



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2013.098

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	11/18/2013
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	11/18/2013	
Child's Name:	[REDACTED]	DOB:	[REDACTED]	Person ID:	[REDACTED]
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:
Parents' Names:	Mother:	[REDACTED]	Father:	[REDACTED]	[REDACTED]
Alleged Perpetrator's Name:	[REDACTED] and [REDACTED]	Relationship to Victim:	Birth Mother, Presumptive Father		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:		
If child is in DCS custody, list placement type and name:					

Describe (in detail) circumstances surrounding death/near death:

This CPSI initiated this case at the family home at approximately 8:45am on November 18, 2013. At the time of this CPSI's arrival at the family home, [REDACTED] had been transported to the [REDACTED] Medical Center in [REDACTED]. She was accompanied by her mother, [REDACTED], her father [REDACTED] and her sibling [REDACTED]. This CPSI approached the family home and noticed a bottle of beer outside of the door. This CPSI entered the family home and observed a bottle of alcohol in a brown paper bag just inside of the door. This CPSI observed there to be a glass of what appeared to be wine on a table adjacent to the bed, and a bottle of wine to be in the floor amid children's and adult belongings.

This CPSI observed the home to be in a state of disarray with clothing, toys, food and other various items to be strewn about the home, and this CPSI observed the home to emit a pungent odor upon entry. This CPSI also observed the family rest room to emit a foul odor. This CPSI observed there to be food, old, new, packaged and unpackaged strewn about the home, children's diapers in the floor both in and out of their packages, the adult bed to be on the floor with the frame standing in a corner, cabinet doors and the lid to the toilet to all be in disrepair. This CPSI observed there to be an infant carrier/car seat inside of the bassinet where [REDACTED] slept at the time of this CPSI's arrival. This CPSI observed the contents of the bassinet underneath the car seat / carrier to be visibly soiled and to emit a foul odor.

This CPSI observed the home to have apparati for a feeding tube and the bag used to contain the food to appear to be dry, and it's contents at the bottom to appear to be flaky. This CPSI observed the home to have both cigarettes and oxygen tanks inside. This CPSI observed the home to have wall hangings to indicate feeding schedules for [REDACTED] and other information about her.

The home was processed as a crime scene by the [REDACTED] Police Department.
 [REDACTED] Police Department report number [REDACTED] is filed pursuant to this incident.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	[REDACTED] Medical Center	Telephone #	[REDACTED]
Street Address:	[REDACTED]	City/State/Zip:	[REDACTED]

Describe (in detail) interview with family:

This CPSI interviewed [REDACTED] who reported that she lives in the family home with her children's birth father, [REDACTED]. She reported that the family has resided at their current address since [REDACTED] birth. She reported that the family resided in [REDACTED] prior to this. She reported that she had prenatal care throughout her pregnancy and that [REDACTED] was born approximately one (1) week prior to her expected delivery date. Ms. [REDACTED] reported that she received an ultrasound during her pregnancy and that this ultrasound allowed the family to learn of [REDACTED] heart condition. She reported that the family had last been seen at [REDACTED] regarding [REDACTED] about four (4) weeks ago, and that at this time [REDACTED] weight was 'about eight (8) pounds. Ms. [REDACTED] reported that she is unemployed and that the family receives SSI benefits for [REDACTED] medical condition.

Ms. [REDACTED] reported that on the night of 11/17/13 that [REDACTED] slept on her back in her bassinet, and that she put [REDACTED]

Intake #:		Investigation #:		Date of Report:	11/18/2013
-----------	--	------------------	--	-----------------	------------

in her bassinet between 9:00 and 10:00 pm. Ms. [REDACTED] reported that while [REDACTED] was in her bassinet, that she observed [REDACTED] to vomit and /or gag, so she stopped the continuous feed.

Ms. [REDACTED] reported that she both bottle fed and tube fed [REDACTED]. She reported that she fed [REDACTED] formula and rice cereal. She reported that she alternated the feeding methods based on [REDACTED] ability to keep her food down. Ms. [REDACTED] reported that [REDACTED] also had a prescribed oxygen tank in the home. Ms. [REDACTED] reported that she last [REDACTED] alive at approximately 4:30 am. Ms. [REDACTED] reported that just before about 8:00am, that she got up to make [REDACTED] milk and that she picked [REDACTED] up, and noticed that [REDACTED] head went 'back'. She reported that she placed [REDACTED] at the foot of her bed, and that she tapped [REDACTED] feet to see if [REDACTED] would respond. She reported that she started to administer CPR and that Mr. [REDACTED] called 911.

Ms. [REDACTED] reported that [REDACTED] had a heart condition and another condition called Digeorges Sequence, which this CPSI confirmed with medical providers for the child. Ms. [REDACTED] reported that [REDACTED] had open heart surgery on or about 6/11/13 and that all of her medical providers are at [REDACTED] Children's Hospital. She reported that the last time [REDACTED] was seen by a doctor was 'a few weeks ago'. Ms. [REDACTED] reported that [REDACTED] had been prescribed Methadone for pain following her surgery in June when she was asked why the child had a prescription for Methadone.

Ms. [REDACTED] reported that [REDACTED] was 'always small' and that her weight fluctuated. She reported that [REDACTED] weight had decreased over the seven (7) days prior to her passing, and that she'd planned to schedule an appointment for [REDACTED] to be seen by her doctor in 11/18/13. Ms. [REDACTED] confirmed that she had been seen by a psychologist 'a while back' but that she was not receiving any therapeutic intervention at the time of this case. She reported that her phone broke, she had to attend her probation orientation and that she didn't know about 'all' of the appointments for [REDACTED] medical care that she had missed. Ms. [REDACTED] later admitted that she had not been instructed by medical personnel to feed [REDACTED] without her tube at night, she reported that [REDACTED] pulled the tube out, and she admitted that she was aware that [REDACTED] needed another surgery despite her not returning to [REDACTED] for follow up appointments.

