



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 07/15/2013 01:05 PM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 07/15/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 07/15/2013 04:56 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 07/17/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 07/17/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED] Unknown	Yrs	Drug Exposed Infant	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:  
 Narrative: TFACTS:

Family Case IDs: [REDACTED] [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Indicated None

Fatality No

Screened out 0





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



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

**Participant(s)**

**Name:** [REDACTED]  
Gender: Female                      Date of Birth: [REDACTED]                      Participant ID: [REDACTED]  
SSN:                                      Race:                                      Age:                                      31 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:**

**Name:** [REDACTED] Unknown  
Gender: Male                              Date of Birth:                              Participant ID: [REDACTED]  
SSN:                                              Race:                                      Black/African                              Age:  
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:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

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**  
**Child Protective Service Investigation Summary**  
**and Classification Decision of Child Abuse/Neglect Referral**

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 07/15/2013

Assignment Date: 07/17/2013

Street Address:

City/State/Zip:

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			09/27/2013
2	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			07/24/2013

**C. Disposition Decision**

Disposition Decision: Refer for Other Services and Close

Comments: AIP

**D. Case Workers**

Case Worker: [REDACTED]

Date: 09/27/2013

Team Leader: [REDACTED]

Date: 09/27/2013

**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:**

Child is deceased

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

CPSI spoke to hospital staff at [REDACTED] and it was reported that child, [REDACTED] lost oxygen to the brain and will need further test results to give a diagnose or prognosis.

the child, [REDACTED] expired on 7-17-13

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

Mother reported that on 7-14-13 at 9:30 am, while seating on the toilet her water broke and she began to bleed. The EMS was called and she was transported to [REDACTED] hospital. The mother reported that blood was coming out like water in the EMS. Mother stated that when she arrived at the hospital she was informed that



**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]

she had miscarried and the pace of the doctors and nurses slowed down. Mother reported that she continued to tell the nurses that she could still feel her baby moving inside and the mother was told that she was having delayed contraction. After the mother continued to insist that the baby was still moving that doctor order another ultrasound and picked up a slight heartbeat. The mother reported that the doctor and nurses pace picked up very fast and she was being prep for a C-section. While being rolled to the delivery room the mother informed the nurse that she felt something down out of her. And when she entered the delivery room she heard the doctor yell get prepared for a beech birth. The mother reported that it was a lot of yelling and screaming for her to push. Mother reported that the baby lost oxygen to the brain and was transported to [REDACTED] for treatment. The mother was discharged from [REDACTED] on 7-15-13 and has been at the hospital since her discharge.

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

The alleged father, [REDACTED] was also present and has been at the hospital since child was born. Mr. [REDACTED] stated that the hospital did not listen to Ms. [REDACTED] when she continued to tell them she felt her baby moving inside of her. Mr. [REDACTED] stated that once the machine picked of the heartbeat and the doctor was very upset with staff and was yelling and cursing about getting Ms. [REDACTED] to the delivery room.

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

AIPi

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: 09/30/2013

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/30/2013

Completed date: 09/30/2013

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: 09/30/2013 05:16 PM Entered By: [REDACTED]

This TL reviewed the case of [REDACTED] submitted by CPSI, [REDACTED]. This case was received with the allegations of Drug Exposed Child/ Drug Exposed Infant. The children have been removed and placed in the custody of the father and aunt until the adjudication hearing. [REDACTED] gave birth to [REDACTED] and both tested positive for drugs. This case has been classified as AIPI for the allegations of Drug Exposed Infant and Neglect Death due to the child, [REDACTED] expiring. This case has been reviewed, the FSW will attend the adjudication court hearing and make proper recommendation for custody of the surviving siblings. This case has been reviewed and approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	09/27/2013	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/29/2013
Completed date:	09/29/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/29/2013 11:34 AM Entered By: [REDACTED]

This TL reviewed the case of april [REDACTED] submitted by CPSI, [REDACTED]. This case was received with the allegations of Drug Exposed Child/Drug Exposed Infant. This case has been investigated and classified as AUPU. There were no additional concerns documented by the CPSI. This case has been reviewed and approved for closure.

