



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 02/13/2015 10:29 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 02/13/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County: [REDACTED]  
 Date/Time Assigned : 02/17/2015 11:34 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 02/17/2015 12:00 AM  
 First Case Manager [REDACTED] Date/Time 02/17/2015 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 5 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: Facsimile

Notification: None

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

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: No

Substantiated: No

Death: No



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

Screened out: No

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

History (not listed above): Yes

Begin date: 6-10-04 / Investigation [REDACTED] / ENN and PHA / Allegation Unsubstantiated Perpetrator Unsubstantiated / End date: 7-29-04

County: [REDACTED]

Notification: No

School/ Daycare: No

Native American Descent: Not provided

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

Reporter's name/relationship: [REDACTED]

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

**\*\*Faxed Report Typed Verbatim\*\***

This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of [REDACTED] [REDACTED].) This 17 month-old infant was witnessed to become unresponsive by his mother on 2/11/2015. Paramedics with [REDACTED] responded to the scene located a [REDACTED] and transported the decedent to [REDACTED]. The decedent was pronounced on 2/11/2015 at 1401 hours by [REDACTED]. A scene investigation was conducted by the [REDACTED], and the decedent's remains were transported to the office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED]. Her phone number is [REDACTED]. Our case # is [REDACTED].

Special Needs or Disabilities: Unknown

Child's current location/is the child safe at this time: [REDACTED]

Perpetrator's location at this time: Unknown

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

Domestic Violence present in the home: Unknown

Per SDM [REDACTED], CM3, on 2-13-15 at 11:29 p.m.

County notified via MIR3

[REDACTED] - Time Issued: 11:34:20 PM // Completed: 11:35:36 PM

Email sent to [REDACTED] and [REDACTED], [REDACTED]



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 43 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age: 2 Yrs 5 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: UNKNOWN

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participan [REDACTED], Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/13/2015

Assignment Date: 02/17/2015

Street Address: [REDACTED],

City/State/Zip: [REDACTED], [REDACTED] [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Participant, Unknown [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/30/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: This case will be classified as AUPU.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 11/04/2015

Team Leader: [REDACTED]

Date: 11/04/2015

**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 deceased upon receipt of this case [REDACTED] reported no concerns.

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

[REDACTED] had numerous medical conditions and was just released from the hospital due to breathing issues prior to his death.

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

None.

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

None.



**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]

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

The department received this referral on 02/13/2015 with an allegation of neglect death on [REDACTED] by Unknown. [REDACTED] had numerous medical issues and died from natural causes.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/05/2015

Contact Method:

Contact Time: 08:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/05/2015

Completed date: 11/05/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/05/2015 08:53 AM      Entered By: [REDACTED]

Case Closure

[REDACTED] was able to review this case for closure with the allegations of Neglect Death [REDACTED] was able to complete the investigation for which the autopsy report was received noting the cause of death as complications of congenital heart disease and Trisomy 21 with the manner of death being natural. The case was presented before CPIT on 10/30/15 with the agreed classification of AUPU. All investigative tasks have been completed on this case and the CS-0740 will be forwarded to the Judge and DA for the notification of the classification. A copy of the form can be found in the file.

This case has been reviewed and approved for closure by [REDACTED] on 11/4/15.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/04/2015

Contact Method:

Contact Time: 03:40 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/05/2015

Completed date: 11/05/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/05/2015 08:56 AM      Entered By: [REDACTED]

Notation

[REDACTED] [REDACTED] received correspondence from [REDACTED] [REDACTED] via email that the case has been approved for closure by the [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:12 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/04/2015

Contact Method:

Contact Time: 03:40 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 11/09/2015

Completed date: 11/09/2015

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: 11/09/2015 11:12 AM      Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/04/2015

Contact Method:

Contact Time: 02:32 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/04/2015

Completed date: 11/04/2015

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 11/04/2015 02:32 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) received this referral on 02/13/2015 at 10:29PM with an allegation of neglect death on [REDACTED] by Unknown.

On 02/10/2015, [REDACTED] reported she groomed [REDACTED] as usual, brushed his teeth, fed him, and gave him a breathing treatment and laid him down for a nap around 12 noon. She stated she tried to wake [REDACTED] up after his nap, and he did not respond to her calling his name so she picked him up and took him to the kitchen to splash water on his face. [REDACTED] reported she alerted her other children in the home and began CPR on [REDACTED]. She stated she went to the Fire Station on [REDACTED]. [REDACTED] reported once they arrived to the fire station, [REDACTED] was transported to [REDACTED] via ambulance, she was allowed to ride in the ambulance, but could not go to the back when they arrived at the hospital. [REDACTED] was pronounced deceased on 02/10/2015 at 2:01PM by [REDACTED].

[REDACTED] with the [REDACTED] made the scene at [REDACTED]. The case was assigned to [REDACTED] with the [REDACTED]. DCS [REDACTED] responded to the referral initially. DCS [REDACTED] was later assigned to the case and carried out the investigation. [REDACTED] with the medical examiner's office completed [REDACTED] autopsy.

On 02/14/2015, [REDACTED] was interviewed and stated that she groomed [REDACTED] as usual, brushed his teeth, fed him, and gave him a breathing treatment and laid him down for a nap around 12 noon. She stated she tried to wake [REDACTED] up after his nap, and he did not respond to her calling his name so she picked him up and took him to the kitchen to splash water on his face. [REDACTED] reported she alerted her other children in the home and began CPR on [REDACTED]. She stated she went to the Fire Station on [REDACTED]. [REDACTED] reported once they arrived to the fire station [REDACTED] was transported to [REDACTED] via ambulance, she was allowed to ride in the ambulance, but could not go to the back when they arrived at the hospital. [REDACTED] reported [REDACTED] spent several weeks in the hospital off and on due to his medical conditions. She reported he has Down syndrome, heart and kidney problems, and a feeding tube or g-tube as well. She stated [REDACTED] ate table food, but he also got PediaSure through his feeding tube, she reported the PediaSure was delivered to the home and was set up through the insurance company. [REDACTED] reported [REDACTED] was in the hospital the following dates: August 22- October 29, 2013;February 17- April 8, 2014;July 1-July 30, 2014;January 2-January20, 2015 [REDACTED] reported [REDACTED] went to the doctor last on December 19, 2014, he saw [REDACTED] at the [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

On 02/14/2015, [REDACTED] were also interviewed on this date [REDACTED] reported he was at home from school on 2/10/2015. He stated [REDACTED] was on the couch taking a nap and stopped breathing in his sleep. He reported his mother told him that [REDACTED] stopped breathing so they put their clothes on and took [REDACTED] to the fire department. [REDACTED] stated [REDACTED] and [REDACTED] went to the hospital in an ambulance. [REDACTED] were not home when [REDACTED] found [REDACTED] unresponsive and reported hearing of [REDACTED] death later.

On 10/23/2015 [REDACTED] called the homicide unit to ask about the notation stating that the officer who responding to the case had concerns of abuse or neglect. [REDACTED] stated the only reason abuse or neglect could have been suspected is because of the bruise on [REDACTED] chest; however, [REDACTED] noted that the medical examiner found it to be non-related to abuse or neglect. Therefore, there is no concern at this time.

On 10/26/2015, [REDACTED] called [REDACTED] at the medical examiner's office. [REDACTED] stated the only abrasions that seem to have not come from medical intervention are the small scabs behind his ears. [REDACTED] stated he does not see why there would be anything medically related in the spots behind his ears; however, the scabs are not acute and could be from fluid drying on his skin or from medical equipment if for some reason the equipment had to be taped behind his ears too. [REDACTED] stated the other abrasions noted are from medical intervention or medical therapy.

