



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

Case # 2013.102

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/8/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	12/8/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Neglect Death: Unknown; LOS: ██████████ and ██████████		Relationship to Victim:	Neglect Death: Unknown; LOS: Birth Mother, Birth Father		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					
<b>Describe (in detail) circumstances surrounding death/near death:</b>						
<p>The family stated that around 5:00 am on the morning of 12/8/13 ██████████ the birth father, fed ██████████ swaddled him, and then placed him in the pack and play on his side. The entire family, including the older siblings, were asleep until the parents were awakened by ██████████ crying around 12:30 pm. When the father went to check on the twins, he found ██████████ to not be breathing and cold to the touch. He immediately called 911 and EMS was dispatched. They arrived at the home and attempted CPR. They transported ██████████ to ██████████ where he was pronounced deceased. CPSI has requested medical records from DRMC and is waiting for them.</p>						
<b>If this is a near death certified by a physician, identify physician by name and provide contact information:</b>						
Name of Physician:	N/A	Telephone #	( ) N/A-			
Street Address:	N/A	City/State/Zip:	N/A			
<b>Describe (in detail) interview with family:</b>						
<p>The family was interviewed by ██████████ Investigator ██████████ and CPSI ██████████ at the family home. The mother, ██████████ and father, ██████████ appeared to be distraught. They were crying during the entirety of the interview, but answered all questions to the best of their ability. They stated that they had fed ██████████ and then placed him in the same pack and play as his twin sister. When they woke up to ██████████ crying they found ██████████ to not be breathing and cold to the touch. They called 911 immediately and went to ██████████ where ██████████ had been transported by ambulance. He was pronounced deceased at the hospital.</p> <p>They stated that ██████████ had a problem with breathing. They explained that he would "forget to breathe" when he was eating and that his pediatrician told them to take the bottle out of his mouth so he could breathe. They reported that he didn't have a problem with it at the last feeding. He was not using an apnea or breathing monitor. The parents added that the doctor had not recommended that ██████████ use one because he was doing well and didn't need it. CPSI requested medical records from the pediatrician at ██████████ and there is no mention of the need or lack of need of a breathing monitor.</p> <p>The family reported that ██████████ had had hernia surgery on 11/15/13 and was doing well. When he was born he was in the ██████████ for three and a half weeks. He and ██████████ both sounded congested when they breath, but the doctors told the parents that it was normal for premature babies to have a rattle. ██████████ was sick about a week ago, but both seemed to be doing well, according to the family.</p> <p>CPSI asked if ██████████ had slept with them and they stated that he and his twin sister, ██████████ always slept in the pack and play beside their bed. CPSI was able to see the pack and play and it had a mattress with a small blanket covering only the mattress. There was a small stuffed bear, but nothing else in the pack and play. The other three children were at a family member's home and were reported to be doing well.</p> <p>During the interview there were five other family members present and supporting ██████████ and ██████████. The family members were also going through bags of clothes donated to the family and putting them away.</p>						

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

CS-0635, Rev. 08/13

RD A 2993

Page 1

CPSI was able to make contact with the other siblings on 12/9/13. [REDACTED], and [REDACTED] are staying with the maternal great grandmother, [REDACTED]. [REDACTED] and [REDACTED] were talkative about school and the snow days. [REDACTED] stated that her baby brother died the day before and she was sad. While CPSI was there the older two went outside to play in the snow. [REDACTED] held [REDACTED] while she talked with CPSI. She informed CPSI that [REDACTED] has lived with her since she was almost three. She has power of attorney, but not custody. [REDACTED] has been showing signs of anger and they are going to begin counseling. [REDACTED] stated that she had no concerns about [REDACTED] and [REDACTED] as parents. All three children appeared healthy and dressed appropriately. There were no visible bruises or abrasions on the children. [REDACTED] is staying with her paternal great aunt and family. Mr. and Mrs. [REDACTED] had no concerns about [REDACTED] and [REDACTED] ability to parent. Mrs. [REDACTED] stated that the parents were upset and that they were at [REDACTED] mother's home. [REDACTED] was asleep in her carseat. She did not have any visible bruises or abrasions.

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

[REDACTED] was not hospitalized for this incident. He had been previously hospitalized, but DCS was not involved at that time.

**Describe disposition of body (Death):** CPSI did not go to the hospital to see the child. When CPSI received notification of the death, the family had already returned to their home without the body. Law enforcement took pictures and CPSI has requested a copy of them.

**Name of Medical Examiner/Coroner:** CPSI has requested medical records, but this information cannot be released over the phone or via fax. **Was autopsy requested?**  No  Yes

**Did CPS open an investigation on this Death/Near Death?**  No  Yes

**Was there DCS involvement at the time of Death/Near Death?**  No  Yes

**Type:** N/A **Case #:** N/A

**Describe law enforcement or court involvement, if applicable:**

[REDACTED] Sheriff's Department sent an officer to the hospital. Investigator [REDACTED] went with CPSI to the family home on the evening of 12/8/13 to interview the family. Inv. [REDACTED] will be providing CPSI with a copy of his report as well as pictures taken.

**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):**

The parents will refrain from allowing the children to sleep in the same bed as them.  
 CPSI will help obtain a breathing monitor for [REDACTED] twin sister, either through DCS or the community.  
 A referral to the HUGS program has been made to help the family deal with the loss of [REDACTED]

<b>Name:</b> [REDACTED]	<b>Age:</b> 6, <b>DOB:</b> [REDACTED]
<b>Name:</b> [REDACTED]	<b>Age:</b> 1, <b>DOB:</b> [REDACTED]
<b>Name:</b> [REDACTED]	<b>Age:</b> 4 months, <b>DOB:</b> [REDACTED]
<b>Name:</b>	<b>Age:</b>
<b>Name:</b>	<b>Age:</b>

**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
2/19/10	[REDACTED]	DEC	[REDACTED]	[REDACTED]	Unable to Complete
9/15/09	[REDACTED]	Abandonment	[REDACTED]	[REDACTED]	SRA
4/7/09	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	AUPU

