDACTED] previous counseling experiences with other providers in order for [REDACTED] to better understand his needs when choosing a counselor for [REDACTED] to work with.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/19/2015

Contact Method:

Contact Time: 11:48 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/19/2015

Completed date: 10/19/2015

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: 10/19/2015 10:59 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/16/2015 Contact Method: Attempted Face To Face
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/19/2015
 Completed date: 10/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/19/2015 02:28 PM Entered By: [REDACTED]

[REDACTED] had a scheduled home visit for 4 p.m. on 10/16/2015. CPSI received a voicemail at approx. 3 p.m. on 10/16/2015 from [REDACTED] reported that she needed to cancel the home visit due to taking her son [REDACTED] to [REDACTED] due to illness [REDACTED] asked CPSI to contact her back to reschedule home visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 10/12/2015 Contact Method: Phone Call

Contact Time: 04:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/19/2015

Completed date: 10/19/2015 Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/19/2015 02:53 PM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] on the above date and time to schedule a final home visit. [REDACTED] scheduled to meet with CPSI on Friday 10/16/2015 at 4 p.m. at the family home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/09/2015

Contact Method: Attempted Phone Call

Contact Time: 03:03 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/19/2015

Completed date: 11/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 05:33 PM Entered By: [REDACTED]

[REDACTED] attempted to contact [REDACTED] on the above date and time to schedule a home visit. No answer; left voicemail.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	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 01:35 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 01:35 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]

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 01:35 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 01:35 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]

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 01:35 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 01:35 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]

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 01:35 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 01:35 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]

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 01:35 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 01:35 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]

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 01:35 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 01:35 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]

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 01:35 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 01:35 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]

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 01:35 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]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/25/2015 Contact Method: Attempted Phone Call
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/19/2015
 Completed date: 11/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 05:31 PM Entered By: [REDACTED]

[REDACTED] attempted an unannounced home visit on the above date and time. CPSI observed the family car in the parking lot of the apartment complex. CPSI knocked on the family door twice; no answer. CPSI left business card on the family door.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/26/2015

Contact Method: Attempted Phone Call

Contact Time: 01:25 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/04/2015

Completed date: 10/04/2015

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/04/2015 04:17 PM Entered By: [REDACTED]

[REDACTED] attempted to contact both [REDACTED] by phone on the above date and time to schedule a home visit. No answer. Left message on both voice mails.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 05/14/2015 Contact Method: Phone Call

Contact Time: 02:15 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 11/19/2015

Completed date: 11/19/2015 Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2015 05:42 PM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] on the above date and time. CPSI reported to [REDACTED] that she had an emergency with another case and needed to cancel the home visit and reschedule.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/11/2015 Contact Method: Attempted Face To Face
 Contact Time: 04:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/19/2015
 Completed date: 11/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 05:45 PM Entered By: [REDACTED]

[REDACTED] went to the family home for a scheduled final home visit. CPSI knocked on the family door twice; no answer. CPSI observed that the family car was not present in the apartment parking lot. CPSI contacted [REDACTED] who reported that she could not meet as she was at a school board meeting. Home visit rescheduled for 05/14/2015 at 4 p.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/08/2015 Contact Method: Phone Call
 Contact Time: 03:43 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/11/2015
 Completed date: 05/11/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/11/2015 08:18 AM Entered By: [REDACTED]

[REDACTED] was contacted by [REDACTED] on the above date and time. [REDACTED] reported that she would need to reschedule final HV due to her apartment complex continue inspections/walk-through. [REDACTED] rescheduled final HV for 05/11/2015 at 4 p.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/08/2015 Contact Method: Phone Call
 Contact Time: 02:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/11/2015
 Completed date: 05/11/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/11/2015 08:22 AM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] on the above date and time [REDACTED] reported to [REDACTED] that she would need to reschedule as her apartment complex was having an open house and management was doing a walk-through of each apartment [REDACTED] rescheduled final HV for 05/08/2015 at 4 p.m.

Narrative Type: Addendum 1 Entry Date/Time: 11/19/2015 05:39 PM Entered By: [REDACTED]

NOTE: The date of contact is incorrect [REDACTED] contacted [REDACTED] on 05/07/2015 at 2 p.m. and rescheduled the final home visit for 05/08/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/23/2015

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/19/2015

Completed date: 11/19/2015

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 06:02 PM Entered By: [REDACTED]