On 03/13/2015, 07/14/2015, and 11/03/2015, [REDACTED] made face to face contact with [REDACTED] [REDACTED] also spoke with [REDACTED] several times throughout the investigation. No new information was obtained during these visits and phone conversations.

Child death is defined as: a) Any child death caused by abuse or neglect. b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. c) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse. 2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect. NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline will select Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician. NOTE: Preliminary near deaths are always treated as severe child abuse.

On 10/30/2015, [REDACTED] received the referral back from the [REDACTED] with an agreement that the case would be classified as Allegation Unsubstantiated Perpetrator Unsubstantiated (AUPU).

There was no identified perpetrator in this case.

There is not a preponderance of evidence to substantiate the allegation of neglect death.

The case will be closed and classified as AUPU for the allegation of neglect death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/04/2015

Contact Method:

Contact Time: 01:57 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/04/2015

Completed date: 11/04/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2015 01:59 PM Entered By: [REDACTED]

[REDACTED] completed a Family Advocacy and Support Tool on the family. The score is Moderate Need/Risk due to [REDACTED] score being a 3 on physical health.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/04/2015

Contact Method:

Contact Time: 01:48 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/04/2015

Completed date: 11/04/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/04/2015 01:51 PM      Entered By: [REDACTED]

[REDACTED] completed a closing safety assessment on the family. The score is Safe.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/03/2015

Contact Method: Face To Face

Contact Time: 03:05 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/04/2015

Completed date: 11/04/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2015 11:29 AM Entered By: [REDACTED]

[REDACTED] arrived at [REDACTED] to conduct a visit with the family [REDACTED] were present.

[REDACTED] observed the home to be a two bedroom and one bath house with working utilities and food. The home was observed to have no safety hazards.

[REDACTED] spoke with [REDACTED] stated [REDACTED] are more than welcome to remain in the home as long as needed. [REDACTED] stated [REDACTED] are well taken care of by [REDACTED] as well as the rest of the family. [REDACTED] stated she was not speaking with [REDACTED] for a while due to personal reasons, but the children are most important to her, and she wants to ensure that they have everything they need.

[REDACTED] spoke with [REDACTED] privately. [REDACTED] was observed to be dressed appropriately with no visible marks or bruises [REDACTED] stated she is enjoying her new school [REDACTED] stated she made As, Bs, and one C on her report card. [REDACTED] stated she is glad to be gone from the neighborhood they were living in [REDACTED] stated there was always people shooting and breaking into houses [REDACTED] stated it was scary [REDACTED] stated she likes living with [REDACTED], but she is looking forward to [REDACTED] getting them a new house in the future. [REDACTED] reported no concerns.

[REDACTED] spoke with [REDACTED] privately. [REDACTED] was observed to be dressed appropriately with no visible marks or bruises. [REDACTED] stated he has not received his report card yet because he is going to a charter school that gets report cards on a different schedule than [REDACTED] [REDACTED] stated he is doing well in his classes. [REDACTED] stated he is okay with living with [REDACTED]. [REDACTED] stated [REDACTED] is working now, so they have more money to do things. [REDACTED] stated he is thinking about playing a sport at his new school, but he is unsure which sport [REDACTED] reported no concerns to the investigator.

[REDACTED] spoke with [REDACTED] privately. [REDACTED] was observed to be dressed appropriately with no visible marks or bruises [REDACTED] stated that he had As, Bs, and one D on his report card. [REDACTED] stated he received a D in ROTC because he did not get his uniform until last week. [REDACTED] stated he thinks his grade might be changed



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

because it was not his fault that he did not have the uniform. [REDACTED] stated he does not have a problem living with [REDACTED] but he hopes that [REDACTED] gets them a new house soon. [REDACTED] stated he misses having his own room [REDACTED] stated he will miss [REDACTED] cooking when they move [REDACTED] stated [REDACTED] cooks good food as well, so it might not be too big of a deal when they move. [REDACTED] reported no concerns to the investigator.

[REDACTED] spoke with [REDACTED] privately [REDACTED] stated that she is relieved to know that [REDACTED] can rest peacefully now that the autopsy report is completed. [REDACTED] stated her and the children are doing well. [REDACTED] stated she is planning to move out of [REDACTED] home at the beginning of next year, but she is going to take her time moving so that she does not end up in a bad neighborhood again [REDACTED] stated she has been enjoying working at [REDACTED] stated she is working in [REDACTED] stated the children are doing well in school and seem to like the schools that they are in now [REDACTED] stated she hopes that things continue to get better for them. [REDACTED] stated she has come a long way since February and hopes to be even better in the future. [REDACTED] thanked the investigator for everything the investigator has done for the family.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/30/2015

Contact Method: Correspondence

Contact Time: 01:21 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/30/2015

Completed date: 10/30/2015

Completed By: [REDACTED]

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

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/30/2015 01:21 PM      Entered By: [REDACTED]

This case will be classified as AUPU.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/30/2015

Contact Method: Phone Call

Contact Time: 11:08 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/30/2015

Completed date: 10/30/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/30/2015 11:12 AM      Entered By: [REDACTED]

[REDACTED] called [REDACTED] to schedule a home visit. A home visit was scheduled for 11/03/2015 at 3:30PM.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/30/2015

Contact Method: Correspondence

Contact Time: 10:51 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/30/2015

Completed date: 10/30/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/30/2015 11:13 AM      Entered By: [REDACTED]

[REDACTED] received the referral back from the Child Protection Investigation Team with an agreement to classify the case as AUPU.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/26/2015	Contact Method:	Phone Call
Contact Time:	12:51 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/26/2015
Completed date:	10/26/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/26/2015 01:02 PM      Entered By: [REDACTED]

[REDACTED] called [REDACTED] at the medical examiner's office. [REDACTED] stated the only abrasions that seem to have not come from medical intervention are the small scabs behind his ears. [REDACTED] stated he does not see why there would be anything medically related in the spots behind his ears; however, the scabs are not acute and could be from fluid drying on his skin or from medical equipment if for some reason the equipment had to be taped behind his ears too. [REDACTED] stated the other abrasions noted are from medical intervention or medical therapy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/23/2015

Contact Method:

Contact Time: 01:59 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/23/2015

Completed date: 10/23/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2015 02:03 PM Entered By: [REDACTED]

[REDACTED] called the homicide unit to ask about the notation stating that the officer who responding to the case had concerns of abuse or neglect. [REDACTED] stated the only reason abuse or neglect could have been suspected is because of the bruise on [REDACTED] chest; however, [REDACTED] noted that the medical examiner found it to be non-related to abuse or neglect. Therefore, there is no concern at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/23/2015

Contact Method: Correspondence

Contact Time: 08:10 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/23/2015

Completed date: 10/23/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:08 AM      Entered By: [REDACTED]

A copy of the autopsy report was sent to [REDACTED] for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/23/2015

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/23/2015

Completed date: 10/23/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2015 11:07 AM Entered By: [REDACTED]

[REDACTED] received the autopsy report for [REDACTED]. The medical examiner noted abrasions and scars; however, it was stated that the abrasions and scars were without evidence of significant trauma. There was also notation of a severe diaper rash that the medical examiner stated was more likely hospital acquired and a complication of his extensive medical history and was less likely the result of neglect/abuse. The cause of death is listed as complications of congenital heart disease and Trisomy 21 with the manner of death being natural. A copy of the autopsy has been scanned into TFACTS and will be placed in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/22/2015

