



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

Case # 2014ND.008

|   |  |  |                           |                      |                |            |
|---|--|--|---------------------------|----------------------|----------------|------------|
| Intake #:   | [REDACTED]                               | Investigation #:                               | [REDACTED]                | Date of Referral:    | 03/17/2014     |            |
| Type: (Please check one)                                  | <input type="checkbox"/> DEATH           | <input checked="" type="checkbox"/> NEAR DEATH | Date of Death/Near Death: | 03/16/2014           |                |            |
| Child's Name:   | [REDACTED]                               | DOB:   | [REDACTED]                | Person ID:           | [REDACTED]     |            |
| Gender:   | <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Female                | Race/Ethnicity:           | White (Non Hispanic) | County/Region: | [REDACTED] |
| Parents' Names:   | Mother:                                  | [REDACTED]                                     | Father:                   | [REDACTED]           |                |            |
| Alleged Perpetrator's Name:                               | [REDACTED]                               | Relationship to Victim:                        | birth parents             |                      |                |            |
| Child in custody at time of incident?                     | <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Yes                   | Adjudication:             |                      |                |            |
| If child is in DCS custody, list placement type and name: |  |  |                           |                      |                |            |

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

[REDACTED] was brought into [REDACTED] Emergency Room on 3/16/2014 after mother attempted to wake him for a feeding and found him unresponsive and cold to the touch. Child's temperature at the time of arrival was just over 91 degrees and considered life threatening. [REDACTED] was transported to [REDACTED] where he was diagnosed as severe failure to thrive; weighing only 9.6 pounds at 6 months old. Mrs. [REDACTED] reported she had noticed a decline in child's weight over the past 2 months and reported child has been vomiting when eating but did not take child to the pediatrician due to insurance issues and being told they had to pay up front. Child was observed to be emaciated with ribs and pelvic bones noticeable to any outsider.

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

|                    |            |                 |            |
|--------------------|------------|-----------------|------------|
| Name of Physician: | [REDACTED] | Telephone #     | [REDACTED] |
| Street Address:    | [REDACTED] | City/State/Zip: | [REDACTED] |

Describe (in detail) interview with family:

CM [REDACTED] met with mother [REDACTED] at [REDACTED] on 3/17. Mother reported she had noticed her son's weight loss an estimated 2 weeks ago. She stated his arms started to look thin. Ms. [REDACTED] reported [REDACTED] had feeding issues and would spit up or vomit every time he would have a bottle. Ms. [REDACTED] stated she and her husband had contacted [REDACTED] and they were told [REDACTED] could not be seen unless the parents paid up front. Ms. [REDACTED] stated the family is on [REDACTED] but there had been problems with getting her son insurance and the problem had just now been fixed. Mrs. [REDACTED] stated [REDACTED] had been breastfed until he was 5 months old and he began taking [REDACTED] formula. Mrs. [REDACTED] stated she had tried him on regular [REDACTED] in the yellow can, [REDACTED], and [REDACTED]. Mrs. [REDACTED] stated [REDACTED] is eating level 2 baby food and has not had any problems with it, just the formula. Mrs. [REDACTED] reported she and her husband had tried using gas drops to help with the feeding issues and it had helped a little and they had tried adjusting how often he was eating along with how much. Mrs. [REDACTED] reported she works and her husband stays home with both children. Mrs. [REDACTED] reported her husband had told her [REDACTED] had slept most of the day before and when Mrs. [REDACTED] went to give [REDACTED] a bottle at 9:00 pm, he had not wanted to wake up, his eyes were rolling back in his head, and he was pale so it was decided to bring him to the emergency room.

CM [REDACTED] met with father [REDACTED] in the family home on 3/17/14. Home was a 2 bedroom, 1 bathroom apartment that was well-furnished with all working utilities. CM explained why she was there and the nature of the allegations. Mr. [REDACTED] stated he understood. Mr. [REDACTED] stated [REDACTED] had been having problems spitting up off and on since he was born. Mr. [REDACTED] stated their daughter had the same problem but had grown out of it by the time she was 6 months old. Mr. [REDACTED] stated they had scheduled a doctor's appointment but the insurance was all messed up and they had been going back and forth with [REDACTED] for months. Mr. [REDACTED] stated they thought since they were told their son could not be seen unless they paid upfront, they would have to pay the ER upfront as well so they had not taken him sooner. Mr. [REDACTED] reported [REDACTED] had been losing weight but they thought if they could just get him to eat he would be fine so they had looked on the internet and thought he might have cholic. He stated they tried gas drops which seemed to help but then [REDACTED] got worse within a couple of days. Mr. [REDACTED] stated they had switched [REDACTED] formula and showed CM the cans they still had which were [REDACTED] and [REDACTED] (soy). Mr. [REDACTED] reported being concerned about his son's inability to keep food down but [REDACTED] had still been smiling and happy so Mr. [REDACTED] and his wife thought maybe they

