



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 06/30/2015 08:19 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/30/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/30/2015 12:03 PM
 First Team Leader Assigned: [REDACTED] Date/Time 06/30/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 06/30/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Mos	Lack of Supervision	Yes	[REDACTED]	Birth Mother

Preliminary Near Death: [REDACTED]

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: THE CHILD IS NOT IN CUSTODY.

Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No

Open: INV#[REDACTED]/6-17-15/DEI, DEC/AP [REDACTED], TL [REDACTED]

Substantiated: None
 Death: None
 Number of Screen Outs: 0

History (Not listed above): No
 Pending: No
 Awaiting Screening: No



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

Submitted: No

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

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] ([REDACTED] days) lives with his mother [REDACTED] is the grandmother and [REDACTED] is [REDACTED] boyfriend and they reside in the home as well. [REDACTED] is [REDACTED] Aunt. [REDACTED] has two other siblings in the home [REDACTED] (4) and [REDACTED] (21 months) [REDACTED] that also reside in the home.

Reporter stated that the [REDACTED] Fire Department received a call at 5:17 am about infant, [REDACTED] who was not breathing. The police, fire department, and EMS responded. [REDACTED] was transported to [REDACTED] Hospital in critical condition. It is unknown if CPR was done on scene.

Reporter stated that [REDACTED] had already left the scene in the ambulance with [REDACTED] and Law Enforcement was unable to interview her.

Reporter stated that other family members at the home were interviewed and they reported that last night around 11:00 pm [REDACTED] was observed with her 3 children in the bed including [REDACTED]

It is "assumed" (by law enforcement) that someone possibly in the bed rolled over on the baby and smothered him. [REDACTED] is currently at [REDACTED] Hospital and being attended to by medical personnel. Reporter stated that the last update they had was that [REDACTED] had a heartbeat but was not breathing on his own.

Reporter stated that the family had just moved into the home a few weeks ago. The house is under renovation at this time. Reporter stated that basic utilities are on and its renovation a "work in progress." Reporter stated that the other children were observed and appeared to be clean and cared for appropriately. Reporter did not check for food in the home.

Reporter stated that all adults that were interviewed reported that [REDACTED] had been crying "a lot lately" and although he had a bassinette, it is believed that [REDACTED] put [REDACTED] in the bed with her and the other children.

Currently the police department is working this as an accident and the memo number is [REDACTED] Reporter stated that this memo will be sent to the Detectives to see what/if any further action will be taken.

Special Needs or Disabilities: No

Any other safety concerns for the child(ren) or worker who may respond: No

Domestic Violence present in the home: No

Child's current location/is the child safe at this time: ACV is at [REDACTED] the other two children are at the home and LE reported no concerns

Perpetrator's location at this time: Unknown

Per SDM: Investigative Track, P 1 Near Death

[REDACTED] CM 2 on 6-30-15 @ 9:10 am

[REDACTED] CM3 @ 110:16 am [REDACTED] on 6/30/15.

[REDACTED] notified @ 10:16 am [REDACTED] on 6/30/15.

County also notified.



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



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 11 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 5 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: Age: 2 Yrs 7 Mos

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: [REDACTED] Race: [REDACTED] Age: 41 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 38 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 28 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 23 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/30/2015

Assignment Date: 06/30/2015

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 11/25/2015
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/25/2015
3	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 11/25/2015
4	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 11/25/2015
5	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 11/25/2015
6	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 11/25/2015

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

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

- 1.Any unexpected death of a child when the cause of death is unknown or pending an autopsy report.
- 2.Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child.

D. Case Workers



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

Case Name : ██████████

Investigation ID: ██████████

Case Worker: ██████████

Date: 12/18/2015

Team Leader: ██████████

Date: 12/18/2015

E. Investigation Summary

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

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

The deceased ACV ██████████ was hospitalized at ██████████ Hospital on 06-30-15. Investigator ██████████ observed ACV ██████████ to be lying in AP ██████████ arm with tubes coming from his body. ACV ██████████ was connected to a breathing machine. Investigator ██████████ was told that ACV ██████████ had a faint heartbeat, but no brain activity. ██████████ (sibling) was observed walking around the room and playing with toys. ██████████ was not of age to be interviewed. ██████████ was observed wearing soiled and stain clothes. ██████████ did not have on any shoes. There were red bumps on ██████████ legs and arms. Investigator ██████████ observed his right index finger nail to be blacked. ██████████ went to the family home to interview ██████████. Investigator ██████████ spoke with ACV ██████████ regarding the allegations of lack of supervision. ██████████ reported that his mother had his brother in the bed with them. ██████████ reported that his mother, ██████████ brother, ██████████ himself, and his brother ██████████ was lying in the bed. ██████████ reported that ██████████ was at the hospital because he was sick this morning. ██████████ was filthy and had a body odor. ██████████ had a deep reddish purple mark on his right forearm. ██████████ had red bumps on his legs, back, and stomach.

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

According to the Investigator's report and obtained medical records this ACV ██████████ was born on ██████████ in ██████████ at 38 weeks gestation. At the time there was reported history of maternal drug use and there were some concerns of possible withdrawal symptoms in the newborn. Toxicological testing of a meconium sample (██████████) following the birth was positive for opiates with both codeine and morphine detected. However, there were no drugs of abuse detected in the child's system following birth. Newborn genetic screening showed no abnormalities. After a brief stay in the intensive care unit (ICU) the child was discharged to home on 06/5/15. A CPS complaint was made in ██████████ at the time. A short time later the family moved to ██████████

On the morning of 06/30/15, ACV ██████████ was found unresponsive at home by his mother. 911 were called and upon first responders' arrival he was transported to the hospital. Upon arrival he was in cardiac arrest. Resuscitative efforts were continued and he was admitted to the ICU. His condition continued to decline and his death was pronounced on 07/02/15. A skeletal survey was performed on 07/02/15 and showed no fractures. According to the obtained medical records, his mother had fed him in the evening of 06/29/15. Following the feeding, she laid him in a bassinet. The next morning his mother found him unresponsive. Cardiopulmonary resuscitation was started by family members and that was when 911 were called.

According to the Police report, there were conflicting stories regarding the placement of the child on the evening of 06/29/15. The mother stated that the child was placed in a bassinet. However, other witnesses in the home stated that they have seen ACV ██████████ sleeping in a bed with mother and two other siblings late on the evening.

The autopsy documented a well-developed and well-nourished male infant with no trauma and no findings to explain death. There was evidence of anoxic/ischemic encephalopathy due to his cardiac arrest. Microscopic examination revealed focal myocyte hyperemia and necrosis with acute inflammation likely the result of ischemia due to his cardiac arrest and multiorgan system failure. Toxicology testing of the limited amount of hospital admission blood detected no alcohol or common drugs of abuse. A vitreous chemistry panel was non-contributory. The viral nasopharyngeal culture detected parainfluenza 3 virus. Bacterial cultures of the blood and lung detected Escherichia coli. A culture of cerebrospinal fluid detected no organisms. A hospital blood culture, taken upon admission, detected Staphylococcus epidermidis and did not detect Escherichia coli. Therefore this bacterial colonization (Escherichia coli) likely developed after the hospital admission or during the postmortem.



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

Case Name : ██████████

Investigation ID: ██████████

interval as a contaminant and is not considered to be of pathologic significance.

Based on the autopsy findings and the circumstance surrounding the death, as currently understood, the cause of death is sudden unexpected infant death. The possibility of an asphyxia death in setting of co-sleeping could not be completely excluded and therefore the manner of death could not be determined.

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

Investigator ██████ questioned AP ██████ regarding the allegations. AP ██████ reported that around 2:30 am and 3:30 am ACV ██████ was lying in the bed with her, but prior to going to sleep she laid him in the bassinet. AP ██████ reported that she awoke around 4:30 am or 5:00 am to prepare ACV ██████ a bottle. AP ██████ reported that she noticed that ACV ██████ feet were cold, but she did not think anything of it because there was no blanket on him. AP ██████ reported that when she picked up ACV ██████ from the basinet his body was limp. AP ██████ reported that she ran into the room with ██████ (maternal grandmother) who reportedly started to administer CPR on ACV ██████

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

██████ (maternal aunt) reported that she woke up and heard the noise and she went to see what was going on. ██████ reported that she call 911 around 5:00 and 5:15 am and started to administer CPR on ACV ██████ until the Emergency Medical Department arrived. ██████ reported that the emergency medical department asked them to get out of the home while they worked on ACV ██████. Investigator ██████ attempted to spoke with ██████ (maternal grandmother) regarding the incident. ██████ was too upset to speak with the Investigator. Investigator ██████ questioned to whereabouts of ██████. AP ██████ reported that ██████ was at the home with ██████ (maternal grandmother paramour).

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

Investigator ██████ forwarded the autopsy report to the District Attorney . The case was classified as allegation unsubstantiated perpetrator unsubstantiated for Abuse Death. The case was classified as allegation substantiated perpetrator substantiated for lack of supervision and environmental neglect.