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	Case # 2013.102
3/24/09	██████████	Physical abuse and LOS	██████████	██████████	NSN
/ /					
/ /					
/ /					
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: ██████████			Telephone Number: ██████████		
Team Leader: ██████████			Telephone Number: ██████████		
Team Coordinator: ██████████			Telephone Number: ██████████		
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 type="checkbox"/> Yes
<p><b>Email to: <a href="#">Child-Fatality-Notification EI-DCS</a></b>  <b>within forty-eight (48) hours of notification</b>  <b>Include subject line (in RED): CHILD DEATH [secure email] or</b>  <b>CHILD NEAR DEATH [secure email]</b></p>					



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 12/08/2013 05:50 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 12/08/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 12/09/2013 06:26 AM  
First Team Leader Assigned: [REDACTED] Date/Time 12/09/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 12/09/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Mos	Lack of Supervision	No	[REDACTED]	Birth Father
[REDACTED]	9 Mos	Lack of Supervision	No	[REDACTED]	Birth Mother
[REDACTED]	9 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: \*\*The child is not in state custody\*\*

TFACTS: Yes

Family Case ID: [REDACTED]

Open Court Custody/FSS/FCIP: No



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

Closed Court Custody: Yes 07-29-05 (Involves the mother as a minor)

Open CPS: No

Indicated: No

Fatality: No

Screened out: Yes (2)

History (not listed above):

# [REDACTED] / DEC / Unable to complete / 03-09-10  
 # [REDACTED] / ABN / No Services Needed / 11-19-09  
 # [REDACTED] / PHA / Unfounded / 05-29-09  
 # [REDACTED] / LOS, PHA / No Services Needed / 04-17-09

County: [REDACTED]

Notification: Letter

School/ Daycare: No

Native American Descent: No

Directions: N/A

Reporters name/relationship: [REDACTED]

Reporter states:

**\*\*The child is not in state custody\*\***

[REDACTED] (4 months) and his twin sister, [REDACTED] (4 months) along with their two siblings (unknown) reside with their parents, [REDACTED] and [REDACTED].

[REDACTED] reported that he fed [REDACTED] between 4:30am and 5:00am this morning. [REDACTED] reported that he swaddled [REDACTED] and put him in the crib on his left side. It was reported that [REDACTED] was in the same crib as [REDACTED] it was reported that [REDACTED] was on her right side and [REDACTED] was lying on his left side. [REDACTED] reported that he went back and checked on the children at 1:30pm and noticed that [REDACTED] was not breathing and was cold.

Ambulance crew was dispatched to the home at 1:30pm. [REDACTED] was taken to [REDACTED] where he was pronounced deceased. The district attorney has ordered an autopsy, transport has been ordered to have the child transferred to [REDACTED] for the autopsy.

Based on pictures that were observed the room that the children were in was really cluttered. When EMS arrived at the scene the mother and the other children were in the home. Medical personnel reported that the home had a strong odor and was messy. EMS reported that there were several people at the home when they arrived; it is unknown who the individuals were.

[REDACTED] was born premature and has a medical history which involved sleep apnea. [REDACTED] had a blood transfusion after birth and had a surgery for a hernia removal about two weeks ago at [REDACTED]. [REDACTED] primary care physician was Dr. [REDACTED]; [REDACTED] was last seen by Dr. [REDACTED] two weeks ago.

[REDACTED] and [REDACTED] both have prior arrest history with the [REDACTED] Sherriffs Office. [REDACTED] has couple of misdemeanor offenses and [REDACTED] has a history of drug sells on his record.

Officers are currently at the hospital and intend to go back to the home to interview the parents further to determine why the children were not checked on until 1:30pm.



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

\*\*Per TFACTS other siblings are listed as [REDACTED] (7) and [REDACTED] (6) \*\*

SSMS Check: clear no results

Investigation/P1-neglect death. [REDACTED] CM 3 @ 6:42pm on 12-8-13

County Notified @ 6:55pm

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	12-08-13 06:50:57 PM CST	---	[REDACTED]	Left Message
	12-08-13 06:51:00 PM CST	---	[REDACTED]	
Email Sent				
	12-08-13 06:55:09 PM CST	12-08-13 06:55:40 PM CST	[REDACTED]	Received

Email sent to the Child Death Group @ 7:23pm

Child Death/Child Near Death: [REDACTED]

Also CC the RA of the Region involved ([REDACTED])



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 9 Mos

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: White Age: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Male

Date of Birth [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 9 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:**

Name: [REDACTED]

Gender: Male

Date of Birth [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 27 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**





**Tennessee Department of Children's Services  
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]  
 Referral Date: 12/08/2013  
 Street Address: [REDACTED]  
 City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]  
 Assignment Date: 12/09/2013

**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]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 02/07/2014
2	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 02/07/2014
3	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 02/07/2014
4	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 02/07/2014
5	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 02/07/2014
6	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 02/07/2014
7	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 02/07/2014
8	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 02/07/2014
9	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 02/07/2014



**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]

**C. Disposition Decision**

Disposition Decision: Continue DCS Services

Comments: Per work-aids definition of lack of supervision, the parents were unable to provide adequate supervision. The caregiver was unable to supervise, because they were sleeping during the day. The parents are capable of providing adequate supervision, but they did not. The parents tested positive for meth and THC through urine drug screens and a hair follicle test. The parents admitted to meth use for about the past year, but deny use in the days prior to [REDACTED] death. [REDACTED] admitted to smoking THC during her pregnancy with the twins. [REDACTED] had a hair follicle test and the results stated that she was positive for THC. [REDACTED] indicated that there are times that her and her siblings are left unattended, because her parents sleep during the day. [REDACTED] was unable to be interviewed because of his age. There is not enough evidence to support that the parents are the cause of [REDACTED] death.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 02/07/2014

Team Leader: [REDACTED]

Date: 02/10/2014

**E. Investigation Summary**

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

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

[REDACTED] indicated that [REDACTED] face was purple and tried to wake up her parents. They did not wake up. [REDACTED] went and watched tv and from her time frame she watched several. [REDACTED] also indicated that she takes care of the children most of the time and her parents sleep a lot during the day.