[REDACTED] was contacted by DCS secretary who reported that [REDACTED] was in the front office to speak with CPSI. CPSI met with [REDACTED]. [REDACTED] reported that she had been at the DHS office next door and wanted to come over to the DCS office to see if I was available. CPSI observed [REDACTED] to appear clean, healthy, appropriately dressed for the season, and without any marks/bruises. CPSI attempted to verbally engage [REDACTED], however [REDACTED] smiled and hid his head behind his mother's shoulder. [REDACTED] reported that [REDACTED] was "cranky" this morning as the boys had a late night with the boy scouts troop the previous night. [REDACTED] responded by smiling and giggling. CPSI initiated a conversation regarding counseling services and [REDACTED] reported that the family did not feel that they were receiving adequate services with [REDACTED]. [REDACTED] reported that [REDACTED] had referred the children to [REDACTED] and they are currently awaiting a call from [REDACTED]. [REDACTED] reported that the children continue to receive counseling at the family church. [REDACTED] reported that the school is supportive to [REDACTED]. [REDACTED] reported that she and [REDACTED] are doing well and [REDACTED] just completed [REDACTED] as he is wanting to open up a fly fishing school. CPSI inquired about scheduling a final home visit and [REDACTED] reported that she would contact CPSI later with her schedule and make an appointment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/08/2015 Contact Method:
 Contact Time: 12:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/04/2015
 Completed date: 10/04/2015 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: 10/04/2015 03:35 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] was notified by [REDACTED] by phone that [REDACTED] autopsy was complete.
 Autopsy Cause of Death: Viral pneumonia due to Influenza A H3. The autopsy will be uploaded into TFACTS and filed in client hard file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/08/2015	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	10/04/2015
Completed date:	10/04/2015	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: 10/04/2015 03:42 PM Entered By: [REDACTED]

Child Protective Services [REDACTED] presented case to Child Protective Investigation Team in place of CPSI [REDACTED] (TBI Academy). CPIT DECISION= AUPU. Autopsy was completed and the reported Cause of Death: Viral pneumonia due to Influenza A H3.

Present at CPIT: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/30/2015 Contact Method: Phone Call
 Contact Time: 02:30 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): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/06/2015 04:32 PM Entered By: [REDACTED]

Child Protective Service [REDACTED] [REDACTED] contacted [REDACTED] on the above date and time to schedule a home visit. [REDACTED] reported that the family was going out of town to North Carolina to help a family member move [REDACTED] reported that she would contact CPSI when she was back in town to schedule a home visit. [REDACTED] reported that [REDACTED] has started behavioral health counseling [REDACTED], and that both [REDACTED] continue to receive counseling through their church [REDACTED]. [REDACTED] further reported that [REDACTED] has benefited from play therapy with his church counselor [REDACTED] reported that [REDACTED] is getting use to not having [REDACTED] in the home and that [REDACTED] is struggling in school when his brother's death is brought up. CPSI asked [REDACTED] to contact her when she returned to schedule a home visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/17/2015 Contact Method: Attempted Face To Face
 Contact Time: 05:40 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/06/2015
 Completed date: 10/06/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/06/2015 04:34 PM Entered By: [REDACTED]

Child Protective Services Investigator attempted a home visit on the above date and time. No answer. Left business card.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 03/11/2015 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/12/2015
 Completed date: 03/12/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/12/2015 02:35 PM Entered By: [REDACTED]
 CPSI presented case to CPIT team. Case left open awaiting autopsy report.

Narrative Type: Created In Error Entry Date/Time: 10/04/2015 03:48 PM Entered By: [REDACTED]
 Mark in error=Duplicate CPIT note.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2015

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/04/2015

Completed date: 10/04/2015

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: 10/04/2015 03:38 PM Entered By: [REDACTED]

Child Protective Services [REDACTED] presented case to Child Protective Investigation Team on above date and time. CPIT DECISION= LEAVE OPEN until autopsy is completed and released.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/02/2015 Contact Method: Attempted Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 03/02/2015
 Completed date: 03/02/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/02/2015 08:04 PM Entered By: [REDACTED]

[REDACTED] attempted a home visit at the above date and time. No answer. Left business card on the door with a note to contact CPSI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/27/2015

Contact Method: Face To Face

Contact Time: 11:20 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 03/12/2015

Completed date: 03/12/2015

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/12/2015 02:43 PM Entered By: [REDACTED]

[REDACTED] met with [REDACTED] privately at the above date and time at [REDACTED]. [REDACTED] observed [REDACTED] to appear clean, healthy, without any marks/bruises, and dressed appropriately for the season. [REDACTED] reported that he was in the 2nd grade and enjoyed school. [REDACTED] reported that he was attending counseling and enjoyed his counselor [REDACTED] smiled and reported that he could not remember his counselor's name; [REDACTED] asked if his counselor's name is [REDACTED] and [REDACTED] smiled and stated "I think so". [REDACTED] reported that home life is "good" and that his brother [REDACTED] was doing "good". [REDACTED] asked [REDACTED] if he had any concerns or questions for her and [REDACTED] smiled and shook his head to non-verbally state no. [REDACTED] thanked [REDACTED] for speaking with her and provided him with a business card for his parents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/27/2015 Contact Method: Attempted Phone Call
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Youth Development Center Created Date: 10/04/2015
 Completed date: 10/04/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/04/2015 04:18 PM Entered By: [REDACTED]

[REDACTED] attempted to contact both [REDACTED] [REDACTED] to schedule a home visit on the above date and time. No answer. Left message.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2015

Contact Method:

Contact Time: 10:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

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 09:57 AM Entered By: [REDACTED]

[REDACTED] reviewed this case as it is currently overdue. The autopsy is still pending. Once received, the case will need to be classified and presented to CPIT. Case will remain overdue until these tasks are complete.

