



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 07/31/2013 07:39 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 07/31/2013

Investigation

Investigation ID: [REDACTED]
First County/Region [REDACTED]
Date/Time Assigned : 07/31/2013 03:35 PM
First Team Leader Assigned: [REDACTED] Date/Time 07/31/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 07/31/2013 12:00 AM

Allegations

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

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: [REDACTED]

Notification: None

Narrative: TFACTS: Yes

Family ID: [REDACTED]

Open Court Custody/FSS/FCIP No
Closed Court Custody [REDACTED] / 2-20-02 8-26-02

Open CPS - No
Indicated # [REDACTED] / DEC / [REDACTED] and [REDACTED] / 12-29-11

Fatality No
Screened out No
History (not listed above): None

DUPLICATE REFERRAL: No



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

County: [REDACTED]
Notification: none
School/ Daycare: n/a
Native American Descent: No
Directions: n/a

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

[REDACTED] states:
[REDACTED] (1) lives with her mother, [REDACTED] [REDACTED] It's unknown if the child has special needs. It's unknown if other people live in her home.

On 7-27-13 [REDACTED] [REDACTED] and other people (names unknown) were camping at a creek in [REDACTED] [REDACTED] TN. The mother was sitting with an adult (name unknown) while [REDACTED] was nearby the creek.

[REDACTED] fell in the creek. She floated down the creek. Two men, who were fishing, got the child out of the creek. One man performed CPR on [REDACTED] The child was "life-flighted" to [REDACTED] Hospital. The incident report said the child was "lifeless." Dispatch reported the child was "ok."

There are concerns about the lack of supervision [REDACTED] provided while they were camping. It's unknown if the mother has been interviewed regarding the situation.

This is all the information the [REDACTED] wanted to report.

Note: Child and mother live in [REDACTED] County, but the severe incident occurred in [REDACTED] County.

Per SDM: Investigation / P1 - Near Fatality
[REDACTED] Interim TC, on 7/31/13 @ 10:39am

Notified Fatality/Near Fatality Notification Group via Email:

[REDACTED]
[REDACTED] and [REDACTED] RA [REDACTED] Commissioner [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 3 Yrs

Address: [REDACTED], [REDACTED], [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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: 07/31/2013

Assignment Date: 07/31/2013

Street Address: [Redacted]

City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains two rows of allegations regarding lack of supervision.

C. Disposition Decision

Disposition Decision: Continue DCS Services

Comments: CPIT indicated that [Redacted] failed to adequately supervise [Redacted] while they were at a campsite and she nearly drowned.

D. Case Workers

Case Worker: [Redacted]

Date: 08/30/2013

Team Leader: [Redacted]

Date: 09/06/2013

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:

17 month old [Redacted] nearly drowned while camping with her family. She was unresponsive when pulled from the water and had to be life flighted to [Redacted] Hospital for observation and treatment.

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

Reports from [Redacted] Hospital state that [Redacted] was found facedown, blue and apneic in a creek... Trauma surgery was consulted on arrival... She was successfully extubated on arrival to PICU. CT scan returned with 'Linear nondisplaced fracture of the occipital bone at the skull base. There is no evidence of intracranial hemorrhage...'



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

Case Name : [REDACTED] [REDACTED]

Investigation ID: [REDACTED]

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

[REDACTED] reported she and her sister in law [REDACTED] both asked her brother in law to watch [REDACTED] while they put up a tent. The brother in law reported he did not hear them ask him to watch [REDACTED]

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

Two fishermen in the area reported they saw something floating down the creek. Reportedly, one of the witnesses thought it was a toy or a doll, but quickly realized it was a small child.

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

[REDACTED] reported that [REDACTED] kept walking away from the family and kept going down another path at the campsite.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/29/2013

Contact Method:

Contact Time: 12:39 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/29/2013

Completed date: 10/29/2013

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: 10/29/2013 12:42 PM Entered By: [REDACTED]

Investigation reviewed and approved for closure. The family case will remain open until the family has received the services recommended in the Perm Plan. Additionally the case will be transferred to and FSS worker for ongoing follow-up with the family. The juvenile court will be notified according to local protocol. DA has been notified of the classification as a participant of CPIT.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/25/2013 Contact Method:
 Contact Time: 09:35 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/25/2013
 Completed date: 10/25/2013 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: 10/25/2013 09:37 AM Entered By: [REDACTED]