**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 received the preliminary autopsy and it has classified [REDACTED] death as SIDS. We are still awaiting the final autopsy.

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

The parents admitted to meth and THC use for the past year, but deny drug use in the days prior to [REDACTED] death. Both tested positive for meth and THC in urine drug screens and hair follicle. Parents did not have an explanation for why they went such a length of time without checking on the children.

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

[REDACTED] (4 months) and his twin sister, [REDACTED] (4 months) along with their two siblings (unknown) reside with their parents, [REDACTED] and [REDACTED].

[REDACTED] reported that he fed [REDACTED] between 4:30am and 5:00am this morning. [REDACTED] reported that he swaddled [REDACTED] and put him in the crib on his left side. It was reported that [REDACTED] was in the same crib as [REDACTED] it was reported that [REDACTED] was on her right side and [REDACTED] was lying on his left side. [REDACTED] reported that he went back and checked on the children at 1:30pm and noticed that [REDACTED] was not breathing and was cold.

Ambulance crew was dispatched to the home at 1:30pm. [REDACTED] was taken to [REDACTED] where he was pronounced deceased. The district attorney has ordered an autopsy, transport has been ordered to have the child transferred to [REDACTED] for the autopsy.



**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]

Based on pictures that were observed the room that the children were in was really cluttered. When EMS arrived at the scene the mother and the other children were in the home. Medical personnel reported that the home had a strong odor and was messy. EMS reported that there were several people at the home when they arrived; it is unknown who the individuals were.

[REDACTED] was born premature and has a medical history which involved sleep apnea. [REDACTED] had a blood transfusion after birth and had a surgery for a hernia removal about two weeks ago at [REDACTED]. [REDACTED] primary care physician was Dr. [REDACTED]; [REDACTED] was last seen by Dr. [REDACTED] two weeks ago.

[REDACTED] and [REDACTED] both have prior arrest history with the [REDACTED] Sherriffs Office. [REDACTED] has couple of misdemeanor offenses and [REDACTED] has a history of drug sells on his record.

Officers are currently at the hospital and intend to go back to the home to interview the parents further to determine why the children were not checked on until 1:30pm.

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

N/A

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: 03/11/2014 Contact Method:  
 Contact Time: 09:59 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 03/11/2014  
 Completed date: 03/11/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2014 10:02 AM Entered By: [REDACTED]

LI [REDACTED] received approval to close from [REDACTED] 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: 03/07/2014 Contact Method:  
 Contact Time: 09:23 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 03/07/2014  
 Completed date: 03/07/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/07/2014 09:26 AM Entered By: [REDACTED]

Investigation has been completed. The case has been transferred to FSW for continued monitoring. Children remain in the custody of relatives. Classifications and all notifications has been approved and findings have been sent to Juvenile Judge and DA.



**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: 03/07/2014 Contact Method:  
 Contact Time: 09:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 03/07/2014  
 Completed date: 03/07/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/07/2014 09:23 AM Entered By: [REDACTED]

This investigation was given final approval to close from Office of Child Safety Central Office on this date.

Narrative Type: Created In Error Entry Date/Time: 03/10/2014 02:34 PM Entered By: [REDACTED]

This recording was entered 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: 02/20/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 03/04/2014

Completed date: 03/04/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation,Court Hearing,Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/04/2014 01:28 PM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] went to [REDACTED] Court House for court. CPSI asked for custody to be modified and the judge agreed for the children to live with [REDACTED] and [REDACTED] instead of [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/12/2014 Contact Method:  
 Contact Time: 10:20 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 02/12/2014  
 Completed date: 02/12/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2014 10:21 AM Entered By: [REDACTED]

Date and Type of Case: 12/8/13 Investigation P1

## Referral States:

[REDACTED] (4 months) and his twin sister [REDACTED] (4 months) along with their two siblings (unknown) reside with their parents [REDACTED] and [REDACTED].

[REDACTED] reported that he fed [REDACTED] between 4:30am and 5:00am this morning. [REDACTED] reported that he swaddled [REDACTED] and put him in the crib on his left side. It was reported that [REDACTED] was in the same crib as [REDACTED] it was reported that [REDACTED] was on her right side and [REDACTED] was lying on his left side. [REDACTED] reported that he went back and checked on the children at 1:30pm and noticed that [REDACTED] was not breathing and was cold.

Ambulance crew was dispatched to the home at 1:30pm. [REDACTED] was taken to [REDACTED] where he was pronounced deceased. The district attorney has ordered an autopsy, transport has been ordered to have the child transferred to [REDACTED] for the autopsy.

Based on pictures that were observed the room that the children were in was really cluttered. When EMS arrived at the scene the mother and the other children were in the home. Medical personnel reported that the home had a strong odor and was messy. EMS reported that there were several people at the home when they arrived; it is unknown who the individuals were.

[REDACTED] was born premature and has a medical history which involved sleep apnea. [REDACTED] had a blood transfusion after birth and had a surgery for a hernia removal about two weeks ago at [REDACTED]. [REDACTED] primary care physician was Dr. [REDACTED]; [REDACTED] was last seen by Dr. [REDACTED] two weeks ago.

[REDACTED] and [REDACTED] both have prior arrest history with the [REDACTED] Sherriffs Office. [REDACTED] has couple of misdemeanor offenses and [REDACTED] has a history of drug sells on his record.

Officers are currently at the hospital and intend to go back to the home to interview the parents further to determine why the children were not checked on until 1:30pm.



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

## Summary:

Per work-aid's definition of lack of supervision, the parents were unable to provide adequate supervision. The caregivers were unable to supervise, because they were sleeping during the day. The parents are capable of providing adequate supervision, but they did not. The parents tested positive for meth and THC through urine drug screens and a hair follicle test. The parents admitted to meth use for about the past year, but deny use in the days prior to ██████ death. Per work-aid the allegation of DEC/DEI is substantiated because the mother admitted to smoking THC while pregnant with the twins. ██████ had a hair follicle test and the results stated that she was positive for THC. ██████ and ██████ both indicate that ██████ has been in the children's lives before and during pregnancy and was aware of ██████ drug use. ██████ was unable to be interviewed because of his age, but ██████ indicated that there are times that her and her siblings are left unattended, because her parents sleep during the day. There is not enough evidence to support that the parents actions, or inactions, are the direct cause of ██████ death.