Contact Method: Phone Call

Contact Time: 11:35 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/22/2015

Completed date: 10/22/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/22/2015 11:46 AM Entered By: [REDACTED]

[REDACTED] received a phone call from [REDACTED] stated she received the death certificate for [REDACTED] with natural causes listed as the cause of death. [REDACTED] stated she has moved again because the street she moved on had a high crime rate [REDACTED] stated someone broke into her house and stole everything. [REDACTED] stated [REDACTED] was outside one day, and people were shooting. [REDACTED] stated there was always something happening in the neighborhood, so she had to leave to make sure her children were safe [REDACTED] stated she is currently living with [REDACTED] stated she had to quit her job [REDACTED] because of the hours, but she is working [REDACTED] now. [REDACTED] stated she has been going to church every week. [REDACTED] stated she does not need assistance with anything at this time and will be looking forward to seeing the investigator soon.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/22/2015

Contact Method: Attempted Phone Call

Contact Time: 11:33 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/22/2015

Completed date: 10/22/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/22/2015 11:34 AM      Entered By: [REDACTED]

[REDACTED] called [REDACTED] to check on the family. There was no answer. [REDACTED] left a message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/21/2015

Contact Method:

Contact Time: 10:20 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/21/2015

Completed date: 10/21/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/21/2015 10:25 AM      Entered By: [REDACTED]

Admin Review

[REDACTED] was able to staff this case with [REDACTED] has been in frequent phone contact with the family. The department is still awaiting for the autopsy report and once it is received, the information will be shared with CPIT for an agreed classification. [REDACTED] will follow up with the family as a home visit and complete all investigative tasks on this case in order to submit for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/19/2015

Contact Method: Attempted Phone Call

Contact Time: 10:10 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/19/2015

Completed date: 10/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/19/2015 10:12 AM      Entered By: [REDACTED]

[REDACTED] called [REDACTED] to check on the family and ensure that the family was not in need of any services at this time. There was no answer. [REDACTED] left a message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/13/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/13/2015 03:17 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/30/2015

Contact Method: Phone Call

Contact Time: 08:06 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/30/2015

Completed date: 09/30/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/30/2015 08:08 AM Entered By: [REDACTED]

[REDACTED] called [REDACTED] stated she and the children are doing well. [REDACTED] stated her new job is going well [REDACTED] stated the children are doing well in school. [REDACTED] stated she feels like things are starting to come together for them [REDACTED] reported no concerns and stated she needs no assistance at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/27/2015

Contact Method:

Contact Time: 04:25 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/27/2015

Completed date: 09/27/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/27/2015 04:26 PM      Entered By: [REDACTED]

Admin Review

[REDACTED] was able to staff this case with [REDACTED] for which this is a neglect death case [REDACTED] will complete all investigative tasks and follow up with the family while case is still open. The department is still awaiting the autopsy report and once received it will be presented before CPIT for an agreed classification.



**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: 08/31/2015

Contact Method: Phone Call

Contact Time: 04:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2015

Completed date: 08/31/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2015 04:22 PM Entered By: [REDACTED]

[REDACTED] called [REDACTED]. [REDACTED] stated she starts work [REDACTED] at Monday. [REDACTED] stated she took her drug screen and filed out her paperwork today. [REDACTED] stated she joined a church last week, and she is feeling good about getting to know God again. [REDACTED] stated she moved to [REDACTED] about two weeks ago. [REDACTED] stated she saw where the investigator called, but her phone has been in and out [REDACTED] stated she was shocked she was able to answer the phone now. [REDACTED] stated she does not need assistance with anything at this time. [REDACTED] informed [REDACTED] to take advantage of the services the church can provide for her and the children. [REDACTED] stated she did not know pastors did grief counseling, but she will think about asking the pastor for counseling.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2015

Contact Method: Attempted Phone Call

Contact Time: 12:39 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2015

Completed date: 08/28/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2015 12:40 PM Entered By: [REDACTED]

[REDACTED] called [REDACTED] to check on how things are going. There was no answer. [REDACTED] left a message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/20/2015

Contact Method:

Contact Time: 10:54 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/20/2015

Completed date: 08/20/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/20/2015 10:56 AM      Entered By: [REDACTED]

Admin Review

[REDACTED] was able to staff this case with [REDACTED] for which this is a neglect death case. [REDACTED] will complete the tasks that have been provided by the [REDACTED] as well as follow up with the family while case is still open. The department is still awaiting the autopsy report and once received it will be presented before CPIT for an agreed classification.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/17/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/17/2015

Completed date: 08/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/17/2015 10:32 AM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	06:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/31/2015
Completed date:	07/31/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 07/31/2015 06:56 PM      Entered By: [REDACTED]

Admin Review

[REDACTED] was able to review this case of [REDACTED]. This is a Death Case and the family has been receptive of services offered by the department. [REDACTED] will continue to follow up with the family as long as the case is opened and is yet awaiting the autopsy report.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/14/2015 Contact Method: Face To Face  
 Contact Time: 02:48 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/16/2015  
 Completed date: 07/16/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

Children ConcerningParticipant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2015 09:12 AM Entered By: [REDACTED]

[REDACTED] arrived at [REDACTED] to conduct a visit with the family. [REDACTED] were present.

[REDACTED] spoke with [REDACTED] stated that her phone has been messed up, and she just got a new phone yesterday. [REDACTED] stated she did not know the investigator had been trying to call her. [REDACTED] stated she is having a hard time [REDACTED] stated her family members are sick. [REDACTED] stated the life insurance policy on [REDACTED] will not be paid out and that is causing her stress [REDACTED] stated her son was able to pay her rent to get her back up to date, but she is still having a hard time finding a job. [REDACTED] stated she is filling out applications every day. [REDACTED] stated she has had interviews, but no job offers. [REDACTED] stated her son is helping a lot, but she wants to be able to do it on her own. [REDACTED] stated she is back talking to [REDACTED] again [REDACTED] stated they stopped talking to each other for a while after [REDACTED] died due to [REDACTED] thinking she was acting too sad. [REDACTED] stated she has thought about grief counseling, but she just is not ready [REDACTED] stated she needs to know what happened to her baby first. [REDACTED] stated she knows he just stopped breathing, but she needs the autopsy to be complete before she can move on. [REDACTED] vented for a little while about how all these babies are dying due to neglect and abuse, and the world knows what happened to these babies because of the news, but she cannot get closure on what happened to her baby. [REDACTED] was talking about all the days and nights she spent at [REDACTED] with [REDACTED] talked about how hard it was for her when she learned he was sick, but how she did what she had to do and learned how to work all the machines he needed. [REDACTED] stated she knows [REDACTED] was tired of fighting, but she wishes that he would not have given up. [REDACTED] stated the other children are doing well. [REDACTED] stated she got them registered for school yesterday [REDACTED] stated she is planning on moving soon because the landlord will not fix anything in the home. [REDACTED] stated she is caught up on her rent now, and the landlord is being very rude to her. [REDACTED] stated she has been talking to her son about moving in with him or moving into another house [REDACTED] stated she would inform the investigator if she moves.