[REDACTED] reported that he is unemployed and that he lives in the family home with Ms. [REDACTED] and [REDACTED] who is two (2) years old. Mr. [REDACTED] reported that he believes that he is father to both [REDACTED] and [REDACTED] and that he has signed Voluntary Acknowledgements of Parentage for both children. He confirmed that he and Ms. [REDACTED] have been [REDACTED] only caregivers. Mr. [REDACTED] reported that he and Ms. [REDACTED] had missed one (1) medical appointment regarding [REDACTED] which was scheduled for 11/15/13. He reported that they had missed this appointment because they both had to complete an orientation session for probation to which they are both currently sentenced. Mr. [REDACTED] reported that he had no concerns for [REDACTED] safety in the care of her mother. Mr. [REDACTED] reported that on the morning of 11/18/13 [REDACTED] woke him up and that he was playing with her when he heard Ms. [REDACTED] scream. He reported that he then called 911. Mr. [REDACTED] was unable to offer much information about [REDACTED] medical care, her regimen for care or feeding and he was unable to provide details as to the events leading to the 911 call.

Mr. [REDACTED] submitted himself to a random drug screen whose results were positive for Cocaine and Marijuana and he reported that he had used these things outside of the family home and not in the vicinity of the children. Mr. [REDACTED] reported that he believed that he had used illegal substances 'last week'. When asked why he used illegal substances prior to reporting to probation, Mr. [REDACTED] reported that he knew that it was only an orientation session and that he knew that people aren't drug screened at the orientation session. This CPSI asked Mr. [REDACTED] who had been consuming the alcohol in the family home, and he reported that he was trying to refrain from using illegal drugs and that alcohol consumption helped him do this. Ms. [REDACTED] submitted herself to a random drug screen that was negative for all substances tested.

When asked to explain why the family home was in a state of disarray that rose to the level of presenting safety concerns to the children, Ms. [REDACTED] and Mr. [REDACTED] reported that they had started to clean the home on 11/17/13. When asked to explain why there were multiple alcoholic beverages within the reach of [REDACTED] they reported that they were celebrating their anniversary on 11/17/13. When asked why there were used and unused, opened and unopened syringes within the reach of [REDACTED] and in the same container with cigarettes and other miscellaneous items, Ms. [REDACTED] reported that she had been instructed to keep used syringes and dispose of them in a specific manner by [REDACTED] because they had no biohazard containers to give the family. Ms. [REDACTED] reported also that there were no used syringes, but that the caps had come off of the needles. Ms. [REDACTED] reported that she had been instructed by medical professionals to keep the syringes and medication out of the reach of [REDACTED] and that she realized that [REDACTED] could reach these items. but that she had instructed [REDACTED] to refrain from touching those items.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

This child has a history of two (2) prior hospitalizations, one in June 2013 and one in September 2013. DCS was not

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/18/2013
-----------	------------	------------------	------------	-------------------	------------

involved with the family during these hospitalizations.

Describe disposition of body (Death):	Medical Examiner's Office
---------------------------------------	---------------------------

Name of Medical Examiner/Coroner:	██████████	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
-----------------------------------	------------	------------------------	-----------------------------	---

Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
---	-----------------------------	---

Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
--	--	------------------------------

Type:	██████████	Case #:	██████████
-------	------------	---------	------------

Describe law enforcement or court involvement, if applicable:

Detective ██████████ ██████████ Police Department is assigned to the case at this time.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

This CPSI interviewed two (2) separate social workers at the ██████████ Children's Hospital and a nurse who all confirmed that Ms. ██████████ has missed a total of approximately ten (10) appointments at various clinics in the hospital to address ██████████ needs. One social worker, a ██████████ reported that she had seen Ms. ██████████ and Mr. ██████████ interact with ██████████ and they noted having no concerns for ██████████ safety during these interactions. Ms. ██████████ reported also that Ms. ██████████ mother had been reportedly supportive to the family. However, Ms. ██████████ confirmed that the family had not returned to their scheduled appointments to discuss a medically necessary surgery for ██████████ and that they had not seen anyone in this family since September 2013. Ms. ██████████ confirmed that she referred Ms. ██████████ to a therapist during her interaction with the family and that they were difficult to maintain contact with.

This CPSI interviewed ██████████ ██████████ who reported that she is maternal grandmother to ██████████ and ██████████ Ms. ██████████ reported that she last cleaned the home of this family about two (2) weeks prior to this case's inception. She reported that the cleanliness of the ██████████ / ██████████ home is a major point of contention between her and Ms. ██████████ and that when she visited the home 'about two weeks ago' that she was appalled by the unclean condition of the home, went and purchased cleaning supplies and cleaned the home for the family. Ms. ██████████ reported that she spends a great deal of time with ██████████ and that ██████████ often spends entire weekends with her. Ms. ██████████ reported that she was aware that ██████████ had medical conditions and that she struggled to gain weight.

Ms. ██████████ reported that she had most recently seen ██████████ on or about 11/14/13 and that she held, kissed and played with ██████████ during this interaction. Ms. ██████████ reported that she observed ██████████ to have a cough and that she asked Ms. ██████████ if she had a doctor's appointment scheduled for ██████████ She reported that Ms. ██████████ confirmed that she had an appointment for ██████████ Ms. ██████████ reported that she was embarrassed by the family's having to be involved with DCS and stated initially that she would require financial assistance to care for ██████████ as a safety placement. When it was explained to her that this could impact the State's allowing her to act as safety placement, Ms. ██████████ stated that she expected Ms. ██████████ and Mr. ██████████ to pay for ██████████ day care costs, despite her being aware that they are both currently unemployed.

Ms. ██████████ reported that she is a phlebotomist, and that she also owns a cleaning company. She reported that her monthly income is approximately \$18,000 per month and that she lives in apartment in ██████████ She submitted herself to a random drug screen that was negative for all substances and she repeatedly expressed that she was embarrassed by involvement with DCS. Ms. ██████████ also reported that she purchases many items for ██████████ having most recently shopped for ██████████ within the past seven (7) days.

A Child and Family Team Meeting was held with the family on 11/18/13 and it was decided at this meeting to place ██████████ in the care of Ms. ██████████

The family participated in the development of an Immediate Protection Agreement and Family Service Plan. They are both attached to this document.