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 Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/28/2015 Contact Method:
 Contact Time: 03:10 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/28/2015
 Completed date: 12/28/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/28/2015 03:16 PM Entered By: [REDACTED]

Investigator [REDACTED] uploaded medical records and the autopsy report to the Investigation tab. All other documents can be located in the family case tab.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 12/21/2015	Contact Method:
Contact Time: 03:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 12/21/2015
Completed date: 12/21/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original Entry Date/Time: 12/21/2015 03:34 PM Entered By: [REDACTED]
Case Summary

The Department of Children's Services received a referral with allegations of lack of supervision of [REDACTED], [REDACTED] days by his mother, [REDACTED] on 6/30/2015. Allegations of abuse death of [REDACTED] by [REDACTED] (mother), lack of supervision of [REDACTED] by [REDACTED] (maternal grandmother) and [REDACTED], and environmental neglect of [REDACTED], [REDACTED] and [REDACTED] by [REDACTED] where added to the investigation due to the conditions found in the home by Investigator [REDACTED] during the initial face to face contact. There was an open investigation [REDACTED] with allegations of drug exposed infant of [REDACTED] and drug exposed child of [REDACTED] and [REDACTED] by [REDACTED], mother. [REDACTED] and [REDACTED] where placed into protective custody of the Tennessee Department of Children's Services on 6/30/2015 due to the conditions of the family home. [REDACTED] and [REDACTED] are currently in the temporary legal custody of the Tennessee Department of Children Services and are placed in a Department of Children's Services foster home.

[REDACTED] was found unresponsive by his mother, [REDACTED] between 4:30 and 5:00 AM. Cardiopulmonary resuscitation was performed by family members and 911 were called. Emergency responders responded to the home and began to attempt to revive [REDACTED] was transported to [REDACTED] Hospital where he was placed on life support systems. [REDACTED] medical condition continued to decline and he passed away on 7/2/2015 at 9:55 AM at [REDACTED] Hospital. The investigators involved in the current investigation are Child Protective Investigator [REDACTED] and the [REDACTED] County Coroner's Office. The alleged perpetrator in this investigation is [REDACTED], birth mother. Interviews have been conducted with [REDACTED], birth mother/alleged perpetrator, immediate family, hospital staff, and coroner's office staff.

[REDACTED] was interviewed by Investigator [REDACTED] at [REDACTED] Hospital. Ms. [REDACTED] states that she woke up between 4:30 and 5:00 in the morning on 6/30/2015 to give [REDACTED] a bottle. Ms. [REDACTED] states that [REDACTED] was in the bed with her when she woke up and she found that his foot was cold. Ms. [REDACTED] states that she did not think anything of that because the blanket was not on [REDACTED] at that time. Ms. [REDACTED] states that when she picked [REDACTED] up his body was limp. Ms. [REDACTED] states that she immediately ran to take [REDACTED] to her mother; [REDACTED] and Ms. [REDACTED] began to administer CPR. Ms. [REDACTED] states that someone called 911 and emergency responders came to the



Tennessee Department of Children's Services
Case Recording Summary

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

home. Ms. [REDACTED] states that she accompanied [REDACTED] to the hospital in the ambulance. During the interview Ms. [REDACTED] stated that [REDACTED] was sleeping in the bed with her as well as that he was sleeping in the bassinette. Ms. [REDACTED] admits that [REDACTED] was born positive for Methamphetamines and Opiates in [REDACTED]

Investigator [REDACTED] interviewed [REDACTED] (maternal aunt) as a collateral contact. Ms. [REDACTED] reported that she woke up and heard the noise and she went to see what was going on. [REDACTED] reported that she called 911 around 5:00 and 5:15 am and started to administer CPR on [REDACTED] until the Emergency Medical Department arrived. [REDACTED] reported that the emergency medical department asked them to get out of the home while they worked on [REDACTED]. Investigator [REDACTED] spoke with [REDACTED], sibling at [REDACTED] Children's Hospital. [REDACTED] reported that his mother had his brother in the bed with them. [REDACTED] reported that his mother, [REDACTED] brother, [REDACTED] himself, and his brother [REDACTED] was lying in the bed. [REDACTED] reported that [REDACTED] was at the hospital because he was sick this morning. Investigator [REDACTED] spoke with [REDACTED] aunt and [REDACTED], grandmother regarding the incident that occurred with [REDACTED] and [REDACTED] reported that [REDACTED] was not in the bassinette, but sleeping in the bed with his mother and the other children. [REDACTED] reported that [REDACTED] is lying, because when she went to bed the baby was in the bed. [REDACTED] reported that [REDACTED] was lying in the bed as well because when she came into the home at 10:30 pm or 11:00 pm [REDACTED] was in the bed.

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

1. Any unexpected death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child.

The [REDACTED] County Child Protective Investigative Team convened on this case on 7/1/2015. The case was stamped Department of Children's Services to handle and return. The case was presented to the Child Protective Investigative Team on 10/28/2015. The case was approved for classification as allegation substantiated and perpetrator substantiated for lack of supervision. The classification in regards to the added allegations of Environmental Neglect has been classified as ASPS. [REDACTED] and [REDACTED] are in DCS custody and the Family Service Worker's focal point is to ensure that the children's medical needs are met at this time.

The autopsy report was received and completed by [REDACTED] County Medical Examiner [REDACTED]. The infant's cause of death is noted sudden unexplained infant death and the manner of death could not be determined. There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

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

Narrative Type: Addendum 1 Entry Date/Time: 12/28/2015 02:45 PM Entered By: [REDACTED]

The notification of classification has been forwarded to the Juvenile Court Judge.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 12/09/2015	Contact Method: Face To Face
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Court	Created Date: 12/17/2015
Completed date: 12/17/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Collateral Contact	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/17/2015 12:26 PM Entered By: [REDACTED]

Investigator [REDACTED] made a visit to [REDACTED] for the adjudication hearing for the [REDACTED] sibling group. Present at the court hearing was [REDACTED] and [REDACTED] (Resource Coordinator), [REDACTED] (FSW), [REDACTED] (putative father), [REDACTED] wife and their two children were also present.

The court hearing was continued for February 24, 2016. [REDACTED] was not present because she was at rehab. [REDACTED]

was not present because she stated that they had to move from the home in [REDACTED] and return to [REDACTED] because [REDACTED] (landlord, [REDACTED]) was selling the property.

Observations:

[REDACTED] and [REDACTED] were observed to be neat and very active during the hearing. [REDACTED] wore a green shirt and navy pants. [REDACTED] wore a grey shirt and jean pants. There were no marks or bruises.

Next Steps:

Investigator [REDACTED] will staff case with LI.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 12/09/2015	Contact Method: Attempted Phone Call
Contact Time: 08:50 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/17/2015
Completed date: 12/17/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/17/2015 11:52 AM Entered By: [REDACTED]

Investigator [REDACTED] contacted [REDACTED] of [REDACTED] Centers to confirm [REDACTED] enrollment and to see if she will be able to attend court. There was no answer. Investigator [REDACTED] left contact information.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 12/09/2015	Contact Method: Phone Call
Contact Time: 08:40 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/17/2015
Completed date: 12/17/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/17/2015 11:51 AM Entered By: [REDACTED]

Investigator [REDACTED] received a phone call from [REDACTED] Resource Coordinator. Ms. [REDACTED] stated that AP [REDACTED] was at [REDACTED] rehabilitation treatment center this morning. [REDACTED] provided Investigator [REDACTED] with contact information for the counselor at the rehabilitation center.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/03/2015 Contact Method: Phone Call
 Contact Time: 09:45 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/03/2015
 Completed date: 12/03/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/03/2015 12:32 PM Entered By: [REDACTED]

Investigator [REDACTED] received a phone call from [REDACTED] Resource Coordinator. Ms. [REDACTED] stated that AP [REDACTED] did not start rehabilitation treatment for [REDACTED] because she stated that they did not want to work with her on her limited clothing of only having shorts. Ms. [REDACTED] stated that AP [REDACTED] stated that she will be attending [REDACTED] on December 8, 2015 at 10:00 am.



