



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 01/08/2015 12:31 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 01/08/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 01/08/2015 04:17 PM
 First Team Leader Assigned: [REDACTED] Date/Time 01/08/2015 04:17 PM
 First Case Manager [REDACTED] Date/Time 01/08/2015 04:17 PM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	3 Yrs	Lack of Supervision	Yes	[REDACTED]	Birth Mother

Preliminary Near Death: [REDACTED]

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: No history found with the information provided

Family Case IDs: None found

Open Court Custody/FSS/FCIP None found

Closed Court Custody None found

Open CPS - None found

Substantiated None found

Death Hospital reports a sibling death in August of 2014. Name of sibling not known. No history could be found with the information given.



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

Screened out None found

History (not listed above): None found

County: [REDACTED]

Notification: None

School/ Daycare: [REDACTED]

Native American Descent: No

Directions: None

Reporter's name/relationship: [REDACTED]

Reporter states:

The child is not in state custody.

The child [REDACTED] (age 3) lives in the home with his mother, [REDACTED]. The mother may have two other roommates (names unknown). The grandmother is [REDACTED]. There is no phone number or address provided for the grandmother.

[REDACTED] came into the [REDACTED] at 4:25AM on 1-8-2015, in full cardiac arrest. The child was in cardiorespiratory full arrest. The child was admitted from the emergency room into the Intensive Care Unit. The mother told the staff the child had no recent illnesses and no past medical problems. The mother stated there was no possibility the child could have ingested anything at home. The mother said the child complained of abdominal pain and said he needed to poop yesterday afternoon, 1-7-2015. The child pooped green and soft. The mother states the child had some relief after he had a bowel movement.

The mother said later in the day the child was complaining of chest pain and was panting. The child is allergic to dairy, but the mother states the child had no dairy. The child was panting while in the bed with the mother. The child was brought in by private vehicle. The child was unresponsive arriving at the ER and CPR was started by the ER staff. The child has no history of chest pains or allergies. The ER staff did report seeing signs of seizure.

The mother is currently with the child. The child's prognosis is unknown. At this time it is unknown what initiated the child's symptoms.

Child Abuse Specialist, [REDACTED], is requesting immediate DCS assistance as soon as possible. The case worker is to see [REDACTED] first before seeing the mother. [REDACTED] stated Law Enforcement is being contacted. There was a 5 year old sister (Name Unknown), that passed away in August of 2014 suddenly with similar symptoms as [REDACTED]. The autopsy of the sibling was indeterminate.

[REDACTED] states there needs to be a full investigation and the mother and roommates need to be thoroughly interviewed.

Special Needs or Disabilities: None

Child's current location/is the child safe at this time: Intensive Care Unit

Perpetrator's location at this time: with the child

Any other safety concerns for the child(ren) or worker who may respond: Sibling passed away in August 2014.

Domestic Violence present in the home: Unknown

Per SDM: Investigation P1-[REDACTED], CM2 1/8/2015 1:16PM

Email notification sent to [REDACTED], Regional Administrator [REDACTED], and the [REDACTED] email notification group.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 3 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 31 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]
 Referral Date: 01/08/2015
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 01/09/2015

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 05/14/2015
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 05/14/2015

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The Department of Children's Services received a referral on 1/8/15 with an allegation of lack of supervision naming [REDACTED] (age 3) as the alleged child victim. [REDACTED] (birth mother) was named as the alleged perpetrator. [REDACTED] was pronounced deceased on 1/14/15 and an allegation of child neglect death was added. Both allegations were classified as allegation unsubstantiated/perpetrator unsubstantiated.

D. Case Workers

Case Worker: [REDACTED]

Date: 05/14/2015

Team Leader: [REDACTED]

Date: 05/14/2015

E. Investigation Summary

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

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

[REDACTED] was admitted to [REDACTED] on 1/8/15 in full cardiac arrest. He was admitted to the Intensive Care Unit from the emergency room. [REDACTED] was in a coma when this investigator made the initial face to face and he did not regain consciousness. He died on 1/14/15.

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]

[REDACTED] at [REDACTED] had concerns of non-accidental trauma because [REDACTED] sister died from similar symptoms approximately five months prior to [REDACTED] becoming ill.

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

[REDACTED] stated [REDACTED] had complained of stomach pains and had been vomiting earlier on 1/8/15. She stated she brought him to [REDACTED] when he complained of chest pains and she realized he was exhibiting similar symptoms shown by her daughter who died five months earlier. [REDACTED] says [REDACTED] could not have ingested anything harmful and she denies giving him anything harmful.

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

There were no witnesses to the alleged abuse.

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

[REDACTED] presented documentation showing there was severe carbon monoxide leak in her home. The toxicology reports did not show signs of poisons in [REDACTED] system.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/06/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 09:09 AM Entered By: [REDACTED]

The case was reviewed by the Regional Investigative [REDACTED] for closure. The final review has been completed approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/15/2015

Contact Method:

Contact Time: 04:20 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/15/2015

Completed date: 06/15/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/15/2015 04:21 PM Entered By: [REDACTED]

The closing SDM has been completed. There are no other children in the home at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	05/29/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/05/2015
Completed date:	06/29/2015	Completed By:	System Completed
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: 06/05/2015 12:22 PM Entered By: [REDACTED]

This case was submitted for review. The 740 has been completed and will be forwarded to Juvenile Court Judge and District Attorney for classification. The case was reviewed by Lead Prosecutor of the District Attorney's [REDACTED]. The case was presented to evening CPIT on 5-14-15, classification Allegations Unsubstantiated and Perpetrator Unsubstantiated, District Attorney [REDACTED]. Medical records and a copy of autopsy report has been placed in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/22/2015

Contact Method:

Contact Time: 01:41 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/22/2015

Completed date: 05/22/2015

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: 05/22/2015 02:02 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Investigations Unit received a referral on 1/8/15 with an allegation of lack of supervision regarding non-custodial child [REDACTED] (age 3). The allegation, Child Neglect Death was added after [REDACTED] passed away on 1/14/15. A TFACTS search was completed and the family had no DCS history in [REDACTED]. There was DCS history in [REDACTED] on this family.