On 7-27-13 [REDACTED] and [REDACTED] and their children, [REDACTED] and [REDACTED] other family members were camping at a creek in [REDACTED] TN. The mother and her sister in law [REDACTED] asked [REDACTED] uncle to watch her, but he did not hear them. [REDACTED] wandered away from the campsite and slipped into the creek almost drowned as she floated down the creek. Two men, who were fishing, got [REDACTED] out of the creek and she was resuscitated by her [REDACTED] [REDACTED] was life-flighted to [REDACTED] Hospital. The incident report said [REDACTED] was lifeless. [REDACTED] [REDACTED] oldest child [REDACTED] was removed from them in 2011 due to both of them being arrested due to promotion of Methamphetamine. [REDACTED] was placed with maternal great grandparents and later reunified with his parents. [REDACTED] is on parole and [REDACTED] is on probation. [REDACTED] is employed and [REDACTED] is a stay at home mom.

The parents have submitted to random hair and urine drug screens and have been negative. Funding requests for clinical parents assessments have been submitted and approved; however, the provider [REDACTED] can not evaluate the parents until December 5, 2013. The non-custodial permanency plan indicates the parents should complete this assessment and follow all recommendations. This case will be transferred to FSW ongoing in order to assist the family in obtaining any additional services as needed following their parenting assessments.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/24/2013

Contact Method: Correspondence

Contact Time: 03:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2013

Completed date: 10/24/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2013 04:12 PM Entered By: [REDACTED]

CPSI received an email from [REDACTED] case manager [REDACTED] CM [REDACTED] stated he went to meet with the [REDACTED] family on this date and no one was home.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2013

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/24/2013

Completed date: 10/24/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2013 04:15 PM Entered By: [REDACTED]

CPSI referred [REDACTED] [REDACTED] to the [REDACTED] Program on this date.



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: 10/03/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/28/2013

Completed date: 10/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2013 01:15 PM Entered By: [REDACTED]

[REDACTED] County CPIT was convened on this date. Allegation Indicated Perpetrator Indicated for a Severe Lack of Supervision on [REDACTED] and [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 10/29/2013 12:47 PM Entered By: [REDACTED]

Those present for CPIT were as follows: [REDACTED] Sheriff's Department Detective, [REDACTED] community member, [REDACTED] Director, ADA [REDACTED], and [REDACTED] Sheriff's Department Detective [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: 10/02/2013 Contact Method: Correspondence
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/29/2013
 Completed date: 10/29/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Collateral Contact, Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/29/2013 11:26 AM Entered By: [REDACTED]

CPSI received a fax from Probation/parole officer [REDACTED] regarding [REDACTED] on this date. [REDACTED] indicated that [REDACTED] had completed an alcohol and drug assessment on 9/27/12 and she did not meet the criteria to require any kind of alcohol and drug treatment at that time. [REDACTED] was drug screened by this CPSI on 7/31/13 and she was negative for all panels tested.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/25/2013

Contact Method:

Contact Time: 09:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2013 09:38 AM Entered By: [REDACTED]

CPSI contacted [REDACTED] office to schedule a clinical parenting assessment for [REDACTED] and [REDACTED]. The assessments will be on December 5, 2013.



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: 09/20/2013

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/29/2013

Completed date: 10/29/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/29/2013 11:21 AM Entered By: [REDACTED]

CPSI spoke with [REDACTED] with the Tennessee Department of Correction, Probation and Parole. SW [REDACTED] reported that [REDACTED] completed an alcohol and drug assessment on 9/19/13 and the results indicated that [REDACTED] "does not require substance abuse treatment at this time." CPSI thanked SW [REDACTED] and requested that she send that information on letterhead to CPSI. SW [REDACTED] indicated that she would.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/10/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/29/2013

Completed date: 10/29/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/29/2013 11:51 AM Entered By: [REDACTED]

CPSI [REDACTED] and TL [REDACTED] traveled to the location of this near fatality on this date. CPSI walked TL [REDACTED] through the area and pointed out where Deputy [REDACTED] indicated the family's tent was located, the distance to the creek bank where [REDACTED] fell in and the approximate location of where she was pulled out of the water. As CPSI [REDACTED] and TL [REDACTED] walked across the uneven ground with rocks and weeds TL [REDACTED] agreed that it would have taken several more minutes for [REDACTED] to cover this distance as she was only 17 months old at the time of this incident. TL [REDACTED] agreed with CPSI's classification of severe lack of supervision.