[REDACTED] spoke with [REDACTED] privately. [REDACTED] was observed to be dressed appropriately with no visible marks or bruises [REDACTED] was in the kitchen taking cookies out of the oven. [REDACTED] stated [REDACTED] was making cookies with her before the investigator arrived. [REDACTED] stated she just finished summer school and is not ready for school to start back even though she is ready to play basketball again [REDACTED] stated she has been doing fine [REDACTED] stated [REDACTED] has her days where she is sad, but she is okay for the most part. [REDACTED] reported no



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

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concerns to the investigator.

[REDACTED] spoke with [REDACTED] privately. [REDACTED] was observed to be dressed appropriately with no visible marks or bruises. [REDACTED] stated he is not ready for school to start back. [REDACTED] stated he is enjoying being home with [REDACTED]. [REDACTED] stated they have a lot of fun together. [REDACTED] reported no concerns to the investigator.

[REDACTED] spoke with [REDACTED] privately. [REDACTED] was observed to be dressed appropriately with no visible marks or bruises. [REDACTED] was getting ready to get in the shower so he did not say much. [REDACTED] reported no concerns and stated everything has been fine.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/08/2015

Contact Method: Attempted Phone Call

Contact Time: 03:16 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2015

Completed date: 07/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/08/2015 03:17 PM      Entered By: [REDACTED]

[REDACTED] called [REDACTED] to check on things and see how she and the children were doing. There was no answer. [REDACTED] left a message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/29/2015

Contact Method: Attempted Phone Call

Contact Time: 02:18 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/29/2015

Completed date: 06/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/29/2015 02:19 PM Entered By: [REDACTED]

[REDACTED] called [REDACTED] to check on how things are going. There was no answer. [REDACTED] left a message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/26/2015

Contact Method:

Contact Time: 09:10 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/29/2015

Completed date: 06/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/29/2015 08:58 PM      Entered By: [REDACTED]

Admin Review

[REDACTED] was able to staff this case with [REDACTED]. This case involves Allegations of Neglect Death. [REDACTED] is still awaiting the autopsy report. [REDACTED] has followed up with [REDACTED] about the autopsy in which it is not ready at this time. The child had numerous medical issues before his death. [REDACTED] has recommended services and the family has declined at this time. [REDACTED] has helped this family with rent for the month of May. [REDACTED] will remain in contact with family as long as case is opened.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/09/2015	Contact Method:	Phone Call
Contact Time:	03:04 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/09/2015
Completed date:	06/09/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/09/2015 03:10 PM      Entered By: [REDACTED]

[REDACTED] called [REDACTED] stated [REDACTED] owed \$1800 for rent and late fees [REDACTED] stated she received a payment of \$300, but [REDACTED] still owes \$1500. [REDACTED] stated she knows the department's payment is on the way, but [REDACTED] will still owe \$950 after that. [REDACTED] stated she has been very understanding, but [REDACTED] needs to make a payment.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/09/2015

Contact Method: Phone Call

Contact Time: 02:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2015

Completed date: 06/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/09/2015 03:19 PM Entered By: [REDACTED]

[REDACTED] called [REDACTED]. There was no answer. [REDACTED] left a message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/09/2015

Contact Method: Phone Call

Contact Time: 02:38 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2015

Completed date: 06/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/09/2015 03:04 PM Entered By: [REDACTED]

[REDACTED] received a phone call from [REDACTED] stated she received a letter from her landlord today. [REDACTED] stated the letter is not an eviction notice, but it states how much she owes for rent. [REDACTED] informed [REDACTED] that the payment the department is making should be received soon. [REDACTED] informed [REDACTED] that the investigator will call and talk to [REDACTED] about the rent.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/02/2015

Contact Method: Phone Call

Contact Time: 07:58 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/04/2015

Completed date: 06/04/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/04/2015 08:19 AM      Entered By: [REDACTED]

[REDACTED] received a phone call from [REDACTED] stated she just wanted to call the investigator to let the investigator know that she may start a job soon. [REDACTED] stated she is waiting on a callback [REDACTED] stated she plans to continue to fill out applications until something is offered to her. [REDACTED] stated her and the children are doing fine. [REDACTED] stated she has had problems sleeping lately, but it is not that bad. [REDACTED] asked the investigator if a copy of the autopsy has been received yet. [REDACTED] informed [REDACTED] that the autopsy has not been received.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/13/2015

Contact Method:

Contact Time: 01:18 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/13/2015

Completed date: 05/13/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/13/2015 01:19 PM Entered By: [REDACTED]

[REDACTED] received a letter from [REDACTED] stating that a death certificate would be needed in order to release medical records for [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: 05/07/2015

Contact Method:

Contact Time: 01:03 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/07/2015

Completed date: 05/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/07/2015 02:32 PM      Entered By: [REDACTED]

Administrative Review

[REDACTED] reviewed this case with [REDACTED] for which she stated that she had not received the autopsy report for [REDACTED] as of yet. [REDACTED] reported that [REDACTED] was having problems with paying her rent due to the loss of disability with [REDACTED]. The mother reports that she going to get back on her feet and has asked for services within the community but has been unsuccessful. [REDACTED] has made a request (PSG) for assistance with their rent. [REDACTED] has followed up with [REDACTED] who informed [REDACTED] that another request for the autopsy. [REDACTED] will continue to remain in contact with the family while the case is opened and until autopsy received.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/07/2015	Contact Method:	
Contact Time:	01:03 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/26/2015
Completed date:	06/26/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/26/2015 10:25 AM      Entered By: [REDACTED]

Notation

[REDACTED] [REDACTED] contact [REDACTED] [REDACTED] for the status of the autopsy. [REDACTED] stated I haven't received it yet but I'll check with the ME's office. Sometime they seem to "forget" to send them to me even though I've sent a request.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/06/2015

Contact Method: Phone Call

Contact Time: 02:43 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2015

Completed date: 05/06/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2015 02:53 PM Entered By: [REDACTED]

[REDACTED] received a phone call from [REDACTED] stated [REDACTED] was unable to help her with the rent. [REDACTED] stated her family has helped a lot with paying utilities and providing other items the family needs, but she still needs help with her rent. [REDACTED] stated she is going to start working when the children get out of school, so this will be a one time request for rent assistance. [REDACTED] stated her rent is not behind, and she pays \$550 a month. [REDACTED] reported no other concerns.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/29/2015

Contact Method: Phone Call

Contact Time: 08:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2015

Completed date: 04/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/29/2015 08:48 AM      Entered By: [REDACTED]

[REDACTED] received a phone call from [REDACTED] apologized for not calling back sooner and stated it slipped her mind. [REDACTED] stated she and the children have been doing fine. [REDACTED] stated she is still grieving and has bad days. [REDACTED] stated she has not had any luck looking for a job. [REDACTED] stated she is trying her best. [REDACTED] stated she has inquired about counseling with [REDACTED], but she has not started counseling. [REDACTED] stated she does not feel like she is ready to start counseling at this time. [REDACTED] stated she is trying to get assistance with her rent. [REDACTED] stated she went to [REDACTED], but they did not have the funding. [REDACTED] informed [REDACTED] to try [REDACTED] and to call back if [REDACTED] cannot help.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/20/2015

Contact Method: Phone Call

Contact Time: 03:39 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/20/2015

Completed date: 04/20/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/20/2015 03:44 PM Entered By: [REDACTED]

[REDACTED] called [REDACTED] to check on her and the children and make sure everything has been going well. [REDACTED] stated she is fine and so are the children. [REDACTED] stated she is in the middle of ordering food for the children and asked if she could call the investigator back. [REDACTED] agreed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/20/2015

Contact Method: Phone Call

Contact Time: 03:36 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/20/2015

Completed date: 04/20/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/20/2015 03:38 PM Entered By: [REDACTED]

[REDACTED] called the medical examiner to see if the autopsy has been completed. [REDACTED] spoke with [REDACTED] [REDACTED] was told the autopsy is still incomplete.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/01/2015 Contact Method:  
 Contact Time: 02:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 04/20/2015  
 Completed date: 04/20/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/20/2015 08:21 AM Entered By: [REDACTED]

[REDACTED] received medical records for [REDACTED] from [REDACTED]. These records will be placed in the file.