On January 8, 2015, [REDACTED] had complained of chest and stomach pains throughout the day. [REDACTED] had also vomited several times that day. After observing that [REDACTED] was exhibiting symptoms shown by his sister, [REDACTED], who passed away five months prior, [REDACTED] transported [REDACTED] to [REDACTED]. When they arrived at the hospital [REDACTED] was in full cardiac arrest and the hospital staff began trying to revive [REDACTED] via CPR. [REDACTED] was admitted to the Intensive Care Unit (ICU) from the ER. [REDACTED] was in ICU from 1/8/15 to 1/14/15 and he was pronounced dead on 1/14/15.

The case was coordinated with the [REDACTED] Police Department ([REDACTED] PD) and a scene investigation was conducted by [REDACTED] ([REDACTED] PD). Several toxicology tests were completed by [REDACTED]. [REDACTED] with the Department of Children Services (DCS) was assigned to investigate this case on behalf of DCS. [REDACTED] (birth mother) was named as the alleged perpetrator.

[REDACTED] spoke with [REDACTED] who reported that on 1/8/15 [REDACTED] had not been feeling well for most of the day. She stated he had been vomiting and had complained of stomach pains. [REDACTED] stated [REDACTED] had a bowel movement after which he reported he was feeling better. She says he ate peaches and cream flavored oatmeal and had juice for breakfast. [REDACTED] says [REDACTED] had chicken and soup for dinner and at approximately 7 p.m. he went to sleep. He slept for approximately three hours and when he awoke he ate more peaches and cream flavored oatmeal. [REDACTED] says she and one of her roommates were up late playing cards. She says [REDACTED] stayed in the room with the two of them until approximately 2 a.m. when [REDACTED] announced to everyone that it was time to go to sleep because [REDACTED] had school the following morning. [REDACTED] says that at approximately 4 a.m. [REDACTED] complained of chest pains and she realized he was exhibited similar symptoms shown by her daughter prior to her death. [REDACTED] says she woke her roommate and informed her that she was taking [REDACTED] to the Emergency Room (ER). [REDACTED] says she decided to transport [REDACTED] instead of calling for



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

an ambulance because she did not live far from the hospital and [REDACTED] did not appear to be in distress. According to [REDACTED], while they were en route to the hospital, [REDACTED] breathing became labored and he began sweating profusely. She says she called 911 and asked the dispatcher to contact the hospital and alert the staff she was en route with [REDACTED]. [REDACTED] says when they arrived at the hospital [REDACTED] was in full cardiac arrest. [REDACTED] says [REDACTED] did not have any health issues. She also stated it was not possible that he got into anything harmful. [REDACTED] presented a copy of her daughter's autopsy report which showed the child's cause of death was "undetermined." [REDACTED] presented this investigator with documentation showing that her home had a serious carbon monoxide leak and she stated it is unknown how long the leak had been present. [REDACTED] believes this may explain the death of her daughter as well as [REDACTED] death. [REDACTED] spoke with the roommate who was present in the home on the day [REDACTED] became ill. She stated she is actually [REDACTED] tenant and has lived in the home since October of 2014. She stated she observed [REDACTED] earlier on 1/8/15 and it appeared he was not feeling well. She says when he came home from school she saw him sitting at the table and he had not removed his coat so she assisted him with taking it off. She says [REDACTED] would have normally been running around playing. The roommate stated she did not notice any odd behavior by [REDACTED]. She described [REDACTED] as a loving and attentive mother. The roommate reported she is on medication, but it is kept out of [REDACTED] reach and he is not allowed in her room unless she is present.

[REDACTED] spoke with the second roommate/tenant who stated she had only been living in the residence since December of 2014. She stated she does not have much involvement with the other residents in the home, preferring her privacy. According to this roommate, she has never witnessed any behavior from [REDACTED] toward [REDACTED] that would give her cause to be concerned for his safety. She did not know [REDACTED] was sick and that he had to be taken to the hospital until after the fact. [REDACTED] spoke with the birth father of [REDACTED] and he lives in [REDACTED]. He stated that before [REDACTED] and his two children, [REDACTED] moved to [REDACTED] he and [REDACTED] shared custody of the children. He stated he was the primary care giver at that time. He reported that he learned of [REDACTED] hospitalization from Facebook. He says he last saw [REDACTED] on Christmas Day in [REDACTED]. He said he does not know what caused the death of his daughter and it troubles him that his son also became ill for no apparent reason. He made no mention of any DCS involvement from when the family resided in [REDACTED].

[REDACTED] spoke with [REDACTED] husband and the birth father of [REDACTED] eldest child who both reside in [REDACTED]. He stated he has custody of their son who did not want to move to [REDACTED] with [REDACTED]. He described [REDACTED] as a good mother and stated he never had any reason to be concern for their son's safety in her care. He stated he has scheduled a doctor's appointment for his son in light of what has happened with [REDACTED] two youngest children. [REDACTED] was described as a hypochondriac regarding the children's health and they would be taken to the hospital for the mildest ailment.

[REDACTED] spoke to several of the hospital's medical staff who described [REDACTED] behavior as odd during [REDACTED] hospitalization. It was reported that [REDACTED] behavior ranged from difficult to cooperative. The doctor had concern of possible poisoning and requested the home be searched for eye drops. Three toxicology test were completed on [REDACTED] with no findings.

This investigator spoke with law enforcement who searched the home, but did not find any eye drops or any evidence of abuse or neglect on the part of [REDACTED].

The DCS history from [REDACTED] was obtained which showed a report was made due to concerns that [REDACTED] was hearing voices telling her to harm her children and the father of her children. The case was closed with no concerns because [REDACTED] was in therapy and was on medication.

During this investigator's initial contact with [REDACTED] at the hospital, she was defensive and uncooperative, but this changed before the interview ended and she was cooperative throughout the investigation. [REDACTED] stated she initially felt this investigator was accusing her of harming [REDACTED] which upset her and caused her initial reaction.

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

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

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

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities.

The case was presented to the [REDACTED] Child Protective Investigation Team (CPIT) on February 5, 2015, but no



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

decision was made because the autopsy report was not available. The case was presented three additional times (4/9, 4/23, and 4/30), but no decision was made to allow time for the Lead Prosecutor to review the autopsy report. The case was brought back to CPIT a final time on May 14, 2015 and the neglect death allegation was classified as allegation unsubstantiated/perpetrator unsubstantiated (AUPU) due to lack of evidence. The district attorney's office decided not to prosecute due to lack of evidence. [REDACTED] received a copy of [REDACTED] autopsy report from the [REDACTED]. The cause of death is listed as "undetermined."