were overreacting because they were told with their daughter that as long a baby seems comfortable, they're fine. Mr. [REDACTED] stated [REDACTED] had stopped fussing a little over a week ago and [REDACTED] sleep had been irregular where he was not sleeping much at night but was sleeping most of the day. Mr. [REDACTED] stated [REDACTED] had some trouble with pooping a while back but they had given him some apple juice and he was fine and father reported his son had at minimum 4 wet diapers a day. Mr. [REDACTED] stated he and his wife had "listened too much to other people" and how they had done stuff with their daughter and understood his son was almost dead when brought in to the ER. Mr. [REDACTED] could not remember the last time his daughter had been to the pediatrician but stated she had been to [REDACTED] a few months back for a stomach virus. Mr. [REDACTED] showed CM a bottle for "cimetidine" and stated it had been prescribed to [REDACTED] when he was a newborn because he had not taken to breastfeeding right away and had been projectile vomiting every time he ate. Mr. [REDACTED] stated [REDACTED] would eat a whole contained of level 2 baby food and then spit it back up. Mr. [REDACTED] stated they had scheduled 3 seperate appointments with the pediatrician but had to cancel every time because of the insurance issues.

**If child was hospitalized, describe (in detail) DCS involvement during hospitalization:**  
 Child's progress monitored daily with continuous communication with medical staff as well as social workers. Mother was reinterviewed by law enforcement on March 25, 2014 at which time assigned CM was present. Pictures of child were also obtained of [REDACTED] from birth until a few weeks prior to being brought into the hospital.  
 Sibling [REDACTED] was seen by Dr. [REDACTED] at [REDACTED] on 3/19/2014 and was seen to be healthy at that time.  
 Investigation was not initially classified as a near fatality until CARE Team review on 4/2/14.

**Describe disposition of body (Death):**

Name of Medical Examiner/Coroner: \_\_\_\_\_ Was autopsy requested?  No  Yes

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

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

Type: \_\_\_\_\_ Case #: \_\_\_\_\_

**Describe law enforcement or court involvement, if applicable:**  
 Detective [REDACTED] with [REDACTED] is currently assigned. A draft of the pending petition has been submitted to DCS legal and will be submitted to [REDACTED] County Juvenile Court once ready.

**Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):**  
 Both [REDACTED] and his older sister, [REDACTED] (DOB: [REDACTED]) were placed in an Immediate Protection Agreement with their maternal grandparents. Parents cannot have unsupervised contact with either child at this time.

|                  |                 |
|------------------|-----------------|
| Name: [REDACTED] | Age: 4          |
| Name: [REDACTED] | Age: [REDACTED] |

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

| Date | Case # | Allegations | Victims | Perpetrators | Classification/Adj |
|------|--------|-------------|---------|--------------|--------------------|
| / /  |        |             |         |              |                    |
| / /  |        |             |         |              |                    |
| / /  |        |             |         |              |                    |
| / /  |        |             |         |              |                    |
| / /  |        |             |         |              |                    |
| / /  |        |             |         |              |                    |
| / /  |        |             |         |              |                    |

|   |            |                  |  |                              |  |                             |                              |
|---|------------|------------------|--|------------------------------|--|-----------------------------|------------------------------|
| Intake #:   | [REDACTED] | Investigation #: | [REDACTED]                             | Date of File:                | 08/14/13                                   | <b>Case # 2014ND.008</b>    |                              |
| Any media inquiry or is attention expected?   |            |                  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | List organizations requesting information: |                             |                              |
| Contact Person/Phone Number(s) (include CM, TL, and TC):  |            |                  |  |                              |  |                             |                              |
| Contact Person:   |            |                  |  | Telephone Number: (    ) -   |  |                             |                              |
| Case Manager:   |            |                  |  | Telephone Number: (    ) -   |  |                             |                              |
| Team Leader:  |            |                  |  | Telephone Number: (    ) -   |  |                             |                              |
| Team Coordinator:   |            |                  |  | Telephone Number: (    ) -   |  |                             |                              |
| ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.   |            |                  |  |                              |  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <p><b>Email to:</b> [REDACTED]</p> <p><b>within forty-eight (48) hours of notification</b></p> <p><b>Include subject line (in RED): CHILD DEATH [secure email] or</b><br/> <b>CHILD NEAR DEATH [secure email]</b></p> |            |                  |  |                              |  |                             |                              |



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 03/17/2014 05:25 AM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 03/17/2014

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 03/17/2014 10:00 AM  
First Team Leader Assigned: [REDACTED] Date/Time 03/17/2014 12:00 AM  
First Case Manager [REDACTED] Date/Time 03/17/2014 12:00 AM