Name: ██████████ ██████████ ██████████	Age: 5months
Name: ██████████ ██████████ ██████████	Age: 2
Name: None	Age: None
Name: None	Age: None
Name: None	Age: None

Intake #:		Investigation #:		Date of Referral:	11/18/2013
Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):					
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /	None	None	None	None	None
/ /	None	None	None	None	None
/ /	None	None	None	None	None
/ /	None	None	None	None	None
/ /	None	None	None	None	None
/ /	None	None	None	None	None
/ /	None	None	None	None	None
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:			Telephone Number: () -		
Case Manager: [REDACTED]			Telephone Number: [REDACTED]		
Team Leader: [REDACTED]			Telephone Number: [REDACTED]		
Team Coordinator: [REDACTED]			Telephone Number: [REDACTED]		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<p>Email to: <u>Child-Fatality-Notification EI-DCS</u></p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</p>					



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 11/18/2013 08:37 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 11/18/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 11/18/2013 11:08 AM
 First Team Leader Assigned: [REDACTED] Date/Time 11/18/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 11/18/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: Letter
 Narrative: TFACTS: No History Found (based on the demographic information provided)

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

Reporters name/relationship: [REDACTED] / [REDACTED]

NOTE: Address and any applicable phone numbers are listed under the oldest child victim.



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: Black/African Age: 3 Yrs
Address: [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]
Gender: Female Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Black/African Age: 11 Mos
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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 22 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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant 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: 11/18/2013

Assignment Date: 11/18/2013

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			Classified Date
1	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/19/2013
2	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/19/2013
3	[REDACTED]	[REDACTED]	Nutritional Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/19/2013
4	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/19/2013
5	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/19/2013
6	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/19/2013
7	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 11/19/2013
8	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 11/19/2013
9	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 11/19/2013
10	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/19/2013



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

Case Name : ██████████ ██████████

Investigation ID: ██████████

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
11	██████████	██████████ ██████████	Environmental Neglect	██████████	██████████ ██████████	Allegation Substantiated / Perpetrator Substantiated	Yes	██████████ 11/19/2013
12	██████████	██████████ ██████████	Nutritional Neglect	██████████	██████████ ██████████	Allegation Substantiated / Perpetrator Substantiated	Yes	██████████ 11/19/2013
13	██████████	██████████ ██████████	Medical Maltreatment	██████████	██████████ ██████████	Allegation Substantiated / Perpetrator Substantiated	Yes	██████████ 11/19/2013
14	██████████	██████████ ██████████	Lack of Supervision	██████████	██████████ ██████████	Allegation Substantiated / Perpetrator Substantiated	Yes	██████████ 11/19/2013
15	██████████	██████████ ██████████	Lack of Supervision	██████████	██████████ ██████████	Allegation Substantiated / Perpetrator Substantiated	No	██████████ 11/19/2013
16	██████████	██████████ ██████████	Environmental Neglect	██████████	██████████ ██████████	Allegation Substantiated / Perpetrator Substantiated	No	██████████ 11/19/2013

C. Disposition Decision

Disposition Decision: Continue DCS Services

Comments: This case will be assigned to an FSW for ongoing services.

D. Case Workers

Case Worker: ██████████

Date: 12/16/2013

Team Leader: ██████████

Date: 12/17/2013

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:

██████████ was not interviewed during this case because she is deceased. ██████████ ██████████ was not interviewed during this case because she is a toddler. This CPSI observed ██████████ to be emaciated at case inception. This CPSI observed ██████████ to bonded and interactive with both of her parents and her maternal grandmother. This CPSI noted that the family home was filthy and emitted a foul odor at case inception. ██████████ ██████████ was safety placed at case inception and this CPSI noted no safety concerns in the home of the safety placement.



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]

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

Referent added no concerns to the referral. Law enforcement confirmed that this case would be referred for prosecution. Preliminary autopsy findings as reported by the Medical Examiner's office indicated concern as to [REDACTED] safety and care. It is noted that preliminary autopsy report stated that [REDACTED] was starved and that the manner of death was homicide. [REDACTED] maternal grandmother to [REDACTED] and [REDACTED] denied that she noticed [REDACTED] declining health despite her report that she'd been in the family home within two (2) weeks of [REDACTED] passing. [REDACTED] Children's Hospital confirmed that there had been ten (10) missed medical appointments there regarding [REDACTED] between September and November 2013. [REDACTED] Health Services confirmed that Ms. [REDACTED] and Mr. [REDACTED] were cooperative and compliant with their services.

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

[REDACTED] admitted to missing medical appointments as to [REDACTED] and she admitted to smoking marijuana prior to [REDACTED] death. Ms. [REDACTED] admitted that she was primary caregiver to [REDACTED] and she admitted to having been dishonest with her mother about attending to [REDACTED] medical needs. Despite her admission to have used marijuana, Ms. [REDACTED] tested negative for all substances during a random drug screen on 11/18/13. [REDACTED] admitted to having missed at least one (1) medical appointment with [REDACTED] because he and Ms. [REDACTED] had to begin their probation. Mr. [REDACTED] confirmed that he was a member of the family household and that he had consumed some of the alcohol whose bottles were strewn about the family home. Mr. [REDACTED] admitted that he had used marijuana and cocaine and reported that he 'knew' that he was not going to be drug screened by probation because it was the orientation session. Mr. [REDACTED] tested positive for Cocaine and Marijuana during a random drug screen on 11/18/13.

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

Not applicable

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

There were no new referrals received during this case. This case was referred to the DA for prosecution.

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: 01/27/2014 Contact Method: Face To Face
 Contact Time: 07:45 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/30/2014
 Completed date: 01/30/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Collateral Contact, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/30/2014 02:49 PM Entered By: [REDACTED]

This CPSI met with [REDACTED] and [REDACTED] at the family home. [REDACTED] woke up while this CPSI was in the home and reported that she wanted to talk to her father. Ms. [REDACTED] reported that [REDACTED] no longer asks about [REDACTED] and that her nightmares have subsided. Ms. [REDACTED] reported that she wanted to see about getting [REDACTED] into day care so that she has the opportunity to socialize with peers on a more regular basis. Ms. [REDACTED] reported that she believed that Mr. [REDACTED] and Ms. [REDACTED] have given her about \$200 since the safety placement began. We also discussed strategies to self pay for day care. Ms. [REDACTED] reported that Mr. [REDACTED] extended family wanted to have visitation with [REDACTED] and this CPSI explained that this was not possible at this time, but could possibly be addressed in a future meeting. Ms. [REDACTED] reported that she wished that the Department and the Court would release [REDACTED] to her parents and allow her (Ms. [REDACTED]) to be like the case manager and monitor the family with a stipulation that she be allowed to recommend removal if necessary, from the parents. This CPSI informed Ms. [REDACTED] that this was not at all possible and asked her if she remains committed to [REDACTED] safety at this time. She reported that she remains open endedly committed to [REDACTED] care.