There is not a 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.

Narrative Type: Addendum 1 Entry Date/Time: 06/30/2015 11:44 AM Entered By: [REDACTED]

According to the toxicology report, an examination of the specimens submitted did not reveal any positive findings of toxicological significance and the cause of death is listed as undetermined.



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: 05/18/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/15/2015

Completed date: 06/15/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/15/2015 04:02 PM Entered By: [REDACTED]

The Family Functional Assessment has been completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/18/2015	Contact Method:	
Contact Time:	02:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/18/2015
Completed date:	05/18/2015	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: 05/18/2015 02:12 PM Entered By: [REDACTED]

This case was reviewed at evening CPIT on 5-14-15, classification Allegations Unfounded, Perpetrator Unfounded, District Attorneys [REDACTED] were present, no prosecution due to lack of evidence. The case was reviewed by District Attorney [REDACTED], [REDACTED], prior to the CPIT review on 5-14-15. The case will be prepared and submitted for review.



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: Face To Face

Contact Time: 02:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/14/2015

Completed date: 05/14/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/14/2015 02:40 PM Entered By: [REDACTED]

The case was reviewed in CPIT Review and the allegation was unsubstantiated (AUPU) due to lack of evidence. The ADA also declined to prosecute due to lack of evidence. The team members were in agreement with the decision and signed the CPIT Review form.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2015

Contact Method: Face To Face

Contact Time: 02:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/30/2015

Completed date: 04/30/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2015 03:45 PM Entered By: [REDACTED]

[REDACTED] presented this case before CPIT Review in the absence of this investigator; however, no decision has been made pending review of the autopsy report by [REDACTED]. The case is scheduled for CPIT Review in two weeks (5/14/15).



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/30/2015	Contact Method:	
Contact Time:	11:22 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/15/2015
Completed date:	06/15/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/15/2015 04:07 PM Entered By: [REDACTED]

Background checks were completed with the following results:

- [REDACTED]:
- TN Sex Offender Registry: No records found
- JSSI: Failure to yield while turning left
- Drug Offender Registry: No records found
- Sheriff's Warrants: No records found

Household Composition:

[REDACTED] (AP)- [REDACTED] currently lives alone.

A TFACTS search was completed and yielded no history with this 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: 04/30/2015

Contact Method:

Contact Time: 11:10 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/30/2015

Completed date: 04/30/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2015 11:12 AM Entered By: [REDACTED]

Medical records, medical consult by [REDACTED], and autopsy report have been uploaded to TFACTS.



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: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/30/2015

Completed date: 04/30/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2015 09:53 AM Entered By: [REDACTED]

The case was brought back to CPIT Review on 4/23/15; however, no decision has been made. [REDACTED] needs to review the autopsy report which was forwarded to her on 4/9/15.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2015

Contact Method: Face To Face

Contact Time: 02:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/09/2015

Completed date: 04/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2015 03:22 PM Entered By: [REDACTED]

This investigator and [REDACTED] presented this case on 4/9/15 in CPIT Review; however, no decision was made on the neglect death allegation. The case will be brought back to CPIT Review in two weeks after [REDACTED] has a chance to review the autopsy report. This investigator provided a copy of [REDACTED] autopsy report to [REDACTED], who stated she will scan it to [REDACTED]. [REDACTED] also provided a copy of the [REDACTED] autopsy report for [REDACTED].

AG: [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:	System Completed
Contact Date:	04/09/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/18/2015
Completed date:	05/19/2015	Completed By:	System Completed
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: 05/18/2015 02:03 PM Entered By: [REDACTED]

The autopsy for [REDACTED] has been received [REDACTED] will forward the autopsy report to [REDACTED] for review.



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: 04/09/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/09/2015

Completed date: 04/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

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

This investigator received the autopsy report on [REDACTED] from the Medical Examiner's office. According to the report, the pathological diagnoses are as follows: "Neuropathologic changes consistent with hypoxic-ischemic encephalopathy. Bronchopneumonia right and left lungs. Status post organ procurement. The cause of death is listed as "Undetermined."



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: 03/24/2015

Contact Method: Correspondence

Contact Time: 08:27 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/27/2015

Completed date: 03/27/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/27/2015 05:13 PM Entered By: [REDACTED]

This investigator received the history on [REDACTED] family from the Department of Family and Children Services in [REDACTED]. According to the records, there was a case in September 2009 in which concerns were reported that [REDACTED] was hearing voices which were telling her to harm [REDACTED] (daughter), [REDACTED] (son), and [REDACTED] (paramour). It was reported that [REDACTED] had suffered with bi-polar disorder since she was 13 years old. [REDACTED] was seeing a psychiatrist ([REDACTED]) at the time of the DFCS' involvement. [REDACTED] had been prescribed Abilify and Lithium. [REDACTED] was also seeing a therapist ([REDACTED]) at the time of the investigation. It was believed that [REDACTED] did not pose a threat to her herself or her family because she was in therapy and on medication. The case was closed.



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: 03/23/2015

Contact Method:

Contact Time: 08:34 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/23/2015

Completed date: 03/23/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/23/2015 08:57 AM Entered By: [REDACTED]

This CPSI received an email from [REDACTED] with [REDACTED] stating this CPSI's information request will be handled 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: 03/20/2015

Contact Method:

Contact Time: 08:52 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/20/2015

Completed date: 03/20/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/20/2015 08:55 AM Entered By: [REDACTED]

This CPSI attempted to contact [REDACTED] with the [REDACTED] was unavailable. This CPSI was instructed to submit a request for CPS records to [REDACTED] and to [REDACTED]. A fax number [REDACTED] was also provided.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/16/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/16/2015

Completed date: 03/16/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2015 09:44 AM Entered By: [REDACTED]

This investigator received notification from the [REDACTED] that [REDACTED] has history with [REDACTED] in [REDACTED]. This investigator has requested the records from [REDACTED]. Response from [REDACTED] is pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/13/2015

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/13/2015

Completed date: 03/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/13/2015 08:54 AM Entered By: [REDACTED]

This CPSI checked the status of the information requested on [REDACTED] and family from the [REDACTED]. A response is pending.



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:	03/06/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/11/2015
Completed date:	03/11/2015	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: 03/11/2015 02:05 PM Entered By: [REDACTED]

It has been noted that the autopsy report is not ready and will be forwarded once completed by the Medical Examiners Office. Continue to follow up with the state of [REDACTED] in regards to the family [REDACTED] having any history with their state.