**Allegations**

| Alleged Victim | Age         | Allegation           | Severe ? | Alleged Perpetrator | Relationship to Alleged Victim |
|----------------|-------------|----------------------|----------|---------------------|--------------------------------|
| [REDACTED]     | 2 Yrs 8 Mos | Nutritional Neglect  | Yes      | [REDACTED]          | Birth Father                   |
| [REDACTED]     | 2 Yrs 8 Mos | Nutritional Neglect  | Yes      | [REDACTED]          | Birth Mother                   |
| [REDACTED]     | 2 Yrs 8 Mos | Medical Maltreatment | Yes      | [REDACTED]          | Birth Father                   |
| [REDACTED]     | 2 Yrs 8 Mos | Medical Maltreatment | 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: None

Narrative: TFACTS:

Family Case IDs: N/A

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: No  
Prior INV/ASMT of Neglect: No  
Prior INV/ASMT of both Abuse & Neglect: No  
Screen Outs: None



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

DUPLICATE REFERRAL: No

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

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (6 months) has been transferred to [REDACTED] Hospital from [REDACTED] Hospital for further evaluation and treatment of failure to thrive. The child lives in [REDACTED] with his parents, [REDACTED] and [REDACTED] and an older sister, [REDACTED] (4). The reporter states that the child weighs 9.6 lbs. at six months old. At birth he weighed between 7 and 8lbs. He has severe malnourishment, he is emaciated and has sunken fontanel and is hypothermic. His body temperature is low enough to be life threatening. The child is very ill and is being admitted to the hospital. He is conscious, stable and breathing on his own. The child was born healthy and has no known medical conditions. Any medical conditions that could keep him from growing will be ruled out. Hospital staff is concerned that [REDACTED] has not been seen any by doctor since his one month well child check. The child's mother said her son did not have health insurance and her doctor's office requested that she pay up front and she couldn't afford to pay. Ms. [REDACTED] says that she is feeding the child. She says he vomits a lot, but she cancelled her doctor's appointments because she couldn't pay for them. When asked what prompted her to take the child to the hospital, she said she couldn't wake him up. The child has had a head CT and a skeletal survey and they were normal. Hospital staff is concerned that Ms. [REDACTED] said she noted a gradual decline and that [REDACTED] is sleeping more, he is fussy and unhappy. She said that she has noticed this over the past two and half months. The older child is at home with their father and reporter doesn't know her current condition. The child's mother appears to be of normal intelligence, she works full time and was able to communicate with hospital staff. [REDACTED] is in very bad shape, but he is expected to survive. Ms. [REDACTED] disclosed that she has a history of depression and is being treated for post partum depression. She reports that the medication she is taking is helping and she is managing her depression.

Special Needs or Disabilities: None  
 Child's current location/is the child safe at this time: in hospital  
 Perpetrator's location at this time: with child  
 Any other safety concerns for the child(ren) or worker who may respond: None reported

Per SDM: Investigative Track, P1, [REDACTED] CM 2 on March 17, 2014 at 6:11am.

| Recipients               | Time Issued          | Response Received | Devices              | Responses  |                     |
|--------------------------|----------------------|-------------------|----------------------|------------|---------------------|
| [REDACTED]               | 03-17-14 06:34:51 AM | [REDACTED]        | 03-17-14 06:35:34 AM | [REDACTED] | [REDACTED] Received |
|                          | 03-17-14 06:34:53 AM | [REDACTED]        | ---                  | [REDACTED] |                     |
| Automated Email Response |                      |                   |                      |            |                     |



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 6 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: 27 Yrs (Est)

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:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:**

**Race:** White

**Age:** 2 Yrs 8 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** HOME

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

■



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

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN: Race: White Age: 27 Yrs (Est)

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: 03/17/2014

Assignment Date: 03/17/2014

Street Address: [Redacted]

City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 4 rows of allegations including Nutritional Neglect and Medical Maltreatment.

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [Redacted]

Date: 05/08/2014

Team Leader: [Redacted]

Date: 05/09/2014

E. Investigation Summary

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

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

CM observed [Redacted] at [Redacted] hospital on 3/17. Child was emaciated with his ribs visible and appeared pale and fussy. Veins were noticeable in child's temple area as well.

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



**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]

See file for CARE Team Report- investigation classified as near fatality based on child's symptoms at admittance to the ER.

Grandparents report mother is attentive and they had seen [REDACTED] a month prior where he had appeared to be losing weight and mother reported problems with insurance and child continuously vomiting

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

Parents report seeing [REDACTED] ribs "a couple of weeks" prior to bringing him in and had thought the ER would expect them to pay in full so they had not brought him in. Parents reports they did not know they were supposed to bring their daughter in for continued immunizations and check-ups annually. Parents report problems with insurance as to why their son had not seen a doctor since he was 1 month old.

