



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 02/11/2013 05:38 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 02/11/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 02/12/2013 11:48 AM  
First Team Leader Assigned: [REDACTED] Date/Time 02/12/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 02/12/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
Referent Address: [REDACTED]  
Referent Phone Number: [REDACTED]  
Type of Contact: I-3 Phone  
Notification: None  
Narrative: TFACTS: No  
Open Court Custody/FSS/FCIP: No  
Prior INV/ASMT of Abuse: 0  
Prior INV/ASMT of Neglect: 0  
Prior INV/ASMT of both Abuse & Neglect: 0  
Screen Outs: 0  
DUPLICATE REFERRAL: No  
County: [REDACTED]  
Notification: None  
School/ Daycare: Unknown  
Native American Descent: No  
Directions: None given



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

Reporters name/relationship: [REDACTED]

Reporter states:

[REDACTED] (1) lived with his mother, [REDACTED] [REDACTED] has a history of meningitis and aspiration of stomach contents.

The mom said [REDACTED] was spitting up formula, uncontrolled valve moments, and had trouble breathing earlier this afternoon.

[REDACTED] was going to take him to [REDACTED] hospital, but she realized [REDACTED] was unresponsive at this time, so she took him [REDACTED] instead.

2:53pm, [REDACTED] arrived at the hospital. He was unresponsive with no pulse.

2:54pm, he was resuscitated. He was monitored until 3:50pm by the hospital.

3:30pm, [REDACTED] started their coding. They had to restart CPR because [REDACTED] had no pulse.

4:15pm, [REDACTED] pronounced [REDACTED] dead.

LE hasnt talked to medical examiner yet. An autopsy is expected to be performed.

No other children are in the home.

It is unknown about the home environment conditions. It is unknown if any hazards are in the home. An officer is standing by at the home though.

LE didnt notice any abusive marks on [REDACTED]

[REDACTED] is currently at the hospital in the room with [REDACTED]

This is all the information the reporter wants to add.

Per SDM: Investigative Track, P1. [REDACTED] CM 3 @ 6:09pm on 2-11-13

Event [20]Alert Started (1351), Status: [20]Alert Started, [REDACTED] @ 6:13pm  
[REDACTED] responded 6:16 p.m.

[REDACTED], CM3.

County Notified at 6:16pm

Child Fatalities Group [REDACTED]

[REDACTED] Child - Fatality Notification EI -DCS, [REDACTED] notified at 6:22pm



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: Black/African                      Age: 1 Yrs  
Address: [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:**

**Name:** [REDACTED]  
Gender: Female                      Date of Birth: [REDACTED]                      Participant ID: [REDACTED]  
SSN:                                      Race: Black/African                      Age: 20 Yrs  
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:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/11/2013

Assignment Date: 02/12/2013

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]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 07/19/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: There is no evidence to support allegation of Neglect Death.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 07/19/2013

Team Leader: [REDACTED]

Date: 07/19/2013

**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:**

On 02/12/2013, response time was made during on call hours by CPSI 2 [REDACTED]. Per CPSI [REDACTED] the child had already been taken to medical examiner's office for storage and met with the mother at home afterwards along with law enforcement. CPSI [REDACTED] reported no environmental concerns with the home.

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

Per the medical examiners office, the doctor signed off on the birth certificate as death was natural based on child's diagnosis and complications during his first and only year of life. No autopsy would be performed. The health department informed CPSI that death certificates are not public record and are not given out unless this agency pays a cost.

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

According to the birth mother, [REDACTED] [REDACTED] had several health problems. She reports that the child was a full term baby and was born with no complications. She stated that when the child was 3 weeks old, he contracted Group B meningitis. According to the mother, the doctors informed her that this was the worse kind of meningitis. The mother reports that due to the meningitis, the child was in and out of the hospital most of his life. She reports that the doctors instructed her that he may only live for a year. The mother reported that



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

Case Name : ██████████

Investigation ID: ██████████

due to the meningitis, the child was blind, had hearing problems, thyroid problems, breathing problems, and seizures. The mother also reported that the child had a G-tube and only half of his brain was functional. According to the mother, on the day of the child's death, she observed that the child was not feeling well. She reports that his nose was congested. She stated that she suctioned out his nose and was cleaning him up to take him to the doctors. She reports that she observed that ██████████ was also having problems breathing. According to the mother, the child began to defecate uncontrollably. She reports that she cleaned the child up, dressed him, and took him to the nearest hospital, which was ██████████. She stated that the hospital was able to resuscitate him and was preparing to airlift him to ██████████ but he stopped breathing again. The mother reports that they tried to resuscitate him again, but it was unsuccessful.