Narrative Type: Created In Error Entry Date/Time: 09/29/2013 11:49 AM Entered By: [REDACTED]

This case has been marked in error.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/27/2013 Contact Method:  
 Contact Time: 03:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 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): Case Summary  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/27/2013 01:08 PM Entered By: [REDACTED]

**Case Summary:**

On 7-15-13 the Department of Childrens Services received a P-1 referral alleging DEC with [REDACTED] (0) being the victim; and birth mother, [REDACTED] as the alleged perpetrator. It reported that on 7/14/2013 it was reported that the mother, [REDACTED] urine drug screen tested positive for THC and cocaine. The mother has not disclosed any drug abuse. The childs drug screens are pending at this time. It is not known if the child is experiencing withdrawals at this time. The child has been diagnosed with Congenital Anomaly (has a large internal fontanelle, has small for gestational age, and has bilateral digital anomaly). It is believed that after the childs birth, the baby was admitted to [REDACTED] hospital after resuscitation in the OR after abruption. The mother thought she was 35 weeks at delivery. It is not known how many weeks the child was born at this time. It is stated that upon delivery the baby was floppy and had no respiratory effort and had a very weak heartbeat. So the child was intubated and chest compressions were performed. Upon arrival at the NICU, the child was placed on a respirator, and his oxygen improved. The baby was transferred to the childrens hospital, he was extubated and then re-intubated.

7-16-13

Mother reported that on 7-14-13 at 9:30 am, while seating on the toilet her water broke and she began to bleed. The EMS was called and she was transported to [REDACTED] hospital. The mother reported that blood was coming out like water in the ambulance. Mother stated that when she arrived at the hospital she was informed that she had miscarried and the pace of the doctors and nurses slowed down. Mother reported that she continued to tell the nurses that she could still feel her baby moving inside and the mother was told that she was having delayed contraction. After the mother continued to insist that the baby was still moving that doctor order another ultrasound and picked up a slight heartbeat. The mother reported that the doctor and nurses pace picked up very fast and she was being prep for a C-section. While being rolled to the delivery room the mother informed the nurse that she felt something drop out of her. And when she entered the delivery room she heard the doctor yell get prepared for a beech birth. The mother reported that it was a lot of yelling and screaming for her to push. Mother reported that the baby lost oxygen to the brain and was transported to [REDACTED] for treatment. The mother was discharged from [REDACTED] on 7-15-13 and has been at [REDACTED] with baby [REDACTED] since her discharge.

The alleged father, [REDACTED] was also present and has been at the hospital since child was born. Mr. [REDACTED] stated that the hospital did not listen to Ms. [REDACTED] when she continued to tell them she felt her baby moving inside of her. Mr. [REDACTED] stated that once the machine picked of the heartbeat and the doctor became very upset with staff



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

and was yelling and cursing about getting Ms. [REDACTED] to the delivery room.

Ms. [REDACTED] stated that she resides at [REDACTED] in [REDACTED] with her five children. Ms. [REDACTED] also stated that [REDACTED], [REDACTED], [REDACTED], [REDACTED] has been residing with their father, [REDACTED] since the 4th of July 2013 and [REDACTED] was currently with maternal grandmother, [REDACTED] at [REDACTED].

On 7-17-13 the baby, [REDACTED] expired shortly after 3:00 p.m. It was also reported that baby [REDACTED] tested positive for cocaine at birth.

On 7-18-13, An IPA was completed on [REDACTED], [REDACTED] placing them in the care of [REDACTED] the father. Mr. [REDACTED] resides in a 3br 2 bath home at [REDACTED]. He reported his [REDACTED].

An IPA was completed on 7-18-19, placing her [REDACTED] with maternal aunt, [REDACTED]. A CFTM was held on 7-22-13 and the team agreed to complete a non-custodian expedited placement for [REDACTED], [REDACTED] placing them in the care of [REDACTED] the father. The team also agreed to complete a non-custodian expedited placement for [REDACTED] with maternal aunt and uncle, [REDACTED] and [REDACTED] who resides at [REDACTED]. Ms. [REDACTED] was referred to Grief and A&D counseling.