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

N/A

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

Case classified as substantiated per CPIT majority agreement and referred for prosecution

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: 06/03/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2014

Completed date: 06/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2014 02:53 PM Entered By: [REDACTED]

Case discussed at Severe Abuse Review according to policy all substantiated severe abuse cases will be reviewed and TPR discussed. Present at the review were [REDACTED], IC [REDACTED] LI [REDACTED] and CPSI [REDACTED]. Child was failure to thrive due to the parents not feeding appropriately. Child and sibling placed in an IPA. Parents are cooperating with services. Case transferred to Non-Custodial FSW West. Case is set for Settlement in Juvenile Court. Presented at CPIT and team agreed to ASPS and referred for prosecution.

Non-Custodial-No TPR



**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: 05/22/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/22/2014

Completed date: 05/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/22/2014 03:05 PM      Entered By: [REDACTED]

Case is being reviewed for closure on this date. Children are in a safety placement. The case is being transferred to long term. Case was presented at CPIT and is being closed as Substantiated.



**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: 05/22/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/22/2014

Completed date: 05/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/22/2014 02:48 PM Entered By: [REDACTED]

Investigation presented and accepted for long term services and monitoring on 5/22.

According to policy description of medical maltreatment and nutritional neglect;

A parent or caretaker's failure to provide adequate nutrition to a child. Nutritional neglect occurs when children repeatedly experience hunger for hours or a large part of the day, and no food is available.

A situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment does not pertain to elective health care or treatment.

b) Medical neglect may rise to the level of severe child abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

This case is closed and classified as ASPS. There is evidence based off the medical records from [REDACTED] that supports the above allegations according to policy 14.7 Work Aid 1 Section 2 &amp; 3

The children remain with the grandparents in an IPA at this time and it was determined by [REDACTED] to move forward with prosecution. The CPS Formal File Review and Attachment were mailed to the alleged perpetrator; see copies attached to the file.

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



**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: 05/13/2014 Contact Method:  
 Contact Time: 03:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/13/2014  
 Completed date: 05/13/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/13/2014 03:22 PM Entered By: [REDACTED]

Investigator received a referral on 3/17 alleging medical maltreatment and nutritional neglect of [REDACTED] by parents [REDACTED] and [REDACTED]. Investigation was classified as a near fatality based on [REDACTED] reporting child would have been dead within a day or two had he not come in when he did. Parents blame insurance problems and reflux for why their son was emaciated and behind on medical care. Family has no history with the Department and father has some local criminal history. [REDACTED] improved in the hospital and both he and his sister were placed in an IPA with their maternal grandparents. There was a CFTM held after there was concern noted by grandparents that they would not be able to provide long term placement but they have since put support services in place. [REDACTED] and [REDACTED] remain in the home at this time. Criminal investigation is still ongoing but case was presented to CPIT and referred for prosecution. Paperwork signed and all medical reports received with the exception of images from [REDACTED] as well as the records from [REDACTED] stay. Parents continue to deny any wrongdoing but child has continued to gain weight in the care of his grandparents, even with continued problems with reflux. At this time, investigation is classified as SUBSTANTIATED based on evidence that child was being neglected. He and his sister remain in the care of their maternal grandparents and case will be presented for long term services.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/12/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/13/2014

Completed date: 05/13/2014

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: 05/13/2014 01:55 PM Entered By: [REDACTED]

CFTM held on this date. grandparents stated they had put some support in place so they would be able to continue to keep the children. CM explained the case was being treated as a severe neglect case and near fatality and the grandmother stated they would be able to provide long term placement and would take temporary custody if need be.

Safety plan renewed for 30 more days. Investigator explained the case would be prepared for long term and everyone stated they understood.



**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: 05/09/2014

Contact Method: Face To Face

Contact Time: 08:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 05/13/2014

Completed date: 05/13/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation,Sibling Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/13/2014 01:51 PM Entered By: [REDACTED]

CM [REDACTED] observed [REDACTED] and [REDACTED] on this date at the grandparents home on 5/9. Children were clean and dressed appropriately for weather conditions with nothing in their outward appearance or demeanor to suggest abuse or neglect.



**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: 05/02/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/22/2014

Completed date: 05/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/22/2014 03:09 PM      Entered By: [REDACTED]

Case conference was held on this date. There is an IPA in place. Allegations are medical maltreatment and nutritional neglect. Case will need to be transferred.



**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: 04/25/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 05/06/2014

Completed date: 05/06/2014

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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/06/2014 01:38 PM Entered By: [REDACTED]

Investigator observed [REDACTED] [REDACTED] in the care of his grandparents on 4/25. Child was in the bouncer seat when CM arrived. He appeared to have gained weight and was in good spirits. Child had a bottle while Inv. was present and did not spit up. Grandmother reports he is still on soy formula and she is putting "a palmful" of rice cereal in the bottles.