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: 09/10/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/29/2013

Completed date: 10/29/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/29/2013 11:29 AM Entered By: [REDACTED]

A non-custodial permanency plan was developed on this date with [REDACTED] See plan for specific 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: 09/06/2013 Contact Method: Face To Face
 Contact Time: 01:30 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/29/2013
 Completed date: 10/29/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/29/2013 10:44 AM Entered By: [REDACTED]

CPSI conducted a home visit on this date to complete a face to face interview with [REDACTED] and to observe [REDACTED]. [REDACTED] is non-verbal as she is only 19 months old. [REDACTED] was observed sitting in the floor close to Mrs. [REDACTED]. She was drinking out of a sippy cup. [REDACTED] was neatly dressed and appeared clean. [REDACTED] did not leave her mother's side during this home visit. According to [REDACTED] she has not observed any changes in [REDACTED] moods or behaviors since her head injury. [REDACTED] reported that [REDACTED] had released [REDACTED] will no additional recommendations for follow up.

CPSI spoke with [REDACTED] and [REDACTED] jointly. Both reported things are going well for the family. [REDACTED] remains employed at [REDACTED] and [REDACTED] continues to be a home maker. [REDACTED] remains on parole with [REDACTED] due to his previous Meth charge. [REDACTED] remains on probation with [REDACTED] due to her previous meth related conviction. [REDACTED] reported that because [REDACTED] actually served some time in jail on his charges that he will actually be released from parole before she is off probation. [REDACTED] admitted that he and a friend were making Meth for his personal use.

[REDACTED] reported [REDACTED] is doing great in school that he has made all 100's on his spelling tests so far. CPSI observed one of his spelling test and he had made 100. [REDACTED] indicated [REDACTED] teacher is pleased with his efforts and his grades.

CPSI observed the home to be neat and clean. There was not any clutter, trash or dirty dishes observed in the home. There were no environmental or safety hazards observed in the home. The family's front deck is approximately 4 feet off the ground, but they have a safety gate up so that the [REDACTED] can not fall down the steps. The slats on the front deck were also placed closely together in such a way that a toddler or small child could not slip through.

A Child and Family Team Meeting is scheduled for Tuesday September 10th at 10:00 a.m. [REDACTED] [REDACTED] were advised that they could bring anyone they wanted to the meeting. A non-custodial child permanency plan will be developed on that date.



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: | 08/29/2013 | Contact Method: | Face To Face |
| Contact Time: | 11:00 AM | Contact Duration: | Less than 01 Hour |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | Other Community Site | Created Date: | 10/29/2013 |
| Completed date: | 10/29/2013 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Collateral Contact | | |
| Contact Sub Type: | | | |

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

Narrative Type: Original Entry Date/Time: 10/29/2013 10:34 AM Entered By: [REDACTED]

CPSI [REDACTED] and [REDACTED] County Sheriff's Deputy [REDACTED] traveled to the location of this near fatality. Deputy [REDACTED] explained to CPSI that this area is not an official campground. He stated lots of locals come to this area and pitch a tent. CPSI observed that the physical environment was uneven with lots of small tree branches, muddy in some areas and had lots of weeds that were grown up between the trees. CPSI observed several "paths" that went directly to the creek. Deputy [REDACTED] stated it is a pretty rough area and that he would not leave his teenage children alone in the area. Due to [REDACTED] age (17 months) she would not have been visible due to the foliage. Due to the distance involved from where Deputy [REDACTED] reported the family had pitched their tent to the actual location when [REDACTED] slipped into the water it would have taken her more than just the reported couple of minutes that [REDACTED] stated when she lost sight of her as it took this CPSI several minutes to walk it as an adult. Deputy [REDACTED] pointed out the spot on the creek bank where [REDACTED] shoe was found and he indicated when they observed the slide marks from when [REDACTED] slipped. CPSI will present this case to CPIT as a severe lack of supervision.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2013

Contact Method: Attempted Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/30/2013

Completed date: 08/30/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, 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: 08/30/2013 06:45 PM Entered By: [REDACTED]

CPSI attempted an unannounced home visit on this date to assess the family as [REDACTED] [REDACTED] stated they were unsure they would be able to keep their hair follicle appts today. CPSI knocked on the door and no one answered. CPSI left a note in a box on the porch requesting a phone call or text.

Later on this date, [REDACTED] [REDACTED] texted CPSI and CPSI explained her concerns about the family's lack of communication with this CPSI. CPSI explained that she has stated in the letter she had sent to the family she had asked them to call and schedule an appt with CPSI. Mrs. [REDACTED] stated she did not know that. CPSI reviewed the letter she sent and confirmed that she had requested [REDACTED] [REDACTED] call to schedule an appt.