A home study was completed: Mr. [REDACTED] resides in a 3 bedroom, 2 bath home including a living room, dining room, washer/dryer, running water and electricity and two refrigerators. The bedrooms are partially furniture due to moving in home only 2 weeks ago. Mr. [REDACTED] is willing to purchase bunk beds immediately. [REDACTED] will have his own bedroom and the girls will share a bedroom with two sets of bunk beds. Mr. [REDACTED] oldest daughter, [REDACTED] sleeps on sofa bed in the living room. Mr. [REDACTED] has adequate space for the children. The home was neat, clean and appropriate for the children. There were no environmental or safety issues present.

Mr. [REDACTED] has taken care of his children since they were born; and although [REDACTED] is not Mr. [REDACTED] legal son, Mr. [REDACTED] has taken care of [REDACTED] since he was born and does not want [REDACTED] removed or separated from him. Mr. [REDACTED] is very persistence about keeping his children together. The children appear to be happy and wants to remain with their father. Mr. [REDACTED] recently rent a new 3br 2ba home with accurate space for his children.

On 7-23-13, an expedited was completed and approved for [REDACTED] and [REDACTED] placement with father, [REDACTED].

An expedited was completed and approved for [REDACTED] to be placed with maternal aunt and uncle, [REDACTED] and [REDACTED].

On 7-25-13, a PCO was filed with Juvenile court requesting that [REDACTED], [REDACTED] and [REDACTED] placement with father, [REDACTED] and [REDACTED] to be placed with maternal aunt and uncle, [REDACTED] and [REDACTED]. Referee [REDACTED] granted the petition and preliminary was scheduled for July 31, 2013.

7-31-13, CPSI attend preliminary hearing at Juvenile court and it was ordered that [REDACTED] will remain in the custody of [REDACTED] and [REDACTED], [REDACTED] and [REDACTED] will remain in the custody of their father, [REDACTED]. Adjudication hearing is scheduled for October 25, 2013 at 9am.

Narrative Type: Addendum 1    Entry Date/Time: 09/29/2013 02:43 PM    Entered By: [REDACTED]

Ms. [REDACTED] was indicated for DEI and NGD. CPSI was informed by the [REDACTED] county examiners office that an autopsy was not requested.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/27/2013 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 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): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/27/2013 02:07 PM Entered By: [REDACTED]

Face to Face

[REDACTED]

CPSI completed a face to face with the father, [REDACTED] and siblings, [REDACTED] and [REDACTED] at DCS office. CPSI reminded Mr. [REDACTED] of court date on 10-25-13 at 9am. Mr. [REDACTED] informed CPSI that the mother, [REDACTED] is still using cocaine. CPSI reassured Mr. [REDACTED] that Ms. [REDACTED] would be drug tested prior to court date. All the children stated that they love being with their father, [REDACTED] gave this CPSI a big hug and kissed CPSI on the jaw. All the children were dress in clean, neat school uniforms. [REDACTED] and [REDACTED] reported attend school at [REDACTED] elementary. CPSI encouraged Mr. [REDACTED] to call with any questions or concerns. CPSI also informed Mr. [REDACTED] that this case would be closed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/20/2013

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2013

Completed date: 09/30/2013

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: 09/22/2013 09:47 PM      Entered By: [REDACTED]

This TL reviewed the case of the [REDACTED] siblings. The children have been removed and placed in the custody of the father and aunt until the adjudication hearing. [REDACTED] gave birth to [REDACTED] and both tested positive for drugs. The child was also born with a genetic disorder. The FSW will need to updated all case notes and add monthly face to face contact and Expedited Summary and approval for the currently custodians. The CPSI will need to complete monthly face to face contact with the surviving siblings.