**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:     | 04/25/2014  | Contact Method:   | Face To Face      |
| Contact Time:     | 10:00 AM  | Contact Duration: | Less than 01 Hour |
| Entered By:       | [REDACTED]  | Recorded For:     |                   |
| Location:         | Other Caretaker Home  | Created Date:     | 05/06/2014        |
| Completed date:   | 05/06/2014  | Completed By:     | [REDACTED]        |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being |                   |                   |
| Contact Type(s):  | Parent/Caretaker Interview                                      |                   |                   |
| Contact Sub Type: |   |                   |                   |

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

Narrative Type: Original Entry Date/Time: 05/06/2014 01:51 PM Entered By: [REDACTED]

Inv. met with current placement [REDACTED] and [REDACTED] in their home on 4/25. They reported they would only be able to provide placement for 2 more weeks and did not see the need for the children to remain out of the home. Inv. explained [REDACTED] condition upon arriving at [REDACTED] and the concern he had almost died as a result. Grandparents stated [REDACTED] had been trying to get him seen but "doors were shut in her face" and Mrs. [REDACTED] stated she did not see why [REDACTED] was the only one seeking help when the kids father was the primary caretaker. They stated they did not see why the children could not return hom with services in place like [REDACTED] and [REDACTED]. Inv. explained that the decision was a team effort and at this time it was agreed that due to the nature of [REDACTED] health when he arrived at [REDACTED] the children would continue to remain out of 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: Created In Error  
 Contact Date: 04/24/2014 Contact Method: Face To Face  
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Caretaker Home Created Date: 05/06/2014  
 Completed date: 05/06/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2014 01:44 PM Entered By: [REDACTED]

Inv. met with [REDACTED] in her grandparents home on 4/25. Child was clean and dressed appropriately for weather conditions with nothing in her outward appearance or demeanor to suggest abuse or neglect. She reported she does not think it is fair that her mommy and daddy have to leave all the time.

Narrative Type: Created In Error Entry Date/Time: 05/06/2014 01:52 PM Entered By: [REDACTED]

face to face with sister was on 4/25



**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: 04/23/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/13/2014

Completed date: 05/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/13/2014 01:52 PM      Entered By: [REDACTED]

CM spoke with [REDACTED] from [REDACTED]. She reported [REDACTED] continues to gain weight progressively. She reported she had talked to the family about getting [REDACTED] tested for possible food or milk allergies.



**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:     | 04/17/2014  | Contact Method:   | Phone Call   |
| Contact Time:     | 08:45 AM  | Contact Duration: | Less than 45 |
| Entered By:       | [REDACTED]  | Recorded For:     |              |
| Location:         |   | Created Date:     | 04/17/2014   |
| Completed date:   | 04/17/2014  | Completed By:     | [REDACTED]   |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being |                   |              |
| Contact Type(s):  | Collateral Contact  |                   |              |
| Contact Sub Type: |   |                   |              |

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

Narrative Type: Original Entry Date/Time: 04/17/2014 09:27 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] from [REDACTED] on 4/17. She reported she had met with the grandparents and had completed an initial assessment with [REDACTED]. She reported [REDACTED] was up to 12 lb, 11 oz but was not meeting any of his milestones expected for his age. She reported he does smile alot but is not sitting up, is not rolling over, etc. She reported he does not have the upper body strength to even try. She stated mom was supposed to be there but wasn't so grandmother had called her and mom reported she was so overwhelmed with everything going on, she had stayed in bed. She stated [REDACTED] was now on soy formula and she had told the mother and grandparents [REDACTED] does cover soy formula but mother reported she does not qualify for [REDACTED]. When [REDACTED] asked how much she made, mother reported right at 25,000 so [REDACTED] asked who told her she didn't qualify and informed family to apply again. [REDACTED] reported family is in denial about how serious the situation is and made statements about how [REDACTED] is fine when [REDACTED] informed them he was not. [REDACTED] stated grandparents seem very overwhelmed with [REDACTED] being very busy and with [REDACTED] needs as well as trying to keep up with their other grandchild [REDACTED] all day. [REDACTED] stated she had a student nurse with her and they could not get anything done because of [REDACTED] constant demands and it got to a point where [REDACTED] felt it should be the grandparents responsibility to try and control her. [REDACTED] stated was the grandparents did start giving [REDACTED] their full attention, [REDACTED] and [REDACTED] started getting into everything they are not supposed to. [REDACTED] reported grandfather had reason after reason they would not be able to do this for very long and she reported major concern over placement because it was appearing to be a long term situation.