The following forms were completed and copies were given to families on: 12/23/13

Clients Rights Handbook, Notification of Equal Access to Programs, HIPPA form, Native American Heritage Veto, Releases of Information to and from DCS. Copies five of all forms along with the CPS/MRS pamphlet, Parents Bill of Rights, and contact information for Case Manager.

Referent Notified: 12/9/13

Juvenile Court/DA notified on: 12/9/13

SDM Safety Assessment completed on: 12/8/13 initial; 12/19/13 - reassessment

FAST: 2/6/14

FFA: 2/7/14

740 Completed: 2/7/14

Case was classified on: 2/7/14 As: ASPS

Case is being closed as of: 2/12/14



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/04/2014

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 02/06/2014

Completed date: 02/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/06/2014 11:31 AM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] went to the [REDACTED] Court House to file the order and petition modifying custody. The judge chose to keep the original court date of 2/20/14 at 10:30 am instead of pushing the date forward. He signed the order and agreed for the children to be placed with [REDACTED] and [REDACTED] until court.



## 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: 01/31/2014 Contact Method: Face To Face  
 Contact Time: 10:00 AM Contact Duration: More than 5 Hours  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 02/06/2014  
 Completed date: 02/06/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Collateral Contact,Other Child Living in the Home  
 Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/06/2014 11:28 AM Entered By: [REDACTED]

CPSI [REDACTED] met the family at the [REDACTED] DCS office. [REDACTED] was late and CPSI called to see where she was. [REDACTED] stated that she wasnt going to be there because the baby was sick. CPSI stated that she needed to be there and to bring [REDACTED] and [REDACTED] with her. She took about an hour to get to the office.

CPSI [REDACTED] Intern [REDACTED] LI [REDACTED] FSW [REDACTED] TL [REDACTED] and Facilitator [REDACTED] met [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED]. Everyone went around the room introduced themselves and explained their relationship to the children. Facilitator then explained the comfort rules and everyone agreed to the rules. The facilitator asked CPSI to talk and give a little explanation of the case and what needs to happen during the meeting. CPSI explained the reasoning for the departments involvement. CPSI also stated that there needs to be a set visitation time put into place because there have been problems with the visitation. [REDACTED] started yelling, what problem, I want to know how there has been a problem with the visitation? Before CPSI could answer [REDACTED] started in saying, We have tried to see the kids several times and you changed your phone number. Facilitator calmed everything down and reminded everyone of the rules of speaking one at a time. [REDACTED] then began to say, We all know what this meeting is about and I cant take care of these kids anymore by myself. No one is helping me and I cant do it. CPSI told [REDACTED] that [REDACTED] and [REDACTED] are willing to take the younger two children and asked if that would give her a break. [REDACTED] said that it would not and it is still too much to handle. [REDACTED] told CPSI to take them all and give them back to their parents. [REDACTED] became angry, stood up and said that she is leaving. She asked what to do with the babies because she was leaving. [REDACTED] left the room and LI went to go talk with her. While they were out of the room, the facilitator asked [REDACTED] what has been going on and why are they fighting so much? [REDACTED] answered that [REDACTED] will not work with them. [REDACTED] also said that her mother and her aunt say that [REDACTED] has cancer, but [REDACTED] will not admit to it. This caused some problems when [REDACTED] asked [REDACTED] about that scenario. [REDACTED] stated that they can just see that [REDACTED] is overwhelmed and want to help her out. [REDACTED] then asked if it would be okay if [REDACTED] and [REDACTED] share a room. CPSI said it was okay as long as they have their own bed. [REDACTED] answered by saying that she can take the younger three if [REDACTED] would be okay with keeping [REDACTED] because [REDACTED] has always lived with [REDACTED] and she is used to her. CPSI went out to talk with [REDACTED] and ask her if that would be alright; [REDACTED] said that is fine. Facilitator then asked [REDACTED] and [REDACTED] when the best time for visitation would be. They said anytime. [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] and [REDACTED] all agreed upon 7-8 pm every night to put the children to bed. CPSI gave [REDACTED] and [REDACTED] the release of information papers to sign and FSW sent around papers to sign. [REDACTED] then came back in the room and signed all of the papers. The meeting was over except for some other paperwork for the expedited home study.

CPSI asked [REDACTED] to bring in the car seats for the children. [REDACTED] left to go get the carseats from her house. [REDACTED] came back and brought two toddler car seats and a diaper bag back. When intern asked [REDACTED] where the infant car seat was, she said that [REDACTED] and [REDACTED] never gave her one. [REDACTED] also said that CPSI told her that she did not need one and to just buckle them in like a booster seat. Intern then said okay you are free to leave and [REDACTED] left. Intern went and asked [REDACTED] and [REDACTED] if they gave [REDACTED] a car seat for [REDACTED]. [REDACTED] said that they did and explained it in detail. It is a winnie the pooh car seat. Intern continued filling them out and went over the signed paperwork with the family.

[REDACTED] brought [REDACTED] and [REDACTED] to the office. CPSI asked why the girls weren't in school. She said that they didn't want to go so she didn't make them. FSW came back to the office from trying to meet with the girls at school to find them at the office. She spoke with them separately. CPSI asked [REDACTED] about the car seat. She stated that there wasn't one. CPSI also asked if she wanted to go get the children's stuff together and CPSI could come out to the house to pick it up or she could bring it when she came to get [REDACTED]. [REDACTED] stormed out of the door.

[REDACTED] called someone and went to get an infant car seat. When he got back with it, they left. CPSI and intern continued filling out paperwork to make sure that everything was accounted for.