Narrative Type: Addendum 2 Entry Date/Time: 10/19/2015 10:48 AM Entered By: [REDACTED]

There are almost 3,000 pages of medical records for [REDACTED]. Due to the volume, the case record will hold the medical information.

Narrative Type: Addendum 1 Entry Date/Time: 08/31/2015 04:15 PM Entered By: [REDACTED]

ADMIT DATE: 8/28/2013

DISCHARGE DATE: 10/29/2013

Born with DOWN'S SYNDROME, FEEDING PROBLEMS, UNDIAGNOSED CARDIAC MURMURS, HYPERPOTASSEMIA, OTHER TRANSITORY NEONATAL ELECTROLYTE DISTURBANCES

ADMIT DATE: 11/6/2013

DISCHARGE DATE: 11/6/2013

Follow-up appointment

ADMIT DATE: 11/18/2013

DISCHARGE DATE: 11/18/2013

Follow-up appointment

ADMIT DATE: 12/23/2013

DISCHARGE DATE: 12/23/2013

Follow-up to have tests ran/complete.

ADMIT DATE: 1/31/2014

DISCHARGE DATE: 1/31/2014

Follow-up appointment

ADMIT DATE: 2/17/2014



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████ ██████

DISCHARGE DATE: 4/8/2014

Admit DX: TETRALOGY OF FALLOT

FINAL DX: TETRALOGY OF FALLOT

Secondary: ACUTE RESPIRATORY FAILURE, PNEUMONIA, ORGANISM UNSPECIFIED , DOUBLE OUT RIGHT VENTRICLE, EMBOLISM AND THROMBOSIS OF ILIAC ARTERY

ADMIT DATE: 4/11/2014

DISCHARGE DATE: 4/11/2015

██████████ was admitted and discharged on today following motor vehicle accident/ with no serious injury.

ADMIT DATE: 4/17/2014

DISCHARGE DATE: 4/17/2014

Follow-up appointment

ADMIT DATE: 5/2/2014

DISCHARGE DATE: 5/2/2014

Follow-up to have tests ran/complete.

ADMIT DATE: 7/1/2014

DISCHARGE DATE: 7/30/2014

Admit DX: Observation following a car accident

Final DX: Observation following a car accident

Secondary: Other motor vehicle traffic accident involving collision with motor vehicle injuring passenger in motor vehicle other than motorcycle.

ADMIT DATE: 8/8/2014

DISCHARGE DATE: 8/8/2014

Follow-up appointment

ADMIT DATE: 9/3/2014

DISCHARGE DATE: 9/3/2014

ADMIT DX: ATRESIA AND STENOSIS OF URETHRA AND BLADDER NECK, CONGENITAL

FINAL DX: ATRESIA AND STENOSIS OF URETHRA AND BLADDER NECK, CONGENITAL

ADMIT DATE: 10/10/2014

DISCHARGE DATE: 10/10/2014

Follow-up appointment

ADMIT DATE: 11/25/2014

DISCHARGE DATE: 11/25/2014

Follow-up to have tests ran/complete.

ADMIT DATE: 12/1/2014

DISCHARGE DATE: 12/1/2014

Admitted DX : Swelling, Mass. Or Lump in Head and Neck

Final Diagnosis: Unspecified Septicemia

Secondary : Pulmonary Artery Coarctation and Atresia, Other Chronic Pulmonary Heart Diseases, Unspecified Pleural Effusion, Ventricular Septal Defect

ADMIT DATE: 1/2/2015

DISCHARGE DATE: 1/21/2015

██████████ was admitted to ██████████ ██████████ with complaints or difficulty breathing.

Principal Diagnosis: Acute Respiratory Insufficiency

Secondary/Other Conditions: Likely Community Acquired Conditions, Sick Euthyroid Hyperthyroidism, Tetralogy of Fallot, AV Canal Defect, Dysphagia



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

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ADMIT DATE: 2/10/2015  
DISCHARGE DATE: 2/10/2015  
Follow-up appointment



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/16/2015

Contact Method: Attempted Face To Face

Contact Time: 04:11 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/17/2015

Completed date: 03/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/17/2015 07:59 AM      Entered By: [REDACTED]

[REDACTED] arrived at [REDACTED] to drop off a job list with [REDACTED]. No one was home. [REDACTED] left the job list in the mailbox.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/16/2015

Contact Method: Phone Call

Contact Time: 10:14 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2015

Completed date: 03/16/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2015 10:17 AM Entered By: [REDACTED]

[REDACTED] called collateral contact [REDACTED] stated that [REDACTED] are getting better. [REDACTED] stated it is expected for the family, including her, to be sad about [REDACTED] death, and she feels the family is grieving appropriately [REDACTED] stated [REDACTED] is doing what she needs to do for the children and is trying to make a life after [REDACTED] stated it may take a while for [REDACTED] to adjust, but she feels [REDACTED] is on the right track.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/16/2015

Contact Method: Attempted Phone Call

Contact Time: 10:13 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2015

Completed date: 03/16/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/16/2015 10:14 AM      Entered By: [REDACTED]

[REDACTED] called collateral contact [REDACTED] There was no answer. [REDACTED] left a message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/16/2015

Contact Method: Phone Call

Contact Time: 10:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2015

Completed date: 03/16/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2015 10:12 AM Entered By: [REDACTED]

[REDACTED] called collateral contact [REDACTED]. [REDACTED] stated he goes to [REDACTED] house every other day. [REDACTED] stated he feels that [REDACTED] are doing better, but [REDACTED] is still taking [REDACTED] death pretty hard. [REDACTED] stated he likes to check on them to make sure that everything is okay, but he does not see the children being neglected by [REDACTED] stated [REDACTED] still cooks for the children and helps them with homework, but she is sad all the time. [REDACTED] stated he plans to take [REDACTED] out to eat on Friday to try to get her mind off things.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/16/2015	Contact Method:	Attempted Phone Call
Contact Time:	10:07 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/16/2015
Completed date:	03/16/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/16/2015 10:07 AM      Entered By: [REDACTED]

[REDACTED] called collateral contact [REDACTED] There was no answer. [REDACTED] left a message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/16/2015	Contact Method:	
Contact Time:	10:04 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/16/2015
Completed date:	03/16/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/16/2015 10:05 AM      Entered By: [REDACTED]

BACKGROUND CHECK

[REDACTED]  
 JSSI; Violation of Vehicle Registration; Driving While License S/R/C  
 TN Sex Offender: No results  
 TN Meth Offender: No results  
 TN Felony Offender: No results



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/16/2015

Contact Method:

Contact Time: 09:29 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2015

Completed date: 03/16/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2015 09:30 AM Entered By: [REDACTED]

[REDACTED] sent requests for [REDACTED] medical records to [REDACTED] [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: 03/13/2015	Contact Method: Face To Face
Contact Time: 03:52 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/16/2015
Completed date: 03/16/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/16/2015 09:21 AM      Entered By: [REDACTED]

[REDACTED] arrived at [REDACTED] to conduct a visit with the family. [REDACTED] were present.

