



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 07/11/2013 12:39 AM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 07/11/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 07/11/2013 12:07 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 07/11/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 07/11/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number:  
 Type of Contact: I-3 Phone  
 Notification: None  
 Narrative: TFACTS:  
     Family Case IDs: [REDACTED]  
     Open Court Custody/FSS/FCIP No  
     Closed Court Custody No  
     Open CPS - No  
     Indicated No  
     Fatality No  
     Screened out No



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

History (not listed above):

12/30/08, [REDACTED] PHA/Unfounded

County: [REDACTED]

Notification: (None)

School/ Daycare: (Unknown)

Native American Descent: (No)

Directions: (None)

Reporters name/relationship: Officer [REDACTED]

Note: All address information is located under the oldest child victims name

Reporter states [REDACTED] (2 months 18 days) lives with [REDACTED] her mother.

On July 10, 2013, [REDACTED] was being watched by [REDACTED], the maternal grandmother, at the grandmothers home. The grandmother was watching 5 children yesterday while the mother was at work. It was reported [REDACTED] (13), [REDACTED] older sister, fed [REDACTED] a bottle and laid her down on her stomach on the grandmothers bed at 1:30 pm. [REDACTED] said she went back in the room at 5:00 pm to check on [REDACTED] and she was not breathing. The ambulance was called where [REDACTED] was then transported to [REDACTED] Hospital. It is unknown if CPR was performed prior to the arrival of EMS staff at the grandmothers home. [REDACTED] was pronounced deceased at 6:20 pm at the hospital. The mother said [REDACTED] was not sick and was not on any medication. There is no information known at this time as to the cause of death. Hospital staff later notified the [REDACTED] Police Department about the death. Hospital staff also advised a social worker at [REDACTED] Hospital already filed a report with DCS in reference to [REDACTED]

No information provided as to the whereabouts of the family at this time.

No special needs or disabilities are known.

Per SDM: Investigative Track, P1

[REDACTED] County was paged on 7/11/13 @ 1:39 A.M.

On Call Supervisor, [REDACTED], was notified of the P1 on 7/11/13 @ 1:42 A.M. by [REDACTED] TL.

P1, [REDACTED] TL, on 7/11/13 @ 2:00 A.M.

CHILD FATALITY E-MAIL NARRATIVE SENT TO:

[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:** [REDACTED] **Race:** [REDACTED] **Age:** 33 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:** [REDACTED] **Race:** Black/African **Age:** 13 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:**

**Race:** Black/African

**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:** Female

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:**

**Race:** Black/African

**Age:** 48 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:**



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

**Name:** Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 07/11/2013

Assignment Date: 09/27/2013

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			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/28/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Allegations unable to be substantiated.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 10/28/2013

Team Leader: [REDACTED]

Date: 10/29/2013

**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 7/11/2013, [REDACTED] was interviewed and states that she fed her sister about 12 and her sister did not immediately go to sleep and she and the baby were in the living room on area of the home on the couch. [REDACTED] states that her sister making sounds and playing and eventually she went to sleep. [REDACTED] states that she took her sister to her grandmother's room and laid her down in the bed. [REDACTED] states that she put her sister on her stomach with her head turned to the side and that was around 1:00 pm. [REDACTED] states that she went back into the room about 4:00 pm and found her sister laying the same way in the bed on her stomach with her head turned but when she checked her sister she looked pale and her back was not moving up and down as if breathing. [REDACTED] states that she picked up the baby and took her to her grandmother who called 911.

Due to already being deceased, [REDACTED] was not observed.

On 11/05/2013, Investigator III observed the other siblings, [REDACTED] and [REDACTED]. Both children appeared to be developmentally age appropriate and well groomed. [REDACTED] would not talk to Investigator III and [REDACTED] was with his father during the time of the incident.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

On 10/25/2013, the autopsy results were received on [REDACTED]. The cause of death is Sudden unexplained infant death and the manner of death could not be determined.

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

The alleged perpetrator is unknown.