Narrative Type: Addendum 1 Entry Date/Time: 02/26/2015 10:17 AM Entered By: [REDACTED]

CPSI will make contact with the surviving siblings in March and view the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/11/2015

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/02/2015

Completed date: 03/02/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/02/2015 08:13 PM Entered By: [REDACTED]

[REDACTED] presented case to CPIT. CPIT decision=leave open until autopsy received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/04/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/04/2015

Completed date: 02/04/2015

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: 02/04/2015 12:27 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] discussed this case. The autopsy is still pending at this time. A referral was made for [REDACTED] to provide the family and surviving children with in-home counseling. CPSI will follow up with the family to ensure the services are still in place. Case will remain open pending receipt of autopsy and CPIT.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 01/29/2015

Contact Method:

Contact Time: 10:50 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/04/2015

Completed date: 10/04/2015

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: 10/04/2015 03:29 PM Entered By: [REDACTED]

Child Protective Services [REDACTED] [REDACTED] received medical records from [REDACTED] on 01/29/2015 at 10:50 a.m. Medical records dated from birth to death. Medical records will be uploaded into TFACTS and filed in client hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2015

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/02/2015

Completed date: 03/02/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/02/2015 08:11 PM Entered By: [REDACTED]

[REDACTED] presented case to CPIT. CPIT decision: Leave open until autopsy received. It was discussed by [REDACTED] that [REDACTED] feels that the death of [REDACTED] was medically related.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 01/13/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/04/2015

Completed date: 10/04/2015

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: 10/04/2015 03:51 PM Entered By: [REDACTED]

Child Protective Services [REDACTED] [REDACTED] received medical records from [REDACTED] pediatrician [REDACTED] of [REDACTED] on 01/13/2015 via mail. Medical records will be filed in client hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 01/13/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/04/2015

Completed date: 10/04/2015

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: 10/04/2015 04:27 PM Entered By: [REDACTED]

[REDACTED] sent a referral to [REDACTED] on the above date and time requesting in-home grief services and out patient therapy.

Narrative Type: Addendum 1 Entry Date/Time: 11/19/2015 05:02 PM Entered By: [REDACTED]

[REDACTED] received an email from [REDACTED] [REDACTED] on 03/30/2015 at 3:19 p.m. [REDACTED] reported that he has made attempts to contact the family to schedule/reschedule appointments, however due to noncompliance [REDACTED] is discharged the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 01:26 PM Entered By: [REDACTED]

[REDACTED] completed FAST 2.0. Assessment results: Moderate Need/Risk. Hard Copy of FAST 2.0 filed in client hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/07/2015 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/07/2015
 Completed date: 01/07/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 12:37 PM Entered By: [REDACTED]

[REDACTED] received a copy of EMS report from [REDACTED] via email on 01/07/2015. Note: EMS Did Not attempt CPR on [REDACTED]. CPSI will upload document into TFACTS and place hard copy in client hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/06/2015 Contact Method:
 Contact Time: 12:00 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/02/2015
 Completed date: 03/02/2015 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: 03/02/2015 08:24 PM Entered By: [REDACTED]

[REDACTED] met with [REDACTED] on above date and time. CPSI was given a copy of the 911 call on 12/27/2014. CD will be filed in client hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/06/2015 Contact Method:
 Contact Time: 12:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/02/2015
 Completed date: 03/02/2015 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: 03/02/2015 08:51 PM Entered By: [REDACTED]

[REDACTED] received a copy of an email from [REDACTED] on the above date and time. [REDACTED] received an email from [REDACTED] reported in the email that [REDACTED] thanked [REDACTED] for a "good" doll re-enactment and [REDACTED] does not have any suspicions. Further [REDACTED] reported that [REDACTED] death looks to be of infectious nature. Copy of the email will be placed in client hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/06/2015 Contact Method:
 Contact Time: 12:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/02/2015
 Completed date: 03/02/2015 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: 03/02/2015 08:56 PM Entered By: [REDACTED]

[REDACTED] met with [REDACTED] on above date and time. [REDACTED] received a copy of medical reports from [REDACTED] from 12/26/2014 and 12/27/2014. Copy of medical reports will be placed in client hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/05/2015 Contact Method:
 Contact Time: 02:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Group Home Created Date: 01/05/2015
 Completed date: 01/05/2015 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: 01/05/2015 02:55 PM Entered By: [REDACTED]

[REDACTED] faxed requests for medical records to [REDACTED] and [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/05/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/05/2015
 Completed date: 01/05/2015 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: 01/05/2015 02:54 PM Entered By: [REDACTED]

CPSI contacted [REDACTED] regarding requesting autopsy report and all other pertinent information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/30/2014 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/01/2015
 Completed date: 01/01/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/01/2015 09:14 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] met with [REDACTED] at the family's address; [REDACTED] at 10:00 a.m. to complete a child death reenactment. Present for the reenact; [REDACTED] requested permission to enter the family home. [REDACTED] granted [REDACTED] entrance to the home. Upon entering the home CPSI observed a clean home without any environmental hazards. CPSI discussed the allegations of ENN with family due to the condition of the home upon arrival on 12/27/2014. [REDACTED] reported that the home condition was due to the entire family having the flu. CPSI requested to take pictures of the home in it's current condition: clean and appropriate. [REDACTED] stated "yes". [REDACTED] took pictures of the home; pictures will be printed and placed in case hard file.

CPSI signed initial paperwork with [REDACTED]. Paperwork signed:

The HIPAA form was reviewed, signed and dated.

The Release of Information was reviewed, signed and dated.