This CPSI met with Mr. [REDACTED] and Ms. [REDACTED] at the family home. Both parents confirmed that they have completed intensive outpatient treatment via [REDACTED] Health Services. They submitted themselves to random drug screens that were both positive for Cocaine. Ms. [REDACTED] reported that she is taking Opiates to address a knee injury despite her negative screen for Opiates. She reported that she is also taking a non narcotic anti anxiety medication and that she was informed by her probation officer that the combination could produce a false positive so they weren't going to drug screen her. Mr. [REDACTED] denied Cocaine use and reported that he too is taking a non narcotic anti anxiety medication. Mr. [REDACTED] and Ms. [REDACTED] reported that they are not working due to Ms. [REDACTED] injury but that they are compliant with their probations and outpatient therapy via Mental Health Cooperative.

This CPSI noted no safety concerns during a walk through of the family home.

This CPSI noted that neither Mr. [REDACTED] nor Ms. [REDACTED] asked how [REDACTED] was doing until this CPSI informed them that this CPSI was continuing to interact with her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Detective [REDACTED] reported that the criminal investigation remains open at this time.

[REDACTED] [REDACTED] requested that this CPSI accompany her to day care and this CPSI informed her that this CPSI had to see other children. [REDACTED] [REDACTED] reported that it would be a 'big no no' if this CPSI left her. This CPSI helped [REDACTED] [REDACTED] put her shoes on, carried her to the family vehicle and followed her and Ms. [REDACTED] to the day care. Upon arrival [REDACTED] [REDACTED] reported that it was okay for this CPSI to go and buy her a birthday card.

This CPSI mailed [REDACTED] [REDACTED] a birthday card on this date.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/22/2014

Contact Method:

Contact Time: 09:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/22/2014 10:42 PM Entered By: [REDACTED]

This CPSI received this case on 11/18/13 with an allegation of Neglect Death. Investigative tasks led to added allegations of Nutritional Neglect, Environmental Neglect, Medical Maltreatment and Drug Exposed Child / Infant. The victims in the case are [REDACTED] and [REDACTED]. The alleged perpetrators are [REDACTED] and [REDACTED]. [REDACTED] was not interviewed during this case because she is deceased. [REDACTED] was not interviewed during this case because she is a toddler. This CPSI observed [REDACTED] to be emaciated at case inception. This CPSI observed [REDACTED] to bonded and interactive with both of her parents and her maternal grandmother. This CPSI noted that the family home was filthy and emitted a foul odor at case inception. [REDACTED] was safety placed at case inception and this CPSI noted no safety concerns in the home of the safety placement. Referent added no concerns to the referral. Law enforcement confirmed that this case would be referred for prosecution. Preliminary autopsy findings as reported by the Medical Examiner's office indicated concern as to [REDACTED] safety and care. It is noted that preliminary autopsy report stated that [REDACTED] was starved and that the manner of death was homicide. [REDACTED] maternal grandmother to [REDACTED] and [REDACTED] denied that she noticed [REDACTED] declining health despite her report that she'd been in the family home within two (2) weeks of [REDACTED] passing. [REDACTED] Children's Hospital confirmed that there had been ten (10) missed medical appointments there regarding [REDACTED] between September and November 2013. [REDACTED] Health Services confirmed that Ms. [REDACTED] and Mr. [REDACTED] were cooperative and compliant with their services. [REDACTED] admitted to missing medical appointments as to [REDACTED] and she admitted to smoking marijuana prior to [REDACTED] death. Ms. [REDACTED] admitted that she was primary caregiver to [REDACTED] and she admitted to having been dishonest with her mother about attending to [REDACTED] medical needs. Despite her admission to have used marijuana, Ms. [REDACTED] tested negative for all substances during a random drug screen on 11/18/13. [REDACTED] admitted to having missed at least one (1) medical appointment with [REDACTED] because he and Ms. [REDACTED] had to begin their probation. Mr. [REDACTED] confirmed that he was a member of the family household and that he had consumed some of the alcohol whose bottles were strewn about the family home. Mr. [REDACTED] admitted that he had used marijuana and cocaine and reported that he 'knew' that he was not going to be drug screened by probation because it was the orientation session. Mr. [REDACTED] tested positive for Cocaine and Marijuana during a random drug screen on 11/18/13.

This CPSI is submitting this case for closure as Allegation Substantiated Perpetrator Substantiated according to DCS Policy 14.7



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

A copy of the 740 was sent to the Judge. A copy of the 740 was sent to the DA



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/22/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/22/2014 09:56 PM Entered By: [REDACTED] [REDACTED]

This case was presented at the Child Protective Investigative Team (CPIT) meeting and everyone agreed to close as Substantiated. The form was completed and located in the file.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/15/2014

Contact Method: Correspondence

Contact Time: 05:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/22/2014 09:45 PM Entered By: [REDACTED] [REDACTED]

This CPSI received progress report from [REDACTED] Health Services as to [REDACTED] [REDACTED] Hard copy is in the file.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/10/2014

Contact Method: Correspondence

Contact Time: 04:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/22/2014 09:47 PM Entered By: [REDACTED] [REDACTED]

This CPSI received progress report as to [REDACTED] [REDACTED] from [REDACTED] Health Services. Hard copy is in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/09/2014	Contact Method:	Correspondence
Contact Time:	03:55 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	01/22/2014
Completed date:	01/22/2014	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/22/2014 09:48 PM Entered By: [REDACTED] [REDACTED]

This CPSI received progress report as to [REDACTED] [REDACTED] from [REDACTED] Health Services. Hard copy is in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/03/2014

Contact Method: Correspondence

Contact Time: 05:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/22/2014 09:49 PM Entered By: [REDACTED] [REDACTED]