CPSI and intern then took [REDACTED] to [REDACTED] house and to pick up all of [REDACTED] and [REDACTED] stuff. When CPSI and intern arrived, all of the stuff was outside by the stairs. CPSI knocked on the door and asked if this was all the stuff. [REDACTED] said yes. CPSI then asked about the infant carseat and said that CPSI remembers seeing it last time CPSI came to the house. [REDACTED] raised her voice and said, I am not trying to keep anything from the babies, but she does not have one. [REDACTED] then walked around the back of the couch, picked up the winnie the pooh carseat and handed it to CPSI. [REDACTED] said that she did not know that was back there. [REDACTED] became agitated and got hateful. CPSI said that she has not been hateful to her and would appreciate if she was not hateful back. [REDACTED] said that she does not want to see CPSI again. CPSI said okay, thank you and shut the door. CPSI and intern loaded up all the stuff in the car and noticed a bike locked up. Intern knocked on the door and asked about the bike. [REDACTED] said that it is [REDACTED] bike. Intern also asked about breathing monitor and she said that they would find it in one of the boxes. Intern said thank you and shut the door.

CPSI and intern drove to [REDACTED] and [REDACTED] house and unloaded all of the things inside. CPSI then performed a home study checking for all the essentials. The only thing that they were missing was a fire extinguisher and they said that they would get one tonight when [REDACTED] got off work. [REDACTED] did not have a bed at the time, but [REDACTED] and [REDACTED] were out buying one.

CPSI and intern went back to the office to finish up some more paperwork and realized that they were missing the fingerprint paper work and proof of income. Intern went back to the house to get [REDACTED] to sign his paper. Intern then went to [REDACTED] work and she signed hers and gave a copy of her paycheck. [REDACTED] said that [REDACTED] his mother, was out of town, but would stop by the [REDACTED] office and sign them. Intern went back to the office and [REDACTED] was there. She signed her paperwork, but said that she would be moving out on Saturday, February 1, 2014. CPSI called [REDACTED] to ask about his income and expenses. [REDACTED] said that [REDACTED] and [REDACTED] are going to help out with diapers and formula.

Narrative Type: Addendum 1    Entry Date/Time: 02/18/2014 01:05 PM    Entered By: [REDACTED]

The CFTM was held to transfer the case from CPSI [REDACTED] to FSW [REDACTED] for continued services.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/24/2014 Contact Method: Face To Face  
 Contact Time: 01:30 PM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/27/2014  
 Completed date: 01/27/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/27/2014 03:54 PM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] arrived at [REDACTED] house to pick up [REDACTED] and [REDACTED] to take to [REDACTED] and get their hair follicle done. After picking them up CPSI and intern went to [REDACTED] Elementary to pick up [REDACTED] CPSI went inside to pick her up with Intern sat in the car with [REDACTED] and [REDACTED] On the way to [REDACTED] talked with Intern and CPSI about school. CPSI asked [REDACTED] when was the last time that she seen her mom and [REDACTED] said that they came over Wednesday. Intern asked whos house they were at. [REDACTED] said that they were at her great grandmothers house. Intern asked what they did when they visited. [REDACTED] said that she rode on [REDACTED] back. Intern asked what else they did and she said all they did was play. [REDACTED] said that [REDACTED] told her that she is never coming back. Intern asked why said would say that. [REDACTED] said she did not know, but thats all she said. We spent the rest of the time just talking about school. When we arrived at [REDACTED] and went inside. [REDACTED] was first, [REDACTED] was second and [REDACTED] was third. After the hair cuts were done, CPSI and intern took the kids to [REDACTED] for ice cream. When we arrived back at [REDACTED] house, [REDACTED] invited us inside. CPSI and intern dropped the kids off and said hey to [REDACTED] CPSI reminded [REDACTED] about the CFTM on Friday. [REDACTED] asked if we knew the hair follicles results, CPSI stated that it usually takes about a week to get results back and that hopefully the results will be in before the CFTM. CPSI told [REDACTED] to call if she needed anything.

Narrative Type: Addendum 1 Entry Date/Time: 02/06/2014 11:06 AM Entered By: [REDACTED]

On the way back from [REDACTED] was very talkative. CPSI asked her if she remembers seeing [REDACTED] they day he passed away. She said that he was purple and she tried to wake up her mom. She said that she wouldn't wake up so she watched TV. CPSI asked how many shows she watched till her parents woke up and she said she watched about 1,500. [REDACTED] then changed the conversation to talk about her favorite shows and movies. CPSI did not continue to pry.



**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: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/27/2014

Completed date: 01/27/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2014 03:13 PM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] arrived at [REDACTED] house in [REDACTED]. [REDACTED] answered the door and invited us inside. CPSI asked how all the kids were doing. [REDACTED] said that they were doing good. CPSI asked if the breathing monitor has been set up. [REDACTED] said that it has not been and that she does not know how to do it. CPSI explained that she could not hook it up, because she could not be liable if anything happened to it. CPSI did say that she would read the directions for her if she wanted to put it together. [REDACTED] agreed to that. CPSI read instructions to [REDACTED] and she put it together, until she realized that it needs some batteries. CPSI asked if [REDACTED] or [REDACTED] has been by to see the kids. [REDACTED] claimed that she can not remember the last time that they have been by to see them, but later said that they came by Sunday to drop off some money and diapers. [REDACTED] said that [REDACTED] is mad, because she changed her number. CPSI asked what day would be best for a CFTM for everyone to get together and talk. [REDACTED] said any day is good. CPSI explained how important it is to get the kids to [REDACTED] to do the hair follicles before the meeting. [REDACTED] said that she would try, but she did not have the money. CPSI asked if it would be easier if she took them to get it done. [REDACTED] agreed to this. Intern was in living room watched [REDACTED] play and watch television. CPSI asked [REDACTED] if she had any questions. She did not.