An appt was scheduled for a home visit on September 6th at 1:00 p.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2013

Contact Method:

Contact Time: 08:25 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/30/2013

Completed date: 08/30/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/30/2013 06:39 PM Entered By: [REDACTED]

CPSI texted [REDACTED] [REDACTED] to determine if she had been able to locate a ride to [REDACTED] to have her hair follicle. [REDACTED] [REDACTED] stated yes that she and [REDACTED] would be there. CPSI later called [REDACTED] County DCS secretary [REDACTED] to ask if [REDACTED] [REDACTED] had kept their appts for hair follicles. [REDACTED] reported that yes that had kept their appts.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/25/2013

Contact Method:

Contact Time: 08:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/30/2013

Completed date: 08/30/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/30/2013 06:33 PM Entered By: [REDACTED]

CPSI texted [REDACTED] [REDACTED] to remind her that she and [REDACTED] [REDACTED] are scheduled for hair follicle drug screens tomorrow. [REDACTED] [REDACTED] texted back and stated their vehicle was not working so they may not be able to keep that appointment. CPSI texted back and stated that they must keep that appointment and, if necessary, they must ask a friend or family member to a ride. [REDACTED] [REDACTED] stated she would try. CPSI stated if needed she would pick them up and take them.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/30/2013

Completed date: 08/30/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/30/2013 06:24 PM Entered By: [REDACTED]

CPSI mailed a letter to [REDACTED] [REDACTED] to inform them that they are scheduled for a hair follicle drug screen on August 26th at the [REDACTED] County DCS office located at [REDACTED] [REDACTED] TN. CPSI instructed them to ask for [REDACTED] with On-site drugs and provided them with a phone number in case they got lost.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/30/2013

Completed date: 08/30/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/30/2013 06:26 PM Entered By: [REDACTED]

CPSI requested funding for hair follicle drug screens for [REDACTED] and [REDACTED] on this date.



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: 08/01/2013 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/30/2013
 Completed date: 08/30/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Other Persons Living in Home
 Interview/Observation, Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/30/2013 06:13 PM Entered By: [REDACTED]

CPSI arrived at the family home in order to meet with [REDACTED] as he had been at work the previous evening. CPSI observed the front door being opened and a baby gate in place in front of the opening of the stairs. [REDACTED] greeted CPSI as she exited the vehicle and invited her into the home. The home was neat and clean as it had been the previous evening. [REDACTED] had been playing with toys and they were lying on the living room floor. [REDACTED] was sitting quietly with [REDACTED] and, the maternal grandmother, [REDACTED] stated she was just getting ready for the day.

[REDACTED] submitted to a urine drug screen and was negative on all panels tested.

CPSI explained that DCS would continue to request random drug screens and hair follicle drug screens as well. [REDACTED] and [REDACTED] stated that would not be a problem because they both remain on probation from their previous Meth charges and would submit to a drug screen any time. CPSI instructed both [REDACTED] to sign a release of information for their probation officer and they stated they would. [REDACTED] also stated the probation officer plans to have them complete an alcohol and drug assessment in a few weeks. CPSI explained that would be great and that CPSI would need to know the name of the provider so that CPSI could obtain a copy of that assessment. [REDACTED] indicated they would let CPSI known after they completed the assessment.

CPSI will request [REDACTED] medical records from [REDACTED]

CPSI will complete a collateral with the probation officer.

CPSI will request funding for a hair follicle drug screen for both [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: 08/01/2013

Contact Method: Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/30/2013

Completed date: 08/30/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/30/2013 05:54 PM Entered By: [REDACTED]

CPSI spoke with [REDACTED] on this date. The [REDACTED] indicated that the mother did not appear to be drinking when she was observed at the scene of the near drowning of her child. The [REDACTED] stated [REDACTED] did not have an odor of alcohol on her person. According to the [REDACTED] there may have been others at the campsite that were drinking; however, they were not the ones responsible for supervising [REDACTED]. [REDACTED] was unemotional, per the [REDACTED] as her sister - in- law carried [REDACTED] up the hill to meet the [REDACTED] helicopter that would life flight [REDACTED] to [REDACTED] Hospital in [REDACTED] TN.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

| | | | |
|-------------------|--|-------------------|--------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/01/2013 | Contact Method: | Phone Call |
| Contact Time: | 11:30 AM | Contact Duration: | Less than 15 |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | Other Community Site | Created Date: | 10/28/2013 |
| Completed date: | 10/28/2013 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | CPIT (Child Protective Investigative Team) | | |
| Contact Sub Type: | | | |

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2013 01:20 PM Entered By: [REDACTED]

CPSI spoke with Deputy [REDACTED] on this date regarding [REDACTED] [REDACTED] near drowning that occurred in [REDACTED] County. Deputy [REDACTED] indicated he would be available as needed for additional questions.