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

On 07/11/2013, the Department of Children's Services received a referral with the allegation of Neglect Death. The report states on July 10, 2013, [REDACTED] was being watched by [REDACTED], the maternal grandmother, at the grandmothers home. The grandmother was watching 5 children yesterday while the mother was at work. It was reported [REDACTED] (13), [REDACTED] older sister, fed [REDACTED] a bottle and laid her down on her stomach on the grandmothers bed at 1:30 pm. [REDACTED] said she went back in the room at 5:00 pm to check on [REDACTED] and she was not breathing. The ambulance was called where [REDACTED] was then transported to [REDACTED] Hospital. It is unknown if CPR was performed prior to the arrival of EMS staff at the grandmothers home. [REDACTED] was pronounced deceased at 6:20 pm at the hospital. The mother said [REDACTED] was not sick and was not on any medication. There is no information known at this time as to the cause of death. Hospital staff later notified the [REDACTED] Department about the death. Hospital staff also advised a social worker at [REDACTED] Hospital already filed a report with DCS in reference to [REDACTED]

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

On 11/13/2013, Investigator III [REDACTED] spoke with [REDACTED] maternal grandmother. [REDACTED] stated that her daughter and grandkids were staying with her because her daughter started a new job. She stated that her normal day is to get up in the morning and sit at the kitchen table. She stated that on this morning, [REDACTED] was up and she was laughing and playing. She stated that her other daughter came over with her daughter, [REDACTED]. She stated that her daughter played with [REDACTED] while in the kitchen and then they went in the front room and continued to play with the baby. She stated that her other daughter left about 1:45 pm. She stated that a little after 12:00pm, [REDACTED] got hungry so [REDACTED] gave her a bottle. She stated that after eating and burping, she was still playing. [REDACTED] stated that a little after 1:00 pm, [REDACTED] got sleepy so [REDACTED] took her to the bedroom and laid her on the bed, on her stomach. She stated that she normally takes a long nap so they were not worried about her sleeping so long. She stated that [REDACTED] went back there to check on her about 2:30 pm no later than 3:00 pm. She stated that [REDACTED] ran back in there with [REDACTED] to her and said that [REDACTED] was not breathing. She stated that she saw how she was dangling and her color was different. She stated that she dialed 911 and they told her to lay her on the floor and do CPR. She stated that [REDACTED] was originally in her lap so she lay her on the floor. [REDACTED] stated that when she first blew into her mouth, clear mucous came out of her nose. She stated that she kept at it until the ambulance arrived. She stated that [REDACTED] was healthy baby and she was happy and stayed smiling.

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: 12/26/2013

Contact Method:

Contact Time: 06:22 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/26/2013

Completed date: 12/26/2013

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: 12/26/2013 06:25 PM Entered By: [REDACTED]

This case was reviewed and approved for closure on 12/26/13 at 6:20 pm by [REDACTED] L.M.S.W.; Regional Investigations Director, [REDACTED]; Office of Child Safety; Department of Children's Services.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/09/2013

Contact Method:

Contact Time: 07:57 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/09/2013

Completed date: 12/09/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2013 08:26 PM Entered By: [REDACTED]

DCS policy defines Child Death/Near Death as any unexplainable death of a child when the cause of death is unknown or pending an autopsy report. DCS policy also defines Child Death/Near Death as any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.

The Classification and Decision on this Neglect Death case is listed as AUPU based on the evidence of the autopsy. According to the autopsy report in case file, the cause of death is Sudden unexplained infant death, the manner of death could not be determined. The referral was received on 7/11/13 and transferred to Investigator 3 [REDACTED] on 10/7/13 due to former Investigator out on leave.

CPIT convened on 7/12/13 and the final staffing was completed on 11/20/13 with the agreement of AUPU. The initial and closing SDM showed the safety decision of Safe, due to no immediate harm facts identified for the remaining children in the home. Criminal background results were completed on the mother and showed no results. All authorizations and DCS forms were signed by the mother.