**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: 09/16/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

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): ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/27/2013 11:54 AM Entered By: [REDACTED]

7-16-13

CPSI met response time with baby [REDACTED] and parents at [REDACTED]

Mother reported that on 7-14-13 at 9:30 am, while seating on the toilet her water broke and she began to bleed. The EMS was called and she was transported to [REDACTED] hospital. The mother reported that blood was coming out like water in the ambulance. Mother stated that when she arrived at the hospital she was informed that she had miscarried and the pace of the doctors and nurses slowed down. Mother reported that she continued to tell the nurses that she could still feel her baby moving inside and the mother was told that she was having delayed contraction. After the mother continued to insist that the baby was still moving that doctor order another ultrasound and picked up a slight heartbeat. The mother reported that the doctor and nurses pace picked up very fast and she was being prep for a C-section. While being rolled to the delivery room the mother informed the nurse that she felt something drop out of her. And when she entered the delivery room she heard the doctor yell get prepared for a beech birth. The mother reported that it was a lot of yelling and screaming for her to push. Mother reported that the baby lost oxygen to the brain and was transported to [REDACTED] for treatment. The mother was discharged from [REDACTED] on 7-15-13 and has been at [REDACTED] with baby [REDACTED] since her discharge.

Narrative Type: Addendum 1 Entry Date/Time: 09/27/2013 12:10 PM Entered By: [REDACTED]

This face to face occured on 7-16-13 not 9-16-13



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/08/2013 Contact Method:  
 Contact Time: 10:30 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/09/2013  
 Completed date: 08/09/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/09/2013 12:24 PM Entered By: [REDACTED]  
 Safety assessment has been completed and approved 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: 07/30/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 07/31/2013

Completed date: 08/16/2013

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Court Hearing,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/31/2013 12:43 PM Entered By: [REDACTED]

CPSI attend preliminary hearing at Juvenile court and it was ordered that [REDACTED] will remain in the custody of [REDACTED] and [REDACTED] and [REDACTED] and [REDACTED] will remain in the custody of their father, [REDACTED]. Adjudication hearing is scheduled for October 25, 2013 at 9am.



**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: 07/25/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 04:21 PM Entered By: [REDACTED]

On July 25, 2013, this CPSI filed the Petition at Juvenile court. Petition was granted and a Preliminary hearing was scheduled for July 30, 2013 at 9:00 am.

Present a court was Mr. [REDACTED] and Mr. and Mrs. [REDACTED] CPSI gave both parties a cop of protective custody order.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/24/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 07/24/2013

Completed date: 07/24/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/24/2013 12:01 PM Entered By: [REDACTED]

CPSI made a face to face visit with Mr. [REDACTED] at [REDACTED] to obtain finger printing information from [REDACTED]. CPSI took a picture of [REDACTED] state ID and she completed the finger printing form. CPSI informed Mr. [REDACTED] and [REDACTED] that CPSI would scheudle an appointment for finger printing for tomorrow. Mr. [REDACTED] stated that he would like for the appointment to be at 9am in the morning on 7-25-13 at the [REDACTED] office.. CPSI stated that CPSI would attempt to get the appointment for 9am. Mr. [REDACTED] also stated that he would be getting the girls bunk beds today and will let this CPSI know when to come by and view the beds.



**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:	07/23/2013	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/23/2013
Completed date:	09/23/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Permanency, Service Planning, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/23/2013 05:15 PM      Entered By: [REDACTED]

On 7-23-13, an expedited was completed and approved for [REDACTED] and [REDACTED] placement with father, [REDACTED]

[REDACTED]  
DOB: [REDACTED]  
SS#: [REDACTED]

An expedited was completed and approved for [REDACTED] to be placed with maternal aunt and uncle, [REDACTED] and [REDACTED]

[REDACTED]:  
DOB: [REDACTED]  
SS#: [REDACTED]

[REDACTED]  
DOB: [REDACTED]  
SS#: [REDACTED]

Narrative Type: Addendum 1      Entry Date/Time: 09/23/2013 05:16 PM      Entered By: [REDACTED]

Expedited Summary has been placed in the 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: 07/22/2013 Contact Method:  
 Contact Time: 02:00 PM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/23/2013  
 Completed date: 09/23/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 04:11 PM Entered By: [REDACTED]

CPSI completed a legal referral: requesting [REDACTED] and [REDACTED]; [REDACTED] be removed from the mother, [REDACTED] custody and placed with father, [REDACTED].