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

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	12/02/2015	Contact Method:	Phone Call
Contact Time:	06:00 PM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:	DCS Office	Created Date:	12/03/2015
Completed date:	12/03/2015	Completed By:	██████████
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: 12/03/2015 09:26 AM Entered By: ██████████

Investigator ██████ spoke with ██████ Resource Program Manger regarding ACV ██████ and ██████ and the visitation with the family members. ██████ stated that AP ██████ has been missing the visitations with the children. ██████ stated that the ██████ (foster mother) invited the family over for Thanksgiving Dinner and AP ██████ did not show. ██████ stated that AP ██████ (maternal grandmother) and ██████ (maternal aunt) attended the visit. ██████ stated that AP ██████ has missed medical appointments for both ACV ██████ and ACV ██████ in October 2015 and November 2015. ██████ stated that ██████ (putative father for ██████) was present at the Foster Care Review Board and stated that he wanted to obtain custody and care for ACV ██████. ██████ stated that the behaviors for ACV ██████ have decreased, but ACV ██████ behaviors have not decreased.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 12/02/2015	Contact Method: Phone Call
Contact Time: 01:58 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/03/2015
Completed date: 12/03/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 12/03/2015 09:18 AM Entered By: [REDACTED]

Investigator [REDACTED] received a phone call from AP [REDACTED]. Investigator [REDACTED] informed AP [REDACTED] that she has been attempting to contact her to follow up on rehab services, parenting class, and visitations for the children. AP [REDACTED] stated that she met a friend named [REDACTED] who has been helping her and she has been living with him. AP [REDACTED] stated that she no longer has the same contact number. AP [REDACTED] stated that she lives with [REDACTED] at [REDACTED] and she can be contacted at [REDACTED] and [REDACTED]. AP [REDACTED] stated that she has not attended rehabilitation treatment because she only had shorts to wear. AP [REDACTED] stated that she could not wear shorts to a rehabilitation center. Investigator [REDACTED] questioned AP [REDACTED] if she attended the parenting class. AP [REDACTED] stated that she completed the class on line but she did not receive a certificate. Investigator [REDACTED] informed AP [REDACTED] that the Department will need proof that she complete the parenting class. AP [REDACTED] stated that she will be attending [REDACTED] on 12-3-15.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/30/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/21/2015
 Completed date: 12/21/2015 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: 12/21/2015 03:38 PM Entered By: [REDACTED]
 Administrative Review

Lead Investigator [REDACTED] has reviewed this case for Investigator [REDACTED] will update the case, complete any additional investigative tasks, and prepare the case for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/25/2015 Contact Method: Attempted Phone Call
 Contact Time: 12:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2015
 Completed date: 11/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 12:26 PM Entered By: [REDACTED]
 Investigator [REDACTED] contacted AP [REDACTED] to follow up on her beginning of services the children. There was no answer.
 Investigator [REDACTED] left a voice 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: 11/16/2015	Contact Method: Phone Call
Contact Time: 06:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/25/2015
Completed date: 11/25/2015	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: 11/25/2015 02:44 PM Entered By: [REDACTED]

Investigator [REDACTED] contacted [REDACTED] of [REDACTED] Care resource coordinator regarding the family. Ms. [REDACTED] stated that the children are doing well and behaviors has calmed slightly. Ms. [REDACTED] stated that they have to be monitored, since they are in a new placement home. Ms. [REDACTED] stated that the children do get to visit with their relatives. Ms. [REDACTED] questioned if AP [REDACTED] has begun drug treatment because she appeared to be under the influence on the last visit. Investigator [REDACTED] stated that AP [REDACTED] has not followed any recommendations if the Department.



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: 10/27/2015	Contact Method: Correspondence
Contact Time: 01:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/18/2015
Completed date: 12/18/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/18/2015 11:00 AM Entered By: [REDACTED]

The case was reviewed by CPIT parties regarding the following allegations and ACV's [REDACTED] abuse death was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. [REDACTED], and [REDACTED] for the allegation of lack of supervision and environmental neglect were classified as allegation substantiated perpetrator substantiated. [REDACTED] and [REDACTED] was removed from the home due to the environmental issues.

Narrative Type: Addendum 1 Entry Date/Time: 12/18/2015 11:07 AM Entered By: [REDACTED]

correction:

[REDACTED] and [REDACTED] was removed from the home due to the environmental issues.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/25/2015
Completed date:	11/27/2015	Completed By:	System Completed
Purpose(s):			
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: Entered By:



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: Correspondence
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/25/2015
Completed date: 11/25/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact, Notation	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 12:06 PM Entered By: [REDACTED]

Investigator [REDACTED] received recommendations from District Attorney [REDACTED] regarding this case. DA [REDACTED] stated this case is not able to be prosecuted case, but both AF [REDACTED] (mother) and [REDACTED] (maternal grandmother) will be substantiated for lack of supervision.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/23/2015 Contact Method: Correspondence
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2015
 Completed date: 11/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 11:57 AM Entered By: [REDACTED]

Investigator [REDACTED] followed up with District Attorney [REDACTED] to obtain her recommendations regarding the autopsy. District Attorney [REDACTED] requested that Investigator [REDACTED] send her a copy of the records from the state of [REDACTED] from which the family came from.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/23/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/12/2015
 Completed date: 11/12/2015 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: 11/12/2015 11:24 AM Entered By: [REDACTED]
 Administrative Review

Lead Investigator [REDACTED] has reviewed this case. The autopsy report has been received and has been forwarded to the DA [REDACTED] for review. Inv. [REDACTED] will follow up with the children and family to see if any services are needed. Inv. [REDACTED] will present the information to CPIT for an agreed classification and completed all investigative tasks in order to prepare case 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: 10/23/2015	Contact Method: Correspondence
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/25/2015
Completed date: 11/25/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact, Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 11/25/2015 02:23 PM Entered By: [REDACTED]

The [REDACTED] family has the following history with the [REDACTED] Department of Services: Copies have been uploaded to TFCAT. June 2015 referral for drug exposed infant. March 2015 referral for environmental neglect. June 2014 referral for neglect and physical abuse. May 2013 referral for abandonment and supervision neglect.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/16/2015	Contact Method:	
Contact Time:	01:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/16/2015
Completed date:	10/16/2015	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: 10/16/2015 01:44 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/15/2015 Contact Method: Phone Call
 Contact Time: 11:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2015
 Completed date: 11/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 12:15 PM Entered By: [REDACTED]
 Investigator [REDACTED] contacted AP [REDACTED] to follow up on her beginning of services and the visitations of the children. There was no answer. Investigator [REDACTED] was unable to leave a voice message because the system was full.



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: 10/07/2015	Contact Method: Phone Call
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/25/2015
Completed date: 11/25/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 02:40 PM Entered By: [REDACTED]

Investigator [REDACTED] contacted [REDACTED] of [REDACTED] Care resource coordinator regarding the family. Ms. [REDACTED] stated that the children are doing well and behaviors has calmed slightly. Ms. [REDACTED] stated that they have to be monitored, so they will not get into things. Ms. [REDACTED] stated that the children are safe and active.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/01/2015 Contact Method: Correspondence
 Contact Time: 04:15 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2015
 Completed date: 11/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 11:29 AM Entered By: [REDACTED]
 Investigator [REDACTED] forwarded the autopsy report to the District Attorney [REDACTED] for review. Transmission was successful.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/30/2015 Contact Method: Attempted Phone Call
 Contact Time: 02:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2015
 Completed date: 11/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 12:14 PM Entered By: [REDACTED]

Investigator [REDACTED] contacted AP [REDACTED] to follow up on her beginning of services and the visitations of the children. There was no answer. Investigator [REDACTED] was unable to leave a voice message because the system was full.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/30/2015 Contact Method:
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2015
 Completed date: 11/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 11:47 AM Entered By: [REDACTED]

Investigator [REDACTED] has prepared a Handle and Return to present to CPIT in order to agree on the classification of this case. Once the information is received it will be documented.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/27/2015	Contact Method:
Contact Time: 04:28 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 04:29 PM Entered By: [REDACTED]

Admin Review

Lead Investigator [REDACTED] was able to review this case with the allegations of Abuse Death and Lack of Supervision. Inv. [REDACTED] will follow up with the children and family to see if any services are needed. The autopsy report has been obtained and based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is sudden unexplained infant death. The possibility of an asphyxia death in the setting of co-sleeping could not be excluded and therefore the manner of the death could not be determined. Inv. [REDACTED] will present the information to CPIT for an agreed classification and completed all investigative tasks in order to prepare case 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: 09/17/2015	Contact Method:
Contact Time: 09:15 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/17/2015
Completed date: 09/17/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/17/2015 09:26 AM Entered By: [REDACTED]

The autopsy report was received on 09/10/15. Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is sudden unexplained infant death. The possibility of an asphyxia death in the setting of co-sleeping could not be excluded and therefore the manner of the death could not be determined.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/11/2015	Contact Method: Phone Call
Contact Time: 03:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/25/2015
Completed date: 11/25/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 02:37 PM Entered By: [REDACTED]

Investigator [REDACTED] contacted [REDACTED] of [REDACTED] resource coordinator regarding the family. Ms. [REDACTED] stated that the children are doing well and very accepting of Ms. [REDACTED]. Ms. [REDACTED] stated that the children have some medical concerns that they have been taking to the doctor. Ms. [REDACTED] stated that Ms. [REDACTED] (resource parent) has to be hospitalized, so the children will be going to another home. Ms. [REDACTED] stated that she has been having difficult with AP [REDACTED] keeping the scheduled appointments and visitations. Ms. [REDACTED] stated that AP [REDACTED] has yet to begin drug treatment. Investigator [REDACTED] stated that she will follow up with the family.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/09/2015	Contact Method: Correspondence
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/25/2015
Completed date: 11/25/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact, Notation	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 02:28 PM Entered By: [REDACTED]

Investigator [REDACTED] made a visit to [REDACTED] to pick up the completed petition to file. Investigator [REDACTED] made a visit to [REDACTED] to file the petition for custody of ACV [REDACTED] and [REDACTED]. The court date was scheduled for July 29, 2015 at 9:00 am.