The family signed the Native American Heritage Veto Verification. The family is not Native American.

The Clients' Rights Handbook was discussed. Family signed and dated acknowledgement page and received the Handbook.

The Notification of Equal Access to Programs and Services and Grievance Procedures was reviewed signed and dated.

While signing paperwork CPSI observed [REDACTED] begin to cry and place is face in his hands. [REDACTED] discussed referring the family for counseling [REDACTED] shook her head and responded "Yes". [REDACTED] reported that they had [REDACTED].

[REDACTED] discussed the process of the child death reenactment with [REDACTED]. Both parents agreed to participate in the reenactment. [REDACTED] observed the reenactment and took written notes. At the start of the reenactment, [REDACTED] started to cry [REDACTED] expressed to [REDACTED] that she could not hold the baby doll. [REDACTED] was supportive and asked [REDACTED] if she could walk her through the reenactment and [REDACTED] would handle the baby doll. [REDACTED] reported "yes".

Reenactment:

[REDACTED] reported that he put [REDACTED] in his crib at approx. 12 a.m. on 12/27/2014. [REDACTED] reported that he put [REDACTED] on his back with his head upright on a pillow [REDACTED] placed horizontal to the crib) [REDACTED] reported that he gave [REDACTED] a sippy cup with milk.

[REDACTED] reported at approx. 3 a.m. he checked on [REDACTED] (still alive) and [REDACTED] was lying vertical to the crib with his head facing the bedroom wall; the pillow was at the opposite end of the crib. [REDACTED] was awake and [REDACTED] gave



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

him another sippy cup with milk. [REDACTED] left the home for a fishing trip at approx. 5:45 a.m. [REDACTED] reported that she awoke with all 3 children at approx. 9 a.m. [REDACTED] alive). [REDACTED] did not want to get out of bed. [REDACTED] went with her other 2 children down stairs to watch tv. [REDACTED] reported she checked on [REDACTED] on and off throughout the morning prior to the last time she saw him alive which was at approx. 1 p.m. [REDACTED] reported she could not remember how many times or at what times she checked on [REDACTED] prior to 1 p.m. [REDACTED] reported at 1 p.m. she checked on [REDACTED] (still alive). [REDACTED] reported that [REDACTED] was laying half on his back and half on his side in the middle of the crib vertical to the crib. The pillow in [REDACTED] crib was still at the end of the crib; [REDACTED] reported [REDACTED] head was not near the pillow. [REDACTED] looked up at her and smiled. [REDACTED] felt [REDACTED] forehead and reported that his head wasn't hot. At 3 p.m. [REDACTED] checked on [REDACTED] and found [REDACTED] on his belly face down lying vertical to the crib with his head towards crib bars and his feet towards the wall [REDACTED] was unresponsive. Note: at this point in the reenactment [REDACTED] became extremely upset as evidenced by [REDACTED] uncontrollably crying and running out of the child's room and into his room [REDACTED] reported that she called [REDACTED] tried to explain CPR to [REDACTED] but then told [REDACTED] to hang up and call 911. [REDACTED] contacted 911 who advised her to take the child out of the bed and place him on the floor to preform CPR. [REDACTED] did not perform CPR as [REDACTED] was already stiff and blue. [REDACTED] took pictures of the baby doll reenactment. CPSI will receive copies of pictures and place them in client hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/29/2014	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/01/2015
Completed date:	01/01/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/01/2015 09:43 PM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] via phone on 12/29/2014 at approx. 2 p.m. in regards to meeting [REDACTED] at the family residence with [REDACTED]. [REDACTED] agreed to meet on 12/20/2014 at 10 a.m. CPSI inquired how the family was doing; [REDACTED] responded "As good as we can get". [REDACTED] reported that [REDACTED] was "well" and "was not acting as if anything bothered him". [REDACTED] reported that [REDACTED] "doesn't understand what has happened". [REDACTED] reported that the [REDACTED] viewing was scheduled for 12/31/2014 and his burial would be on Friday 1/2/2015. [REDACTED] thanked [REDACTED] for her time. [REDACTED] thanked CPSI. Call ended.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/29/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/01/2015
 Completed date: 01/01/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/01/2015 09:54 PM Entered By: [REDACTED]

[REDACTED] received [REDACTED] interview of [REDACTED] initial case notes, [REDACTED]
 [REDACTED] interview [REDACTED] interview via email on 12/29/2014. [REDACTED] uploaded into
 documents. [REDACTED] will place hard copy in client hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/28/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/28/2014

Completed date: 12/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/28/2014 12:35 PM Entered By: [REDACTED]

[REDACTED] emailed referral to [REDACTED] and DA office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 12/28/2014

Contact Method:

Contact Time: 01:00 AM

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): 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: 10/06/2015 05:09 PM Entered By: [REDACTED]

[REDACTED] Referral was sent to [REDACTED] on above date and time. [REDACTED] sent on above date and time to [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/27/2014

Contact Method:

Contact Time: 11:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/28/2014

Completed date: 12/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/28/2014 12:38 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] completed Notice of Child Death/Preliminary Near Death. Hard copy will be uploaded into TFACTS system and hard copy will be placed in client hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/27/2014 Contact Method:
 Contact Time: 11:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/01/2015
 Completed date: 01/01/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/01/2015 08:25 PM Entered By: [REDACTED]

[REDACTED] completed SDM on 12/27/2014. Assessment results: Safe.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/27/2014	Contact Method:	Face To Face
Contact Time:	04:54 PM	Contact Duration:	More than 5 Hours
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/28/2014
Completed date:	12/28/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/28/2014 12:44 PM Entered By: [REDACTED]
 CPSI met response on 12/27/2014 at 4:54 p.m. at the home of [REDACTED]. Addendum to follow.