CPSI completed a legal referral: requesting that [REDACTED] be removed form the custody and placed in the custody of maternal aunt and uncle, [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: 07/22/2013 Contact Method: Correspondence  
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/23/2013  
 Completed date: 09/23/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 04:49 PM Entered By: [REDACTED]  
 CPSI completed background checks on [REDACTED] and [REDACTED], the results are listed below and have been placed in file.  
 Local [REDACTED] County JSSI check: was clear for both [REDACTED] and [REDACTED]  
 NCIC and Code X is clear for [REDACTED] and [REDACTED]  
 SSMS checks: were clear for both [REDACTED] and [REDACTED].  
 There is no prior TFACTS History for [REDACTED] or [REDACTED].  
 Felony Search: [REDACTED] - no record found  
 [REDACTED] - no record found  
 National Sex Offenders:  
 [REDACTED] - no record found  
 [REDACTED] - no record found  
 Meth search: [REDACTED] no record found  
 [REDACTED] - no record found  
 Department of Health:  
 [REDACTED] no record found  
 [REDACTED] - no record 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: 07/19/2013

Contact Method:

Contact Time: 10:33 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/19/2013

Completed date: 07/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/19/2013 10:37 AM Entered By: [REDACTED]

On July 8, 2013 at 11:22 p.m. a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] @ 12:03 a.m. CST with the allegations of Neglect Death. The alleged perpetrator is Unknown. The alleged victim is [REDACTED]. The referral was assessed and assigned by TL [REDACTED] on 7-08-13 to FSW 3, [REDACTED]. Response time was met by FSW, [REDACTED] on 7-9-13. It is unknown at this time if the child(ren) are of Native American descent. The referent letter was mailed on 7-9-13. Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy. The FSW will contact the referent within 30 days.

Narrative Type: Addendum 1 Entry Date/Time: 07/19/2013 10:47 AM Entered By: [REDACTED]

\*\*\*\*\*Correction to the Previous Entry\*\*\*\*\*

On July 15, 2013 at 1:05 p.m. a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] County @ 1:29 p.m. CST with the allegations of Neglect Death. The alleged perpetrator is [REDACTED]. The alleged victim is Unknown [REDACTED]. The referral was assessed and assigned by TL [REDACTED] on 7-15-13 to FSW 3, [REDACTED]. Response time is due by 7-16-13 @ 1:05 p.m. It is unknown at this time if the child(ren) are of Native American descent. The referent letter was mailed on 7-15-13. Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy. The FSW will contact the referent within 30 days.



**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: 07/18/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 04:45 PM Entered By: [REDACTED]

A home study was conducted and approved with maternal aunt, [REDACTED] An IPA was approved for [REDACTED] to reside with maternal aunt, [REDACTED] by [REDACTED] at 3:30 PM.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/18/2013 Contact Method: Face To Face  
 Contact Time: 01:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Caretaker Home Created Date: 09/23/2013  
 Completed date: 09/23/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 04:58 PM Entered By: [REDACTED]

Background checks were completed on maternal aunt and uncle, [REDACTED] and [REDACTED]

Local [REDACTED] County JSSI check was completed for [REDACTED] and [REDACTED]

It was revealed on [REDACTED] that in 2003 she was charged with obstructing traffic.

It was revealed on [REDACTED] that in 2008 he was charged twith driving while license S/R/C.

NCIC and Code X is clear for [REDACTED]

Code X on [REDACTED] revealed in 7-12-97 a possession of a controlled substance; 9-19-2010, DWI 1st offense; operation of vehicle w/o license plates and no insurance in [REDACTED] 10-4-2010 operation of vehicle w/o license plates.

