



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 06/19/2013 02:51 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 06/19/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 06/19/2013 04:32 PM
First Team Leader Assigned: [REDACTED] Date/Time 06/19/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 06/19/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 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: Letter

Narrative: TFACTS: No history found (based on the demographics provided by the referent)

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

Reporters name/relationship: [REDACTED]

Reporter states:
[REDACTED] (17 days), [REDACTED] (5 yrs), [REDACTED] (3yrs), and [REDACTED] (1yr) with their mother, [REDACTED].

[REDACTED] was taken to [REDACTED] on 6/8/2013 and transported by the mother. The child was born on [REDACTED]. The father saw the baby on 6/4/2013 and said she was fine. The father said he fed



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

the baby a bottle. The mother called the father on Sunday 6/9/2013 and they argued about the baby. That is when the mother told the father that the baby had not eaten since Thursday.

The baby passed away on 6/16/2013. The baby had several things wrong including bleeding of the liver.

When the father and mother were making funeral arrangements, the mother showed a letter to the father that [REDACTED] hospital sent after the baby left the hospital. The letter states the mother needed to bring the baby back to [REDACTED] as soon as possible because there was something wrong with the baby. The mother told the father she had just opened the letter. The father states the letter looked as if it had been open for a while. The mother never brought the baby back to [REDACTED] Hospital.

The reporter feels the baby may have been alright had the mother not ignored the letter. The mother has neglected [REDACTED] in the past. The mother would put the child in a bouncy and leave him there for 1-2 hours.

Note: The referent admitted to being unable to correctly spell all names provided. The referent was also unable to provide the complete address for the children and the mother. Because of this, it is unknown if [REDACTED] or [REDACTED] hospital has reported any concerns of their own with [REDACTED]. No prior TFACTS history could be located based on the names provided by the referent.

Investigative Track P1 - Child Fatality
[REDACTED] Interim TC, on 6-19-13 @ 4:12pm

Notified Fatality/Near Fatality Notification Group via Email:
[REDACTED], Child-Fatality-Notification EI-DCS, [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 3 Yrs

Address:

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:

Age: 5 Yrs

Address:

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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 0 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: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 1 Yrs

Address:

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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 22 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: 06/19/2013

Assignment Date: 06/19/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	AL [REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 07/14/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: According to medical records the child passed away due to natural causes; the ACV died of Sepsis Respiratory Failure. The medical report is in the case file. This case has not been placed on CPIT pending the autopsy report. This case is closed as AUPU.

D. Case Workers

Case Worker: [REDACTED]

Date: 09/13/2013

Team Leader:

Date:

E. Investigation Summary

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

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

[REDACTED] (17 days), [REDACTED] (5 yrs), [REDACTED] (3yrs), and [REDACTED] (1yr) with their mother, [REDACTED]

[REDACTED] was taken to [REDACTED] on 6/8/2013 and transported by the mother. The child was born on [REDACTED]. The father saw the baby on 6/4/2013 and said she was fine. The father said he fed the baby a bottle. The mother called the father on Sunday 6/9/2013 and they argued about the baby. That is when the mother told the father that the baby had not eaten since Thursday. The baby passed away on 6/16/2013. The baby had several things wrong including bleeding of the liver.

When the father and mother were making funeral arrangements, the mother showed a letter to the father that [REDACTED] hospital sent after the baby left the hospital. The letter states the mother needed to bring the baby back to [REDACTED] as soon as possible because there was something wrong with the baby. The mother told the father she had just opened the letter. The father states the letter looked as if it had been open for a while. The mother never brought the baby back to [REDACTED] Hospital.

The reporter feels the baby may have been alright had the mother not ignored the letter. The mother has neglected [REDACTED] in the past. The mother would put the child in a bouncy and leave him there for 1-2 hours.



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

Case Name : ██████████

Investigation ID: ██████████

Note: The referent admitted to being unable to correctly spell all names provided. The referent was also unable to provide the complete address for the children and the mother. Because of this, it is unknown if ██████████ or ██████████ hospital has reported any concerns of their own with ██████████. No prior TFACTS history could be located based on the names provided by the referent.

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

The medical records are in the case file. According to medical records the child passed away due to natural causes; the ACV died of Sepsis Respiratory Failure.