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

No witnesses were identified to indicate that they believe this was abuse or neglect.

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

CPSI has no evidence to support allegation of Neglect Death towards ██████████, birthmother. Per the medical examiners office, the doctor signed off on the birth certificate as death was natural based on child's diagnosis and complications during his first and only year of life. No autopsy would be performed. The health department informed CPSI that death certificates are not public record and are not given out unless this agency pays a cost. This case was presented to CPIT review on 7/11/2013 and ADA ██████████ and ██████████ agreed there is no evidence to support allegation.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/01/2013

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/01/2013

Completed date: 08/01/2013

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: 08/01/2013 03:05 PM

Entered By: [REDACTED]

Case is approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/30/2013 Contact Method:  
 Contact Time: 02:47 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/30/2013  
 Completed date: 07/30/2013 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: 07/30/2013 03:31 PM Entered By: [REDACTED]

The case was responded to on call after [REDACTED] had expired. The CPSI has completed a home visit along with law enforcement. The mother and her son were the only two people living inside of the home. The birth father was named by the mother but he was not engaged, according to the mother he was not involved in his son's life. The CPSI completed background checks and spoke with a neighbor and a family member with regards to the birth mother, both parties mentioned no concerns. Services were offered to the mother which she declined. An autopsy was not completed because the doctor signed off on the birth certificate, cause of death was natural based on the child's diagnosis (group B meningitis). The case was staffed in evening CPIT on 7-11-2013 and assistant district attorney's [REDACTED] and [REDACTED] agreed that there is no evidence to support indicating the allegation of neglect death. This TL has reviewed the case file and agrees with the classification that has been submitted, this case will be forwarded to Team Coordinator [REDACTED] for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/19/2013

Contact Method:

Contact Time: 02:16 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/19/2013

Completed date: 07/19/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/19/2013 02:17 PM      Entered By: [REDACTED]

CPSI has no evidence to support allegation of Neglect Death towards [REDACTED], birthmother. Per the medical examiners office, the doctor signed off on the birth certificate as death was natural based on child's diagnosis and complications during his first and only year of life. No autopsy would be performed. The health department informed CPSI that death certificates are not public record and are not given out unless this agency pays a cost. This case was presented to CPIT review on 7/11/2013 and ADA [REDACTED] and [REDACTED] agreed there is no evidence to support allegation. CPSI had continuously tried to make contact with birthmother after the death of [REDACTED] to offer grief counseling and other services if needed, but she did not respond. CPSI made monthly attempts to reach the mother by making home visits, leaving contact letters, speaking with the neighbor and [REDACTED] aunt, [REDACTED]. Per [REDACTED], [REDACTED] is doing ok after the death of [REDACTED] and keeps busy by working. She reported that she is supported by her family and friends and often confides in her when needed. CPSI submitted for medical records from [REDACTED] and they have not arrived. CPSI will file medical records upon receipt. There is no criminal background history on [REDACTED]. CPSI completed initial safety assessment and 740. CPSI will submit this investigation to team leader for further review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/11/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/19/2013

Completed date: 07/19/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/19/2013 02:16 PM      Entered By: [REDACTED]

This case was presented at CPIT on this date. Based on the information provided the ADA agreed with no evidence to support allegation of Neglect Death. [REDACTED] and [REDACTED] were the ADAs present at 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: 07/11/2013

Contact Method:

Contact Time: 11:10 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/19/2013

Completed date: 07/19/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/19/2013 02:15 PM Entered By: [REDACTED]

CPSI made contact with health department. CPSI was informed that only parents, spouses, or siblings to the decedent could receive a copy of death certificate and explained that this document is not a public record.

Telephone- CPSI attempted contact with medical records at [REDACTED] CPSI left a message for a return call. The purpose is to find out if they actually received the request and if CPSI could come by to pick them up so that records could be submitted to CPIT. CPSI received no response.