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: 08/26/2015	Contact Method:
Contact Time: 09:52 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/26/2015
Completed date: 08/26/2015	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: 08/26/2015 10:00 AM Entered By: [REDACTED]

Admin Review

Lead Investigator [REDACTED] was able to staff this case with Investigator [REDACTED] (Inv. [REDACTED] with the allegations of Abuse Death and Lack of Supervision. Inv. [REDACTED] will follow up with the children and family to see if any services are needed. Inv. [REDACTED] will continue to make contact with the family as long as the case is open and is 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: 08/24/2015 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/25/2015
 Completed date: 11/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Other Persons Living in Home Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 10:06 AM Entered By: [REDACTED]

Household Composition:

[REDACTED] - AP- Mother- DOB: [REDACTED]
 [REDACTED] - paramour- DOB: [REDACTED]
 [REDACTED] - ACV- DOB: [REDACTED]

Investigator [REDACTED] made a visit to the family home located at [REDACTED] to follow up on a referral for environmental neglect. Present at the family home was [REDACTED] (maternal grandmother), [REDACTED] (maternal aunt), AP [REDACTED] (mother), and [REDACTED] (paramour). Investigator [REDACTED] requested permission to enter the home. Permission was granted by AP [REDACTED]. Introductions were made.

[REDACTED] and [REDACTED] stated that the home was complete with all the renovations of home. [REDACTED] stated that they are hoping next to complete the K-9 training unit camp. [REDACTED] stated that he would be willing to acquire custody of the children if he is able to. [REDACTED] stated that she would like custody of the children as well. [REDACTED] stated that he gets heart-broken each time they see the children because they know that they will get upset when the visit is complete. [REDACTED] stated that [REDACTED] is no longer living in the home.

AP [REDACTED] stated that she has not been successful with attending the drug classes, parenting class, and entering a rehabilitation center. Investigator [REDACTED] provided AP [REDACTED] with the contact numbers and address. AP [REDACTED] began contacting the agencies. AP [REDACTED] stated that she was unable to get through. Investigator [REDACTED] told AP [REDACTED] to continue to get enrolled into the programs. AP [REDACTED] stated that she was not going to remain in the home, but move with her current boyfriend. AP [REDACTED] stated that she has been contacting Ms. [REDACTED] (resource parent) to speak with the children. [REDACTED] stated that she misses her nephews and wants what is best for them. [REDACTED] stated that she is happy that they are safe and not in danger.

Observations:

The home was neat and clutter free. There were no marks or bruises. The home was adequate and appropriate with all renovations complete.

Next Steps:

Investigator [REDACTED] will staff the case with LI.



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: 08/24/2015	Contact Method: Attempted Phone Call
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/25/2015
Completed date: 11/25/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 12:13 PM Entered By: [REDACTED]

Investigator [REDACTED] contacted AP [REDACTED] to follow up on her beginning of services and the visitations of the children. There was no answer. Investigator [REDACTED] was unable to leave a voice message because the system was full.



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: 08/10/2015	Contact Method: Face To Face
Contact Time: 01:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 09/01/2015
Completed date: 09/01/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Collateral Contact	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/01/2015 12:39 PM Entered By: [REDACTED]

[REDACTED] arrived at the [REDACTED] [REDACTED] for a forensic interview. [REDACTED] would not cooperate with the interview to conduct the interview. [REDACTED] did not stay in the interview room. [REDACTED] would not answer the questions. The interview was incomplete.

Investigator [REDACTED] spoke with [REDACTED] (resource parent) and [REDACTED] (Resource Coordinator) regarding [REDACTED] and [REDACTED] reported that the children are adapting to her home. [REDACTED] stated that the children visit each Thursday with their parents and family members.



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: 07/31/2015	Contact Method:
Contact Time: 06:30 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 06:58 PM Entered By: [REDACTED]

Admin Review

Lead Investigator [REDACTED] was able to review this case of Investigator [REDACTED]. This case is now considered a Death Case in that the infant passed away on 7/2/15. Inv. [REDACTED] removed the siblings in the home in that the home environment was hazardous for the children to reside as well as issues with the mother's drug usage. LI [REDACTED] has requested a autopsy report on [REDACTED] from the Nursing Director [REDACTED] on 7/9/15. Inv. [REDACTED] will continue to follow up with the family/FSW 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 Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/27/2015 Contact Method: Phone Call
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/27/2015
 Completed date: 07/27/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2015 12:24 PM Entered By: [REDACTED]
 Investigator [REDACTED] contacted the CAC to schedule a FI for [REDACTED]. The FI was scheduled for 08/10/2015 at 1:30 pm.



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: 07/24/2015	Contact Method: Correspondence
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/27/2015
Completed date: 07/27/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2015 12:22 PM Entered By: [REDACTED]

Investigator [REDACTED] received correspondence from [REDACTED] reporting that she was told from the foster parent that ACV [REDACTED] reported that he saw his mother, [REDACTED] soothing his brother; [REDACTED] (deceased) with a pillow. Investigator [REDACTED] informed that she will staff case with LI and schedule for a FI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/20/2015 Contact Method: Phone Call
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/27/2015
 Completed date: 07/27/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2015 12:38 PM Entered By: [REDACTED]

Investigator [REDACTED] received a phone call from paternal grandmother [REDACTED] requesting information regarding her grandchildren. Investigator [REDACTED] provided [REDACTED] with the assigned FSW contact number to locate the children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2015 Contact Method: Correspondence
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2015
 Completed date: 11/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 11:49 AM Entered By: [REDACTED]

Investigator [REDACTED] has prepared a Handle and Return to present to CPIT in order to agree on the classification of this case. Once the information is received it will be documented.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/10/2015 Contact Method: Correspondence
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/27/2015
 Completed date: 07/27/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2015 12:45 PM Entered By: [REDACTED]
 Investigator [REDACTED] received correspondence from Dr. [REDACTED] regarding the consultation of [REDACTED] was not expected to survive.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/09/2015 Contact Method:
 Contact Time: 04:22 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/09/2015
 Completed date: 07/09/2015 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: 07/09/2015 04:26 PM Entered By: [REDACTED]

Notation

Lead Investigator [REDACTED] sent an email to the Nursing Director [REDACTED] in order to request the autopsy report on the deceased infant [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: 07/07/2015	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 07/27/2015
Completed date: 07/27/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Other Child Living in the Home Interview/Observation, Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/27/2015 12:00 PM Entered By: [REDACTED]

Investigator [REDACTED] made a visit to the family home located at [REDACTED] to follow up on the repairs made to the home. Investigator [REDACTED] requested permission to enter the home. Permission was granted by [REDACTED] (mother). Present at the home was [REDACTED] (aunt), [REDACTED] (maternal grandmother), [REDACTED] (paramour to grandmother), and [REDACTED] (mother). There were construction workers throughout the home working and making repairs.

Investigator [REDACTED] requested a walkthrough of the home to assess the repairs. Investigator [REDACTED] took photos. The home was observed to have working water and utilities. The home was still incomplete in regards to the repairs for [REDACTED] room. [REDACTED] (maternal grandmother) reported that she does not know what the issues with getting the repairs completed. [REDACTED] reported that they will be going to another hotel tonight because the repairs are not complete.

[REDACTED] reported that she was getting the funeral arrangements together for the family. [REDACTED] and [REDACTED] went to [REDACTED] to acquire a room for the family. When they got to the room, Investigator [REDACTED] contacted the hotel to confirm the family did have a room.

Observations:
The home was observed to have working water and utilities. The home had adequate amount of food in the refrigerator and there was a microwave present in the home. Investigator [REDACTED] observed the kitchen and [REDACTED] room to be incomplete.

Next Steps:
Investigator [REDACTED] will staff case with LI.



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: 07/07/2015	Contact Method:
Contact Time: 11:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/25/2015
Completed date: 11/25/2015	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: 11/25/2015 11:11 AM Entered By: [REDACTED]

Background checks completed and results obtained for the following persons:

[REDACTED] dob: [REDACTED]
 Jssi: No results that match the search
 TBI (sex offender): No results that match the search
 National (sex offender): 0 hits
 Felony Offender: No results that match the search
 Meth Offender: No records found

[REDACTED] dob: [REDACTED]
 Jssi: No results that match the search
 TBI (sex offender): No results that match the search
 National (sex offender): 0 hits
 Felony Offender: No results that match the search
 Meth Offender: No records found

[REDACTED] dob: [REDACTED]
 Jssi: Site not working
 TBI (sex offender): No results that match the search
 National (sex offender): 6 hit
 Felony Offender: No results that match the search
 Meth Offender: No records found

The family does not have prior history with the Department: [REDACTED] June 2015 referral for drug exposed child and drug exposed infant listing [REDACTED] as the victims and [REDACTED] (mother) as the perpetrator classified as allegation substantiated perpetrator substantiated.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 07/06/2015 Contact Method: Face To Face
Contact Time: 06:15 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 07/07/2015
Completed date: 07/07/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): ACV Interview/Observation,Other Persons Living in Home
Interview/Observation,Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/07/2015 01:27 PM Entered By: [REDACTED]
Investigator [REDACTED] made a visit to [REDACTED] Motel located at [REDACTED] to confirm that the family had acquired a hotel room. The family was in room [REDACTED] Investigator [REDACTED] contacted Lead Investigator [REDACTED] to inform that [REDACTED] was at the hotel room.



Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/06/2015 Contact Method: Face To Face
 Contact Time: 04:03 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/07/2015
 Completed date: 07/07/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Other Persons Living in Home
 Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/07/2015 01:23 PM Entered By: [REDACTED]
 Investigator [REDACTED] made a visit to the family home located at [REDACTED] to follow up on the repairs made to the home. Investigator [REDACTED] requested permission to enter the home. Permission was granted by [REDACTED] (mother). Present at the home was [REDACTED] (aunt), [REDACTED] (maternal grandmother), [REDACTED] (paramour to grandmother), and [REDACTED] (mother). There were construction workers throughout the home working and making repairs. Investigator [REDACTED] requested a walkthrough of the home to assess the repairs. Investigator [REDACTED] took photos. The home was observed to have working water and utilities. The home had adequate amount of food in the refrigerator and there was a microwave present in the home. Investigator [REDACTED] observed the kitchen and [REDACTED] room to be incomplete. [REDACTED] as well as the other contractors reported that the repairs to the kitchen and [REDACTED] room will be complete by the end of daylight. Investigator [REDACTED] informed the family that the home was still inadequate for [REDACTED] to be present there. [REDACTED] reported that she is practically an adult and she is not going to get into the car with Investigator [REDACTED] without a fight. Investigator [REDACTED] informed the family that if they could obtain a hotel for [REDACTED] to go to then that can be avoided. [REDACTED] reported that [REDACTED] works like the grown up in the home. [REDACTED] reported that [REDACTED] is not in school, but is still for her GED. [REDACTED] became upset saying that she refuse to go into state custody. Investigator [REDACTED] contacted Lead Investigator [REDACTED] to discuss the home repairs and the option of the family going to a hotel for the night. Lead Investigator [REDACTED] reported that the hotel room will have to be verified and Investigator [REDACTED] will have to follow up with the family the next day for updates regarding the repairs. [REDACTED] left the home to obtain money for the room. Investigator [REDACTED] was provided with a bag of clothes for the children. [REDACTED] reported that the clothes are dirty and need to be cleaned.
 Observations:
 The home was observed to have working water and utilities. The home had adequate amount of food in the refrigerator and there was a microwave present in the home. Investigator [REDACTED] observed the kitchen and [REDACTED] room to be incomplete.
 Next Steps:
 Investigator [REDACTED] will confirm the family hotel room.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 07/06/2015 Contact Method: Face To Face
Contact Time: 01:10 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 07/07/2015
Completed date: 07/07/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/07/2015 01:04 PM Entered By: [REDACTED]

The family made a visit to the office located at [REDACTED] for an Initial Emergency Removal CFTM/ Initial Perm Plan. Present at the meeting was [REDACTED] (mother/ AP), [REDACTED] (maternal grandmother), [REDACTED] (maternal aunt), and [REDACTED] (maternal grandmother paramour), [REDACTED] (ACV), [REDACTED] (ACV), Investigator [REDACTED] Investigator [REDACTED] Lead Investigator [REDACTED] FSW [REDACTED] FSW Team Leader [REDACTED] and [REDACTED] workers [REDACTED] and [REDACTED].

The purpose of the meeting was to discuss the reasons that brought the family to the attention of the department and brought the children into DCS Custody. The efforts to keep the children safe and to reduce trauma is that [REDACTED] and [REDACTED] will remain in the Level 1 resource home. There is a dual goal of return to parent and exit custody with relative. The preliminary hearing will be held on Friday, July 10, 2015 and the adjudication hearing will be held on July 29, 2015.

The following actions steps were discussed for members and family: Verify legal fathers for [REDACTED], Attend preliminary and adjudication hearing, complete application process with DHS for insurance, request parenting assessment with mental health component, follow up with DCS Psychologist regarding recommendations for [REDACTED] with COE component, ensure the children receive EPSDT and dental, submit referral to colonial speech and hearing for [REDACTED] call in CPS referral for [REDACTED] attempting to smother a dog and child, submit a safety plan for the home, submit an incident report regarding [REDACTED] attempt to smother a dog and child in resource home, and CPS will visit family home to assess the completion of the repairs.

Observations:

[REDACTED] and [REDACTED] were neatly dressed for the meeting. [REDACTED] had on blue shirt and blue shorts. [REDACTED] had on yellow and blue shirt and blue shorts. [REDACTED] had a deep reddish purple mark on his right forearm. [REDACTED] had red bumps on his legs. There were red bumps on [REDACTED] legs and arms. Investigator [REDACTED] observed his right index finger nail to be blacked and coming off of the finger.

Next Steps:

Investigator [REDACTED] will visit the home to follow up on repairs and to obtain clothes for ACV [REDACTED] and [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/02/2015 Contact Method: Correspondence
 Contact Time: 11:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2015
 Completed date: 11/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 11:22 AM Entered By: [REDACTED]

The Child Death Notification form was completed on this day and was sent to Child Fatality EI DCS. A copy of the form can be found in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/02/2015 Contact Method: Phone Call
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/02/2015
 Completed date: 07/02/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2015 10:49 AM Entered By: [REDACTED]
 Investigator [REDACTED] was informed that at 9:55 am. ACV [REDACTED] has passed away following his second brain death exam.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/02/2015 Contact Method: Phone Call
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/02/2015
 Completed date: 07/02/2015 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: 07/02/2015 11:19 AM Entered By: [REDACTED]
 Investigator [REDACTED] contacted the child abuse hotline to inform that ACV [REDACTED] has passed away.



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: 07/01/2015	Contact Method:
Contact Time: 09:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/09/2015
Completed date: 07/09/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/09/2015 04:34 PM Entered By: [REDACTED]

Admin Review

Lead Investigator [REDACTED] has been in great communication with Investigator [REDACTED] about this case. The infant is still at [REDACTED] for further testing. The siblings of the infant were removed from the home in that it was considered hazardous and in habitable for small children. The child was discussed and staffed with Investigations Coordinator [REDACTED] as well as DCS Attorney General [REDACTED]. Investigator [REDACTED] will keep in contact with hospital staff in regards to the infants status.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/01/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2015
 Completed date: 11/25/2015 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: 11/25/2015 11:06 AM Entered By: [REDACTED]

Documentation of Initial SDM

Child Protective Services Investigator (CPSI) [REDACTED] completed the initial Safety Assessment. There are current immediate harm factors and interventions. The safety decision is: to remove the children from the home. [REDACTED] and [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	06/30/2015	Contact Method:	Face To Face
Contact Time:	09:00 PM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:	Family Home	Created Date:	07/02/2015
Completed date:	07/02/2015	Completed By:	██████████
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: 07/02/2015 11:16 AM Entered By: ██████████

A verbal was received on ██████████ and ██████████ at 5:07 PM on 6/30/2015. The Verbal was granted by ██████████ Investigator ██████████ and Investigator ██████████ attended to ACV ██████████ and ACV ██████████ while awaiting placement. Investigator ██████████ made a visit to ██████████ to place ACV ██████████ and ACV ██████████ in her home. ACV ██████████ and ACV ██████████ were visibly upset and crying during the transition. The children kept requesting for their mother. Investigator ██████████ provided ██████████ with the children's names and some items for them. ██████████ reported that she needed a voucher to get the children some items because she does not have anything. Investigator ██████████ informed ██████████ that the children did not have many items outside of what they have which was a shirt and short for each child. Investigator ██████████ informed ██████████ that she will contact the FSW and let her know.



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: 06/30/2015	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 07/01/2015
Completed date: 07/01/2015	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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 07/01/2015 11:29 AM Entered By: [REDACTED]

Household Composition:

[REDACTED] maternal grandmother- dob: [REDACTED]
 [REDACTED] - maternal grandmother paramour- dob: [REDACTED]
 [REDACTED] - maternal aunt- [REDACTED]
 [REDACTED] - sibling-dob [REDACTED]

Investigator [REDACTED] made a visit to the family home located at [REDACTED], to follow up with a referral for lack of supervision. Investigator [REDACTED] requested permission to enter the home. Permission was granted by [REDACTED] (maternal grandmother). Present at the home was [REDACTED] (sibling), [REDACTED] (maternal grandmother), [REDACTED] (maternal grandmother), and [REDACTED] (maternal aunt). Introductions were made.