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: 03/04/2015

Contact Method:

Contact Time: 12:47 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/04/2015

Completed date: 03/04/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/04/2015 12:50 PM Entered By: [REDACTED]

This CPSI contacted the Medical Examiner's office [REDACTED] on 3/4/15 and spoke with [REDACTED] in an effort to get an update on the status of [REDACTED] autopsy report. This CPSI was told the results are still pending. [REDACTED] stated that this CPSI's request for the autopsy results have been entered in their system and will be provided to this CPSI when available.



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:	02/25/2015	Contact Method:	Phone Call
Contact Time:	03:56 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/25/2015
Completed date:	03/16/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/25/2015 04:13 PM Entered By: [REDACTED]

This CPSI contacted [REDACTED] via phone, but [REDACTED] stated she was on an important call and would call this CPSI back. This CPSI received a return call from [REDACTED] and this CPSI informed [REDACTED] of this CPSI's attempted home visit. [REDACTED] told this CPSI she no longer resides at [REDACTED] [REDACTED] says there are too many memories of her children at that residence and she was having difficulty living there. [REDACTED] stated she now lives at [REDACTED]. This CPSI informed [REDACTED] that the Department's investigation is still open regarding [REDACTED]. [REDACTED] told this CPSI she has made contact with the Medical Examiner's (ME) office. According to [REDACTED], she was advised that it may be five months before any conclusion is reached regarding [REDACTED] cause of death. [REDACTED] attributes [REDACTED] death to carbon monoxide poison, but she says the M.E. has stated it may be difficult to confirm this because [REDACTED] was not tested for carbon monoxide poison until 12 hours after he was admitted to [REDACTED] and by that time he had been given oxygen by hospital staff. [REDACTED] also informed this CPSI she has a lawsuit against the homeowner's insurance company because of the faulty heater which was the cause of the carbon monoxide leak. She says the lawsuit is with [REDACTED] [REDACTED] told this CPSI that [REDACTED] helped her with [REDACTED] body. She stated she opted not to have a funeral and to have [REDACTED] cremated. [REDACTED] says she just picked up [REDACTED] ashes and she will be planning a small memorial service to be attended by immediate family members only.



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: 02/25/2015

Contact Method: Attempted Face To Face

Contact Time: 02:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/25/2015

Completed date: 02/25/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/25/2015 02:45 PM Entered By: [REDACTED]

This CPSI attempted a home visit on 2/25/15 with [REDACTED]. This CPSI knocked on the door and was greeted by [REDACTED]. This CPSI greeted [REDACTED] and asked to speak with [REDACTED]. [REDACTED] told this CPSI that [REDACTED] was not home. This CPSI thanked [REDACTED] and asked her to let [REDACTED] know this CPSI came by.

This CPSI will attempt to contact [REDACTED] via phone.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/05/2015	Contact Method:	
Contact Time:	04:10 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/05/2015
Completed date:	02/05/2015	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: 02/05/2015 04:32 PM Entered By: [REDACTED]

The case was staffed for updates. Continue to follow up with [REDACTED] on status of history search on [REDACTED]. Inquire on the status of the autopsy with the medical examiner. A face to face visit with the mother need to be conducted. Contact [REDACTED], inquire if the toxicology results are back. Three toxicology screening have been completed, the first two screenings were negative. Request the medical records and results from [REDACTED] Note the findings of the toxicology screenings and type of screening.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/05/2015

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/05/2015

Completed date: 02/05/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2015 02:14 PM Entered By: [REDACTED]

This CPSI presented this case before CPIT Review. No classification or decision by the DA has been made at this time pending the receipt of the autopsy and the third toxicology screening. This CPSI is scheduled to be brought back before CPIT Review in April 2015 unless the needed information is obtained sooner.



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: 01/26/2015

Contact Method: Phone Call

Contact Time: 03:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Other Persons Living in Home Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/26/2015 03:28 PM Entered By: [REDACTED]

This CPSI spoke with [REDACTED], a tenant of [REDACTED] and [REDACTED] stated she has lived in [REDACTED] residence since December 1st, 2014. [REDACTED] was not very involved with other members of the household, preferring her privacy. [REDACTED] stated she has never witnessed any behavior from [REDACTED] toward [REDACTED] that would give her reason to be concerned for [REDACTED] safety. [REDACTED] was home the evening [REDACTED] transported [REDACTED] to the hospital; however, [REDACTED] stated she was unaware [REDACTED] was ill. [REDACTED] stated she saw [REDACTED] earlier that day and he appeared to be fine. According to [REDACTED] was playing with no signs he was not feeling well. [REDACTED] told this CPSI she ([REDACTED]) and the other occupants of [REDACTED] residence had to leave the home recently because the heater stopped working. [REDACTED] did not appear to be aware of the carbon monoxide in the home. [REDACTED] reports the heater has been replaced and that she and the other residents returned to the home on 1/20/15.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/26/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/26/2015 03:33 PM Entered By: [REDACTED]

This CPSI was contacted by [REDACTED], paternal great aunt of [REDACTED], who reported she witnessed [REDACTED] choking [REDACTED] eight year old son when they lived in [REDACTED]. [REDACTED] says the incident was not reported to DCS in [REDACTED]. According to [REDACTED], she contacted [REDACTED] father [REDACTED] to inform him of what she had witnessed. [REDACTED] says [REDACTED] was not a good parent. [REDACTED] reports that [REDACTED] was the one who took care of [REDACTED] when they lived in [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/26/2015

Contact Method:

Contact Time: 02:55 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 02:58 PM Entered By: [REDACTED]

This CPSI attempted to contact [REDACTED], a tenant of [REDACTED]; however, [REDACTED] was unavailable. A voicemail message was left requesting a return call to this 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: 01/26/2015

Contact Method:

Contact Time: 02:53 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 02:54 PM Entered By: [REDACTED]

This CPSI requested a copy of the autopsy report and the death certificate. Results are pending.