**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:	07/11/2013	Contact Method:	Phone Call
Contact Time:	11:01 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/19/2013
Completed date:	07/19/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning, Well Being		
Contact Type(s):	Collateral Contact, Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/19/2013 02:13 PM      Entered By: [REDACTED]

11:01am, CPSI dialed the new number again given for [REDACTED] answered the phone. [REDACTED] reported that she is [REDACTED] aunt and that [REDACTED] was at work.

Collateral: CPSI spoke with [REDACTED] and asked her about [REDACTED] affect after the death of her son. [REDACTED] Per [REDACTED] [REDACTED] is holding up well and that she staying busy working. She reported the father, [REDACTED] was not around much to help [REDACTED] with [REDACTED]. She reported that [REDACTED] was cared for as best as could be by his mother. She reported [REDACTED] did everything she could do but the doctors told her that he will not have a normal life nor much of a life. She reported that [REDACTED] confides in her when needed and she feels that she is doing better nowadays emotionally. CPSI asked about the birthfather [REDACTED] and if he is in the home with [REDACTED] to support her and she said no. CPSI asked [REDACTED] to share this CPSIs contact information with [REDACTED] as she is wanting to provide her with counseling services if needed to help her with grief if that is a concern. She stated that she will do so.



**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: 07/11/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/19/2013

Completed date: 07/19/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/19/2013 02:14 PM      Entered By: [REDACTED]

CPSI checked on the status of the autopsy report. According to the medical examiners (ME) office, there was no autopsy performed due to child dying of natural causes and the physician signed off on the death certificate. Per [REDACTED] at MEs office, the body was only sent to them for storage and awaiting the funeral home to pick it up. CPSI asked how to obtain a copy of death certificate and CPSI was advised to contact the Health 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:	07/01/2013	Contact Method:	Attempted Phone Call
Contact Time:	01:40 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/19/2013
Completed date:	07/19/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 07/19/2013 02:11 PM      Entered By: [REDACTED]

1:40pm, CPSI attempted to make contact with [REDACTED] at the new number provided. The voice mail service came on and did not state [REDACTED] name. CPSI did leave a general message for [REDACTED] to make contact at this CPSIs contact number.



**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: 07/01/2013

Contact Method: Correspondence

Contact Time: 01:38 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/19/2013

Completed date: 07/19/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/19/2013 02:10 PM      Entered By: [REDACTED]

1:38 pm, CPSI received an email from [REDACTED] stating that [REDACTED] still has the same address as the Department has recorded and that [REDACTED] has a different telephone number. CPSI will attempt to make contact using the new telephone number.



**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:	06/24/2013	Contact Method:	Correspondence
Contact Time:	11:29 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/19/2013
Completed date:	07/19/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original    Entry Date/Time: 07/19/2013 02:09 PM    Entered By: [REDACTED]  
 11:29am, CPSI made contact with [REDACTED]

Narrative Type: Addendum 1    Entry Date/Time: 07/19/2013 02:09 PM    Entered By: [REDACTED]

CPSI faxed a request for medical records from [REDACTED] CPSI did request for medical records from [REDACTED] by mistake and was then informed by their records staff that they had no record as child being at that hospital on the date requested. CPSI made request.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/21/2013	Contact Method:	Attempted Face To Face
Contact Time:	04:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/19/2013
Completed date:	07/19/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 07/19/2013 02:07 PM      Entered By: [REDACTED]

At approximately 4:45pm, CPSI returned to the address. No one was home. CPSI left a letter for a telephone call so that CPSI could assess the mother for resources such as counseling for grief. CPSI is unable to obtain any additional information in efforts to contact [REDACTED] at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/14/2013

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/14/2013

Completed date: 05/14/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/14/2013 02:44 PM      Entered By: [REDACTED]

CPSI [REDACTED] faxed request for autopsy report. CPSI recieved a phone call from [REDACTED] at the Medical Examiner's office. Per [REDACTED] there was no autopsy performed on [REDACTED] and his body was sent to the medical examiner's office for storage and was awaiting the funeral home for pick up. Per [REDACTED] his physician (doctor) signed off on his death certificate.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/14/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/19/2013

Completed date: 07/19/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/19/2013 02:06 PM      Entered By: [REDACTED]

CPSI faxed request for autopsy report on this date.