Investigator [REDACTED] spoke with ACV [REDACTED] regarding the allegations of lack of supervision. [REDACTED] reported that his mother had his brother in the bed with them. [REDACTED] reported that his mother, [REDACTED] brother, [REDACTED] himself, and his brother [REDACTED] was lying in the bed. [REDACTED] reported that [REDACTED] was at the hospital because he was sick this morning.

Investigator [REDACTED] spoke with [REDACTED] and [REDACTED] regarding the incident that occurred with ACV [REDACTED] and [REDACTED] reported that ACV [REDACTED] was not in the bassinet, but sleeping in the bed with his mother and the other children. [REDACTED] reported that AP [REDACTED] is lying, because when she went to bed the baby was in the bed. [REDACTED] reported that ACV [REDACTED] was lying in the bed as well because when she came into the home at 10:30 pm or 11:00 pm ACV [REDACTED] was in the bed. [REDACTED] reported that her landlord, [REDACTED] who works for the FBI does not want [REDACTED] or the children to remain in the home due to the incident that occurred with ACV [REDACTED]. Investigator [REDACTED] questioned if they had any other family members where the children could go.

[REDACTED] reported that there were no other family members. [REDACTED] reported that the family is originally from [REDACTED]. [REDACTED] reported that she was contacted by [REDACTED] Department of Child Protection in June 2015 to come and get the children or they would be going into state custody. [REDACTED] reported that ACV [REDACTED] was born with withdrawals of Opiates in his system. [REDACTED] reported that AP [REDACTED] has a bad drug problem.

Investigator [REDACTED] contacted LI [REDACTED] and Investigator Coordinator [REDACTED] regarding the environmental issues and the homelessness of the children. A verbal was received on [REDACTED] and [REDACTED] at 5:07 PM on 6/30/2015. The Verbal was granted by [REDACTED].

[REDACTED] (maternal grandmother paramour) reported that he did not want the children to go into state custody. [REDACTED] reported that he could contact his landlord to place the family in a room. Investigator [REDACTED] informed [REDACTED] that a verbal had been approved to take the children into custody.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Observations:

The home was under renovation. The home was without running water and proper utilities. The home had holes in the wall and floor. The home had broken and boarded up windows. The home had exposed wiring and outlet sockets. The home had tools and material for the renovation. [REDACTED] was filthy and had a body odor. [REDACTED] had a deep reddish purple mark on his right forearm. [REDACTED] had red bumps on his legs, back, and stomach.

Next Steps:

Investigator [REDACTED] will staff case with LI [REDACTED] and Investigator Coordinator [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: 06/30/2015	Contact Method: Phone Call
Contact Time: 03:55 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/01/2015
Completed date: 07/01/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2015 11:34 AM Entered By: [REDACTED]

Investigator [REDACTED] received a call from [REDACTED] Hospital Medical social worker who reported that ACV [REDACTED] is alive but unresponsive and currently on a breathing ventilator. [REDACTED] requested information regarding the family's and patient medical record. [REDACTED] reported that she will contact Investigator [REDACTED] if any changes occur.



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: 06/30/2015	Contact Method: Face To Face
Contact Time: 11:50 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 07/01/2015
Completed date: 07/01/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Other Persons Living in Home Interview/Observation,Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/01/2015 10:58 AM Entered By: [REDACTED]

Investigator [REDACTED] made a visit to [REDACTED] Hospital to meet response time regarding a referral for lack of supervision listing ACV [REDACTED] as the victim and AP [REDACTED] (mother) as the perpetrator. Present at the hospital room was ACV [REDACTED] (sibling), AP [REDACTED] (mother/ AP) [REDACTED] (maternal aunt), [REDACTED] (maternal grandmother), and attending nurse. Investigator [REDACTED] requested permission to enter the room. Permission was granted by AP [REDACTED] (mother). Introductions were made.

Investigator [REDACTED] observed ACV [REDACTED] to be lying in AP [REDACTED] arm with tubes coming from his body. ACV [REDACTED] was connected to a breathing machine. Investigator [REDACTED] was told that ACV [REDACTED] had a faint heartbeat, but no brain activity. [REDACTED] (sibling) was observed walking around the room and playing with toys.

Investigator [REDACTED] began to discuss the allegation of lack of supervision. Investigator [REDACTED] explained the current report made to Tennessee Department of Children's Services and the MRS/ Assessment process. Investigator [REDACTED] also provided a brochure describing the Multiple Response Approach. Investigator [REDACTED] explained all forms and engaged the family during the paperwork process. AP [REDACTED] signed the Client Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPPA) Acknowledgement form, Notice of Equal Access to Programs and Services, Grievance Procedures, and Release of Information. Investigator [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.

Investigator [REDACTED] questioned AP [REDACTED] regarding the allegations. AP [REDACTED] reported that around 2:30 am and 3:30 am ACV [REDACTED] was lying in the bed with her, but prior to going to sleep she laid him in the bassinet. AP [REDACTED] reported that she awoke around 4:30 am or 5:00 am to prepare ACV [REDACTED] a bottle. AP [REDACTED] reported that she noticed that ACV [REDACTED] feet were cold, but she did not think anything of it because there was no blanket on him. AP [REDACTED] reported that when she picked up ACV [REDACTED] from the basinet his body was limp. AP [REDACTED] reported that she ran into the room with [REDACTED] (maternal grandmother) who reportedly started to administer CPR on ACV [REDACTED]. [REDACTED] (maternal aunt) reported that she woke up and heard the noise and she went to see what was going on. [REDACTED] reported that she call 911 around 5:00 and 5:15 am and started to administer CPR on ACV [REDACTED] until the Emergency Medical Department arrived. [REDACTED] reported that the emergency medical department asked them to get out of the home while they worked on ACV [REDACTED]. AP [REDACTED] reported that she road in the ambulance to the hospital and ACV [REDACTED] did not have a heart beat until they



Tennessee Department of Children's Services
Case Recording Summary

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

arrived to the hospital. ACV [REDACTED] reported that ACV [REDACTED] was lying in the bassinet and not sleeping in the bed. Investigator [REDACTED] questioned AP [REDACTED] regarding her drug history. AP [REDACTED] reported that when ACV [REDACTED] was born she was using meth and opiates. AP [REDACTED] reported that she was using Lortabs when [REDACTED] (sibling) was born. AP [REDACTED] reported that she was not using when [REDACTED] (sibling) was born. AP [REDACTED] reported they are from [REDACTED]. AP [REDACTED] reported that [REDACTED] is the father for ACV [REDACTED] and [REDACTED]. AP [REDACTED] reported that [REDACTED] is incarcerated at [REDACTED] County Correctional Facility in [REDACTED]. AP [REDACTED] reported that she is uncertain if the father of [REDACTED] is [REDACTED] of [REDACTED] of [REDACTED]. AP [REDACTED] reported that she left [REDACTED] to come to [REDACTED] so that her mother [REDACTED] could help her with the children. Investigator [REDACTED] informed AP [REDACTED] that [REDACTED] and [REDACTED] will need to go to the doctor for a check up to be medically cleared. AP [REDACTED] reported that the family does not have medical insurance. Investigator [REDACTED] explained that they could go to the Department of Human Services to apply for health insurance. Investigator [REDACTED] also explained that the children could go to an emergency department to be checked out. Investigator [REDACTED] attempted to speak with [REDACTED] (maternal grandmother) regarding the incident. [REDACTED] was too upset to speak with the Investigator. Investigator [REDACTED] questioned to whereabouts of [REDACTED]. AP [REDACTED] reported that [REDACTED] was at the home with [REDACTED] (maternal grandmother paramour).

Observations:

ACV [REDACTED] was lying in a hospital bed with tubes connected to him. ACV [REDACTED] was unresponsive to the Investigator [REDACTED] touch. Investigator [REDACTED] took photo and placed in file. [REDACTED] was observed to be filthy with stains and an odor. There were red bums on [REDACTED] legs and arms. Investigator [REDACTED] observed his right index finger nail to be blacked.

Next Steps:

Investigator [REDACTED] will staff case with LI. [REDACTED] [REDACTED] will visit the home to follow up with [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/30/2015 Contact Method: Phone Call
 Contact Time: 10:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/02/2015
 Completed date: 07/02/2015 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: 07/02/2015 11:04 AM Entered By: [REDACTED]

The referent was contacted regarding the initiation of the Investigation through the KARAT system.