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: 01/21/2015

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/21/2015

Completed date: 01/21/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/21/2015 04:16 PM Entered By: [REDACTED]

This CPSI spoke with [REDACTED] who stated the second toxicology screen results on [REDACTED] have been received and were negative.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2015

Contact Method:

Contact Time: 11:12 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/14/2015

Completed date: 01/14/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/14/2015 01:34 PM Entered By: [REDACTED]

This CPSI received an email informing [REDACTED] passed away on 1/14/15 at 10:31 a.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: 01/14/2015

Contact Method:

Contact Time: 09:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/14/2015

Completed date: 01/14/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/14/2015 10:20 AM Entered By: [REDACTED]

[REDACTED] came to this CPSI's office on 1/14/15 without an appointment. [REDACTED] told this CPSI it was important she speak with this CPSI. [REDACTED] stated she has just learned that her home is filled with carbon monoxide. According to [REDACTED], she noticed her home was not being heated so she called [REDACTED] and requested someone come to check her furnace. [REDACTED] came out on 1/13/15 to check and found one of heat exchanger ruptured and there was a major carbon monoxide leak. [REDACTED] says she was told by the [REDACTED] technicians it is a miracle her home has not exploded due to the level of carbon monoxide found in the home. [REDACTED] stated she was told the leak has been going on for months. [REDACTED] stated she has had the furnace checked by [REDACTED] twice in the past and the leak was never discovered. [REDACTED] has also come out and completed a check, but never caught the leak. [REDACTED] believes this to be the reason her daughter, [REDACTED] and her son, [REDACTED] became ill and died. [REDACTED] says others who have lived in the home have experienced nausea and headaches. [REDACTED] says she and her tenants have moved out of the home. [REDACTED] also reports being advised by [REDACTED] technicians not to allow [REDACTED] to return to her home to get the unit. [REDACTED] says she spoke with the hospital staff and questioned if [REDACTED] was checked for carbon monoxide. According to [REDACTED], when [REDACTED] was brought to [REDACTED] he was given oxygen and was not tested for carbon monoxide until 12 hours after being admitted. A copy of the [REDACTED] service form was provided to this CPSI. This CPSI thanked [REDACTED] was the information and the visit ended.

This information was shared with [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/13/2015

Contact Method:

Contact Time: 11:21 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2015

Completed date: 01/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/13/2015 11:22 AM Entered By: [REDACTED]

This CPSI emailed a copy of [REDACTED] consult to [REDACTED] (Legal).



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: 10:57 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2015

Completed date: 01/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/13/2015 10:59 AM Entered By: [REDACTED]

This CPSI contacted DCS in [REDACTED] via email and requested any history involving [REDACTED] and her children. Results are pending.

Narrative Type: Addendum 1 Entry Date/Time: 01/13/2015 11:12 AM Entered By: [REDACTED]

This CPSI mailed a request for [REDACTED] medical records to [REDACTED]. Results are pending.



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:	Phone Call
Contact Time:	09:25 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/13/2015
Completed date:	01/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/13/2015 09:44 AM Entered By: [REDACTED]

This CPSI spoke with [REDACTED], birth father of [REDACTED] who informed this CPSI he spoke with [REDACTED] on 1/12/15 and he is aware of [REDACTED] condition. [REDACTED] states he and [REDACTED] are separated and [REDACTED] (age 8) resides with him. [REDACTED] has lived in [REDACTED] for approximately a year. [REDACTED] lives at [REDACTED]. He reports [REDACTED] is scheduled for a medical exam on 1/14/15 for lab work in light of the situation with [REDACTED] and what also happened with his sister [REDACTED]. [REDACTED] reports [REDACTED] has a diagnosis of ADHD and ODD and is taking medication and seeing a psychiatrist. According to [REDACTED], [REDACTED] was born prematurely and with sleep apnea, which [REDACTED] no longer experiences. [REDACTED] says that [REDACTED] reports [REDACTED] has the sickle cell trait. He reports no other medical conditions. [REDACTED] says he has never had a problem with [REDACTED] in her role as a mother. He says she takes care of her children and gives them whatever they need. [REDACTED] says he does not believe in corporal punishment, but [REDACTED] does; however, [REDACTED] has never known [REDACTED] to be excessive with corporal punishment. [REDACTED] says there has never been any DCS involvement with [REDACTED]. He was unsure about [REDACTED]. [REDACTED] has spent some time in [REDACTED] with [REDACTED] and there has never been any issues. [REDACTED] described [REDACTED] as somewhat of a hypercondriac in regards to [REDACTED] when he was younger. [REDACTED] had no knowledge of [REDACTED] experiencing seizures. This CPSI thanked [REDACTED] for his time and the call was 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: 01/12/2015

Contact Method:

Contact Time: 04:47 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2015

Completed date: 01/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/13/2015 09:11 AM Entered By: [REDACTED]

This CPSI received the written consultation from [REDACTED]. According to the memo received, [REDACTED] has concern that [REDACTED] condition may be the result of ingestion or poisoning. She states [REDACTED] condition is very concerning for nonaccidental trauma.



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:	01/12/2015	Contact Method:	Face To Face
Contact Time:	02:40 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/12/2015
Completed date:	01/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/13/2015 08:58 AM Entered By: [REDACTED]

This CPSI spoke with [REDACTED], who is renting a room from [REDACTED], and [REDACTED] says [REDACTED] and [REDACTED] have a good relationship. She believes [REDACTED] to be an attentive parent. [REDACTED] says [REDACTED] is a very busy three year old, who is always running around the house. [REDACTED] was present in the home during the time [REDACTED] became ill. [REDACTED] says she did not see any unusual behavior from [REDACTED]. She reports that on the day of the incident, [REDACTED] came home from school around 5:00 p.m. She says she was [REDACTED] in his room sitting in a corner with his coat and hat still on and she offered to help him take off his coat and hat. [REDACTED] says that on that day [REDACTED] complained to [REDACTED] of chest pain. [REDACTED] says she and [REDACTED] were in her ([REDACTED]) room playing cards and [REDACTED] came in the room with them. [REDACTED] says she went to bed and was later awakened by [REDACTED] informing her that she ([REDACTED]) was taking [REDACTED] to the hospital. [REDACTED] asked if she needed to go to the hospital with [REDACTED] and [REDACTED] but she was told it was not necessary. [REDACTED] is on medications and this CPSI asked how she keeps her medicines stored. [REDACTED] keeps her medication in a zipped bag out of the reach of [REDACTED]. She does not believe [REDACTED] could have gotten access to any of her medication. [REDACTED] is not allowed in [REDACTED] room if [REDACTED] is not there. [REDACTED] has resided in [REDACTED] home since late September/early October of 2014.