Narrative Type: Addendum 4 Entry Date/Time: 10/06/2015 05:07 PM Entered By: [REDACTED]

Family Composition:

[REDACTED]
 [REDACTED] (Deceased) ACV

Narrative Type: Addendum 3 Entry Date/Time: 01/01/2015 09:44 PM Entered By: [REDACTED]

Correction in initial note. CPSI reported that [REDACTED] was interviewed at the hospital by [REDACTED]. ***Correction: [REDACTED] was interviewed by [REDACTED] at [REDACTED]

Narrative Type: Addendum 2 Entry Date/Time: 12/31/2014 12:55 PM Entered By: [REDACTED]

***CPSI adding addendum due to initial case note length. CPSI adding remainder of the initial note.

[REDACTED] met with [REDACTED] in private outside [REDACTED] prior to meeting with [REDACTED] reported to CPSI that [REDACTED] was "taking this hard". [REDACTED] reported that when [REDACTED] found [REDACTED] unresponsive she screamed and both [REDACTED] ran upstairs to [REDACTED] room and witnessed the incident. [REDACTED] reported that [REDACTED] was behaving "like his normal self"; as [REDACTED] "did not understand what was happening". CPSI informed [REDACTED] that she needed to enter the family home and get the boy's flu medication out of the refrigerator. CPSI asked [REDACTED] if there was anything that she could get out of the home for the boys [REDACTED] reported that the boys stay at his home often and that they had plenty of clothes and toys for the boys. [REDACTED] went into [REDACTED] and met with [REDACTED] were sitting on the couch with their [REDACTED]. [REDACTED] introduced herself



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

to the children. [REDACTED] smiled and stated "Hi". [REDACTED] nodded his head. CPSI observed the children to be clean and dressed appropriately for the season. The children did appear to be suffering from symptoms of the flu (coughing and stuffy nose). CPSI expressed her condolences to both [REDACTED] responded with a smile and [REDACTED] nodded his head and had tears in his eyes. [REDACTED] asked the boys how they were doing. [REDACTED] smiled and stated "Good". [REDACTED] stated "Ok" and turned his head away from CPSI. CPSI expressed to [REDACTED] that it was ok to cry. [REDACTED] responded by looking at CPSI nodding his head and allowing himself to cry. CPSI observed both [REDACTED] move closer to the boys, hugging them, and providing support. [REDACTED] asked [REDACTED] if they had anything they needed to tell CPSI and or did they have any questions. [REDACTED], laughed and stated "No". [REDACTED] shook his head to nonverbally state no. CPSI stated that she noticed that Santa had brought them a lot of gifts for Christmas. CPSI observed both boys perk up, smile, and state "remote control cars". [REDACTED] informed CPSI that Santa had brought both of them remote control cars for Christmas and that they would like to take them to their grandfather's house. CPSI informed the boys that she was going over to the home to get their medicine and cars [REDACTED] stated "Don't forget the remote controls". CPSI responded "I won't". [REDACTED] responded by smiling at CPSI.

CPSI went to the family home with a law enforcement officer. CPSI entered the family home and requested the [REDACTED] medication (Tamiflu) from the refrigerator and 2 remote control cars. CPSI was given 4 bottles of Tamiflu from the refrigerator labeled with [REDACTED] names and directions, two remote control cars by law enforcement.

CPSI returned to [REDACTED] with the medication and remote control cars [REDACTED] smiled and stated "Yay" and [REDACTED] responded "Cool". CPSI observed [REDACTED] showing [REDACTED] his remote control car. [REDACTED] gathered demographic information of [REDACTED].

[REDACTED] reported that the entire family would be staying at his home until further notice. Address: [REDACTED]. [REDACTED] CPSI spoke with [REDACTED] in private prior to their departure. [REDACTED] reported that she was concerned about [REDACTED] as he was "very upset". CPSI provided both [REDACTED] with a business card and informed them that if they had any concerns or questions regarding [REDACTED] to contact her. [REDACTED] thanked CPSI. CPSI thanked [REDACTED].