All documentation has been entered, the children have been seen and the family is currently receiving counseling. The family members, according to mom, has the support of the maternal and paternal family members. The Classification and Decision form will be forwarded to Juvenile Court upon the closure of this case. This case is ready 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: 12/09/2013

Contact Method:

Contact Time: 06:57 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/09/2013

Completed date: 12/09/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/09/2013 06:58 PM      Entered By: [REDACTED]

Date: December 9, 2013

Time: 6:57 pm

This case is being submitted to Lead Investigator, [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: 12/09/2013

Contact Method: Phone Call

Contact Time: 06:52 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/09/2013

Completed date: 12/09/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/09/2013 06:56 PM      Entered By: [REDACTED]

Date: December 9, 2013

Time: 6:52 pm

On 12/9/2013, Investigator III [REDACTED], contacted collateral contact, [REDACTED] Ms. [REDACTED] stated that her sister is an excellent mother. She stated that when she is not at work, she is always home with her children. She stated that they eat good home cooked meals everyday and she ensures that she assists them with their homework. She stated that they are good kids and they make good grades in school. She stated that she has never seen her abuse or neglect her children. She stated that she see them every other day if not everyday.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/20/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/09/2013

Completed date: 12/09/2013

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: 12/09/2013 06:33 PM      Entered By: [REDACTED]

Date: November 19, 2013

Time: 9:00 am

On 11/20/2013, this case was presented at Morning CPIT as a DCS to handle and return. The CPIT disposition is DCS to handle as appropriate with a CPIT classification majority agreement of Allegation Unfounded Perpetrator Unfounded. The ADA is [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/13/2013	Contact Method:	Face To Face
Contact Time:	06:25 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/09/2013
Completed date:	12/09/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/09/2013 06:29 PM      Entered By: [REDACTED]

Date: November 13, 2013

Time: 6:25 pm

Location: [REDACTED]

On 11/13/2013, Investigator III [REDACTED] spoke with [REDACTED] maternal grandmother. Ms. [REDACTED] stated that her daughter and grandkids were staying with her because her daughter started a new job. She stated that her normal day is to get up in the morning and sit at the kitchen table. She stated that on this morning, [REDACTED] was up and she was laughing and playing. She stated that her other daughter came over with her daughter, [REDACTED]. She stated that her daughter played with [REDACTED] while in the kitchen and then they went in the front room and continued to play with the baby. She stated that her other daughter left about 1:45 pm. She stated that a little after 12:00pm, [REDACTED] got hungry so [REDACTED] gave her a bottle. She stated that after eating and burping, she was still playing. Ms. [REDACTED] stated that a little after 1:00 pm, [REDACTED] got sleepy so [REDACTED] took her to the bedroom and laid her on the bed, on her stomach. She stated that she normally takes a long nap so they were not worried about her sleeping so long. She stated that [REDACTED] went back there to check on her about 2:30 pm no later than 3:00 pm. She stated that [REDACTED] ran back in there with [REDACTED] to her and said that [REDACTED] was not breathing. She stated that she saw how she was dangling and her color was different. She stated that she dialed 911 and they told her to lay her on the floor and do CPR. She stated that [REDACTED] was originally in her lap so she lay her on the floor. Ms. [REDACTED] stated that when she first blew into her mouth, clear mucous came out of her nose. She stated that she kept at it until the ambulance arrived. She stated that [REDACTED] was healthy baby and she was happy and stayed smiling.

Ms. [REDACTED] stated that her daughter is a great mom to her children. She stated that she takes very good care of them, spends time with them, and ensures that they do not want for anything. She stated that they are good children as well. She stated that this has hurt all of them.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/13/2013

Contact Method: Phone Call

Contact Time: 06:10 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/09/2013

Completed date: 12/09/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/09/2013 06:14 PM      Entered By: [REDACTED]

Date: November 13, 2013

Time: 6:10 pm

On 11/13/2013, Investigator III [REDACTED], placed a telephone call to the maternal grandmother, [REDACTED] to set up a home visit. Ms. [REDACTED] stated that she really wish this was over and she had already been interviewed before. She stated that she did not understand why the information from before could not be used instead of her having to go through this all over again. Ms. [REDACTED] agreed to allow Investigator III to come on out today and stated that this would be her last time cooperating because it was only bringing this back up when they were working on getting past this. She also stated that she did not have much to say because her granddaughter, [REDACTED] is the one that put the baby down for a nap and who found the baby not breathing.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/05/2013

Contact Method: Face To Face

Contact Time: 08:22 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/09/2013

Completed date: 12/09/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/09/2013 06:08 PM      Entered By: [REDACTED]

Date: November 5, 2013

Time: 8:22 pm

Location: [REDACTED]