**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:     | 04/10/2014  | Contact Method:   | Correspondence |
| Contact Time:     | 01:00 PM  | Contact Duration: | Less than 30   |
| Entered By:       | [REDACTED]  | Recorded For:     |                |
| Location:         | Other Community Site  | Created Date:     | 04/10/2014     |
| Completed date:   | 04/10/2014  | Completed By:     | [REDACTED]     |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being |                   |                |
| Contact Type(s):  | CPIT (Child Protective Investigative Team)                      |                   |                |
| Contact Sub Type: |   |                   |                |

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/10/2014 02:27 PM      Entered By: [REDACTED]

Investigation reviewed by CPIT on this day. CPIT unanimous agreement both parents will be indicated for medical maltreatment and nutritional neglect. Case was accepted for prosecution by DA.

A potential removal CFTM will be scheduled before IPA expires to see if grandparents are able to provide placement long term or possibly even permanently. Grandfather expressed that children are a burden to him and his wife when CM conducted home visit on 4/9



**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:     | 04/09/2014  | Contact Method:   | Face To Face      |
| Contact Time:     | 02:00 PM  | Contact Duration: | Less than 01 Hour |
| Entered By:       | [REDACTED]  | Recorded For:     |                   |
| Location:         | Other Caretaker Home  | Created Date:     | 04/09/2014        |
| Completed date:   | 04/09/2014  | 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/09/2014 03:21 PM      Entered By: [REDACTED]

CM observed [REDACTED] at his grandparents home on 4/9/14. Child was smiling throughout home visit and appeared to have gained weight since being released. Grandmother reported they had tried to take him to the Health Dept. for his shots but were told since they have insurance he could not be seen even though Mrs. [REDACTED] and Mrs. [REDACTED] explained the insurance was messed up and currently inactive.



**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: 04/09/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2014 03:41 PM Entered By: [REDACTED]

CM met with current placement [REDACTED] dn [REDACTED] in their home on 4/9. They stated [REDACTED] was on [REDACTED] but continued to spit up and they were wondering if he might be lactose intolerant because the grandmother had gone to get him goats milk the day before and he seemed to be keeping it down much better. Grandfather reported he was frustrated by the investigation and felt it had gotten out of hand. He stated a mistake was made and his daughter had tried to get her son the care he needed but was turned away. He stated the doctors had not gotten the whole story about everything and the department was tearing the family apart by not allowing the children to go home. He and his wife stated they did not know what was going on in the home while [REDACTED] was at work but their daughter had been trying to feed [REDACTED] and when he would spit up, she would try to feed him some more. Then the hospital had told her that was the worst thing she could be doing. Grandfather asked if CM felt his grandson was truly abused and CM explained that the children going home was not up to her, but was a team decision with CM, her supervisor, and the legal department. Grandfather stated it just was not fait to keep the family apart. He asked what steps needed to be taken for the children to return home and CM informed him that she would need to see the results of the parenting assessments but could not put a date on anything because it was too early in the investigation and every case is different.

Narrative Type: Addendum 1 Entry Date/Time: 04/09/2014 03:42 PM Entered By: [REDACTED]

Grandmother agreed to bring [REDACTED] to the [REDACTED] for a forensic interview and reported [REDACTED] has an appointment with the pediatrician in [REDACTED] on 4/28.



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: 04/08/2014

Contact Method: Correspondence

Contact Time: 08:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2014

Completed date: 04/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/08/2014 10:40 AM      Entered By: [REDACTED]

Notice of Near Fatality resent by [REDACTED] to [REDACTED] (CM sent directly by mistake on 4/2)

Referral made 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: 04/02/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/08/2014

Completed date: 04/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original

Entry Date/Time: 04/08/2014 10:37 AM

Entered By: [REDACTED]

Investigation reviewed by [REDACTED] CARE Team and classified as Near Fatality.



**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: 03/28/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/08/2014

Completed date: 04/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2014 10:49 AM Entered By: [REDACTED]

CM met with [REDACTED] and [REDACTED] at the [REDACTED] on 3/28. Parents reported the health insurance was still messed up and mother was still working on getting it fixed. CM explained [REDACTED] would need to be brought up to date on her medical care and they reported they were going to schedule her an appointment with the pediatrician Mrs. [REDACTED] sister uses. They understood [REDACTED] would need to be seen ASAP as well. [REDACTED] was released from [REDACTED] weighing over 9 lb but not quite 10 so he had gained just over 2 lb while in the hospital. Parents reported he continued to spit up but not as much as he had been. His prescriptions included [REDACTED] Iron, and Multi-vitamins.

Please see file for NCPP.