Narrative Type: Addendum 1 Entry Date/Time: 10/28/2013 10:27 PM Entered By: [REDACTED]

Deputy [REDACTED] reported that it did not appear that [REDACTED] [REDACTED] had been drinking on the date of this near fatality. Deputy Templeton reported there were a lot of people at this informal campsite and that some of them may have been drinking. He stated his main concern was making sure that [REDACTED] made it up from the campsite and to the Air Vac helicopter that would take her to the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/31/2013 Contact Method: Face To Face
 Contact Time: 08:45 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/28/2013
 Completed date: 08/30/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Initial ACV Face To Face, Other Child Living in the Home
 Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2013 01:01 PM Entered By: [REDACTED]
 Home Visit/Face to Face

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and asked to enter the residence. Due to the mother and father's charges and conviction in the initiation of manufacturing methamphetamine it was recommended that CPSI request law enforcement accompany CPSI to the residence. [REDACTED] County Deputy [REDACTED] arrived at the residence and entered the residence after receiving permission from [REDACTED] CPSI remained on the deck until given permission to enter the residence by [REDACTED] [REDACTED] gave permission for CPSI to enter and stated she had just gotten off the phone with [REDACTED] Channel [REDACTED] News from [REDACTED] TN. She stated they called her for a comment regarding [REDACTED] condition. Present when CPSI arrived were [REDACTED] mother of [REDACTED] [REDACTED] older brother and [REDACTED] maternal grandmother. [REDACTED] was at work at [REDACTED] CPSI explained the paperwork to [REDACTED] and obtained her signature on the Due Process Right to Equal Access to Programs, the Native American Heritage Veto, the HIPPA Privacy Practices and Releases of information for herself and the children. Copies are filed in the hard CPS case file.

CPSI observed [REDACTED] sleeping in her crib with a bottle of milk beside her in the crib. [REDACTED] was lying on her back and [REDACTED] turned her over to show CPSI the small quarter size pale brown bruise on the center of her back which was the only bruising observed by this CPSI. [REDACTED] also had a few small scratches on her face and there was residue on her leg from the medical tape which was much more obvious than the bruise. [REDACTED] reported that was the only sign of her injury except for the medical tape where the IV was located even though she was discharged from [REDACTED] with a diagnosis of Traumatic Head Injury. [REDACTED] was sleeping soundly in her crib in [REDACTED] bedroom. [REDACTED] reported [REDACTED] is up to date on her shots. [REDACTED] stated that [REDACTED] has not had a dental appt as yet. CPSI explained that [REDACTED] should have a dental appointment especially if she typically takes a bottle of milk with her to bed. CPSI explained continuing to allow her to drink milk in the bed could lead to bottle rot. [REDACTED] stated she understood.

The home is located on approximately one acre in [REDACTED] County, TN. The home is approximately 5 miles from a state



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

highway on a rural road. The home is a single wide trailer with three bedrooms and 1 & 1/2 baths. The home was observed to be clean with no odor. There were no dirty dishes or excess trash in the home. CPSI did not observe any safety or environmental hazards. CPSI spoke with [REDACTED] 5 year old [REDACTED] (big brother) and [REDACTED] mother at the dining room table while Deputy [REDACTED] stood near the kitchen sink. The kitchen and dining room area are combined. The outside area was the home appeared to have been recently mowed. There were no outside environmental hazards observed. The home is located approximately 3 to 4 car lengths from the road.

According to [REDACTED] [REDACTED] will start kindergarten on Thursday August 1, 2013. She stated he is overly excited and can not get to sleep.

CPSI will return to the home on August 31, 2013 in order to drug test [REDACTED] [REDACTED]

CPSI will contact the investigating Officer with the [REDACTED] County Sheriff's Department for additional information on this case.

CPSI will request funding for hair follicle drug tests due the allegation is lack of supervision (severe).

CPSI will continue to assess this case.

CPSI will schedule a CFTM to develop a non-custodial permanency plan should the merits of this case warrant one.

The parents are no restrained in this case.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 7/31/13 7:39 AM

Date of Assessment: 7/31/13 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



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: _____