On 11/05/2013, Investigator III observed the other siblings, [REDACTED] and [REDACTED]. Both children appeared to be developmentally age appropriate and well groomed. [REDACTED] would not talk to Investigator III and [REDACTED] was with his father during the time of the incident.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/05/2013	Contact Method:	Face To Face
Contact Time:	08:15 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/09/2013
Completed date:	12/09/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/09/2013 06:05 PM      Entered By: [REDACTED]  
 Date: November 5, 2013  
 Time: 8:15 pm  
 Location: [REDACTED]

On 11/05/2013, Investigator III [REDACTED] spoke briefly with [REDACTED]. [REDACTED] stated that everything was good in her home. She stated that she was doing a good job in school and that her favorite subject is Math. [REDACTED] stated that she is an A and B student. Investigator III was not able to question [REDACTED] about the incident due to the mother stating that she did not want her interviewed. [REDACTED] was dressed neatly and appropriately and appeared to be developmentally age appropriate.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/05/2013

Contact Method:

Contact Time: 08:05 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/09/2013

Completed date: 12/09/2013

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: 12/09/2013 06:00 PM      Entered By: [REDACTED]

Date: November 5, 2013

Time: 8:05 pm

The following forms were explained to and signed by Ms. [REDACTED]

Acknowledgement of Receipt of Client Rights Handbook

Native American Heritage Veto Verification

HIPAA Notice of Privacy Practices- Client Acknowledgement

Authorization for Release of Information and HIPAA Protected Health Information to the Department of Children's Services and Notification of Release

Authorization for Release of Child Specific Information and HIPAA Protected Health Information to the Department of Children's Services and Notification of Release

Notification of Equal Access to Services and Grievances Procedures



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/05/2013 Contact Method:  
 Contact Time: 07:55 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/09/2013  
 Completed date: 12/09/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2013 05:55 PM Entered By: [REDACTED]  
 Date: November 5, 2013  
 Time: 7:55 pm

HOUSEHOLD COMPOSITION (the mother declined to give the social security numbers for herself and her children)

[REDACTED] DOB: [REDACTED]  
 [REDACTED] DOB: [REDACTED] 8th -mother states she does not know who [REDACTED] father is  
 [REDACTED] DOB: [REDACTED] /5th - father is [REDACTED] DOB: [REDACTED] (30 something) and he is  
 active in his life  
 [REDACTED] DOB: [REDACTED] maternal grandmother babysits her - father is [REDACTED] DOB: [REDACTED] (30 something)  
 and he is active in her life  
 [REDACTED] DOB: [REDACTED] (deceased) - father is [REDACTED]

Ms. [REDACTED] reports she is employed at [REDACTED] and has been with the company for 4 months. She reports no family member medication, no family alcohol and drug history, no client behavioral concerns, no family member diagnoses, no family domestic violence history, and no family legal/court/DCS history. She reports her family strengths as loving and her family needs as trying to get this ordeal. She reports no involvement in the community. She reports receiving \$60/week in Child support for [REDACTED]. She reports the children's pediatrician as Dr. [REDACTED] and the insurance carrier as [REDACTED]. The home consists of 3 bedrooms/2 1/2 baths.

**FAMILY REFERENCES:**

[REDACTED] (mother) [REDACTED]  
 [REDACTED] (sister) [REDACTED]



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/05/2013	Contact Method: Face To Face
Contact Time: 07:33 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 11/20/2013
Completed date: 11/21/2013	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: 11/21/2013 12:00 AM      Entered By: [REDACTED]  
 Date: November 5, 2013  
 Time: 7:33 pm  
 Location: [REDACTED]