Child abuse registry: SSMS checks were clear for both [REDACTED] and [REDACTED]

There is no prior TFACTS History for [REDACTED] and [REDACTED]

Felony search: [REDACTED] - no record found

[REDACTED] no record found

National sex offenders registry: [REDACTED] - no record found

[REDACTED] no record found

Meth search:

[REDACTED] no record found

[REDACTED] no record found

Department of Health:



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

---

[REDACTED] no record found

[REDACTED] no record 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:	07/18/2013	Contact Method:	Phone Call
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/23/2013
Completed date:	09/23/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/23/2013 04:15 PM      Entered By: [REDACTED]

The social Worker, [REDACTED] telephoned this CPSI and reported: On 7-17-13 the baby, [REDACTED] expired shortly after 3:00 p.m. It was also reported that baby [REDACTED] tested positive for cocaine at birth.



**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: 07/18/2013 Contact Method: Face To Face  
 Contact Time: 09:30 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Caretaker Home Created Date: 09/23/2013  
 Completed date: 09/23/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 04:34 PM Entered By: [REDACTED]

A home study was completed: Mr. [REDACTED] resides at [REDACTED] in a 3 bedroom, 2 bath home including a living room, dining room, washer/dryer, running water and electricity and two refrigerators. The bedrooms are partially furnished due to moving in home only 2 weeks ago. Mr. [REDACTED] is willing to purchase bunk beds immediately. [REDACTED] will have his own bedroom and the girls will share a bedroom with two sets of bunk beds. Mr. [REDACTED] oldest daughter, [REDACTED] sleeps on sofa bed in the living room. Mr. [REDACTED] has adequate space for the children. The home was neat, clean and appropriate for the children. There were no environmental or safety issues present.

Mr. [REDACTED] has taken care of his children since they were born; and although [REDACTED] is not Mr. [REDACTED] legal son, Mr. [REDACTED] has taken care of [REDACTED] since he was born and does not want [REDACTED] removed or separated from him. Mr. [REDACTED] is very persistent about keeping his children together. The children appear to be happy and wants to remain with their father. Mr. [REDACTED] recently rent a new 3br 2ba home with adequate space for his children.

An IPA was completed and approved by [REDACTED] at 11:20am

[REDACTED] were present during this home study. All the children stated that they wanted to stay with [REDACTED]. The children were looking at television in the back room. CPSI observed no marks or bruises.

Narrative Type: Addendum 1 Entry Date/Time: 09/23/2013 04:50 PM Entered By: [REDACTED]

reported income:

Mr. [REDACTED] receives disability in the amount of \$1284.00 monthly and \$ 1612.00 a month SSI for [REDACTED] [REDACTED] also receives food stamps in the amount of \$183 a month. After calculation, the total amount of income for the household is \$2896.00.



**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:	07/16/2013	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	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):	ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/27/2013 11:56 AM      Entered By: [REDACTED]

Narrative Type: Original      Entry Date/Time: 09/27/2013 11:54:39      Entered By: [REDACTED]

7-16-13

CPSI met response time with baby [REDACTED] and parents at [REDACTED]

Mother reported that on 7-14-13 at 9:30 am, while seating on the toilet her water broke and she began to bleed. The EMS was called and she was transported to [REDACTED] hospital. The mother reported that blood was coming out like water in the ambulance. Mother stated that when she arrived at the hospital she was informed that she had miscarried and the pace of the doctors and nurses slowed down. Mother reported that she continued to tell the nurses that she could still feel her baby moving inside and the mother was told that she was having delayed contraction. After the mother continued to insist that the baby was still moving that doctor order another ultrasound and picked up a slight heartbeat. The mother reported that the doctor and nurses pace picked up very fast and she was being prep for a C-section. While being rolled to the delivery room the mother informed the nurse that she felt something drop out of her. And when she entered the delivery room she heard the doctor yell get prepared for a beech birth. The mother reported that it was a lot of yelling and screaming for her to push. Mother reported that the baby lost oxygen to the brain and was transported to [REDACTED] for treatment. The mother was discharged from [REDACTED] on 7-15-13 and has been at [REDACTED] with baby [REDACTED] since her discharge.



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 7/15/13 1:05 PM

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

Assessment Type:  Initial  Closing  Other

Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence 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:** \_\_\_\_\_