[REDACTED] arrived at [REDACTED] at approx. 7 p.m. [REDACTED] were located in a family waiting room with family and friends providing support. CPSI observed [REDACTED] to appear to be in shock and crying as evidenced by [REDACTED] not verbally or nonverbally responding to CPSI when she attempted to engage with him. CPSI spoke with [REDACTED] who was also crying and explained to her that she would be contacting her at the first of the week to meet with them and sign initial paperwork. CPSI requested [REDACTED] to sign release of information forms for [REDACTED] in order for CPSI to gain access to medical records and to initiate grievance counseling for the family. [REDACTED] stated "yes, we are going to need help". CPSI gave [REDACTED] a business card and also two other family members that reported that they would be staying with the family off and on at [REDACTED] father's residence. [REDACTED] reported to CPSI that the family would be staying at her father's home, "It will be awhile before we can go back to our home." [REDACTED] came into the waiting room and asked to speak with [REDACTED] in private with CPSI present. [REDACTED] reported to the parents that the discharge summary provided by [REDACTED] reported that the parents were given a cough syrup that contained codeine. [REDACTED] asked [REDACTED] if they had given any cough syrup to [REDACTED]. Both parents responded "No". [REDACTED] reported to the parents that she did not locate this syrup in the home; [REDACTED] reported that her father probably had the medication with him as he gathered some of the family's belongings from the home. [REDACTED] asked the parents if there was any way that [REDACTED] could have gotten hold of the cough syrup by accident. Both parents reported "No". [REDACTED] requested for [REDACTED] to go with [REDACTED] to be interviewed. [REDACTED] complied. CPSI was advised by [REDACTED] that [REDACTED] would be interviewed in private. After [REDACTED] was interviewed, [REDACTED] asked CPSI to assist her in bringing back several family members at a time to view [REDACTED]. [REDACTED] took [REDACTED] to the E.R. patient room to view [REDACTED]. CPSI assisted by allowing 3 members of family/friends to walk back with her and view [REDACTED] in the presence of the parents and [REDACTED].

[REDACTED] spoke with [REDACTED] (maternal grandfather) in private prior to leaving the hospital at approx. 10:00 p.m. [REDACTED] again reported that the family would be staying at his residence until further notice. CPSI conducted a verbal safety plan with [REDACTED] reported that he did have guns in the home and that they were locked in a safe and only he had access to the safe key. [REDACTED] reported that he would also monitor any medications that the family was currently taking. CPSI thanked [REDACTED] for his support. [REDACTED] started to cry shook hands with CPSI and thanked her for her help and support.

CPSI checked in with [REDACTED] prior to exiting the hospital. CPSI reported to [REDACTED] that she would have her cell phone on all night and through the weekend and if they needed anything to contact her. [REDACTED] thanked CPSI. [REDACTED] responded by nodding his head.

Upon leaving the hospital, [REDACTED] provided [REDACTED] with a copy of her [REDACTED] and the discharge summary (paperwork given to family) from their hospital visit on 12/26/2014 from [REDACTED]. Reports will be filed in client hard file.

Family Composition/Person's living in the home:

[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] (ACV, Sibling)

[REDACTED] completed Release of Information (0668) and Release of Information (0559) on [REDACTED] at [REDACTED] attempted to complete a referral with [REDACTED], however [REDACTED] could not speak and was physically shaking. [REDACTED] did not complete all initial paperwork with the family due to the nature of the case. [REDACTED] received permission from [REDACTED] to meet with the family at a later date to complete initial paperwork. CPSI scheduled to meet with [REDACTED] on 12/30/2014 at 10 a.m. with [REDACTED] to address allegations of ENN and to complete further initial paperwork. [REDACTED] completed Notice of Child Death/Preliminary Near Death (0635) with [REDACTED] at 11:00 p.m. on 12/27/2014 at DCS office.

Next steps:

[REDACTED] will request interview notes from [REDACTED] on [REDACTED] and download notes into TFACTS and file in client hard file.
 [REDACTED] will request photos from [REDACTED] and file in client hard file.
 [REDACTED] will request notes from Law Enforcement Officer on [REDACTED] and download notes into TFACTS and file in client hard file.
 [REDACTED] will complete remaining initial paperwork with [REDACTED] on scheduled home visit on 12/30/2014.
 [REDACTED] will address allegations of ENN with [REDACTED] on scheduled home visit on 12/30/2014.
 [REDACTED] will complete a Family Permanency Plan to address allegations of ENN with [REDACTED] on scheduled home visit on 12/30/2014.
 [REDACTED] will contact [REDACTED], and [REDACTED] for medical records on [REDACTED] [REDACTED] is [REDACTED].
 [REDACTED] will request medical records and file in client hard file.
 [REDACTED] will continue to staff case with [REDACTED] (on-call) and direct supervisor [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 12/31/2014 12:40 PM Entered By: [REDACTED]

[REDACTED] initial notes.

[REDACTED] was contacted at 4:00 p.m. on 12/27/2014 by [REDACTED] in regards to a child death case. [REDACTED] did not have any demographic information on the case, other than a 15 month old child was deceased at the address [REDACTED]. [REDACTED] CPSI inquired if a referral had been called in as CPSI had not yet been paged by the on-call supervisor [REDACTED]. [REDACTED] reported that she was unaware if a referral had been called in by [REDACTED]. CPSI contacted [REDACTED] while in route to the address and [REDACTED] reported that a referral had not been called in by [REDACTED]. CPSI arrived at the above address at approx. 4:45 p.m. and met with [REDACTED] in [REDACTED] parking lot. CPSI reported to [REDACTED] that a referral had not been called in by [REDACTED]. [REDACTED] reported to CPSI that she requested [REDACTED] to call in a referral an hour ago and would locate an officer to call in a referral. [REDACTED] reported to CPSI that the entire family was suffering from the flu and had been at [REDACTED] E.R. the previous night and diagnosed with the flu. [REDACTED] reported that currently in their investigation they felt that the child's death was medical, relating to the flu. After approx. 15-20 minutes it was reported by [REDACTED] that a referral still had not been called in. CPSI gathered demographic information from [REDACTED] form and contacted [REDACTED] with demographic information. At approx. 5:15 p.m. [REDACTED] observed [REDACTED] (biological father) sitting in a chair crying outside of the family home surrounded by family/friends providing support. CPSI approached two officers standing at the front door of the residence and introduced herself. The two officers reported to CPSI that the father was not currently speaking as he was in shock. The officers further reported that [REDACTED] had a diagnosis of PTSD due to past military history and advised CPSI to not approach the father until further notice. CPSI inquired where [REDACTED] was located. CPSI was directed to [REDACTED] across the street of the apartment complex. CPSI went across the street to [REDACTED] and was greeted by the occupant of [REDACTED]. CPSI introduced herself and reported that