This CPSI received progress report from [REDACTED] Health Services as to [REDACTED] [REDACTED] Hard copy is in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/26/2013

Contact Method: Correspondence

Contact Time: 04:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/22/2014 09:50 PM Entered By: [REDACTED] [REDACTED]

This CPSI received progress report as to [REDACTED] [REDACTED] from [REDACTED] Health Services. Hard copy is 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:	12/23/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	01/10/2014
Completed date:	01/10/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation, Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/10/2014 03:49 PM Entered By: [REDACTED]

This CPSI met with [REDACTED] and [REDACTED] at the home of Ms. [REDACTED]. During this visit Ms. [REDACTED] reported that she is committed to supporting Ms. [REDACTED] in caring for [REDACTED] indefinitely and that she understands that the parents are not to have any contact with [REDACTED] at this time. This CPSI noted no concerns during a walk through of the [REDACTED] home. [REDACTED] was appropriately dressed, bonded and interactive with Ms. [REDACTED]. Ms. [REDACTED] told this CPSI during this visit that she believes that Ms. [REDACTED] may have forgotten to feed [REDACTED] or that Ms. [REDACTED] may have inserted the feeding tube incorrectly.



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: 12/20/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: More than 5 Hours

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 01/10/2014

Completed date: 01/10/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Collateral Contact, Court Hearing

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/10/2014 03:43 PM Entered By: [REDACTED]

This CPSI attended court hearing regarding this child and family. After hearing testimony, it was ruled that [REDACTED] would remain in the care of [REDACTED] who was placed under strict court orders as to the care of the child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/19/2013

Contact Method: Correspondence

Contact Time: 05:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/22/2014 09:53 PM Entered By: [REDACTED] [REDACTED]

This CPSI received progress report from [REDACTED] Health Services as to [REDACTED] [REDACTED] Hard copy is in the file.

This CPSI received records from [REDACTED] Medical Center pertinent to [REDACTED] [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 01/22/2014 09:53 PM Entered By: [REDACTED] [REDACTED]

This CPSI received progress report from [REDACTED] Health Services as to [REDACTED] [REDACTED] Hard copy is in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/13/2013

Contact Method: Correspondence

Contact Time: 04:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 06:22 PM Entered By: [REDACTED] [REDACTED]

This CPSI received a weekly progress report as to Mr. [REDACTED] from [REDACTED] Health Services. Hard copy is 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: 12/13/2013 Contact Method:
 Contact Time: 09:50 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/13/2013
 Completed date: 12/13/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/13/2013 10:05 AM Entered By: [REDACTED]

Case Conference

CPSI TL [REDACTED] conducted a case conference on this date with CPSI [REDACTED] CPSI was assigned to this case on 11/18/2013 as a P1 Neglect Death. The victims are [REDACTED] & [REDACTED] (deceased). The alleged perps are [REDACTED] (mother) and [REDACTED] (father). CPSI has convened CPIT and Det [REDACTED] was assigned. CPSI went to the residence to meet response on the case. CPSI interviewed the parents about the allegations listed in the referral. The parents reported that the child died due to her illness. CPSI conducted a total of three FSTM's with the family to ensure the safety of the sibling. The sibling is currently on an IPA/Safety placement with the maternal grandmother. The parents currently do not have any contact with the child at this time due to concerns regarding the death of the sibling. CPSI completed a Family Permanency Plan with the family and identified services. CPSI has submitted her affidavit and court is scheduled for 12/20/2013.

Next Steps: follow up with parents, follow up with services, random drug screens, follow up with sibling and safety placement,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/12/2013

Contact Method: Correspondence

Contact Time: 06:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 06:53 PM Entered By: [REDACTED] [REDACTED]

This CPSI received weekly report as pertains to [REDACTED] [REDACTED] from [REDACTED] Health Services.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/05/2013 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 12/16/2013
 Completed date: 12/16/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 08:46 PM Entered By: [REDACTED] [REDACTED]

This CPSI met with Detective assigned to this case to ascertain status and report findings thus far. Assigned Detective confirmed that the case remains open at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/05/2013	Contact Method:	Correspondence
Contact Time:	03:30 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	12/16/2013
Completed date:	12/16/2013	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/16/2013 07:22 PM Entered By: [REDACTED] [REDACTED]
 This CPSI received weekly report from [REDACTED] Health Services as to [REDACTED] [REDACTED] Hard copy is in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/05/2013

Contact Method: Correspondence

Contact Time: 12:08 PM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 07:12 PM Entered By: [REDACTED] [REDACTED]

This CPSI received scant medical records from [REDACTED] Children's Hospital as pertains to [REDACTED] [REDACTED]. Hard copies are in the file.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/22/2013 Contact Method: Correspondence
 Contact Time: 01:30 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/16/2013
 Completed date: 12/16/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): ACV Interview/Observation, Collateral Contact
 Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 07:20 PM Entered By: [REDACTED] [REDACTED]

This CPSI received stamped filed paperwork as to Long Term Petition filing regarding this child and family. Hard copy is in the file.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/21/2013

Contact Method: Correspondence

Contact Time: 02:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 07:32 PM Entered By: [REDACTED] [REDACTED]

This CPSI requested records regarding this family from [REDACTED] Children's Hospital, [REDACTED] Medical Center, [REDACTED] Center for Women's Health.



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: Face To Face

Contact Time: 05:15 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Collateral Contact, Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/16/2013 07:41 PM Entered By: [REDACTED]

A Child and Family Team Meeting was held after an internal meeting was held to discuss preliminary autopsy results and referral received from the Coroner's office regarding [REDACTED]. Based on concerns noted thus far, Mr. [REDACTED] and Ms. [REDACTED] were prohibited from visiting with [REDACTED] until further notice and / or the Juvenile Court makes a ruling as to visitation. It was decided during this meeting that [REDACTED] would remain in the care of Ms. [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 12/16/2013 07:42 PM Entered By: [REDACTED]

Immediate Protection Agreement and Family Service Plan were updated on this date to reflect the Team's decisions during Child and Family Team Meeting. Mr. [REDACTED] and Ms. [REDACTED] were provided with Community Resource Lists by this CPSI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/20/2013

Contact Method: Correspondence

Contact Time: 04:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 07:43 PM Entered By: [REDACTED] [REDACTED]

This CPSI requested a copy of the Medical Examiner's autopsy report when complete.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/20/2013

Contact Method: Correspondence

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 08:42 PM Entered By: [REDACTED] [REDACTED]

This CPSI completed safety placement paperwork and submitted to TL [REDACTED] for review.