[REDACTED] observed the home to be a three bedroom and one bath house with working utilities and food. [REDACTED] observed the home to be clean and organized with no noted safety hazards.

[REDACTED] spoke with [REDACTED] privately. [REDACTED] was emotional at times while talking to the investigator [REDACTED] stated the family moved into their new home on Monday March 9th. [REDACTED] stated the family could no longer live in the home where [REDACTED] died. [REDACTED] stated it was too hard on her and the children [REDACTED] stated the children would not leave her side, and they all slept in the living room because they did not feel comfortable anywhere else [REDACTED] stated she planned on throwing out the couch because she found [REDACTED] dead on the couch, but she just could not throw it out. [REDACTED] stated it is weird that she did not feel comfortable in the house any longer, but she cannot go one day without sitting on the couch. [REDACTED] stated the children are back to normal since being in the new house and no longer sit under her all day. [REDACTED] stated sometimes she needs them to be in the room with her, but she understands they have to heal their own way. [REDACTED] stated [REDACTED] has not broken down yet. [REDACTED] stated she has to pay close attention to [REDACTED] because she knows [REDACTED] will break down soon, and she wants to be there for her when it happens. [REDACTED] stated [REDACTED] loved [REDACTED] and would help her with him. [REDACTED] stated she would not let the children do too much with the medical equipment, but the children would always play with [REDACTED] and change his diaper. [REDACTED] stated she dedicated her life to [REDACTED], and it hurts her that [REDACTED] is no longer with her. [REDACTED] stated that even though it hurts she knows [REDACTED] was tired of suffering. [REDACTED] stated [REDACTED] was born with a lot of medical issues. [REDACTED] stated she stopped working and learned how to do everything for [REDACTED] herself. [REDACTED] stated she did not trust to leave [REDACTED] care in the hands of someone else when she felt she was capable to care for [REDACTED] on her own. [REDACTED] stated she learned how to work all the machines and made sure his machines were always working properly and clean. [REDACTED] stated the therapist would come to the house and be amazed by how well she handled [REDACTED] equipment. [REDACTED] stated [REDACTED] was hospitalized a lot. [REDACTED] stated the nurses at the hospital would prepare for her to be there because they knew that she wanted the best for her son and would not settle for less. [REDACTED] stated she was not allowed to stay in the room at the hospital while [REDACTED] slept so she used to go sit in the waiting area until he woke up. [REDACTED] stated [REDACTED] had a doctor appointment on January 2nd. [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

stated the doctor sent [REDACTED] to the hospital because he was having difficulty breathing. [REDACTED] stated [REDACTED] stayed in the hospital until January 22nd. [REDACTED] stated [REDACTED] fought so hard and got better. [REDACTED] stated she does not know of anything she could have done differently. [REDACTED] stated she took [REDACTED] to his doctors and maintained his equipment. [REDACTED] stated she cannot help but feel like she could have done something more for [REDACTED] stated she is having a barbecue for [REDACTED] tomorrow [REDACTED] stated she was planning on having a candle lighting as well, but she does not think she will be able to because of the rain. [REDACTED] showed the investigator a collage of pictures she has put together of [REDACTED] stated her family used to make fun of her for taking so many pictures, but she is glad that she did that now. [REDACTED] stated she looks at [REDACTED] pictures every day. [REDACTED] stated she has not been able to find anywhere to provide counseling for the family and would like to go to counseling. [REDACTED] provided [REDACTED] with the number for [REDACTED] for counseling for her and the children. [REDACTED] stated she plans on finding a job. [REDACTED] stated her family is helping her with paying her bills right now, and she is very grateful for their help. [REDACTED] stated she knows it will be an adjustment working again because she has not worked since [REDACTED] was born, but she knows she has to get back on her feet. [REDACTED] informed [REDACTED] that the investigator would bring her a job list. [REDACTED] stated she will take [REDACTED] to the doctor next week for a check up. [REDACTED] stated the children receive medical care from the [REDACTED], and she should be able to get them an appointment while they are on Spring Break.

[REDACTED] spoke with [REDACTED] privately. [REDACTED] was observed to be dressed appropriately with no visible marks or bruises. [REDACTED] was in her room painting while talking to the investigator. [REDACTED] stated she has been doing fine. [REDACTED] stated she likes her new house. [REDACTED] stated she does not know what she is going to do for Spring Break, but they are having a barbecue tomorrow for [REDACTED] stated she likes her new house and is glad they were able to move. [REDACTED] stated she feels comfortable talking to [REDACTED] if anything is bothering her. [REDACTED] stated she also talks to her brothers when something is bothering her [REDACTED] reported no concerns to the investigator.

[REDACTED] spoke with [REDACTED] privately [REDACTED] was observed to be dressed appropriately with no visible marks or bruises. [REDACTED] was playing a game with [REDACTED] prior to the investigator asking to speak with [REDACTED] stated he plays games with [REDACTED] a lot. [REDACTED] stated [REDACTED] plays games with them sometimes as well. [REDACTED] stated he plans on sleeping late and playing during Spring Break [REDACTED] stated the family is having a barbecue tomorrow and might be able to have a candle lighting as well. [REDACTED] stated he misses [REDACTED], but he knows he is doing better in Heaven. [REDACTED] stated he likes his new house. [REDACTED] stated he can talk to [REDACTED] if he needs to, but he does not feel sad too much [REDACTED] reported no concerns the investigator.

[REDACTED] spoke with [REDACTED] privately. [REDACTED] was observed to be dressed appropriately with no visible marks or bruises. [REDACTED] stated he is happy to be out of school for Spring Break [REDACTED] stated he does not know what he will do for Spring Break, but he wants to help [REDACTED] barbecue tomorrow [REDACTED] stated he likes his new house. [REDACTED] stated he feels comfortable talking to [REDACTED] if something is bothering him. [REDACTED] stated his mother is sad and that makes him sad too. [REDACTED] reported no concerns to the investigator.

[REDACTED] signed release of information forms for [REDACTED] so the investigator can get their medical records after [REDACTED] takes them to the doctor next week [REDACTED] already signed release of information for [REDACTED] and stated all of [REDACTED] doctors were at [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/13/2015

Contact Method: Phone Call

Contact Time: 02:13 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/13/2015

Completed date: 03/13/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/13/2015 02:14 PM      Entered By: [REDACTED]

[REDACTED] received a phone call from [REDACTED] stated she does not think she will be back home by 3:30PM because it is raining and asked if the investigator could come at 4:00PM. [REDACTED] agreed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/12/2015

Contact Method: Phone Call

Contact Time: 09:48 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2015

Completed date: 03/12/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/12/2015 09:52 AM Entered By: [REDACTED]

[REDACTED] called [REDACTED] to schedule a home visit. [REDACTED] stated she has moved to [REDACTED]  
 [REDACTED] agreed to a home visit on 03/13/2015 at 3:30PM.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/02/2015

Contact Method:

Contact Time: 11:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/02/2015

Completed date: 03/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/02/2015 11:21 AM      Entered By: [REDACTED]

The family has no history with the department.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/02/2015

Contact Method: Attempted Phone Call

Contact Time: 11:13 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/02/2015

Completed date: 03/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/02/2015 11:14 AM      Entered By: [REDACTED]

[REDACTED] called [REDACTED] to schedule a home visit. There was no answer. [REDACTED] left a message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 03/02/2015 Contact Method: Correspondence  
 Contact Time: 08:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 03/02/2015  
 Completed date: 03/02/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/02/2015 11:12 AM Entered By: [REDACTED]  
 [REDACTED] received the referral back from the Child Protection Investigation Team with a note stating to bring back to [REDACTED] with the autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/19/2015

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2015

Completed date: 02/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/19/2015 12:37 PM      Entered By: [REDACTED]

Notation  
Autopsy Report

[REDACTED] [REDACTED] requested the autopsy report through [REDACTED], [REDACTED] stated that she would request the autopsy report and send it to [REDACTED] once it is received.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/19/2015

Contact Method: Phone Call

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2015

Completed date: 03/16/2015

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/16/2015 10:06 AM      Entered By: [REDACTED]

Contact was made with the referent.