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Case Status: Close

Organization: [REDACTED]

she needed to speak with [REDACTED]. The occupant informed CPSI that [REDACTED] was in his kitchen speaking with [REDACTED]. CPSI asked permission to enter the residence; the occupant granted permission for CPSI to enter his residence. CPSI observed [REDACTED] interviewing [REDACTED]. CPSI observed [REDACTED] visibly upset as evidenced by crying. [REDACTED] also appeared to be suffering from flu like symptoms. [REDACTED] introduced CPSI. [REDACTED] expressed her condolences to [REDACTED] responded by thanking CPSI. [REDACTED] reported to CPSI that she was almost finished with her interview and would supply CPSI with notes.

CPSI notated last part of [REDACTED] interview [REDACTED] reported that she received prenatal care from [REDACTED] as soon as she found out she was pregnant. [REDACTED] could not report the exact week of pregnancy that she began prenatal care. [REDACTED] is the pediatrician for all three of [REDACTED] children. [REDACTED] takes Xanax as needed for anxiety. [REDACTED] is a non-smoker. The family has 1 dog (black dachshund); CPSI observed the dog to be clean and healthy.

As [REDACTED] walked with [REDACTED] and [REDACTED] across the street to [REDACTED] to observe the home and deceased child, CPSI reported that she needed to be present during the reenactment of how [REDACTED] found her son [REDACTED] deceased. [REDACTED] reported that the reenactment would be done on another day by [REDACTED] reported that she would schedule with CPSI for the reenactment. Prior to entering the residence [REDACTED] reported to CPSI that the home was "messy" and "there is toys, dirty clothes, and trash everywhere".

The home is a town home located at [REDACTED]. The town home is 2 levels with 3 bedrooms and 1 bath. The home appeared dirty and cluttered with dirty clothes, trash, toys, and boxes piled up on the floor, couch, furniture, floor, infant play pen, and stair well. The bedding (sheets) in each room appeared dirty. CPSI observed environmental safety concerns. Immediate environmental safety concerns observed by CPSI, a large propane tank under the family dinner table, overflowing trash cans/containers including dirty diapers on the floor, and prescription bottles throughout the home within children's reach. Further the kitchen stove top was covered with trash and random items. The family has 1 dog (dachshund); CPSI did not observe any feces on the floor and did not detect the order of urine. CPSI observed the children's bedrooms. In [REDACTED] room, CPSI observed [REDACTED] crib. In [REDACTED] crib; 1 adult sheet that appeared dirty, 1 brown pet-pillow, and 1 empty sippy cup. To the right of the crib was a bunk bed set (that appeared to be new and clean) with a mattresses but without sheets/bedding. Dirty clothes, empty boxes, packing material from empty boxes, and toys covered most of the floor. In the 2nd bedroom a toddler bed was folded up and propped up between a piece of furniture and the wall. The bed looked to be fairly new and clean. On the opposite wall was a bookshelf and below the bookshelf was a pallet made out of blankets and a pillow which appeared to be dirty. Dirty clothes and toys, and empty boxes covered the floor space. The bathroom was cluttered with dirty clothes and overflowing trash; CPSI observed two dirty diapers on the floor. In front of the toilet was a mobile heater with dirty clothes, trash, and shoes surrounding the heater (environmental concern). The parents room located across the hallway was cluttered with dirty clothes and empty boxes. CPSI and [REDACTED] took pictures throughout the home. [REDACTED] informed CPSI that she was shocked at the home's condition as she grew up in the same community as the [REDACTED] family. [REDACTED] stated "I have known this family since [REDACTED] was 3 years old and this is not how they live." Pictures from CPSI and [REDACTED] will be printed and placed in client hard file.