**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: 03/25/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/08/2014

Completed date: 04/08/2014

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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/08/2014 10:13 AM Entered By: [REDACTED]

CM observed [REDACTED] at [REDACTED] Hospital on 3/25. Child was observed to have gained weight and looked healthier than upon his initial face to face. Child was tired and slightly fussy as a result



**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: 03/25/2014 Contact Method: Face To Face  
 Contact Time: 11:00 AM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 04/08/2014  
 Completed date: 04/08/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2014 10:33 AM Entered By: [REDACTED]

CM spoke with [REDACTED] on 3/25. She reported she had last seen [REDACTED] on February 18, 2014 when they had [REDACTED] birthday. She stated he was wearing a blue knit outfit and had vomited in his car seat when he arrived with sister and parents. She stated she had noticed he looked "a little on the small side" and she had said something to [REDACTED] who reported the continuous vomiting and spit up problems he was having. She stated [REDACTED] was upset and seemed frustrated because she did not know what else to do. Ms. [REDACTED] reported she had held him but had not changed his diaper. Mrs. [REDACTED] reported [REDACTED] to be a very good and attentive mother but [REDACTED] could be a little "you're doing it wrong" sometimes"

Mother was re-interviewed by Detective [REDACTED]. Mother reported the day [REDACTED] was brought in, she had called dad earlier in the day to see how [REDACTED] was doing because he had not been feeling well and dad reported [REDACTED] was sleeping. When [REDACTED] told him to wake [REDACTED] and try to feed him, father asked "why? all he will do it throw it back up". Mother reported she had noticed [REDACTED] ribs near the end of February, beginning of March but had thought that if they could just get him to keep some food down, he would be ok. She reported he wasn't vomiting constantly but just a few times a week but would spit up a tablespoon or so 3 or 4 times between feedings.

Legal consult held and it was determined [REDACTED] would also need to be safety placed with grandparents and it was ok for [REDACTED] to be placed with grandparents as well.

[REDACTED] was observed at [REDACTED]. She was clean and dressed appropriately for weather conditions.

Parents and grandparents were explained the IPA and agreed. parents will receive a parenting assessment and follow all recommendations. FSTM will continue as planned for Friday 3/28/2014. Parents will have no unsupervised contact with [REDACTED] and [REDACTED] including no overnight visitation. Parents and grandparents stated they understood before signing. CM also explained a referral would be made to [REDACTED]

Please see file for Non-Custodial Placement Summary and background checks



**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: 03/24/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/25/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/25/2014 02:45 PM      Entered By: [REDACTED]

Severe Medical maltreatment and nutritional neglect. Child still hospitalized, investigator has requested the parents provide a safety placement upon the child's discharge. Maternal grandparents are a possible placement. Det. [REDACTED] is assigned.



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: 03/18/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2014

Completed date: 04/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/08/2014 04:12 PM      Entered By: [REDACTED]

CM completed background checks on parents- father has local criminal history but all prior to children being born. Please see file. Mother has no local criminal history. Family has no history with DCS, including no screen outs



**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: 03/17/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/20/2014

Completed date: 03/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/20/2014 01:05 PM      Entered By: [REDACTED]

CM observed [REDACTED] in her parent's home on 3/17. Child had just woken up but was in a pleasant mood. She was clean and dressed appropriately for weather conditions with nothing in her outward appearance or demeanor to suggest abuse or neglect. Child was friendly and had appropriate interactions with CM and her father.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 03/17/2014 Contact Method: Face To Face  
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/20/2014  
 Completed date: 03/20/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/20/2014 01:02 PM Entered By: [REDACTED]

CM met with father [REDACTED] in the family home on 3/17/14. Home was a 2 bedroom, 1 bathroom apartment that was well-furnished with all working utilities. CM explained why she was there and the nature of the allegations. Mr. [REDACTED] stated he understood. Mr. [REDACTED] stated [REDACTED] had been having problems spitting up off and on since he was born. Mr. [REDACTED] stated their daughter had the same problem but had grown out of it by the time she was 6 months old. Mr. [REDACTED] stated they had scheduled a doctor's appointment but the insurance was all messed up and they had been going back and forth with [REDACTED] for months. Mr. [REDACTED] stated they thought since they were told their son could not be seen unless they paid upfront, they would have to pay the ER upfront as well so they had not taken him sooner. Mr. [REDACTED] reported [REDACTED] had been losing weight but they thought if they could just get him to eat he would be fine so they had looked on the internet and thought he might have cholic. He stated they tried gas drops which seemed to help but then [REDACTED] got worse within a couple of days. Mr. [REDACTED] stated they had switched [REDACTED] formula and showed CM the cans they still had which were [REDACTED] and [REDACTED] (soy). Mr. [REDACTED] reported being concerned about his son's inability to keep food down but [REDACTED] had still been smiling and happy so Mr. [REDACTED] and his wife thought maybe they were overreacting because they were told with their daughter that as long as a baby seems comfortable, they're fine. Mr. [REDACTED] stated [REDACTED] had stopped fussing a little over a week ago and [REDACTED] sleep had been irregular where he was not sleeping much at night but was sleeping most of the day. Mr. [REDACTED] stated [REDACTED] had some trouble with pooping a while back but they had given him some apple juice and he was fine and father reported his son had at minimum 4 wet diapers a day. Mr. [REDACTED] stated he and his wife had "listened too much to other people" and how they had done stuff with their daughter and understood his son was almost dead when brought in to the ER. Mr. [REDACTED] could not remember the last time his daughter had been to the pediatrician but stated she had been to [REDACTED] a few months back for a stomach virus. Mr. [REDACTED] showed CM a bottle for [REDACTED] and stated it had been prescribed to [REDACTED] when he was a newborn because he had not taken to breastfeeding right away and had been projectile vomiting every time he ate. Mr. [REDACTED] stated [REDACTED] would eat a whole contained of level 2 baby food and then spit it back up. Mr. [REDACTED] stated they had scheduled 3 separate appointments with the pediatrician but had to cancel every time because of the insurance issues.