**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:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/27/2014
Completed date:	01/27/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2014 03:15 PM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] arrived at a friend of [REDACTED] and [REDACTED] house, because that is where they are staying as of right now. [REDACTED] answered the door and invited us into the kitchen to talk. [REDACTED] was in the shower. CPSI asked [REDACTED] how things were going. [REDACTED] said that the grandmother, [REDACTED] was not cooperating and that she has tried multiple times to contact grandmother to be with the kids, but she will not answer. [REDACTED] said that grandmother has changed her number. [REDACTED] did however say that her and [REDACTED] stayed a couple of nights last week and went back on Sunday, but the aunt was there and wouldnt allow them to see the kids. [REDACTED] and [REDACTED] left some diapers and some money on the porch. CPSI then asked about the A&D counseling. [REDACTED] received a letter saying that she does not have insurance anymore, therefore she can not go. [REDACTED] on the other hand, has attended about 3 sessions so far and says that it is really helping him. [REDACTED] asked if it would be possible to have [REDACTED] and [REDACTED] stay with his aunt and let her have custody of the younger two and the grandmother has custody of the older two. CPSI said that she could try and get that worked out and to bring the aunt to the CFTM next week. [REDACTED] stated that it is not that he does not like the grandmother, but that she is older and is worried about her with 4 kids. CPSI talked with [REDACTED] and [REDACTED] about the CFTM next week and told them to bring anyone that was considered their support system. [REDACTED] and [REDACTED] got upset during some of the talk and repeatedly stated that they are gonna do everything that they can to get their kids back. CPSI asked them if they would be willing to take a drug screen. They said yes and signed all the paper work. Intern gave [REDACTED] her drug screen and CPSI gave [REDACTED] his. Both [REDACTED] and [REDACTED] tested positive for THC. CPSI reminded them that smoking THC was illegal and that they are to be drug free. They both said that they knew and that they would do better. CPSI said that she would call when there was a definite day set up for the CFTM.



**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: 01/21/2014 Contact Method:  
 Contact Time: 10:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/21/2014  
 Completed date: 01/21/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/21/2014 12:01 PM Entered By: [REDACTED]

Case staffed on this date with Inv. [REDACTED] Hair follicles are back on parents still waiting on children's . Children are safe at grandmother [REDACTED] and the children report that the parent are not visiting. Advised to go ahead a set up CFTM.



**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: 01/15/2014

Contact Method: Face To Face

Contact Time: 11:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 01/27/2014

Completed date: 01/27/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/27/2014 11:07 AM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] went to [REDACTED] Elementary School to visit [REDACTED]. When visiting with [REDACTED] CPSI asked her if she knew who the Department of Children Services were. [REDACTED] said no. CPSI explained that the Departments job was to keep families safe. CPSI asked if she could think of something that would make someone worry about her and have CPSI come see her, she could not. CPSI asked [REDACTED] who she was living with. [REDACTED] stated with her great grandmother. CPSI asked the last time that she has seen her parents and she said that they have to come see them. [REDACTED] said that her parents came when they were at their nannys house in [REDACTED]. CPSI asked what she done with her parents. [REDACTED] said that she did not do anything with them. The adults would send them back to the bedroom, but her and her sister would sneak out sometimes. CPSI asked her what the adults were doing when they would sneak out. [REDACTED] stated that they were not doing anything. They would sometimes be sleeping. CPSI asked if she had any questions for CPSI or intern. [REDACTED] said that she did not.



**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: 01/15/2014

Contact Method: Face To Face

Contact Time: 10:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/27/2014

Completed date: 01/27/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2014 11:01 AM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] went to family home to visit [REDACTED] and check on [REDACTED] and [REDACTED] answered the door and invited CPSI and intern into the house. [REDACTED] was playing in the floor and [REDACTED] was holding [REDACTED] CPSI asked if she has used the breathing monitor on [REDACTED] [REDACTED] stated that she was not sure how to hook it up, that she was going to call someone to fix it up. CPSI asked how everything was going. [REDACTED] reported that everything has been going good. CPSI reminded her that she needed to take the younger three for their hair follicles in [REDACTED] CPSI asked if she had any questions for CPSI or intern. [REDACTED] said not at this time. CPSI told her if she needed anything to call.



**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: 01/15/2014 Contact Method: Attempted Face To Face  
 Contact Time: 10:30 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 01/27/2014  
 Completed date: 01/27/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/27/2014 10:59 AM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] went to [REDACTED] and [REDACTED] house. CPSI knocked on the door multiple times with pauses in between. No one answered the door. CPSI left a note to call CPSI when they received the note.



**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: 01/15/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 01/27/2014

Completed date: 01/27/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2014 10:58 AM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] went to the [REDACTED] School to visit [REDACTED]. When visiting with [REDACTED] CPSI asked her if she knew who the Department of Children Services were. [REDACTED] said no. CPSI explained that the Departments job was to keep families safe. CPSI asked if she could think of something that would make someone worry about her and have CPSI come see her, she could not. CPSI asked [REDACTED] who she was living with. [REDACTED] stated with her great grandmother. CPSI asked when the last time that she saw her parents were. [REDACTED] said that she did not know. [REDACTED] then said that she went to see her nanny this past weekend in [REDACTED] CPSI asked if she had fun at her nannys house. [REDACTED] added that she does have fun that she colors. [REDACTED] then said that her mom and dad came to her nannys house to see her. CPSI asked what she did with her mom and dad. [REDACTED] stated that they made her, her sister, and her brother to the back bedroom to stay in there. [REDACTED] said that her and her sister snuck out. CPSI asked what the adults were doing when she seen them. [REDACTED] then started saying, you will put me in foster care and I will not be with my brother and sisters anymore. CPSI reassured her that everything was going to be okay and asked the question again. [REDACTED] stated that she did not know what they were doing. [REDACTED] said they sent them to the back bedroom again at nap time and her and her sister snuck out again. CPSI asked what she seen this time. [REDACTED] said that the adults were sleeping too during nap time. CPSI asked [REDACTED] when she lived with her parents if she took care of the children. [REDACTED] said yes. CPSI also asked if her parents were asleep or awake when she was doing this. [REDACTED] stated that they were asleep. CPSI asked if she would try to wake them, would they wake up. She said yes that they would. CPSI asked [REDACTED] if she had any questions for CPSI or intern and she stated that she did not.