This CPSI completed Child Fatality Report packet and submitted it to appropriate unit for review via email as policy requests. This was the second submission of this paperwork, which was updated to include preliminary autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/20/2013

Contact Method: Correspondence

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 07:47 PM Entered By: [REDACTED] [REDACTED]

This CPSI received preliminary autopsy report regarding [REDACTED]. This CPSI received a second referral regarding [REDACTED] death. This CPSI spoke with ME [REDACTED] at length regarding preliminary autopsy and confirmed that [REDACTED] stomach and intestines were found to be empty, and that preliminary opinion of the Medical Examiner's office is that [REDACTED] was starved over more than a week to two (2) weeks' time.

This CPSI provided a copy of report to Central Office, TL [REDACTED] and TC [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/20/2013	Contact Method:	Correspondence
Contact Time:	10:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	12/16/2013
Completed date:	12/16/2013	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation,Referent Interview		
Contact Sub Type:			

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/16/2013 07:54 PM Entered By: [REDACTED] [REDACTED]

Notification was mailed to the referent.



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: 11/19/2013

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 08:33 PM Entered By: [REDACTED]

This CPSI spoke with [REDACTED] of the [REDACTED] Children's Hospital Cardiology Clinic who reported that she has worked with this family. Ms. [REDACTED] reported that she had observed Ms. [REDACTED] to display anxiety about caring for [REDACTED] after her first hospitalization. Ms. [REDACTED] reported that she referred Ms. [REDACTED] to counseling to address this. Ms. [REDACTED] reported that [REDACTED] had been diagnosed with a complex heart condition and Di Georges Syndrome and that both conditions were being treated by the hospital. Ms. [REDACTED] reported that she had been involved with the family between June and September and confirmed that she had not interacted with Ms. [REDACTED] since September. She reported that the family had been difficult to maintain contact with, and reported that the family had listed Ms. [REDACTED] as a support. Ms. [REDACTED] confirmed that [REDACTED] heart condition did not present an imminent threat to [REDACTED] mortality, but stated that the clinic tried to interact with Ms. [REDACTED] to discuss a second surger for [REDACTED] and that they were unable to reach the family and that the family did not return to clinic for their next appointment on 10/10/13 so that the matter could be discussed with them.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/19/2013

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 08:24 PM Entered By: [REDACTED] [REDACTED]

This CPSI spoke with [REDACTED] [REDACTED] who reported that [REDACTED] [REDACTED] is asking about her sister and states that she does not want to violate the plan action step of refraining from discussing this case with [REDACTED] [REDACTED]. This CPSI provided Ms. [REDACTED] with contact information for the Guidance Center to schedule an intake appointment or receive more therapeutically appropriate guidance as to how to broach [REDACTED] passing with [REDACTED] [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/18/2013

Contact Method: Phone Call

Contact Time: 08:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 07:51 PM Entered By: [REDACTED] [REDACTED]

TL [REDACTED] confirmed that prior criminal charges as to [REDACTED] [REDACTED] who resides with [REDACTED] [REDACTED] would not impact DCS ability to place the child in the care of [REDACTED] [REDACTED]

This CPSI expressed concern about Ms. [REDACTED] conflicting reports about having knowledge of [REDACTED] deteriorating condition, and her reports that she did not notice that [REDACTED] was in poor health despite reporting that she had been to the family home in the month of November 2013, that she had spent enough time there to clean the family home with [REDACTED] there, that she had held, kissed and interacted with [REDACTED] within the two (2) weeks prior to her death.



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: 11/18/2013

Contact Method: Face To Face

Contact Time: 04:30 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Collateral Contact, Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/16/2013 07:27 PM Entered By: [REDACTED]

A Child and Family Team Meeting was held at the DCS office on this date. Pursuant to meeting it was decided that [REDACTED] would be placed in the care of maternal grandmother [REDACTED] at this time. During the meeting Mr. [REDACTED] reported that he tested positive for cocaine because he was selling cocaine, but not using Cocaine. Immediate Protection Agreement and Family Service Plans were developed. Hard copies are 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: 11/18/2013

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 08:40 PM Entered By: [REDACTED]

This CPSI spoke with [REDACTED] social worker at [REDACTED] Children's Hospital who reported that [REDACTED] is listed as [REDACTED] Primary Care Provider, but that the family never saw Dr. [REDACTED]. Mr. [REDACTED] reported that the family's history of appointments at the hospital are as follows between September and November 2013:

Genetics Clinic 11/15/13 No Show

Neurology Clinic 11/4/13 No Show

Allergy Clinic 10/23/13 No Show

Cardiology Clinic 10/10/13 No Show

Endocrinology Clinic 10/3/13 No Show

Trombosis Clinic 9/27/13 No Show

Radiology Clinic 9/27/13 three (3) separate No Shows

Hematology Clinic 9/27/13 No Show

Urology Clinic 9/5/13 No Show

Failure to Thrive is noted as a concern for [REDACTED] as of 9/13/13 when she was seen by the Acute Care Clinic on this date, and [REDACTED] was seen at the Emergency Department on 10/6/13 when her feeding tube was replaced.

Mr. [REDACTED] reported that it is also documented that calls to the family go directly to voice mail from the hospital.

Narrative Type: Addendum 1 Entry Date/Time: 12/16/2013 08:44 PM Entered By: [REDACTED]

[REDACTED] Children's Hospital confirmed that [REDACTED] was hospitalized from 9/5/13 to 9/11/13 and that her follow up visit was on 9/13/13. [REDACTED] confirmed that the reasons for this hospitalization were both [REDACTED] heart condition and Failure to Thrive concerns.



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: 11/18/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 07:35 PM Entered By: [REDACTED]

This CPSI observed [REDACTED] at the [REDACTED] Medical Center on this date, and provided TL [REDACTED] with a photograph of [REDACTED] for assessment.