**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: 05/03/2013 Contact Method:  
 Contact Time: 01:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/19/2013  
 Completed date: 07/19/2013 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: 07/19/2013 02:05 PM Entered By: [REDACTED]

05/03/2013 The following Internet Records Clearance inquiries were completed on the date(s) indicated on:  
 birthmother, [REDACTED] 20 y/o

Justice System Inquiry (JSSI): negative

Tennessee Felony Offender Registry : negative

Methamphetamine Offender Registry: negative

Tennessee Sexual Offender Registry: negative

National Sexual Offender Registry: negative

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative

CPS history search: No prior history



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/01/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/19/2013

Completed date: 07/19/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/19/2013 02:05 PM      Entered By: [REDACTED]

CPSI mailed a letter to [REDACTED] home for her to make contact with this CPSI.



**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: 04/22/2013 Contact Method: Attempted Face To Face  
 Contact Time: 12:05 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/19/2013  
 Completed date: 07/19/2013 Completed By: [REDACTED]  
 Purpose(s): Service Planning, Well Being  
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/19/2013 02:03 PM Entered By: [REDACTED]

CPSI had not heard from [REDACTED] since last attempt. The telephone number provided at the time of intake was not working, still. CPSI return to the reported address at approximately 12:05pm. The previous contact letter left on the door was no longer there. The neighbor was not home as indicated by this CSPI knocking on the door prior to leaving the home.  
 Note: There is no prior history with the Department. According to responding CPSI [REDACTED] the mother did not have any other children in the home.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 03/27/2013 Contact Method: Attempted Phone Call  
 Contact Time: 10:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/19/2013  
 Completed date: 07/19/2013 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/19/2013 01:59 PM Entered By: [REDACTED]

CPSI could not make contact with birthmother, [REDACTED] at the telephone number provided by on call worker. Therefore, this CPSI made an attempt for home visit. Upon arrival to the apartment at the address provided, there was no one at the residence. CPSI spoke with a neighbor by the name of [REDACTED] and she reported that someone still resides in the home. She stated it was just one woman and that the woman had a child that just died. She reported that the lady was very torn up about the loss of her child and that she sympathizes for her. When asked if she had ever heard anything at the apartment or if she suspected something strange and she said no. She reported that the mother appeared to be a good mother who kept to herself and did not have people a lot of people in and out of her apartment. Per [REDACTED] she was not friends with [REDACTED] but they did speak to each other in passing. This CPSI left a letter in the apartment door for [REDACTED] to make contact upon her return home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/13/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/30/2013

Completed date: 07/30/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/30/2013 02:45 PM      Entered By: [REDACTED]

The case was staffed in CPIT and was stamped Coordinated and get medical records.



**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: 02/12/2013 Contact Method:  
 Contact Time: 08:30 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 02/13/2013  
 Completed date: 02/13/2013 Completed By: [REDACTED]  
 Purpose(s): 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: 02/13/2013 09:43 AM Entered By: [REDACTED]

This CPSI staffed the case with the on call TL [REDACTED]. This CPSI informed her of the child's prior health concerns and the results of the interview with the mother as well as the interview with the [REDACTED] officer on the scene. This CPSI informed her that this CPSI verified that there were no other children in the home. This CPSI was instructed to complete the fatality report and the notes on the case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/12/2013	Contact Method:	Face To Face
Contact Time:	07:15 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/13/2013
Completed date:	02/13/2013	Completed By:	[REDACTED]
Purpose(s):	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: 02/13/2013 09:33 AM      Entered By: [REDACTED]

This CPSI spoke with [REDACTED] officer [REDACTED] who was at the home when this CPSI arrived to interview the family. According to officer, the coroner, [REDACTED] had already been to the home. He stated that the coroner is leaning towards natural causes due to the child's health problems, but an autopsy has not been performed as of yet.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/12/2013 Contact Method: Face To Face  
 Contact Time: 06:30 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/13/2013  
 Completed date: 02/13/2013 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/13/2013 09:24 AM Entered By: [REDACTED]