On 11/05/2013, Investigator III [REDACTED] met with the mother, [REDACTED] Ms. [REDACTED] stated that she and her 3 children reside in the home together. She stated that they have been living in this apartment since August and before then, they were living at [REDACTED]. She stated that her daughter was healthy and she had a normal pregnancy. She stated that her mom babysat [REDACTED] everyday when she went back to work. She stated that right before she went back to work, she and the kids had been staying at her mom's house right before going back to work and the couple of days she went back to work. She stated that she started work on that Monday and [REDACTED] passed on that Wednesday. Ms. [REDACTED] stated that she left for work around 8:00 am that morning and when she left, [REDACTED] was wide awake. She stated that she fed her before she left for work. She stated that about 5:47 pm that evening, she received a call from her daughter, [REDACTED] telling her about [REDACTED] not breathing and that her mom was doing CPR. She stated that she was on her way to her mom's house, but when she called them back, the paramedics were already transporting her to [REDACTED]. Ms. [REDACTED] stated that she met them at [REDACTED] and they had already pronounced her death. She stated that she was told that [REDACTED] went to sleep and never woke up. She stated that she cannot remember what time she was told when [REDACTED] went to sleep. She stated that they are going through counseling now and they go once a week. She stated that [REDACTED] is the one that laid the baby down to sleep and she is the one who found her. She stated that [REDACTED] was feeling as if it was her fault that [REDACTED] passed away. She stated that [REDACTED] just recently stopped blaming herself when she saw the results of the autopsy. Ms. [REDACTED] stated that her son, [REDACTED] was at his father's house for a month so he was not home when the incident happened.

Investigator III informed Ms. [REDACTED] that [REDACTED] would need to be spoken to and she stated that she is really sensitive about [REDACTED] being interviewed and she did not want her having to go back through it all again. She stated that they are in a better place now and she wants to keep it that way. Ms. [REDACTED] stated that Investigator III could see [REDACTED] and ask general questions, but nothing about the death of [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/04/2013

Contact Method: Attempted Face To Face

Contact Time: 07:05 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/20/2013

Completed date: 11/20/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/20/2013 05:54 PM      Entered By: [REDACTED]

Date: November 4, 2013

Time: 7:05 pm

Location: [REDACTED]

On 11/4/2013, Investigator III [REDACTED], attempted a home visit to follow up with the family. A young man answered the door and stated that his mom was not home right now. Investigator III asked he could contact his mom to see if she would be coming home to meet with Investigator III. The young man called his mom and then informed Investigator III that his mom would be calling her. Investigator III received a telephone call from the mother, [REDACTED] and she stated that she said Tuesday not Monday. Investigator III informed her that she did in fact state Monday, but Investigator III had no problem with coming back out on tomorrow to meet with her. She stated that 7:00 pm worked best for her.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/30/2013	Contact Method:	Attempted Face To Face
Contact Time:	07:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/20/2013
Completed date:	11/20/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/20/2013 05:45 PM      Entered By: [REDACTED]  
 Date: October 30, 2013  
 Time: 7:00 pm  
 Location: [REDACTED]

On 10/30/2013, Investigator III [REDACTED] attempted a home visit to follow-up with the family on this case. Investigator III noticed that it appeared to be dark in the home. Investigator III knocked on the door four times, but there was no answer. Investigator III attempted a telephone call to the mother, but did not get an answer so a voice mail message was left. Investigator III waited at the home for about 15 minutes just in case the mother was running late and then received a call back from the mother. She stated that something came up and she was unable to meet today. She apologized and stated that she did not have Investigator III's telephone number with her to call and cancel. She asked to reschedule the meeting for Monday, November 4 at 7:00 pm.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/29/2013

Contact Method: Phone Call

Contact Time: 07:23 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2013 07:32 PM      Entered By: [REDACTED]

Date: October 29, 2013

Time: 7:23 pm

On 10/29/2013, Investigator III [REDACTED], received a voice mail message from the mother, [REDACTED]

On 10/29/2013, Investigator III [REDACTED], returned the phone call to the mother. Ms. [REDACTED] stated that she couldn't understand why this had to be brought up all over again. She stated that it's really like pouring salt on a wound and drudging things up. She stated that it is still a very touchy subject for their family and it was really tough on them. She stated that it is almost 4 months later and they are not where they were then, but things are still a little hard on them. She stated that she would meet with Investigator III but she really did not care to bring this all back up and felt it was inconsiderate being that it was 4 months later. She stated that she didn't see why the information gathered before could not be used. Ms. [REDACTED] agreed to meet with Investigator III at her home at 7pm on Wednesday October 30.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/29/2013

Contact Method: Attempted Phone Call

Contact Time: 05:39 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2013 07:02 PM      Entered By: [REDACTED]

Date: October 29, 2013

Time: 5:39 pm

On 10/29/2013, Investigator III [REDACTED], attempted a telephone call to [REDACTED] one of the numbers given by [REDACTED] at [REDACTED]. There was no answer so a voice mail message was left.