This CPSI observed and interacted with [REDACTED] at the [REDACTED] Medical Center and the DCS office on this date. [REDACTED] was observed to be unkempt and to smell as though she needed to be bathed. [REDACTED] was observed to be bonded and interactive with both of her parents and her grandmother. [REDACTED] was observed to repeat nearly everything she heard and to imitate her mother and father.



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: 11/18/2013

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 07:37 PM Entered By: [REDACTED]

This CPSI received this case as a P1 with an allegation of Neglect Death. The victim listed is [REDACTED] and the alleged perpetrator is listed as [REDACTED]. The referral states:

At 8:09am this morning, a call came in concerning a child not breathing at the address provided. Two police officers from the [REDACTED] Police Department (Lt. [REDACTED] and Officer [REDACTED]) arrived on the scene. The mother was standing in the doorway of the hotel room crying, saying something was wrong with [REDACTED] and she was not breathing. Lt. [REDACTED] started CPR on [REDACTED]. The officers tried to calm the mother down to start the process of getting information on the family and [REDACTED]. EMS arrived on the scene and continued CPR. [REDACTED] was transported to [REDACTED] Hospital.

[REDACTED] was lying on the first bed at the foot of the bed when you come into the room. The officers noticed there was a lot of food and clothes scattered throughout the room. [REDACTED] was on oxygen and had a feeding tube. [REDACTED] had open heart surgery and is on a list of medications. [REDACTED] had Tetralogy of Fallot and DeGeorge syndrome. [REDACTED] also had some heart issues. [REDACTED] was on six different types of medication - Lovenox, Lasix, Pepcid, Amoxicillin, Prilosec, and Calcium.

The mother checked on [REDACTED] at 3:00am, 5:30am and just before 8:00am. The mother "flicked" [REDACTED] foot to see if she would respond, but [REDACTED] did not respond. This was a method the mother was told to do, it is unknown who told the mother to do this to get a response out of [REDACTED]. [REDACTED] head fell back a little as if she did not have any control of it. The reporter believes the mother stated at 5:30am, that she noticed [REDACTED] feeding tube was out and the mother then put it back in. The mother and the father stated they noticed [REDACTED] losing weight, but it is unknown if they took her to the doctor.

It is unknown if the family has any history with the police department due to their address being a hotel.

The referent spoke to Ms. [REDACTED] the grandmother; she stated that [REDACTED] had open heart surgery. The grandmother also reported that [REDACTED] had a lot of medical issues. The grandmother stated she knew that her [REDACTED] may have passed away due to her medical issues.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] is with the mother and father at the hospital. [REDACTED] appears to be cared for properly. The reporter did not see [REDACTED] for a very long period of time, but the short time the referent saw [REDACTED] there were no concerns.

DCS has just arrived at the scene, [REDACTED] (last name unknown). It is unknown if there will be an autopsy performed.

Police report number: # [REDACTED]

Special needs or disabilities are unknown for [REDACTED] at this time.

This CPSI checked TFACTS and found no history involving this family.

Initial Family Composition: [REDACTED] (2) and [REDACTED] (5mos) lives with their mother, [REDACTED] and their father, [REDACTED]

The Judge was notified of this referral. The DA was notified of this referral.



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:	11/18/2013	Contact Method:	Face To Face
Contact Time:	08:30 AM	Contact Duration:	More than 5 Hours
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/19/2013
Completed date:	11/19/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview, Collateral Contact, Initial ACV Face To Face, Referent Interview		

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2013 05:09 PM Entered By: [REDACTED]

This CPSI initiated this case at the family home at approximately 8:45am on November 18, 2013. At the time of this CPSI's arrival at the family home, [REDACTED] had been transported to the [REDACTED] Medical Center in [REDACTED] Tennessee. She was accompanied by her mother, [REDACTED], her father [REDACTED] and her sibling [REDACTED]. This CPSI approached the family home and noticed a bottle of beer outside of the door. This CPSI entered the family home and observed a bottle of alcohol in a brown paper bag just inside of the door. This CPSI observed there to be a glass of what appeared to be wine on a table adjacent to the bed, and a bottle of wine to be in the floor amid children's and adult belongings.

This CPSI observed the home to be in a state of disarray with clothing, toys, food and other various items to be strewn about the home, and this CPSI observed the home to emit a pungent odor upon entry. This CPSI also observed the family rest room to emit a foul odor. This CPSI observed there to be food, old, new, packaged and unpackaged strewn about the home, children's diapers in the floor both in and out of their packages, the adult bed to be on the floor with the frame standing in a corner, cabinet doors and the lid to the toilet to all be in disrepair. This CPSI observed there to be an infant carrier/car seat inside of the bassinet where [REDACTED] slept at the time of this CPSI's arrival. This CPSI observed the contents of the bassinet underneath the car seat / carrier to be visibly soiled and to emit a foul odor.

This CPSI observed the home to have apparati for a feeding tube and the bag used to contain the food to appear to be dry, and it's contents at the bottom to appear to be flaky. This CPSI observed the home to have both cigarettes and oxygen tanks inside. This CPSI observed the home to have wall hangings to indicate feeding schedules for [REDACTED] and other information about her.

The home was processed as a crime scene by the [REDACTED] Police Department.

[REDACTED] Police Department report number [REDACTED] is filed pursuant to this incident.

This CPSI interviewed [REDACTED] who reported that she lives in the family home with her children's birth father, [REDACTED]. She reported that the family has resided at their current address since [REDACTED] birth. She reported that the family resided in [REDACTED] prior to this. She reported that she had prenatal care throughout her pregnancy.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

and that [REDACTED] was born approximately one (1) week prior to her expected delivery date. Ms. [REDACTED] reported that she received an ultrasound during her pregnancy and that this ultrasound allowed the family to learn of [REDACTED] heart condition. She reported that the family had last been seen at [REDACTED] regarding [REDACTED] 'about four (4) weeks ago, and that at this time [REDACTED] weight was 'about eight (8) pounds. Ms. [REDACTED] reported that she is unemployed and that the family receives SSI benefits for [REDACTED] medical condition.

Ms. [REDACTED] reported that on the night of 11/17/13 that [REDACTED] slept on her back in her bassinet, and that she put [REDACTED] in her bassinet between 9:00 and 10:00 pm. Ms. [REDACTED] reported that while [REDACTED] was in her bassinet, that she observed [REDACTED] to vomit and /or gag, so she stopped the continuous feed.