**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: 01/14/2014 Contact Method: Face To Face  
 Contact Time: 09:30 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 02/06/2014  
 Completed date: 02/06/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/06/2014 11:03 AM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] went to [REDACTED] in [REDACTED] for [REDACTED] forensic interview. During the interview she indicated that she did see her brother the morning he passed away and that her parents were sleeping. She did not indicate any foul play or drug use. She stated that when she tries to wake her parents they usually wake up.

After the interview [REDACTED] stated that she let the children go to her daughter, their grandmother, house the previous weekend. She said that while the children were there [REDACTED] and [REDACTED] came to visit. She said that [REDACTED] and [REDACTED] told her that they were put in the back room and the girls snuck out and saw the adults drinking orange juice and vodka and they were smoking. CPSI thanked her for letting CPSI know. She said that the children will not be allowed back at [REDACTED] house. CPSI encouraged her to ensure that the children are safe wherever they are.



**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: 01/09/2014

Contact Method: Phone Call

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/09/2014 06:35 PM      Entered By: [REDACTED]

CPSI [REDACTED] texted [REDACTED] and [REDACTED] to ask if they had gone for their hair follicles. They stated that they were going tomorrow and that they had their denial letters and were able to set up their intakes as well. CPSI asked them to let CPSI know when everything was set up and complete. CPSI also thanked them for taking care of things. They stated that they would and that they are working hard to get their children back.



**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: 01/03/2014

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2014 06:27 PM Entered By: [REDACTED]

CPSI [REDACTED] was contacted by [REDACTED] and [REDACTED]. They asked CPSI if they could go for their hair follicles on the following Monday. CPSI stated that was fine. They also said that they had to set up for a different intake because [REDACTED] cost too much. CPSI asked them to let CPSI know when everything was reset. They stated that they would. CPSI thanked them.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/03/2014

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/09/2014 06:23 PM      Entered By: [REDACTED]

CPSI [REDACTED] received a call from [REDACTED] stating that [REDACTED] was sick and that they wouldn't be able to make it to the forensic interview that morning. CPSI was able to reschedule the interview for 1/14 at 9:30.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/02/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/10/2014

Completed date: 03/10/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/10/2014 02:09 PM      Entered By: [REDACTED]

This case was brought before CPIT on this date. It was determined that the parents would be indicated for drug exposure and lack of supervision.



**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: 12/30/2013

Contact Method: Phone Call

Contact Time: 11:35 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/09/2014 06:25 PM      Entered By: [REDACTED]

CSPI [REDACTED] contacted [REDACTED] and told her that the forensic interview was set for that Friday, 1/3/14, at 9:30 am. She stated that she would be there.



**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: 12/27/2013 Contact Method: Face To Face  
 Contact Time: 10:30 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 01/09/2014  
 Completed date: 01/09/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Court Hearing,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2014 06:22 PM Entered By: [REDACTED]

CPSI [REDACTED] went to court for status update. Both parents stated that they had set up their intakes and were going that afternoon. CPSI stated that the hair follicles and forensic interview are set up. Judge ordered that after the results of the hair follicles were back and a CFTM was done that court be reset to decide if the parents would begin unsupervised visitation.



**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 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2014 05:49 PM Entered By: [REDACTED]

CPSI [REDACTED] went to court for the preliminary hearing. Prior to the hearing both parents consented to a drug screen and were positive for THC. CPSI encouraged them to get clean and stop using. During court, CPSI [REDACTED] testified to the events that happened the previous week and it was decided by Judge [REDACTED] that the children be removed from the parents' custody and placed with [REDACTED]. The parents were ordered to work services decided by DCS. They were also appointed attorneys. The case will be reset following the results of hair follicles and a CFTM to decide the next steps. The parents were granted unlimited supervised visitation, so long as the followed [REDACTED] rules and were appropriate with the children.

CPSI met with [REDACTED], and [REDACTED] following court. All agreed on a plan that included parenting classes, A&D assessments, random drug screens, mental health intakes, counseling for [REDACTED] a forensic interview for [REDACTED] following all recommendations, and compliance with services. [REDACTED] and [REDACTED] repeated numerous times that they were sorry they messed up and that they will do anything asked of them to get their kids back. They repeatedly said that they loved their children and didn't want to do anything to hurt them. CPSI agreed that they loved their children, but encouraged them to take this time to get themselves better so they didn't slip up again.



**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:	Phone Call
Contact Time:	01:15 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/09/2014
Completed date:	01/09/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 01/09/2014 05:25 PM      Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED]. He wanted to tell CPSI that his children were removed from him and he did not know why. CPSI explained that CPSI was out of the office and wasn't there. CPSI added that CPSI was concerned about drug use and was going to come talk with them when CPSI was back in the office. He stated that even though they had used, that they didn't use or were high around the children. CPSI explained that even if the children weren't there, that the effects of meth in their systems could cause an array of problems even if they weren't high at that moment. He stated that he understood that and that he would do whatever was necessary to get his children back. CPSI encouraged him to work with DCS and stay clean. He thanked CPSI.



**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: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 02/06/2014

Completed date: 02/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/06/2014 08:35 AM Entered By: [REDACTED]

CPSI [REDACTED] participated in a conference call on this date with LI [REDACTED], RID [REDACTED], Attorney [REDACTED] and some others in [REDACTED] to discuss the case from yesterday and the information that was reported. Yesterday, CPSI had been informed that CPSI was to do an expedited home study on the home of [REDACTED] and to complete a legal referral to give Ms. [REDACTED] custody of the three children. Once the legal referral was filed, it was determined that some of the informatin was incorrectly relayed or misunderstood. After the conference call, it was decided that CPSI would be filing a petition for court ordered services and that the children would remain in Ms. [REDACTED] home until Monday with the agreed Power of Attorney.

CPSI drove to the [REDACTED] Juvenile Court and filed the paperwork. A court hearing will be held on Monday.



**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: 12/19/2013

Contact Method: Face To Face

Contact Time: 04:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/06/2014

Completed date: 02/06/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/06/2014 08:28 AM Entered By: [REDACTED]

CPSI [REDACTED] and CPS CM [REDACTED] completed a walk thru and an expedited home study on the home of [REDACTED]. Ms. [REDACTED] signed all paperwork and all background information was completed including a Code X.