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:	01/12/2015	Contact Method:	Face To Face
Contact Time:	01:30 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/12/2015
Completed date:	01/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/12/2015 04:21 PM Entered By: [REDACTED]

This CPSI conducted a home visit with [REDACTED] at [REDACTED]. During this visit, [REDACTED] completed the following DCS paperwork: Authorization for Release of Information, Notification of Equal Access to Programs and Services and Grievance Procedures, HIPAA Notice of Privacy Practices-Client Acknowledgement, and Native American Heritage Veto Verification. The Acknowledgement of Receipt of Client's Rights Handbook was signed during the initial face to face which occurred on 1/8/15. [REDACTED] told this CPSI she and her children [REDACTED] reports that [REDACTED] still lives in [REDACTED] with his father because [REDACTED] did not want to move to [REDACTED] and he resides in [REDACTED]. [REDACTED] told this CPSI the father of [REDACTED] and [REDACTED] is [REDACTED]. According to [REDACTED] has not been involved with [REDACTED] since they moved to [REDACTED]. She reports [REDACTED] visited for Christmas. [REDACTED] says when she and children lived in [REDACTED] would have the children for a week and she would have the children for a week. When asked how [REDACTED] was notified about [REDACTED] condition, [REDACTED] stated she informed him. [REDACTED] says [REDACTED] has no desire to come to [REDACTED] to see [REDACTED] stated [REDACTED] visited for Father's Day and shortly afterward their daughter, [REDACTED] past away. She also says [REDACTED] visited on Christmas and stayed over night at her home and shortly after [REDACTED] became ill. This CPSI observed [REDACTED] was not looking at this CPSI when she made this statement, but was looking into space. [REDACTED] stated [REDACTED] condition is bleak. She says [REDACTED] has been taken off the medications he was being given. [REDACTED] is to have a brain death test later today (1/12/15) and it will then be determined if he will be taken off life support. [REDACTED] denies instructing the hospital staff to remove [REDACTED] from life support [REDACTED] told this CPSI the neurologists have told her at least three times that [REDACTED] is already brain dead and that if he lives he will not have any kind of quality of life [REDACTED] informed this CPSI that her mother, [REDACTED] recommended that she [REDACTED] leave the hospital for a while. [REDACTED] reports having an emotional episode at the hospital in which she "tore up" the room, but she says she does not remember doing it. [REDACTED] says she is numb at this point and is trying to handle the situation as best she can. [REDACTED] says she has not had enough time to process her daughter's untimely death and now she is facing losing [REDACTED] told this CPSI [REDACTED] does not have life insurance and the hospital has made recommendations of funeral homes that may be able to help. According to [REDACTED], she did not have any life insurance on [REDACTED] and the family is still trying to recover from the financial responsibility of funeralizing [REDACTED] [REDACTED] has issued a "No Pub" [REDACTED] because she says she has been harrassed by individuals with whom she wants no contact. [REDACTED] stated if anyone calls the hospital to inquire about [REDACTED] they will not be given any information confirming his



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

presence in the hospital.

[REDACTED] is currently married to [REDACTED], the father of [REDACTED] (age 8); however, she and [REDACTED] have been separated since 2007.

[REDACTED] reports that when the family resided in [REDACTED] was given the wrong dosage of medication by his [REDACTED]. According to [REDACTED] has since been arrested and his medical records may not be available. [REDACTED] provided the contact information for [REDACTED] and his [REDACTED].

[REDACTED] currently has [REDACTED]. She has been diagnosed with Lupus since 2002 and is currently taking Niproxin and Lisinopril. [REDACTED] stated [REDACTED] suffered from bronchitis and bronchitis acute and was prescribed Albuterol and Prednisolone (15 MG). She stated she did not think to inform the hospital of this when [REDACTED] was first admitted. [REDACTED] says [REDACTED] suffered from seizures. She says [REDACTED] was born with sleep apnea and was sent home with a machine to address the issue.

[REDACTED] is not employed and obtains finances through renting out rooms in her home (\$850.00). She currently has two tenants: [REDACTED] has been unable to get disability and receives \$352.00 in food stamps. [REDACTED] attended [REDACTED] planned to return to the hospital after this CPSI's visit so she could inform the staff about [REDACTED] bronchitis diagnosis and the medication he was taking. This CPSI observed the home and did not see any safety concerns. This CPSI thanked [REDACTED] for her time and the visit was 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:	01/12/2015	Contact Method:	Phone Call
Contact Time:	12:03 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/12/2015
Completed date:	01/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

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

This CPSI contacted [REDACTED] (birth father of [REDACTED] on 1/12/15 via phone. [REDACTED] told this CPSI he lives in [REDACTED] and he is the father of [REDACTED] and the late [REDACTED] told this CPSI he learned of [REDACTED] condition via facebook. He stated [REDACTED] did not contact him to let him know [REDACTED] was in the hospital and that his condition was critical [REDACTED]. [REDACTED] stated he last saw [REDACTED] on Christmas Day in [REDACTED]. He stated [REDACTED] had asked to return to [REDACTED] with him [REDACTED]. [REDACTED] told this CPSI he lost his daughter, [REDACTED] in August of 2014. He stated he first learned of [REDACTED] situation from [REDACTED] who contacted him to say [REDACTED] had complained of not feeling well, had gone to sleep and did not wake up. [REDACTED] was upset and confused by this because he stated [REDACTED] had been perfectly healthy prior to her death. [REDACTED] last visit with [REDACTED] was on Father's Day of 2014. He stated as he prepared to return home, [REDACTED] expressed her desire to return to [REDACTED] with him. [REDACTED] is not the father of [REDACTED] oldest child, [REDACTED] (age 8). [REDACTED] father is [REDACTED], who also resides in [REDACTED]. [REDACTED] provided the following contact number for [REDACTED]. [REDACTED] provided this CPSI with [REDACTED] facebook page which is under the name [REDACTED]. According to [REDACTED], there are disturbing images satanic in nature which include girls bleeding from their mouths. [REDACTED] stated he was informed of this facebook page by a relative.