**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: 02/19/2015

Contact Method:

Contact Time: 12:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2015

Completed date: 03/11/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/11/2015 11:40 AM      Entered By: [REDACTED]

Admin Review  
Date: 2/19/15

[REDACTED] has reviewed this case for which [REDACTED] will follow up with the family monthly as long as the case is open. [REDACTED] will inform the mother to have the other children medically cleared or seen by their PCP to ensure that they are healthy. There were no other concerns notated with this case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/18/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2015

Completed date: 08/31/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2015 02:15 PM Entered By: [REDACTED]

The Notice of Child Death/Near Death for [REDACTED] was sent to the Child Fatality Notification Mailbox.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 02/15/2015	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 02/23/2015
Completed date: 02/23/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 02/23/2015 08:56 PM      Entered By: [REDACTED]

[REDACTED] made face to face contact with [REDACTED] of [REDACTED], [REDACTED], at the family home located at [REDACTED]. [REDACTED] reported on 2/11/2015 she groomed [REDACTED] as usual, brushed his teeth, fed him, and gave him a breathing treatment and laid him down for a nap around 12 noon. She reported [REDACTED] were at home at the time. She stated she tried to wake [REDACTED] up and he did not respond to her calling his name so she picked him up and took him to the kitchen to splash water on his face. [REDACTED] reported she alerted her other children in the home and began CPR on [REDACTED]. She stated she got in her car with [REDACTED] and went to the Fire Station on [REDACTED]. She stated she did not call the ambulance because she knew they would take too long to respond to the call. [REDACTED] reported once they arrived to the fire station [REDACTED] was transported to [REDACTED] via ambulance, she was allowed to ride in the ambulance, but could not go to the back when they arrived at the hospital.

[REDACTED] reported [REDACTED] spent several weeks in the hospital off and on due to his medical conditions. She reported he has Down syndrome, heart and kidney problems, and a feeding tube or g-tube as well. She stated [REDACTED] ate table food, but he also got PediaSure through his feeding tube, she reported the PediaSure was delivered to the home and was set up through the insurance company. [REDACTED] reported [REDACTED] was in the hospital the following dates: August 22- October 29, 2013; February 17- April 8, 2014; July 1-July 30, 2014; January 2-January 20, 2015. [REDACTED] reported [REDACTED] went to the doctor last on December 19, 2014, he saw [REDACTED] at the [REDACTED].

[REDACTED] reported she did not find out she was pregnant until the 6 month. She stated she has the support of her family and her children and they all assisted in the care of [REDACTED]. [REDACTED] reported she will need grief counseling because at this time she is not coping well with his death. [REDACTED] reported none of her other children have medical problems and they are all healthy.

[REDACTED] made face to face contact with [REDACTED] at the family home. He reported he is 11 years old, is in the 5th grade and goes to [REDACTED]. He reported he lives at home with [REDACTED]. [REDACTED] reported he was at home from school on 2/11/2015. He stated [REDACTED] was on the couch taking a nap and stopped breathing in his sleep. He reported his mother told him that [REDACTED] stopped breathing so they put their clothes on and took [REDACTED] to the fire department. [REDACTED] stated [REDACTED] and his mom went to the hospital in an ambulance.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

[REDACTED] reported he would help his mother care for [REDACTED] by changing his diaper and putting his clothes on him. He stated there was no abuse in the family home and he feels safe there. He stated his mother takes care of him by buying him clothes and making sure they have food. [REDACTED] reported he does not have any medical problems, he stated he has never been in the hospital. He stated he did have a problem with his sinuses, but his mother gave him some medicine at home.

[REDACTED] was dressed appropriately for the weather; there were no visible marks or bruises.

[REDACTED] made face to face with [REDACTED] at the family home. [REDACTED] reported she is [REDACTED] is in the 9th grade and attends [REDACTED]. She reported she lives and home with her [REDACTED]. [REDACTED] reported she feels safe at home and there is no abuse or neglect in the home. She stated [REDACTED] takes good care of her and her brothers because she buys clothes and shoes form them and feeds them. [REDACTED] reported she has never been sick or in the hospital, she stated she does not remember the last time she went to the hospital, but she goes to the [REDACTED].

[REDACTED] reported she helped her mother with [REDACTED] by feeding him, giving him his medication and going to doctor's appointments. She reported sometimes [REDACTED] slept in the bed with her and sometimes he slept in the bed with her mother. [REDACTED] reported [REDACTED] had heart problems, and had a G-tube or feeding tube. She stated she was not at home the day [REDACTED] died, she reported she was at school when the incident happened and [REDACTED] told her what happened when she got out of school. [REDACTED] stated he told her [REDACTED] died because he stopped breathing. She reported she felt like [REDACTED] was "tired" because he had heart surgeries and was always in the hospital.

[REDACTED] was dressed appropriately for the weather; there were no visible marks or bruises.

[REDACTED] interviewed [REDACTED] at the family home. [REDACTED] reported he is [REDACTED] and is in the 8th grade at [REDACTED]. He reported he lives in the home with [REDACTED]. [REDACTED] reported he feels safe at home because his mother takes care of him and she would not let anyone harm him or his siblings. He stated he feels comfortable and safe at home. [REDACTED] stated [REDACTED] took care of [REDACTED] because [REDACTED] had a lot of health issues. He reported he sometimes helped out, but they did all of the work. [REDACTED] reported he was at school when [REDACTED] died. He reported that his brother told him that [REDACTED] died because he stopped breathing.

[REDACTED] was dressed appropriately for the weather; there were no visible marks or bruises.

Narrative Type: Created In Error Entry Date/Time: 02/26/2015 05:26 PM Entered By: [REDACTED]

Incorrect note.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/14/2015 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/23/2015  
 Completed date: 02/23/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 08:59 PM Entered By: [REDACTED]

[REDACTED] made face to face contact with the mother of [REDACTED], at the family home located at [REDACTED]. [REDACTED] reported she is not ready to talk about the incident that happened with [REDACTED]. She stated she cannot remember much information about [REDACTED] health condition, but he was released from [REDACTED] on January 20. [REDACTED] reported [REDACTED] was hospitalized for 18 days due to breathing problems. She stated [REDACTED] had several health problems including heart and kidney problems and had a feeding tube. [REDACTED] reported [REDACTED] did not have any nurses that came to the home to help care for [REDACTED]. She stated she did not want to talk anymore about [REDACTED] and his medical condition. [REDACTED] reported that she has 6 children in total and 4 children live in the home; [REDACTED] reported [REDACTED] slept in the bed with her or with [REDACTED] reported her other children are currently with family at this time.