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

The ACV is deceased, she passed away on June 16, 2013 at ██████████ Hospital, she was born June 2, 2013. The ACV passed away before CPSI ██████████ was able to see her. The report was prompted by her death. However she passed away while she was in at ██████████ Hospital. Ms. ██████████ stated her child was born June 2, 2013 at ██████████. When she took her baby home the next day, she did not want to eat, called the ██████████ Pediatric Center on Friday night but never received a call back. Mother then tried to breast feed the child and by bottle but nothing worked. However, she appeared to sleep throughout the night on Friday. When Ms. ██████████ got up on Saturday her baby was looking pale, she had no color in her face. The baby has blue lips but the baby was breathing. Ms. ██████████ stated she was not able to take her baby to ██████████ until the after noon because she had no transportation. She did make a called to the child's god mother Ms. ██████████ but she said she did not have any gas in her car. She also stated she called the father of the child and his response was leave him alone. However she did get the baby to the hospital when her minister and his wife was able to come and transport her and the baby. Ms. ██████████ stated the Hospital mailed her letter while she was in the hospital requesting that she bring the child back to the hospital. The letter was dated June 13, 2013 stating the baby needed a requires test by state Law, it was not collected. The letter went on to say, "The law says all babies must have a Newborn Screening Test collected prior to being discharged from the hospital for metabolic/genetic disorders. These diseases can case severe illness or mental retardation, but can be treated if identified early". This letter is in the case file.

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

The Medical report details how the child died.

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

None at this time.

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: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/19/2013

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/27/2013

Completed date: 09/27/2013

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: 09/27/2013 02:22 PM Entered By: [REDACTED]

[REDACTED] case was presenterd at CPIT. As the autopsy report is still pending the case has been reset.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/07/2013 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Other Caretaker Home Created Date: 09/27/2013
 Completed date: 09/27/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/27/2013 02:17 PM Entered By: [REDACTED]

CPSI reported to [REDACTED] to see [REDACTED] and Mother [REDACTED] Ms. [REDACTED] reported she was at the residence of her boyfriend [REDACTED] Mother stated her earlier [REDACTED] location as the residence of Mr. [REDACTED] Father. Ms. [REDACTED] reported Mr. [REDACTED] Father is Pastor at a local church. Mother stated she changed locations from [REDACTED] to [REDACTED], because her cousin babysits [REDACTED] on the weekends Mother goes to work. Mother [REDACTED] reported she works at the [REDACTED] on [REDACTED] in [REDACTED] TN.

CPSI asked if she was ready to consider grief/loss counseling, as previous offered by DCS. Ms. [REDACTED] stated she is not ready to consider counseling, but may do so later. CPSI asked Mother where she resides. Mother confirmed [REDACTED] Ms. [REDACTED] stated [REDACTED] is not her birth Mother, but has always been a support for Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/07/2013 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 09/27/2013
 Completed date: 09/27/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/27/2013 02:14 PM Entered By: [REDACTED]

At 9:30am CPSI made three phone attempts to reach Birth Mother [REDACTED]. All attempts were unsuccessful. CPSI reported to [REDACTED] TN address at 11am. CPSI made introductions, and stated purpose of visit. Grandmother [REDACTED] stated Mother Ms. [REDACTED] was not present in the Home. GM stated Mother took children to [REDACTED] for the weekend. Ms. [REDACTED] phoned Mother Ms. [REDACTED] to speak with CPSI. Ms. [REDACTED] stated she did not answer her phone call from CPSI, as Ms. [REDACTED] was sleeping. CPSI informed Ms. [REDACTED] of purpose of Home Visit, to assess safety of her children as a case follow-up. CPSI asked Ms. [REDACTED] for the address at which she was currently staying for the weekend. Ms. [REDACTED] stated she was in [REDACTED] on [REDACTED]. CPSI asked Mother for exact house number. Mother stated she was not sure. CPSI asked Ms. [REDACTED] to go to the front porch and retrieve the number of the home Mother was at, as CPSI was leaving [REDACTED] heading to [REDACTED]. Mother Ms. [REDACTED] agreed. CPSI informed Mother that CPSI would need to see children face to face. Ms. [REDACTED] stated her two girls were at their Fathers homes, one in [REDACTED] the other in [REDACTED] was in [REDACTED] was in [REDACTED] near [REDACTED]. CPSI headed to [REDACTED] TN. Upon arrival at [REDACTED] CPSI received call from Mother stating Mother had traveled to her boyfriends residence at [REDACTED]. CPSI agreed to meet Mother and toddler [REDACTED] after seeing the two female children. CPSI traveled to [REDACTED] Ms. [REDACTED] agreed on an earlier call to inform the relatives of [REDACTED] and [REDACTED] that CPSI would be visiting. [REDACTED] family offered to meet at [REDACTED] in [REDACTED] as their [REDACTED] was hard to locate. After speaking with [REDACTED] stepmother [REDACTED] [REDACTED] was transported to McDonalds by [REDACTED] 24 year old sister [REDACTED] and 18 year old sister [REDACTED] and [REDACTED] are the daughters of Mr. [REDACTED] (as reported by Ms. [REDACTED]).