On 10/29/2013, Investigator III [REDACTED], attempted a telephone call to [REDACTED] another number given by [REDACTED] at [REDACTED]. A woman answered the phone and stated that Ms. [REDACTED] was not home but she would give her the message. Investigator III left her contact information.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/29/2013

Contact Method: Correspondence

Contact Time: 11:09 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2013 06:48 PM      Entered By: [REDACTED]

Date: October 29, 2013

Time: 11:09 am

On 10/29/2013, Investigator III [REDACTED], received a response from [REDACTED] from [REDACTED]. The following information was given:

[REDACTED]  
 Home: [REDACTED]  
 Cell: [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/25/2013

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2013

Completed date: 10/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/28/2013 08:52 PM      Entered By: [REDACTED]

Date: October 25, 2013

Time: 5:00 pm

On 10/25/2013, the autopsy results were received on [REDACTED] [REDACTED]. The cause of death is Sudden unexplained infant death and the manner of death could not be determined.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/25/2013

Contact Method: Correspondence

Contact Time: 09:21 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2013

Completed date: 10/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/28/2013 08:50 PM      Entered By: [REDACTED]

Date: October 25, 2013

Time: 9:21 am

On 10/25/2013, Investigator III [REDACTED] received e-mail correspondence from Child Welfare Benefits Worker, [REDACTED] with the most recent contact information for the family.

Address: [REDACTED]

Phone#: [REDACTED]

There is no employment information found.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/23/2013

Contact Method: Correspondence

Contact Time: 11:34 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2013

Completed date: 10/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/28/2013 08:46 PM      Entered By: [REDACTED]

Date: October 23, 2013

Time: 11:34 pm

On 10/23/2013, Investigator III e-mailed [REDACTED] at [REDACTED] for assistance with locating 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: 10/23/2013

Contact Method: Correspondence

Contact Time: 11:15 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2013

Completed date: 10/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/28/2013 08:44 PM      Entered By: [REDACTED]

Date: October 23, 2013

Time: 11:15 pm

On 10/23/2013, a request for assistance with locating the family was submitted to the Child Welfare Benefits Unit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/17/2013

Contact Method: Attempted Face To Face

Contact Time: 08:20 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2013

Completed date: 10/28/2013

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: 10/28/2013 08:42 PM      Entered By: [REDACTED]

Date: October 17, 2013

Time: 8:20 pm

Location: [REDACTED]

On 10/17/2013, Investigator III [REDACTED] attempted a home visit and face to face contact with the mother, [REDACTED]. No one was home so a contact letter was left in the door.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/17/2013

Contact Method:

Contact Time: 06:55 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2013

Completed date: 10/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/28/2013 07:52 PM      Entered By: [REDACTED]

Date: October 17, 2013

Time: 6:55 pm

On 10/17/2013, Investigator III [REDACTED] faxed a request to the [REDACTED] Medical Center for the autopsy results on [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/07/2013

Contact Method:

Contact Time: 09:20 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/07/2013

Completed date: 10/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original    Entry Date/Time: 10/07/2013 09:33 PM    Entered By: [REDACTED]

This case has been reassigned due to former case manager out on leave. A review of the case file shows the referral stamped by morning CPIT on 7/12/13 with a DCS to Handle and Return stamp. This case will be response to as a new referral. Investigator [REDACTED] will make contact with the family. DCS forms are needed as well as any medical reports from [REDACTED]. A request of the autopsy is needed immediately. Information on this case must be forwarded back through morning CPIT.

Narrative Type: Addendum 1    Entry Date/Time: 10/07/2013 09:37 PM    Entered By: [REDACTED]

A copy of the Notice of Child Fatality/Near Fatality is located in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/23/2013

Contact Method:

Contact Time: 09:19 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/23/2013

Completed date: 09/23/2013

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: 09/23/2013 09:21 AM      Entered By: [REDACTED]

This case has been reviewed and is being reassigned to [REDACTED] for follow up. Ms. [REDACTED] will assess the current situation as well as check on the status of the autopsy. This case will remain open to complete the task assigned.



**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: Phone Call

Contact Time: 03:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/11/2013

Completed date: 07/11/2013

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: 07/11/2013 04:35 PM Entered By: [REDACTED]

CPSI [REDACTED] received a return phone call from the mother [REDACTED]. CPSI [REDACTED] talked with the mother briefly about the process anytime there is a death of a child in [REDACTED] County and the department's involvement.