Ms. [REDACTED] reported that she both bottle fed and tube fed [REDACTED]. She reported that she fed [REDACTED] formula and rice cereal. She reported that she alternated the feeding methods based on [REDACTED] ability to keep her food down. Ms. [REDACTED] reported that [REDACTED] also had a prescribed oxygen tank in the home. Ms. [REDACTED] reported that she last [REDACTED] alive at approximately 4:30 am. Ms. [REDACTED] reported that just before about 8:00am, that she got up to make [REDACTED] milk and that she picked [REDACTED] up, and noticed that [REDACTED] head went 'back'. She reported that she placed [REDACTED] at the foot of her bed, and that she tapped [REDACTED] feet to see if [REDACTED] would respond. She reported that she started to administer CPR and that Mr. [REDACTED] called 911.

Ms. [REDACTED] reported that [REDACTED] had a heart condition and another condition called Digeorges Sequence, which this CPSI confirmed with medical providers for the child. Ms. [REDACTED] reported that [REDACTED] had open heart surgery on or about 6/11/13 and that all of her medical providers are at [REDACTED] Children's Hospital. She reported that the las time [REDACTED] was seen by a doctor was 'a few weeks ago'. Ms. [REDACTED] reported that [REDACTED] had been prescribed Methadone for pain following her surgery in June when she was asked why the child had a prescription for Methadone.

Ms. [REDACTED] reported that [REDACTED] was 'always small' and that her weight fluctuated. She reported that [REDACTED] weight had decreased over the seven (7) days prior to her passing, and that she'd planned to schedule an appointment for [REDACTED] to be seen by her doctor in 11/18/13. Ms. [REDACTED] confirmed that she had been seen by a psychologist 'a while back' but that she was not receiving any therapeutic intervention at the time of this case. She reported that her phone broke, she had to attend her probation orientation and that she didn't know about 'all' of the appointments for [REDACTED] medical care that she had missed. Ms. [REDACTED] later admitted that she had not been instructed by medical personnel to feed [REDACTED] without her tube at night, she reported that [REDACTED] pulled the tube out, and she admitted that she was aware that [REDACTED] needed another surgery despite her not returning to [REDACTED] for follow up appointments.

[REDACTED] reported that he is unemployed and that he lives in the family home with Ms. [REDACTED] and [REDACTED] who is two (2) years old. Mr. [REDACTED] reported that he believes that he is father to both [REDACTED] and [REDACTED] and that he has signed Voluntary Acknowledgements of Parentage for both children. He confirmed that he and Ms. [REDACTED] have been [REDACTED] only caregivers. Mr. [REDACTED] reported that he and Ms. [REDACTED] had missed one (1) medical appointment regarding [REDACTED] which was scheduled for 11/15/13. He reported that they had missed this appointment because they both had to complete an orientation session for probation to which they are both currently sentenced. Mr. [REDACTED] reported that he had no concerns for [REDACTED] safety in the care of her mother. Mr. [REDACTED] reported that on the morning of 11/18/13 [REDACTED] woke him up and that he was playing with her when he heard Ms. [REDACTED] scream. He reported that he then called 911. Mr. [REDACTED] was unable to offer much information about [REDACTED] medical care, her regimen for care or feeding and he was unable to provide details as to the events leading to the 911 call.

Mr. [REDACTED] submitted himself to a random drug screen whose results were positive for Cocaine and Marijuana and he reported that he had used these things outside of the family home and not in the vicinity of the children. Mr. [REDACTED] reported that he believed that he had used illegal substances 'last week'. When asked why he used illegal substances prior to reporting to probation, Mr. [REDACTED] reported that he knew that it was only an orientation session and that he knew that people aren't drug screened at the orientation session. This CPSI asked Mr. [REDACTED] who had been consuming the alcohol in the family home, and he reported that he was trying to refrain from using illegal drugs and that alcohol consumption helped him do this. Ms. [REDACTED] submitted herself to a random drug screen that was negative for all substances tested.

When asked to explain why the family home was in a state of disarray that rose to the level of presenting safety concerns to the children, Ms. [REDACTED] and Mr. [REDACTED] reported that they had started to clean the home on 11/17/13. When asked to explain why there were multiple alcoholic beverages within the reach of [REDACTED] they reported that they were celebrating their anniversary on 11/17/13. When asked why there were used and unused, opened and unopened syringes within the reach of [REDACTED] and in the same container with cigarettes and other



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

miscellaneous items, Ms. [REDACTED] reported that she had been instructed to keep used syringes and dispose of them in a specific manner by [REDACTED] because they had no biohazard containers to give the family. Ms. [REDACTED] reported also that there were no used syringes, but that the caps had come off of the needles. Ms. [REDACTED] reported that she had been instructed by medical professionals to keep the syringes and medication out of the reach of [REDACTED] and that she realized that [REDACTED] could reach these items. but that she had instructed [REDACTED] to refrain from touching those items.

This child has a history of two (2) prior hospitalizations, one in June 2013 and one in September 2013. DCS was not involved with the family during these hospitalizations.

Narrative Type: Addendum 1 Entry Date/Time: 12/16/2013 07:28 PM Entered By: [REDACTED] [REDACTED]

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Childrens Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into 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: Created In Error

Contact Date: 11/15/2013 Contact Method: Correspondence

Contact Time: 11:00 PM Contact Duration: Less than 30

Entered By: [REDACTED] Recorded For:

Location: Created Date: 12/16/2013

Completed date: 12/16/2013 Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation,Collateral Contact,Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2013 07:17 PM Entered By: [REDACTED]

This CPSI completed safety placement paperwork and submitted to TL [REDACTED] for review.

This CPSI completed Child Fatality Report packet and submitted it to appropriate unit for review via email as policy requests.

Narrative Type: Created In Error Entry Date/Time: 12/16/2013 08:41 PM Entered By: [REDACTED]

Wrong date



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker: [REDACTED]
 Date of Referral: 11/18/13 8:37 AM Date of Assessment: 11/18/13 12:00 AM
 Assessment Type: Initial Closing Other Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____