**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: 03/17/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/20/2014

Completed date: 03/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/20/2014 12:20 PM Entered By: [REDACTED]

CM observed [REDACTED] at [REDACTED] hospital on 3/17. Child was emaciated with his ribs visible and appeared pale and fussy. Veins were noticeable in child's temple area as well.



**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: 03/17/2014 Contact Method: Face To Face  
 Contact Time: 08:30 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 03/20/2014  
 Completed date: 03/20/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

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

[REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/20/2014 12:38 PM Entered By: [REDACTED]

CM met with mother [REDACTED] at [REDACTED] on 3/17. Mother reported she had noticed her son's weight loss an estimated 2 weeks ago. SHE stated his arms started to look thin. Ms. [REDACTED] reported [REDACTED] had feeding issues and would spit up or vomit every time he would have a bottle. Ms. [REDACTED] stated she and her husband had contacted [REDACTED] and were told [REDACTED] could not be seen unless the parents paid up front. Ms. [REDACTED] stated the family is on [REDACTED] but there had been problems with getting her son insurance and the problem had just now been fixed. Mrs. [REDACTED] stated [REDACTED] had been breastfed until he was 5 months old and he began taking [REDACTED] formula. Mrs. [REDACTED] stated she had tried him on regular [REDACTED] in the yellow can, [REDACTED] and [REDACTED]. Mrs. [REDACTED] stated [REDACTED] is eating level 2 baby food and ihas not had any problems with it, just the formula. Mrs. [REDACTED] reported she and her husband had tried using gas drops to help with the feeding issues and it had helped a little and they had tried adjusting how often he was eating along with how much. Mrs. [REDACTED] reported she works and her husband stays home with both children. Mrs. [REDACTED] reported her husband had told her [REDACTED] had slept most of the day before and when Mrs. [REDACTED] went to give [REDACTED] a bottle at 9:00 pm, he had not wanted to wake up, his eyes were rolling back in his head, and he was pale so it was decided to bring him to the emergency room.

Mrs. [REDACTED] reported [REDACTED] was a full term baby and was born vaginally at [REDACTED] [REDACTED] lost 6 oz after birth but had weighed 7 lb, 11 oz at birth. Mrs. [REDACTED] had not weighed her son recently but estimated he had weighed around 12 lb when she stopped breastfeeding. Mrs. [REDACTED] stated [REDACTED] was now 10 pounds. [REDACTED] pediatrician was Dr. [REDACTED] through [REDACTED] and he had not been to see him because of insurance issues since he was 1 month old. Mrs. [REDACTED] reported she had not known you could take infants to the health department for immunizations. Mrs. [REDACTED] stated her daughter was 4 and has not received [REDACTED] since she was 2 because mother reported she did not know children got immunizations after that age. Her daughter's pediatrician had been Dr. [REDACTED] in [REDACTED] Mrs. [REDACTED] reported she has a mother and sister in [REDACTED] but they are not much of a support system. Mrs. [REDACTED] reported her family does not qualify for [REDACTED] or [REDACTED] Mrs. [REDACTED] denied any domestic violence.



**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: 03/17/2014

Contact Method:

Contact Time: 06:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/20/2014

Completed date: 03/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/20/2014 12:18 PM      Entered By: [REDACTED]

Daily notice of referral pursuant to 37-105 sent to Juv. Ct., Law Enforcement as applicable



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]
County: [Redacted]
Date of Referral: 3/17/14 5:25 AM
Assessment Type: Initial

TN DCS Intake ID #: [Redacted]
Worker: [Redacted]
Date of Assessment: 3/20/14 12:00 AM
Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

- 1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
- Death of a child due to abuse or neglect.
- Care taker fears that s/he will maltreat the child.
- Threat to cause harm or retaliate against the child.
- Excessive discipline or physical force.
- Drug-affected infant/child.
- Methamphetamine lab exposure.

2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.

3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

5. The family refuses access to the child, or there is reason to believe that the family is about to flee.

6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.

7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.

9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



Tennessee Department of Children's Services  
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

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

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

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

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