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: 01/12/2015

Contact Method:

Contact Time: 11:36 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2015

Completed date: 01/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/13/2015 11:18 AM Entered By: [REDACTED]

The Child Fatality/Near Death report was completed by this CPSI and sent to [REDACTED] for review. After review, the report was forwarded to the appropriate person(s) 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: 01/12/2015

Contact Method: Phone Call

Contact Time: 11:03 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/12/2015

Completed date: 01/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/12/2015 11:22 AM Entered By: [REDACTED]

This CPSI received a return call from [REDACTED] and this CPSI scheduled a home visit with [REDACTED] for 1/12/15 at 1:30 p.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/12/2015

Contact Method: Attempted Phone Call

Contact Time: 10:48 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/12/2015

Completed date: 01/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/12/2015 10:51 AM Entered By: [REDACTED]

This CPSI attempted to contact [REDACTED] via phone, but was unable to reach her. A voicemail message was left requesting a return call.

This CPSI also contacted [REDACTED] to see if [REDACTED] was there and this CPSI was informed [REDACTED] is not present at 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: 01/12/2015

Contact Method:

Contact Time: 10:22 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/12/2015

Completed date: 01/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/12/2015 10:37 AM Entered By: [REDACTED]

This CPSI received a phone call from [REDACTED], who informed this CPSI [REDACTED] condition is not improving and [REDACTED] wants to discontinue his medical treatment. [REDACTED] informed this CPSI that according to [REDACTED] nurse practitioner [REDACTED] had gone home to give away [REDACTED] belongings.



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: 01/12/2015

Contact Method:

Contact Time: 10:01 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/12/2015

Completed date: 01/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/12/2015 10:03 AM Entered By: [REDACTED]

This CPSI attempted to contact [REDACTED] to see if he can assist in obtaining the 911 call made by [REDACTED]; however, [REDACTED] was not available. A voicemail message was left requesting a return call to this 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: 01/09/2015

Contact Method:

Contact Time: 01:09 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

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

The initial SDM has been completed and the child is conditionally safe. The child is currently at [REDACTED] and it is unclear when he will be discharged as his condition is not favorable at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/09/2015

Contact Method:

Contact Time: 01:08 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

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

This CPSI was contacted by [REDACTED], who informed this CPSI the consult with [REDACTED] will be provided to this CPSI when it is available. This CPSI thanked [REDACTED] and the call was 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: 01/09/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

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

This CPSI attempted to contact [REDACTED], but he was not available. A voicemail message was left requesting a return call to this 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: 01/09/2015

Contact Method: Phone Call

Contact Time: 12:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2015 01:04 PM Entered By: [REDACTED]

This CPSI contacted [REDACTED] in an effort to schedule a time for the home visit and [REDACTED] informed this CPSI [REDACTED] conducted a home visit and crime scene photos were taken. She also informed this CPSI a copy of her daughter's autopsy report was provided to the sergeants. [REDACTED] says [REDACTED] condition has not changed. She stated he will be taken for an MRI. [REDACTED] also says [REDACTED] has been put into a deep coma to stop the seizures he was experiencing. [REDACTED] has a son, [REDACTED] (age 8) who resides in [REDACTED] with his father. [REDACTED] shares custody with [REDACTED] father. [REDACTED] says the two older children, [REDACTED] suffered from seizures and both were taken medication to address the seizures. This CPSI asked [REDACTED] if she was home after learning she [REDACTED] was not at the hospital at the time of this CPSI's call. [REDACTED] stated she was not home and was not sure when she would be home as her plan was to return to the hospital. This CPSI stated this CPSI would contact [REDACTED] at a later time to arrange a time to have the DCS paperwork completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/09/2015	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/09/2015
Completed date:	01/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/09/2015 12:18 PM Entered By: [REDACTED]

The referral was reviewed in morning CPIT on 1/9/15 and was stamped the following: "Get Medical Records," "Present to CPIT Review Feb. 5, 2015." The case has also been coordinated with [REDACTED] PD.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/09/2015	Contact Method:	
Contact Time:	08:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/12/2015
Completed date:	01/12/2015	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: 01/12/2015 09:34 AM Entered By: [REDACTED]

This case was staffed with [REDACTED]. [REDACTED] will need to obtain contact information for the father of [REDACTED] and make contact with him. Request 911 report, ask [REDACTED] who is assigned to the case, if he able to get the print out of the 911 call. [REDACTED] has an 8 year old son that lives in [REDACTED] with his father. Engage the mother and obtain the father of the 8 year old name and contact information. Contact the that father and inquire if the 8 year has any type of medical issues. Contact [REDACTED] daycare provider as a collateral and make contact with [REDACTED] roommate. Documents interviews once contacted. Contact [REDACTED] references.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/08/2015 Contact Method: Face To Face
 Contact Time: 04:45 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 01/09/2015
 Completed date: 01/12/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Alleged Perpetrator Interview, Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2015 12:49 PM Entered By: [REDACTED]

This CPSI conducted an initial face to face with [REDACTED] (age 3) on 1/8/15 in the [REDACTED]. This CPSI observed [REDACTED] connected to monitors with tubes attached to him. [REDACTED] is unconscious and there was involuntary movement as this CPSI observed a continuous jerking motion of [REDACTED] body.

When this CPSI arrived to [REDACTED] where [REDACTED] is currently receiving medical treatment, this CPSI observed two women in the room. This CPSI asked for [REDACTED] who identified herself. This CPSI then introduced herself and requested to speak with [REDACTED] in private. [REDACTED] told this CPSI whatever needed to be discussed could be discussed in the presence of the other woman, who was identified as [REDACTED] mother. Both women were eating dinner when this CPSI arrived. This CPSI explained that the Department has received a referral with concerns regarding [REDACTED] admittance to [REDACTED] and this CPSI asked [REDACTED] to explain how [REDACTED] came to be in the hospital. [REDACTED] stated she did not understand why DCS has been called. She stated a tox screen has already been completed by the hospital and should have been provided to DCS so it would not be necessary for this CPSI to interview her ([REDACTED]). [REDACTED] stated that is what was done when her ([REDACTED]) daughter died.

This CPSI asked [REDACTED] about the events of the day prior to [REDACTED] becoming ill. [REDACTED] stated [REDACTED] had complained of a stomach ache and she stated he was urinating and having bowel movements a lot the day he became ill. This CPSI asked what [REDACTED] had eaten and [REDACTED] stated she prepared him some peached and creme flavored oatmeal for breakfast and he drank juice. She stated he had chicken and Italian soup for dinner. [REDACTED] was becoming upset with the questions this CPSI asked and was hesitant to talk with this CPSI. She walked out of the room during the interview, stating she was being accused of poisoning her child.