The mother stated that she was at work at [REDACTED] when the incident happened at her mother's home and the father was at work at [REDACTED]. The mother states that she is open to service/counseling for her family. CPSI [REDACTED] aware that there may be another case manager that will contact her at a later date and that a home visit will be scheduled to meet with her at a later date. The mother was agreeable to meeting with the department. The mother states that the maternal and paternal side of the family are supports for her and her family right now.



**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: 12:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/11/2013

Completed date: 07/11/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/11/2013 04:30 PM      Entered By: [REDACTED]

CPSI [REDACTED] made a visit to [REDACTED] hospital and met with Social Worker [REDACTED]. CPSI [REDACTED] and Social Worker [REDACTED] reviewed the social worker notes and all notes in the system on [REDACTED]. The child was described as a healthy child in the notes and there were no notes in the system that any marks or bruises were observed on the child. SW [REDACTED] states that if the doctor's would have seen any marks or bruises it would have been noted in the system.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/11/2013

Contact Method:

Contact Time: 12:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/11/2013

Completed date: 07/11/2013

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: 07/11/2013 04:27 PM      Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from CM III [REDACTED] in regards to this case. CPSI [REDACTED] made CMIII [REDACTED] aware of all of the information that she had found and who she had met with. CPSI [REDACTED] was advised to contact [REDACTED] about their concerns, contact the mother about her and the father's location and to see if they were open to services being provided in the home. A CFTM may also be needed. This will be determined once the case is staffed with [REDACTED] and [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/11/2013 Contact Method: Attempted Face To Face  
 Contact Time: 11:00 AM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/11/2013  
 Completed date: 07/11/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/11/2013 04:12 PM Entered By: [REDACTED]

CPSI [REDACTED] made a visit to the home [REDACTED] There was not an answer at the home.

CPSI [REDACTED] made a visit to the home at [REDACTED] Upon arrival at the home. CPSI [REDACTED] met with [REDACTED] the grandmother and [REDACTED] the sibling to [REDACTED]. The grandmother stated that the mother and three of her children have been at her home since around July 4th and the mother started a new job this past Monday. The grandmother states that [REDACTED] feed [REDACTED] and eventually put her down for a nap. [REDACTED] states that she feed her sister about 12 and her sister did not immediately go to sleep and she and the baby were in the living room on area of the home on the couch. [REDACTED] states that her sister making sounds and playing and eventually she went to sleep. [REDACTED] states that she took her sister to her grandmother's room and laid her down in the bed. [REDACTED] states that she put her sister on her stomach with her head turned to the side and that was around 1:00 pm. [REDACTED] states that she went back into the room about 4: 00 pm and found her sister laying the same way in the bed on her stomach with her head turned but when she checked her sister she looked pale and her back was not moving up and down as if breathing. [REDACTED] states that she picked up the baby and took her to her grandmother who called 911.

The grandmother stated that [REDACTED] had not experienced a fall while she has been at her home.

[REDACTED] reported that her mother has two other children besides her and [REDACTED]

DOB: [REDACTED]

Currently with her mother and [REDACTED] paternal grandfather

[REDACTED]

[REDACTED] is with his father for the summer.



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

---

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

---

Mom is currently with the paternal grandfather.

Observation: CPSI [REDACTED] observed [REDACTED] to be neatly dressed and groomed with no signs of abuse. The home was clean with no safety hazards. There was food and working utilities in the home.

Plan: contact mother and father of [REDACTED]

Narrative Type: Addendum 1    Entry Date/Time: 07/11/2013 04:25 PM    Entered By: [REDACTED]

CPSI [REDACTED] was told by TL [REDACTED] that the incident happened at the home @ [REDACTED] CPSI [REDACTED] was also provided with a wrong telephone number for the mother by TL [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/11/2013

Contact Method:

Contact Time: 06:24 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/11/2013

Completed date: 07/11/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/11/2013 04:10 PM      Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from on call supervisor [REDACTED] stating that another P1 referral had come in. TL [REDACTED] provided CPSI [REDACTED] with the information on the referral with the directive to make contact with the family as soon as possible.