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: 06/30/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/02/2015
Completed date: 07/02/2015	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: 07/02/2015 10:54 AM Entered By: [REDACTED]

Opening Summary:

The Department received a referral with intake id# [REDACTED] for lack of supervision listing [REDACTED] [REDACTED]) as the victim. According to the report [REDACTED] lives with his mother [REDACTED] is the grandmother and [REDACTED] is [REDACTED] boyfriend and they reside in the home as well. [REDACTED] is [REDACTED] Aunt. [REDACTED] has two other siblings in the home [REDACTED] (4) and [REDACTED] (21 months) [REDACTED] that also reside in the home. Reporter stated that the [REDACTED] Fire Department received a call at 5:17 am about infant, [REDACTED] who was not breathing. The police, fire department, and EMS responded. [REDACTED] was transported to [REDACTED] Children's Hospital in critical condition. It is unknown if CPR was done on scene. Reporter stated that [REDACTED] had already left the scene in the ambulance with [REDACTED] and Law Enforcement was unable to interview her. Reporter stated that other family members at the home were interviewed and they reported that last night around 11:00 pm [REDACTED] was observed with her 3 children in the bed including [REDACTED]. It is "assumed" (by law enforcement) that someone possibly in the bed rolled over on the baby and smothered him. [REDACTED] is currently at [REDACTED] Children's Hospital and being attended to by medical personnel. Reporter stated that the last update they had was that [REDACTED] had a heartbeat but was not breathing on his own. Reporter stated that the family had just moved into the home a few weeks ago. The house is under renovation at this time. Reporter stated that basic utilities are on and its renovation a "work in progress." Reporter stated that the other children were observed and appeared to be clean and cared for appropriately. Reporter did not check for food in the home. Reporter stated that all adults that were interviewed reported that [REDACTED] had been crying "a lot lately" and although he had a bassinette, it is believed that [REDACTED] put [REDACTED] in the bed with her and the other children. Currently the police department is working this as an accident and the memo number is [REDACTED]. Reporter stated that this memo will be sent to the Detectives to see what/if any further action will be taken.

Narrative Type: Addendum 1 Entry Date/Time: 12/28/2015 02:48 PM Entered By: [REDACTED]

Initial referral notification has been sent to the Juvenile Court Judge and DA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/30/2015 Contact Method: Correspondence
 Contact Time: 08:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2015
 Completed date: 11/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2015 10:40 AM Entered By: [REDACTED]

Opening CPIT:

The Department received a referral for Lack of supervision that was listed as severe. The case was stamped DCS to Handle and return and get medical records.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 07/02/2015
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

07/30/2015 - [REDACTED] - FFA - [REDACTED] was born positive for methamphetamine at birth in [REDACTED]. The family moved to [REDACTED] on June 6, 2015. The family home was found to be unsafe for habitation by the children at this time. [REDACTED] was hospitalized at [REDACTED] Hospital for a near death.

12/07/2015 - [REDACTED] - FFA - Family - The Department received a referral with intake id# [REDACTED] for lack of supervision listing [REDACTED] as the victim. According to the report [REDACTED] lives with his mother [REDACTED] is the grandmother and [REDACTED] is [REDACTED] boyfriend and they reside in the home as well [REDACTED] is [REDACTED] Aunt. [REDACTED] has two other siblings in the home [REDACTED] (4) and [REDACTED] (21 months) [REDACTED] that also reside in the home. Reporter stated that the [REDACTED] Fire Department received a call at 5:17 am about infant, [REDACTED] who was not breathing. The police, fire department, and EMS responded. [REDACTED] was transported to [REDACTED] Hospital in critical condition. It is unknown if CPR was done on scene. Reporter stated that [REDACTED] had already left the scene in the ambulance with [REDACTED] and Law Enforcement was unable to interview her. Reporter stated that other family members at the home were interviewed and they reported that last night around 11:00 pm [REDACTED] was observed with her 3 children in the bed including [REDACTED]. It is assumed (by law enforcement) that someone possibly in the bed rolled over on the baby and smothered him. [REDACTED] is currently at [REDACTED] Hospital and being attended to by medical personnel. Reporter stated that the last update they had was that [REDACTED] had a heartbeat but was not breathing on his own. Reporter stated that the family had just moved into the home a few weeks ago. The house is under renovation at this time. Reporter stated that basic utilities are on and its renovation a work in progress. Reporter stated that the other children were observed and appeared to be clean and cared for appropriately. Reporter did not check for food in the home. Reporter stated that all adults that were interviewed reported that [REDACTED] had been crying a lot lately and although he had a bassinette, it is believed that [REDACTED] put [REDACTED] in the bed with her and the other children. Currently the police department is working this as an accident and the memo number is [REDACTED]. Reporter stated that this memo will be sent to the Detectives to see what/if any further action will be taken.

12/07/2015 - [REDACTED] - FFA - [REDACTED] - The purpose of the meeting was to discuss the reasons that brought the family to the attention of the department and brought the children into DCS Custody. The efforts to keep the children safe and to reduce trauma is that [REDACTED] and [REDACTED] will remain in the Level 1 resource home. There is a dual goal of return to parent and exit custody with relative. The preliminary hearing will be held on Friday, July 10, 2015 and the adjudication hearing will be held on July 29, 2015.

12/07/2015 - [REDACTED] - FFA - [REDACTED] - ACV [REDACTED] was hospitalized at [REDACTED] Hospital on 06-30-15. Investigator [REDACTED] observed ACV [REDACTED] to be lying in AP [REDACTED] arm with tubes coming from his body. ACV [REDACTED] was connected to a breathing machine. Investigator [REDACTED] was told that ACV [REDACTED] had a faint heartbeat, but no brain activity. [REDACTED] (sibling) was observed walking around the room and playing with toys. As of 07-01-15 there has been no change with ACV [REDACTED] condition. On 07-02-15 Investigator [REDACTED] was informed that at 9:55 am. ACV [REDACTED] has passed away following his second brain death exam.

12/07/2015 - [REDACTED] FFA - [REDACTED] - The purpose is to discuss the reasons that brought the family to the attention of the department and brought the children into DCS Custody. The efforts to keep the children safe and to reduce trauma is that [REDACTED] and [REDACTED] will remain in the Level 1 resource home. There is a dual goal of return to parent and exit custody with relative. The preliminary hearing will be held on Friday, July 10, 2015 and the adjudication hearing will be held on July 29, 2015.

B. Family Story:

12/07/2015 - [REDACTED] - FFA - Family - The Department received a referral with intake id# [REDACTED] for lack of supervision listing [REDACTED] as the victim. According to the report [REDACTED] lives with his mother [REDACTED] is the grandmother and [REDACTED] is [REDACTED] boyfriend and they reside in the home as well. [REDACTED] is [REDACTED] Aunt. [REDACTED] has two other siblings in the home [REDACTED] (4) and [REDACTED] (21 months) [REDACTED] that also reside in the home. Reporter stated that the [REDACTED] Fire Department received a call at 5:17 am about infant, [REDACTED] who was not breathing. The police, fire department, and EMS responded. [REDACTED] was transported to [REDACTED] Hospital in critical condition. It is unknown if CPR was done on scene. Reporter stated that [REDACTED] had already left the scene in the ambulance with [REDACTED] and Law Enforcement was unable to interview her. Reporter stated that other family members at the home were interviewed and they reported that last night around 11:00 pm [REDACTED] was observed with her 3 children in the bed including [REDACTED]. It is assumed (by law enforcement) that someone possibly in the bed rolled over on the baby and smothered him. [REDACTED] is currently at [REDACTED] Hospital and being attended to by medical personnel. Reporter stated that the last update they had was that [REDACTED] had a heartbeat but was not breathing on his own. Reporter stated that the family had just moved into the home a few weeks ago. The house is under renovation at this time. Reporter stated that basic utilities are on and its renovation a work in progress. Reporter stated that the other children were observed and appeared to be clean and cared for appropriately. Reporter did not check for food in the home. Reporter stated that all adults that were interviewed reported that [REDACTED] had been crying a lot lately and although he had a bassinette, it is believed that [REDACTED] put [REDACTED] in the bed with her and the other children. Currently the police department is working this as an accident and the memo number is [REDACTED]. Reporter stated that this memo will be sent to the Detectives to see what/if any further action will be taken.

II. Assessment of Family Strengths and Needs/Risks:**A. Family Significant Strengths:**

12/07/2015 - [REDACTED] - FFA - Family - [REDACTED] has the support of family members [REDACTED], and [REDACTED].

12/07/2015 - [REDACTED] - FFA - [REDACTED] - All environmental concerns have been addressed and corrected in the home of [REDACTED].

B. Family Significant Needs/Risks/Concerns:

12/07/2015 - [REDACTED] - FFA - [REDACTED] needs some medical attention to address medical needs that have not been attended too

12/07/2015 - [REDACTED] FFA - [REDACTED] is in need of rehabilitation program to address drug issues, parenting class, and stable housing.

12/07/2015 - [REDACTED] - FFA - [REDACTED] needs some medical attention to address medical needs that have not been attended too.

III. Person Information:**A. Children:**

12/07/2015 - [REDACTED] - FFA - [REDACTED] is 1 year old a Caucasian male.

07/30/2015 - [REDACTED] - FFA - [REDACTED]
DOB: [REDACTED]

[REDACTED]
DOB [REDACTED]

12/07/2015 [REDACTED] - FFA - [REDACTED] is 4 year old a Caucasian male.