[REDACTED] presented as a perky, friendly, healthy active 3 year old. [REDACTED] is tall for her age, the same height as her 5 year old sister who arrived later. [REDACTED] was friendly with CPSI, allowing her picture to be taken, and offering to share her Happy Meal. [REDACTED] ([REDACTED]) reported [REDACTED] is brought to spend time with them every weekend. [REDACTED] stated they enjoy having a 3 year old sister. [REDACTED] also stated [REDACTED] sister [REDACTED] sometimes spend time with them as well. [REDACTED] stated [REDACTED] is welcome to spend the night anytime. [REDACTED] reported Mother Ms. [REDACTED] picks [REDACTED] and [REDACTED] up to spend time with them. [REDACTED] reported Mother picked the girls up on Friday afternoon, to dine at Shoney's. As CPSI spoke with [REDACTED] sisters, CPSI received a call from Ms. [REDACTED], [REDACTED] paternal Aunt. CPSI asked Ms. [REDACTED] to also meet at McDonalds so the siblings could have a visit and lunch together. Ms. [REDACTED] agreed. [REDACTED] and [REDACTED] Mother [REDACTED] arrived. Ms. [REDACTED] took a break from her hair salon to travel to McDonald



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

s. [REDACTED] arrived at McDonalds. [REDACTED] jumped from her seat and hugged [REDACTED] tightly. The two played, danced and sang throughout the visit. Both girls worked together to plan a play date, to which the adults agreed. [REDACTED] was transported by paternal Aunt Ms. [REDACTED]. [REDACTED] also has a teen Aunt and Uncle, who traveled with [REDACTED] and Ms. [REDACTED]. Ms. [REDACTED] reported [REDACTED] now resides at [REDACTED] but is mostly attached to and cared for by Ms. [REDACTED] resides with Maternal Grandmother [REDACTED]. Ms. [REDACTED] reported she and Mother [REDACTED] enrolled [REDACTED] in [REDACTED] Elementary School in [REDACTED] this school year. CPSI spoke with both families regarding getting power of Attorney for the [REDACTED] girls. Ms. [REDACTED] agreed, stating she wishes to take [REDACTED] for dental cleaning. Both families stated Ms. [REDACTED] uses her food stamp benefits to make sure the girls have ample food at all times. [REDACTED] Father was reported as being [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/07/2013	Contact Method:	Phone Call
Contact Time:	09:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	09/27/2013
Completed date:	09/27/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/27/2013 02:10 PM Entered By: [REDACTED]

At 9:30am CPSI made three phone attempts to reach Birth Mother [REDACTED] All attempts were unsuccessful.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/03/2013

Contact Method:

Contact Time: 05:50 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/04/2013

Completed date: 09/04/2013

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: 09/04/2013 06:09 PM Entered By: [REDACTED]

An additional case review was conducted on this date. Please review the TL notebook for details.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2013

Contact Method:

Contact Time: 09:32 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/08/2013 09:34 AM Entered By: [REDACTED]

This case came to the attention of the Department with an allegation of Neglect Death. The ACV was identified as [REDACTED] (14 days). The AP was identified as [REDACTED], biological mother. During the investigation it was found the child died of natural causes after she was admitted to [REDACTED] Hospital. The child died from Sepsis Respiratory Failure. The complete report is in the case file. The mother was offered grief counseling, however she stated she was unable to afford the sessions. She was asked if she had insurance and her response was yes, Tenn Care. Ms. [REDACTED] stated she is now back in [REDACTED] residing with her mother. CPSL [REDACTED] called [REDACTED] and they requested that Ms. [REDACTED] give them a call and they would provide the needed help she needs. If not, they would contact another agency where she would be able to receive the counseling free. This information was passed on to Ms. [REDACTED] along with [REDACTED] phone number [REDACTED]. The Notice of Child Fatality/Near Fatality is in the case file. This case is closed as AUPU.