This CPSI conducted the initial face to face interview with the mother, [REDACTED] at the family's home [REDACTED]. This CPSI explained the purpose of the investigation and the investigation process to the mother. This CPSI explained and had the mother to complete the Client's Rights form, HIPAA form, Title VI form, and the Native American verification form. According to the birth mother, [REDACTED] had several health problems. She reports that the child was a full term baby and was born with no complications. She stated that when the child was 3 weeks old, he contracted Group B meningitis. According to the mother, the doctors informed her that this was the worse kind of meningitis. The mother reports that due to the meningitis, the child was in and out of the hospital most of his life. She reports that the doctors instructed her that he may only live for a year. The mother reported that due to the meningitis, the child was blind, had hearing problems, thyroid problems, breathing problems, and seizures. The mother also reported that the child had a G-tube and only half of his brain was functional. According to the mother, on the day of the child's death, she observed that the child was not feeling well. She reports that his nose was congested. She stated that she suctioned out his nose and was cleaning him up to take him to the doctors. She reports that she observed that [REDACTED] was also having problems breathing. According to the mother, the child began to defecate uncontrollably. She reports that she cleaned the child up, dressed him, and took him to the nearest hospital, which was [REDACTED]. She stated that the hospital was able to resuscitate him and was preparing to airlift him to [REDACTED] but he stopped breathing again. The mother reports that they tried to resuscitate him again, but it was unsuccessful.

According to the mother, the child had several doctors. She stated that most of the doctors were specialists due to the child's different health concerns. The mother listed the child's medical doctors as follows: [REDACTED] with [REDACTED] was the child's PCP, [REDACTED] and [REDACTED] and [REDACTED]. Due to the mother being so upset, she could not provide addresses for the doctors. She stated that she would provide the information later if needed. The mother also reported that the child received physical therapy at [REDACTED] and he went to [REDACTED] for any concerns with his G-Tube.

The mother reports that the child's father is [REDACTED] but he is not involved in the child's life.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The mother reports that she had a lot of support from her family with the child due to his illness.

This CPSI walked through the home and did not observe any safety concerns or immediate harm factors. The home was appropriately furnished and clean in appearance. The family resides in a two bedroom home with a large living room/dining room combination, kitchen, and one bath.

HOUSEHOLD COMPOSITION:

[REDACTED] birth mother  
[REDACTED] victim



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/12/2013

Completed date: 02/12/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2013 02:35 PM Entered By: [REDACTED]

On 02/11/13 at 05:38 PM, a priority-1 referral was called into Central Intake. The referral was screened into [REDACTED] at 06:09 PM CST with allegation of Neglect Death towards birthmother, [REDACTED]. The alleged victim is [REDACTED] age 1. The referral was assessed to Team Leader [REDACTED], on 02/12/13 and assigned to Child Protective Services Investigator (CPSI) 3, [REDACTED]. The response was due on 02/12/13 at 05:38 PM CST. It is unknown at this time if the children are of Native American descent. The referent letter was mailed on 02/12/13. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.

It was reported that [REDACTED] lives with his mother, [REDACTED]. It was reported that [REDACTED] has a history of meningitis and aspiration of stomach contents. Per the mother, [REDACTED] was spitting up formula, having uncontrolled valve moments and had trouble breathing earlier this afternoon. [REDACTED] was going to take him to [REDACTED] but she realized [REDACTED] was unresponsive at the time so she took him to [REDACTED] instead. The home conditions are unknown; an officer is standing by at the home. LE did not notice any abusive marks on [REDACTED]. [REDACTED] is currently at the hospital in the room with [REDACTED]. This is the only information the reporter wants to add.

The FSW was informed that this case will reach fifteen days on 02-25-13, thirty days on 03-12-13 and sixty days on 04-11-13.



**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: 02/11/2013 Contact Method:  
 Contact Time: 06:15 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/19/2013  
 Completed date: 07/19/2013 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: 07/19/2013 01:58 PM Entered By: [REDACTED]

This CPSI 3 received notification from Central intake at approximately 6:15 pm as this worker was also the on call team leader for [REDACTED]. CPSI 3 contacted on call case manager 2, [REDACTED] to make her aware of this investigation in order to respond to it. This CPSI did not locate any prior CPS history on this family.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/11/2013

Contact Method:

Contact Time: 05:38 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2013

Completed date: 07/30/2013

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: 07/30/2013 02:25 PM Entered By: [REDACTED]

The notice of fatality was completed by the responding CPSI [REDACTED] a copy of the notification has been placed inside of the case file.



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

**Assessment**

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]  
 County: [REDACTED] Worker:  
 Date of Referral: 2/11/13 5:38 PM Date of Assessment: 3/27/13 12:00 AM  
 Assessment Type:  Initial  Closing  Other Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



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