B. Adults:

12/07/2015 - [REDACTED] - FFA - [REDACTED] is a Caucasian female who is not employed and lives with her paramour [REDACTED] recently moved to [REDACTED] from [REDACTED]

C. Family Together History:

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[REDACTED]		CPS	[REDACTED]
[REDACTED]		CPS	[REDACTED]

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
06/30/2015	Court Order	Custody Removal (Initial)		[REDACTED]	
08/13/2015	Court Order	Annual Permanency Review	[REDACTED]	[REDACTED]	
	Hearing	Annual Permanency Hearing	[REDACTED]	[REDACTED]	
	Hearing	Adjudicatory		[REDACTED]	
	Hearing	Adjudicatory		[REDACTED]	
	Hearing	Foster Care Review Board		[REDACTED]	
	Hearing	Foster Care Review Board		[REDACTED]	
06/30/2015	Court Order	Custody Removal (Initial)		[REDACTED]	
08/13/2015	Court Order	Annual Permanency Review	[REDACTED]	[REDACTED]	
	Hearing	Annual Permanency Hearing	[REDACTED]	[REDACTED]	
	Hearing	Adjudicatory		[REDACTED]	
	Hearing	Adjudicatory		[REDACTED]	
	Hearing	Foster Care Review Board		[REDACTED]	
	Hearing	Foster Care Review Board		[REDACTED]	

IV. Assessment of Safety:

11/25/2015 - [REDACTED] - Safety - [REDACTED],
 [REDACTED] - The Department received a referral with intake id# [REDACTED] for lack of supervision listing [REDACTED] as the victim. According to the report [REDACTED] lives with his mother [REDACTED] is the grandmother and [REDACTED] is [REDACTED] boyfriend and they reside in the home as well. [REDACTED] is [REDACTED] Aunt. [REDACTED] has two other siblings in the home [REDACTED] (4) and [REDACTED] (21 months) [REDACTED] that also reside in the home. Reporter stated that the [REDACTED] Fire Department received a call at 5:17 am about infant, [REDACTED] who was not breathing. The police, fire department, and EMS responded. [REDACTED] was transported to [REDACTED] Hospital in critical condition. It is unknown if CPR was done on scene. Reporter stated that [REDACTED] had already left the scene in the ambulance with [REDACTED] and Law Enforcement was unable to interview her. Reporter stated that other family members at the home were interviewed and they reported that last night around 11:00 pm [REDACTED] was observed with her 3 children in the bed including [REDACTED]. It is assumed (by law enforcement) that someone possibly in the bed rolled over on the baby and smothered him. [REDACTED] is currently at [REDACTED] Hospital and being attended to by medical personnel. Reporter stated that the last update they had was that [REDACTED] had a heartbeat but was not breathing on his own. Reporter stated that the family had just moved into the home a few weeks ago. The house is under renovation at this time. Reporter stated that basic utilities are on and its renovation a work in progress. Reporter stated that the other children were observed and appeared to be clean and cared for appropriately. Reporter did not check for food in the home. Reporter stated that all adults that were interviewed reported that [REDACTED] had been crying a lot lately and although he had a bassinette, it is believed that [REDACTED] put [REDACTED] in the bed with her and the other children. Currently the police department is working this as an accident and the memo number is [REDACTED]. Reporter stated that this memo will be sent to the Detectives to see what/if any further action will be taken.

12/22/2015 [REDACTED] - CANS - [REDACTED] - The mother has a long history of drug use. She admitted to using drugs during two of her pregnancies. When the children entered custody, the family was living in a home that was under construction. There were expose wires, no heat and hole in the walls that were open to the outside.

12/22/2015 - [REDACTED] - CANS - [REDACTED] does not show any problem in these domains

07/18/2015 - [REDACTED] - Safety - [REDACTED] -

06/30/2015 - [REDACTED] - Safety - [REDACTED],
 [REDACTED] was born positive for methamphetamines at birth in [REDACTED]. The family moved to [REDACTED] on June 6, 2015. The family home was found to be unsafe for habitation by the children at this time. [REDACTED] is currently hospitalized at [REDACTED] Hospital for a near death.

07/30/2015 - [REDACTED] - FFA - [REDACTED] died on 7/2/15. An autopsy was schedule.

04/08/2016 - [REDACTED] - FFA - Family - The mother is currently living with her boyfriend and his grandmother.

Putative father [REDACTED] is interested in having both of the boys. DCS will complete a ICPC

On 3/7/16, [REDACTED], father of [REDACTED] called stating that he family wants bot of the boy to come live with them. FSW obtain information to complete and ICPC request.

04/08/2016 - [REDACTED] - FFA - [REDACTED] - The mother has not completed her A & D treatment. she has been referred to CAPPs program several times and only showed up for the TB skin test. Ms. [REDACTED] checked her self into [REDACTED] but left after she got into a fight with another resident. She has repeatedly stated that she was going to check herself back in.

V. Assessment of Well Being:

12/22/2015 [REDACTED] - CANS - [REDACTED] is developmentally delayed. He is at the level of a child that is 2 to 3 years old.

12/22/2015 - [REDACTED] - CANS - [REDACTED] was in the bedroom when his infant brother was found unresponsive. The infant died a few days later. It was noted by CPS that there was domestic violence in the home. The mother used drugs in the home. The COE report Stated that [REDACTED] is development delayed but has the ability to learn.

12/22/2015 - [REDACTED] - CANS - [REDACTED] is developmentally delayed. He is at the level of a child that is 2 to 3 years old.

12/22/2015 - [REDACTED] - CANS - [REDACTED] has diagnosis of Unspecified disruptive, impulse control and conduct disorder [REDACTED] has an IQ of 64 and problems with receptive language, Speech, and Severe Phonological Disorder.

04/08/2016 - [REDACTED] - FFA - Family - [REDACTED] and [REDACTED] had EPSDT dental on 3/31/16

07/30/2015 - [REDACTED] - FFA - Family - On 7/2/15 [REDACTED] and [REDACTED] had a 72 hour screening at [REDACTED] office

On 7/15/15 FSW received copies of [REDACTED] an [REDACTED] shot records from [REDACTED] County, [REDACTED] health department.

On 7/23 [REDACTED] was schedule for an screening at [REDACTED] [REDACTED] and Hearing Center. The foster parent, child and FSW was present but the mother did not attend. The screening did take place.

On 7/28/15 [REDACTED] and [REDACTED] received their EPSDT.

For [REDACTED] the EPSDT stated the following

- All screening results were within normal limits at this time.
- Wt 26.13; ht 32 3/8; hc 46.5.
- Hemoglobin at 12.6.

Immunizations not up to date. Foster mom was unable to complete shot questionnaire due to lack of history on child. Follow up with PCP to immunize.

For [REDACTED] the EPSDT stated the following

- Foreign object in right ear.
- Wt 42; ht 42 2/8. BP 99/54.
- Hemoglobin at 13.4.
- Immunizations up to date.

12/07/2015 [REDACTED] - FFA - Family - The efforts to keep the children safe and to reduce trauma is that [REDACTED] and [REDACTED] will remain in the Level 1 resource home.

04/08/2016 - [REDACTED] - FFA - [REDACTED] has had a assessment with [REDACTED] County School's [REDACTED] Vision and Hearing center on 2/16/16.

VI. Assessment of Permanence:

12/22/2015 - [REDACTED] - CANS - [REDACTED] - When the children entered custody the mother was living with her mother. She moved in with her boyfriend of one month grandmother. She is now in rehab. The mother had only been in [REDACTED] for a month before the children enter custody. the mother has history with the child welfare system in [REDACTED]

12/22/2015 - [REDACTED] - CANS - [REDACTED] - The maternal grandmother moved back to [REDACTED] without notifying DCS. The mother is the only family in [REDACTED] The mother is in rehab.

07/30/2015 - [REDACTED] - FFA - Family - on 7/6/15 the perm plan was developed. The goals are return to parent an exist custody with relative ([REDACTED], maternal grandmother) . The mother is to complete grief counseling, A&D assessments , random drug screenings, parenting assessment. The mother is to obtain safe and stable housing and apply for insurance. [REDACTED] needs to be assessed for his behavior and speech . [REDACTED] will be referred to TEIS.

12/07/2015 - [REDACTED] - FFA - Family - A verbal was received on [REDACTED] and [REDACTED] at 5:07 PM on 6/30/2015. The Verbal was granted by [REDACTED]. Investigator [REDACTED] and Investigator [REDACTED] attended to ACV [REDACTED] and ACV [REDACTED] while awaiting placement. Investigator [REDACTED] made a visit to [REDACTED] place ACV [REDACTED] and ACV [REDACTED] in her home.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]
 County: [REDACTED]
 Date of Referral: 6/15/15 10:23 AM
 Assessment Type: Initial

TN DCS Intake ID #: [REDACTED]
 Worker:
 Date of Assessment: 6/30/15 12:00 AM
 Number of Children in the Household: 3

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 or absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]
 County: [REDACTED]
 Date of Referral: 6/15/15 10:23 AM
 Assessment Type: Closing

TN DCS Intake ID #: [REDACTED]
 Worker:
 Date of Assessment: 7/18/15 12:00 AM
 Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____