This CPSI remained in the room to give [REDACTED] a chance to gather herself so the interview could continue. This CPSI was approached by [REDACTED] mother who requested this CPSI conduct the interview at another time. This CPSI asked for the name of [REDACTED] mother, but she (the grandmother) refused to provide her name and asked why this CPSI needed that information. The grandmother ([REDACTED] mother) stated [REDACTED] is under a lot of pressure and she does not want [REDACTED] to go into cardiac arrest. This CPSI was informed [REDACTED] suffers with Lupus.

This CPSI left the room briefly and when she returned [REDACTED] had returned to the room. This CPSI informed [REDACTED] of the importance of the questions being asked. This CPSI explained to [REDACTED] that this CPSI



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

is not accusing her of anything, but was merely attempting to address the concerns listed in the referral and that her cooperation is important to the investigation. [REDACTED] began again to explain what happened prior to [REDACTED] being admitted to [REDACTED]. She stated [REDACTED] had complained of a stomach ache. She stated he had eaten the peaches and creme flavored oatmeal and chicken dinner earlier in the day. [REDACTED] says [REDACTED] continued to vomit and have bowel movements. She stated that he went to sleep around 7:45 p.m and slept until approximately midnight. [REDACTED] awake still complaining of not feeling well, but [REDACTED]. [REDACTED] stated [REDACTED] said he was hungry so [REDACTED] again gave him the peaches and creme oatmeal. According to [REDACTED], she and her roommate were up late playing cards when [REDACTED] came into the room with them. [REDACTED] says at approximately 2 p.m., she informed [REDACTED] and the roommate (name unknown), it was time to go to bed because [REDACTED] had to be at school at 7:30 the next morning. [REDACTED] says [REDACTED] condition did not improve and he complained of chest pains. [REDACTED] stated she recognized [REDACTED] symptoms as the same symptoms her daughter experienced prior to her death, so [REDACTED] told the roommate she was going to take [REDACTED] to the hospital from her home at [REDACTED]. [REDACTED] says [REDACTED] walked to the car and they headed to [REDACTED] says when they reached [REDACTED] she noticed [REDACTED] breathing had become strained and he was sweating profusely. [REDACTED] says she called 911 to inform [REDACTED] to be on the look out for her. [REDACTED] says when they arrived at [REDACTED] the staff was waiting for them. [REDACTED] told this CPSI [REDACTED] flatlined, but is unclear if this was in transit or after arriving at [REDACTED]. When asked why she opted to drive [REDACTED] to [REDACTED] instead of calling 911 immediately, [REDACTED] stated she felt it was okay to drive [REDACTED] to the hospital because he was alert and merely vomiting. This CPSI asked [REDACTED] if there was a possibility [REDACTED] may have ingested something harmful and [REDACTED] said no. She says [REDACTED] was in her presence all day. [REDACTED] reports [REDACTED] did not attend school for the past two days because he had been unwell. [REDACTED] says [REDACTED] had been suffering from post nasal drip and she had given him Benadryl approximately three days prior to this incident. This CPSI explained to [REDACTED] that a home visit would need to take place and one was scheduled for Friday, 1/9/15 at which time the DCS paperwork will be completed. [REDACTED] agreed. This CPSI thanked [REDACTED] for her time and the visit was 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: 01/08/2015

Contact Method:

Contact Time: 04:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/22/2015

Completed date: 05/22/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/22/2015 01:24 PM Entered By: [REDACTED]

Background checks were completed with the following results:

TN Sex Offender Registry: No records found

JSSI: Failure to Yield While Turning Left

Sheriff's Warrant: No records found

Drug Offender Registry: No records found

Household Composition:

[REDACTED] (birth mother, AP)

[REDACTED] DOB: (non-relative in H/H)

[REDACTED], DOB: (non-relative in H/H)

A TFACTS search was completed and there was no history on this 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: 01/08/2015

Contact Method: Attempted Phone Call

Contact Time: 04:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2015

Completed date: 06/30/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 06/30/2015 09:11 AM

Entered By: [REDACTED]

The referent could not be reached.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/08/2015	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/12/2015
Completed date:	01/12/2015	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: 01/12/2015 09:37 AM Entered By: [REDACTED]

A P (1) referral was called in to Central Intake on (1-8-15), at (12:31) p.m. Case assigned to Team [REDACTED] on (1-8-15) with the allegation of (LOS) in regard to [REDACTED], age (3) years. The alleged perpetrator is [REDACTED], mother.

Response is due on (1-9-15); (12:31) p.m. The referent letter was email on (none). Juvenile Court (Judge) and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/08/2015 Contact Method:
 Contact Time: 12:31 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/09/2015
 Completed date: 01/09/2015 Completed By: [REDACTED]
 Purpose(s): 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: 01/09/2015 12:13 PM Entered By: [REDACTED]

The Department received a P1 referral on 1/8/15 with an allegation of lack of supervision naming [REDACTED] (age 3 yrs) as the alleged child victim. [REDACTED] (birth mother) has been named as the alleged perpetrator. According to the reporter, [REDACTED] was brought to [REDACTED] on 1/8/15 in full cardiac arrest. [REDACTED] was admitted from the emergency room into the Intensive Care Unit. The mother, [REDACTED] told the staff [REDACTED] had no recent illnesses and no past medical problems. [REDACTED] stated there was no possibility [REDACTED] could have ingested anything at home. [REDACTED] said [REDACTED] complained of abdominal pain and said he needed to poop yesterday afternoon (1/7/15). [REDACTED] says [REDACTED] had some relief after he had a bowel movement. [REDACTED] said later in the day [REDACTED] was complaining of chest pain and was panting. [REDACTED] is allergic to dairy, but [REDACTED] stated [REDACTED] had no dairy. [REDACTED] was panting while in the bed with [REDACTED] was brought to [REDACTED] by private vehicle. He was unresponsive upon arrival to the emergency room and CPR was started by the ER staff. [REDACTED] has no history of chest pains or allergies. The ER staff did report seeing signs of seizure. [REDACTED] prognosis is unknown and at this time it is unknown what initiated [REDACTED] symptoms. Child abuse specialist, [REDACTED], is requesting immediate DCS assistance as soon as possible. It is also reported [REDACTED] had a child (name unknown) that died suddenly in August of 2014 with similar symptoms as [REDACTED]. The autopsy of that child was indeterminate. The case was assigned to [REDACTED] on 1/8/15.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 1/8/15 12:31 PM

Date of Assessment: 1/8/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____