Narrative Type: Addendum 2 Entry Date/Time: 08/16/2013 03:12 PM Entered By: [REDACTED]

The case has not been place on CPIT pending the autopsy report..

Narrative Type: Addendum 1 Entry Date/Time: 08/14/2013 09:53 AM Entered By: [REDACTED]

This case was assigned to CPSL [REDACTED] a check of the family found there is history in TFACTS but some information is restricted regarding an adoption. The family consist of Ms. [REDACTED] (mother), [REDACTED] (daughter) and [REDACTED]. The deceased child was [REDACTED] (16 days) prior to her passing of natural causes.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/06/2013

Contact Method: Phone Call

Contact Time: 10:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2013 10:24 AM Entered By: [REDACTED]

The [REDACTED] information was passed on to Ms. [REDACTED] and she stated she would make the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/06/2013

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/08/2013

Completed date: 08/08/2013

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: 08/08/2013 10:21 AM Entered By: [REDACTED]

CPSL [REDACTED] called [REDACTED] and they stated all I needed to do is to give Ms. [REDACTED] their phone number and ask that she give them a call. If they were unable to help her they would assist her in finding an agency that would be no charge to her. I informed [REDACTED] that she now resides in [REDACTED] [REDACTED]. The receptionist stated that want pose a problem.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/06/2013

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2013 10:12 AM Entered By: [REDACTED]

CPSL [REDACTED] called Ms. [REDACTED] to find out if she was in need of grief counseling; she stated as long as its free because she is unable to pay for it. I asked if she had insurance and she stated Tenn Care. Ms. [REDACTED] stated she is now residing in [REDACTED] with her mother. The address is [REDACTED] Her new phone number is [REDACTED] I stated to her if I could find an agency would she talk to them and she said yes.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/05/2013

Contact Method:

Contact Time: 12:45 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/05/2013

Completed date: 08/05/2013

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: 08/05/2013 02:19 PM Entered By: [REDACTED]

On the above date and time CPSL [REDACTED] received the medical report from [REDACTED] on the ACV. The cause of death was Sepsis Respiratory Failure. The complete medical report is within the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/29/2013

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/29/2013

Completed date: 07/29/2013

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: 07/29/2013 05:27 PM Entered By: [REDACTED]

Case conference conducted on this date. Please review the TL notebook for details.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/26/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/27/2013

Completed date: 07/27/2013

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: 07/27/2013 01:13 PM Entered By: [REDACTED]

Received voice mail from [REDACTED] Hospital informing the medical records are ready to be picked up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/19/2013

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/20/2013

Completed date: 07/20/2013

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: 07/20/2013 01:42 PM Entered By: [REDACTED]

CPSI [REDACTED] hand delivered the release of information form to the Patient Information Center at [REDACTED] Hospital to get additional medical records involving this child's death. I was informed that all medical request will need to be notarized and that person would not be in the office until Tuesday of next week 7/23/13.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/24/2013	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/14/2013
Completed date:	07/14/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/14/2013 05:22 PM Entered By: [REDACTED]

The ACV is deceased, she passed away on June 16, 2013 at [REDACTED] Hospital, she was born June 2, 2013. The ACV passed away before CPSI [REDACTED] was able to see her. The report was prompted by her death. However she passed away while she was in at [REDACTED] Hospital. Ms. [REDACTED] stated her child was born June 2, 2013 at [REDACTED]. When she took her baby home the next day, she did not want to eat, called the [REDACTED] Pediatric Center on Friday night but never received a call back. Mother then tried to breast feed the child and by bottle but nothing worked. However, she appeared to sleep throughout the night on Friday. When Ms. [REDACTED] got up on Saturday her baby was looking pale, she had no color in her face. The baby has blue lips but the baby was breathing. Ms. [REDACTED] stated she was not able to take her baby to [REDACTED] until the after noon because she had no transportation. She did make a called to the child's god mother Ms. [REDACTED] but she said she did not have any gas in her car. She also stated she called the father of the child and his response was leave him alone. However she did get the baby to the hospital when her minister and his wife was able to come and transport her and the baby. Ms. [REDACTED] stated the Hospital mailed her letter while she was in the hospital requesting that she bring the child back to the hospital. The letter was dated June 13, 2013 stating the baby needed a requires test by state Law, it was not collected. The letter went on to say, "The law says all babies must have a Newborn Screening Test collected prior to being discharged from the hospital for metabolic/genetic disorders. These diseases can case severe illness or mental retardation, but can be treated if identified early". This letter is in the case file.