The family home was observed to be neat and clean; there are no environmental concerns for the family at this time.

The following forms were explained to and signed by [REDACTED]  
 Authorization for Release of Information and HIPAA Protected health Information from the Department of Children's Services  
 HIPAA Notice of Privacy Practices- Client Acknowledgment  
 Native American Heritage Veto Verification  
 Notification of Equal Access to Programs and Services and Grievance Procedures  
 Acknowledgment of Receipt of Client Rights Handbook

-mom is unemployed  
 -Food Stamps: \$610/month; \$733/month SSI  
 -Pediatrician [REDACTED]

-3 bedrooms/1 bathroom  
 -No previous DCS history  
 -No previous legal history

[REDACTED] has several prescriptions; the pharmacy is [REDACTED]



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

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[REDACTED]

HOUSEHOLD COMPOSITION

[REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 02/14/2015 Contact Method: Attempted Face To Face  
 Contact Time: 01:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 02/23/2015  
 Completed date: 02/23/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 02/23/2015 09:07 PM Entered By: [REDACTED]  
 [REDACTED] did not interview [REDACTED] due to [REDACTED] being deceased when the referral was received.

Narrative Type: Created In Error Entry Date/Time: 02/26/2015 05:24 PM Entered By: [REDACTED]  
 Incorrect Note



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/14/2015 Contact Method: Face To Face  
 Contact Time: 01:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/26/2015  
 Completed date: 02/26/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Initial ACV Face To Face,Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2015 05:27 PM Entered By: [REDACTED]

[REDACTED] made face to face contact with [REDACTED] of [REDACTED], at the family home located at [REDACTED] [REDACTED] reported on 2/11/2015 she groomed [REDACTED] as usual, brushed his teeth, fed him, and gave him a breathing treatment and laid him down for a nap around 12 noon. She reported [REDACTED] were at home at the time. She stated she tried to wake [REDACTED] up and he did not respond to her calling his name so she picked him up and took him to the kitchen to splash water on his face. [REDACTED] reported she alerted her other children in the home and began CPR on [REDACTED]. She stated she got in her car with [REDACTED] and went to the Fire Station on [REDACTED]. She stated she did not call the ambulance because she knew they would take too long to respond to the call. [REDACTED] reported once they arrived to the fire station, [REDACTED] was transported to [REDACTED] via ambulance, she was allowed to ride in the ambulance, but could not go to the back when they arrived at the hospital.

[REDACTED] reported [REDACTED] spent several weeks in the hospital off and on due to his medical conditions. She reported he has Down syndrome, heart and kidney problems, and a feeding tube or g-tube as well. She stated [REDACTED] ate table food, but he also got PediaSure through his feeding tube, she reported the PediaSure was delivered to the home and was set up through the insurance company [REDACTED] reported [REDACTED] was in the hospital the following dates: August 22- October 29, 2013;February 17- April 8, 2014;July 1-July 30, 2014;January 2-January20, 2015. [REDACTED] reported [REDACTED] went to the doctor last on December 19, 2014, he saw [REDACTED] at the [REDACTED].

[REDACTED] reported she did not find out she was pregnant until the 6 month. She stated she has the support of her family and her children and they all assisted in the care of [REDACTED] reported she will need grief counseling because at this time she is not coping well with his death. [REDACTED] reported none of her other children have medical problems and they are all healthy.

[REDACTED] made face to face contact with [REDACTED] [REDACTED] at the family home. He reported he is [REDACTED], is in the 5th grade and goes to [REDACTED]. He reported he lives at home with [REDACTED] [REDACTED] reported he was at home from school on 2/11/2015. He stated [REDACTED] was on the couch taking a nap and stopped breathing in his sleep. He reported his mother told him that [REDACTED]



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ ██████████

stopped breathing so they put their clothes on and took ██████████ to the fire department ██████████ stated ██████████ and his mom went to the hospital in an ambulance.

██████████ reported he would help his mother care for ██████████ by changing his diaper and putting his clothes on him. He stated there was no abuse in the family home and he feels safe there. He stated his mother takes care of him by buying him clothes and making sure they have food. ██████████ reported he does not have any medical problems, he stated he has never been in the hospital. He stated he did have a problem with his sinuses, but his mother gave him some medicine at home.

██████████ was dressed appropriately for the weather; there were no visible marks or bruises.

██████████ made face to face with ██████████ at the family home. ██████████ reported she is ██████████ is in the 9th grade and attends ██████████. She reported she lives and home with ██████████ ██████████ reported she feels safe at home and there is no abuse or neglect in the home. She stated her mother takes good care of her and her brothers because she buys clothes and shoes form them and feeds them. ██████████ reported she has never been sick or in the hospital, she stated she does not remember the last time she went to the hospital, but she goes to the ██████████

██████████ reported she helped her mother with ██████████ by feeding him, giving him his medication and going to doctor's appointments. She reported sometimes ██████████ slept in the bed with her and sometimes he slept in the bed with her mother. ██████████ reported ██████████ had heart problems, and had a G-tube or feeding tube. She stated she was not at home the day ██████████ died, she reported she was at school when the incident happened and her older brother ██████████ told her what happened when she got out of school. ██████████ stated he told her ██████████ died because he stopped breathing. She reported she felt like ██████████ was "tired" because he had heart surgeries and was always in the hospital.

██████████ was dressed appropriately for the weather; there were no visible marks or bruises.

██████████ interviewed ██████████ at the family home. ██████████ reported he is ██████████ and is in the 8th grade at ██████████. He reported he lives in the home with ██████████ ██████████ reported he feels safe at home because his mother takes care of him and she would not let anyone harm him or his siblings. He stated he feels comfortable and safe at home ██████████ stated his mother and his sister; ██████████ took care of ██████████ because ██████████ had a lot of health issues. He reported he sometimes helped out, but they did all of the work. ██████████ reported he was at school when ██████████ died. He reported that his brother told him that ██████████ died because he stopped breathing.

██████████ was dressed appropriately for the weather; there were no visible marks or bruises.

██████████ did not interview the child because he was deceased.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/13/2015 Contact Method:  
 Contact Time: 10:29 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For: [REDACTED]  
 Location: DCS Office Created Date: 02/17/2015  
 Completed date: 02/17/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/17/2015 06:58 PM Entered By: [REDACTED]

On 02/13/2015, the Department of Children's Services received a referral with the allegation of Neglect Death. The alleged victim is [REDACTED]. The alleged perpetrator is Unknown Participant [REDACTED]. The report states this is a notification that the [REDACTED] is investigating the death of [REDACTED]. This is 17 month-old infant was witnessed to become unresponsive by his mother on 2/11/2015. The report states paramedics with [REDACTED] responded to the scene located at [REDACTED] and transported the decedent to [REDACTED]. The decedent was pronounced on 2/11/2015 at 1401 hours by [REDACTED]. It is reported that a scene investigation was conducted by the [REDACTED], and the decedent's remains were transported to the office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED]. Her phone number is [REDACTED]. The case number is [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 08/17/2015 12:23 PM Entered By: [REDACTED]

Notification of referral was sent to the Judge and DA.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]  
 County: [REDACTED] Worker:  
 Date of Referral: 2/13/15 10:29 PM Date of Assessment: 2/14/15 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): ██████████ is deceased.

#### Protective Custody Interventions:

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



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

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

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

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

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