[REDACTED] observed the deceased child, [REDACTED]; from the entrance of the bedroom ([REDACTED] and [REDACTED] were located inside the bedroom observing the child's body up close). CPSI did not observe the deceased child up close. CPSI observed [REDACTED] lying on the floor below the crib on top of a sheet face up. [REDACTED] reported to CPSI that [REDACTED] took the child out of the crib per 911 instructions to attempt to preform CPR. [REDACTED] did not perform CPR because the child was already blue and stiff. Inside the crib CPSI observed a bare crib mattress, a brown pillow, and an empty sippy cup. [REDACTED] reported to CPSI that [REDACTED] reported that [REDACTED] put [REDACTED] in his crib on his back face up with a sippy cup at approx. 12 a.m. on 12/27/2014 [REDACTED] periodically checked on [REDACTED] during the night but could not remember how many times or what times she checked in on [REDACTED] woke up at approx. 9 a.m. with her other two sons and checked on [REDACTED] stated that [REDACTED] acted like he did not want to get up and did not want to eat. [REDACTED] and her two other sons went downstairs to watch TV. [REDACTED] checked on the baby 4 to 5 times throughout the morning hours and [REDACTED] was alive. [REDACTED] checked on [REDACTED] at 1 p.m. and he looked up at her and smiled. At approx. 3 p.m. [REDACTED] checked on [REDACTED] who was unresponsive face down on his stomach. [REDACTED] first contacted [REDACTED] who was on a fishing trip and he advised her to hang up and contact 911. [REDACTED] contacted 911. [REDACTED] reported to CPSI that judging from how the child's blood was currently pulling; the child was face down on his stomach when he died. [REDACTED] reported that the child appeared to be "dirty" and had "dirt under his finger nails". [REDACTED] took pictures of the child; CPSI will obtain pictures of [REDACTED] from [REDACTED] and place them in client hard file. [REDACTED] reported to CPSI that at this point in the investigation they could not say that the condition of the home contributed to the death of the child.

[REDACTED] reported to CPSI that [REDACTED] would be interviewed at the hospital by another [REDACTED] due to [REDACTED] knowing the family (conflict of interest). [REDACTED] reported that the parents wanted to enter the home and see the baby, however it was decided that the parents would be allowed to see the baby at [REDACTED] E.R. [REDACTED] reported to CPSI that the family had already made arrangements to stay with [REDACTED], until further notice. [REDACTED] and [REDACTED] reported that they had not made contact with the other 2 children. CPSI met with [REDACTED] in the parking lot as she was



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Organization: [REDACTED]

getting into the car with [REDACTED] to head to [REDACTED] CPSI informed [REDACTED] that she needed to meet with her other two sons. [REDACTED] reported that her other two sons were with their [REDACTED] upstairs and that her father was taking them to his residence. CPSI reported to [REDACTED] that after checking in with her children she would come to the hospital [REDACTED] stated "thank you". [REDACTED] met with [REDACTED] in private [REDACTED] prior to meeting with [REDACTED] reported to CPSI that [REDACTED] was "taking this hard". [REDACTED] reported that when [REDACTED] found [REDACTED] unresponsive she screamed and both [REDACTED] ran upstairs to [REDACTED] room and witnessed the incident. [REDACTED] reported that [REDACTED] was behaving "like his normal self"; as [REDACTED] "did not understand what was happening". CPSI informed [REDACTED] that she needed to enter the family home and get the boy's flu medication out of the refrigerator. CPSI asked [REDACTED] if there was anything that she could get out of the home for the b



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/27/2014 Contact Method:
 Contact Time: 04:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/28/2014
 Completed date: 12/28/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/28/2014 02:03 PM Entered By: [REDACTED]

[REDACTED] was assigned this case on: 12/27/2014

Priority Response Code: P1

[REDACTED] was contacted at 4 p.m. on 12/27/2014 by [REDACTED] in regards to a death case, however a referral had not been called in. [REDACTED] arrived at the family home at approx. 5 p.m. and [REDACTED] still had not called in a referral. [REDACTED] gathered demographic information from [REDACTED] and contacted [REDACTED] in order to obtain a referral.

Allegations Assessed and Assigned by Central Intake:

Reporter states: [REDACTED] resided with his brother, [REDACTED] (approximately 3-4 yrs. old); brother, [REDACTED] (approximately 2 yrs. old); father, [REDACTED] (DOB/age: unknown) and mother, [REDACTED]

[REDACTED] in [REDACTED] Today, December 27, 2014, at 3:01 p.m. 911 Dispatch received a call from the mother requesting assistance. The mother reported that she and her children went to the hospital last night and all were diagnosed with the flu. The mother stated that around noon today she put the infant [REDACTED], down in his crib for a nap, and when she checked on him around 2:30 p.m., the infant was on his stomach and not breathing. EMS responded and the infant was declared deceased on the scene. The infant had been deceased approximately an hour prior to EMS arrival. The coroner is currently at the residence. The infant will be transported to [REDACTED] for an autopsy. The father was not home at the time of the infant's death; he was away on a fishing trip. The father arrived at the home after officers responded to the home. The father is ex-military. The father has PTSD. The father reportedly has been seeing a doctor and getting help for his issues. Officers observed the apartment and advised that the entire apartment is filthy. There are clothes, food, and dirty dishes strewn throughout the home. Every room in the apartment and the downstairs area is a disaster. The bedding on the children's bunk beds and infants crib are nasty. There was a fuzzy pillow and Sippy Cup observed inside the infants crib. The floors in the home are unpassable. The stairs in the home are the only thing that is clean and clear enough to walk on. The home is not in good living conditions for children. The two (2) older children were partially clothed in diapers and underwear when officers arrived. Detectives are currently at the home collecting evidence. Officers were informed to make a DCS referral to have the DCS process started. The local DCS was contacted and is currently on the scene. The case manager's name is unknown at this time.

TFACTS HISTORY: None



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Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 12/27/14 4:00 PM

Date of Assessment: 12/27/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence 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.



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____