Narrative Type: Addendum 2 Entry Date/Time: 08/14/2013 09:18 AM Entered By: [REDACTED]

According to Ms. [REDACTED] the Detective assigned to the case is [REDACTED] of [REDACTED] Police. In this narrative I listed the mother as the ACV but she is the AP. The children were in the home during this initial interview, they all appeared to be healthy and well mannered. They are [REDACTED] (5), [REDACTED] (3) and [REDACTED] (1/6mo). Ms. [REDACTED] sign all HIPAA forms, Notification of Equal Access to Programs and Services and Grievance Procedures, Native American Heritage Veto Verification and acknowledging that she received a copy of the DCS Handbook.

Narrative Type: Addendum 1 Entry Date/Time: 08/14/2013 08:35 AM Entered By: [REDACTED]

The home appeared to be clean, the three bedroom unit's furnishing were in place and there appeared to an ample amount of food in the home. The unit is all brick.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/24/2013

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/18/2013

Completed date: 09/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2013 12:44 PM Entered By: [REDACTED]

If one would go back and read the addendum 06/24/13, it states that I did see the other children in the home during this initial visit. The children ranged in age from 3 to 5 years old. During the interview the children were well mannered but the mom was emotional which was understandable.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/24/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/26/2013

Completed date: 06/27/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face, Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/26/2013 01:53 PM Entered By: [REDACTED]

The ACV is deceased, she passed away on June 16, 2013 at [REDACTED] Hospital, she was born June 2, 2013. The ACV passed away before CPSI [REDACTED] was able to see her. The reported was prompted by her death.

Narrative Type: Addendum 1 Entry Date/Time: 07/14/2013 05:20 PM Entered By: [REDACTED]

According to the medical report the child passed away from natural causes.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/19/2013

Contact Method: Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/14/2013

Completed date: 08/14/2013

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: 08/14/2013 10:04 AM Entered By: [REDACTED]

A call was made to Mr. [REDACTED] who was the biological father of the of the ACV. Mr. [REDACTED] stated it was his belief that Ms. [REDACTED] did not take proper care of their daughter while she was home. He was concerned that she did not follow proper medical procedures before the child was admitted to [REDACTED]. Those procedures Mr. [REDACTED] was unable to articulate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/19/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/14/2013

Completed date: 08/14/2013

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: 08/14/2013 09:27 AM Entered By: [REDACTED]

The Tennessee Bureau of Investigation Meth Offender Registry (<https://apps.tn.govmethor/>).CM did a search of the Tennessee Felony Offender Registry (https://apps.tn.gov/foil/foil_index.jsp)

A criminal Background check and SSMS check will be requested from DCS Liaison [REDACTED]

Daily notice of referral pursuant to 37-105 sent to Juvenile Court, Law Enforcement as applicable per local Protocol.

Case Manager received referral as a P1 on 6/19/13

Sent Referral LE/DA/CAC.

HIPPA, Release of Information, Parents/Clients Bill of Right, Native American Heritage Veto verification forms will be discussed, reviewed and signed at the meeting.

SDM will be scored and placed in file upon completion of initial ACV interview.

TFACTS history checked, family has a history in TFACTS.

Referent notification will be made by phone during initial referent interview.

Severe Abuse Notification is made to the District Attorneys Office. A copy of such notification is contained within the file. ICWA form signed, HIPPA form signed, parent rights handbook and grievance procedures explained and signed by the parents.

Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff/or Supervisors) as requested per Juvenile Court.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

CM did a search of the Tennessee Bureau of Investigation sex offender registry (<https://www.tbi.tn.gov/sorint/SOMainpg.aspx>).



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 6/19/13 2:51 PM

Date of Assessment: 7/14/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 4

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: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 6/19/13 2:51 PM

Date of Assessment: 7/15/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 4

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____