CPSI [REDACTED] came back to the office and completed a legal referral and expedited home study to submit for approval.

CPSI [REDACTED] notified DCS Attorney [REDACTED] that the legal referral had been sent by email to her and would be ready for her to review first thing in the morning.



**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:	System Completed
Contact Date:	12/19/2013	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/26/2013
Completed date:	01/19/2014	Completed By:	System Completed
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:		Entered By:	
-----------------	----------	------------------	--	-------------	--



**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: 12/19/2013 Contact Method: Face To Face  
 Contact Time: 09:30 AM Contact Duration: More than 5 Hours  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 12/26/2013  
 Completed date: 12/26/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/26/2013 01:53 PM Entered By: [REDACTED]

A home visit was done on 12/19/13. Present were: Inv. [REDACTED], Chief [REDACTED], CPSI [REDACTED] and CPS workers [REDACTED] and [REDACTED].

Investigator [REDACTED] knocked on the storm door several times. The wooden door opened and a young male child (later identified as [REDACTED]) appeared in the door. After being asked several times where his mother was, Ms. [REDACTED] came to the door. While Inv. [REDACTED] was trying to get Ms. [REDACTED] to the door, it was noted that the male child had a round peppermint inside of his mouth and it was still in the plastic wrapper. Ms. [REDACTED] had to be told that it was in his mouth. Inv. [REDACTED] stated that he was able to see Ms. [REDACTED] asleep in a chair by the door. When CPSI and Inv. [REDACTED] were invited into the home, all three children were awake. The baby was propped up in the arm crease of the couch. Mr. [REDACTED] was asleep. It was requested that the parents meet investigators at the [REDACTED] Police Dept and that they bring [REDACTED] with them.

When the parents arrived at the police department, CPSI [REDACTED] talked with them about their drug usage. Ms. [REDACTED] stated that she would be positive for marijuana and that she had used Xanax for several days when [REDACTED] had died. She stated that she did not have a prescription for the Xanax. Mr. [REDACTED] admitted that he would be positive for methamphetamines and that he had taken some hydrocodone when [REDACTED] had died, because he could not take Xanax. Ms. [REDACTED] later admitted that they had both used methamphetamines about three days ago. Both parents consented to drug screens. Ms. [REDACTED] was positive for amphetamine, methamphetamines, benzodiazepines and marijuana. Mr. [REDACTED] was positive for amphetamines and methamphetamines.

CPSI [REDACTED] interviewed [REDACTED]. [REDACTED] stated that her mother was asleep when we knocked on the door this morning. She said that her brother and sister were awake. CPSI and [REDACTED] talked about the day that [REDACTED] died. [REDACTED] said that she saw her brother and saw (she moved her hand around half of her face) and that he was (she pointed to the color purple on her shirt). CPSI asked her what she did when she saw her brother. She said that it scared her so she tried to wake her mother up. [REDACTED] said that she could not get her mom to wake up so she went to watch tv. [REDACTED] went on to add that [REDACTED] woke up and saw [REDACTED] face and it scared her so she started screaming. [REDACTED] stated that when [REDACTED] started screaming it woke her mom up. CPSI asked [REDACTED] if her mom



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

or [REDACTED] get up when she is up or when the babies are up. [REDACTED] said that sometimes her momma and [REDACTED] needed to get their sleep out so they didnt get up.

11:05 - CPSI called LI [REDACTED] with the information. She advised CPSI to call Ms. [REDACTED] (DCS Legal) to request removal due to the statement of [REDACTED] and the admitted drug usage by the parents. CPSI called Ms. [REDACTED] and discussed the case. Several questions were asked. Ms. [REDACTED] advised CPSI that she wanted us to consult policy 14.12 regarding removals and exigent circumstances and call her back with specifications that would meet the requirements in the policy.

CPSI called LI [REDACTED] back. She stated that she would call [REDACTED] Regional Director of Child Safety, [REDACTED] for further instructions.

After several calls with LI [REDACTED], CPSI was advised to do an expedited home study on the home of [REDACTED]. She is the grandmother of [REDACTED]. CPSI was advised to see if the parents would consent to an IPA for the children to stay with Ms. [REDACTED] until Monday and then a petition would be filed in [REDACTED] Juvenile Court for removal. This case will be heard on Monday at 10:00 in the [REDACTED] Juvenile Court.

CPSI asked Ms. [REDACTED] and Mr. [REDACTED] about Ms. [REDACTED]. They stated that is who they would want to have the children if they could not be with them. Ms. [REDACTED] called Ms. [REDACTED] and asked her to come to the [REDACTED] Police Dept.



**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:	12/18/2013	Contact Method:	Phone Call
Contact Time:	06:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/26/2013
Completed date:	12/26/2013	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: 12/26/2013 01:37 PM      Entered By: [REDACTED]

CPSI [REDACTED] received a TC from LI [REDACTED]. She asked if CPSI could go to the [REDACTED] home tomorrow with Law Enforcement to check on the screened out referral that had been received about possible meth usage. CPSI told her that I would go first thing in the morning and see if Inv. [REDACTED] would go to the home with me.

CPSI [REDACTED] called Inv. [REDACTED] about the screen out referral. CPSI asked him if he would go to the home with me tomorrow and he agreed that he would. He stated that someone had told him that [REDACTED] (6 year old sister) had told someone that she had tried to wake her mama up the morning that [REDACTED] died but her mama would not get up.



**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: 12/18/2013 Contact Method:  
 Contact Time: 02:16 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/26/2013  
 Completed date: 12/26/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/26/2013 01:40 PM Entered By: [REDACTED]

LI [REDACTED] and CPSI [REDACTED] were notified of a screen out referral for the [REDACTED] family. Due to their being an open case, the referral was screened out and was sent to the worker.

The referral stated: Reporter states: [REDACTED] (8), [REDACTED] (6), and [REDACTED] (4 months old) live with their mother, [REDACTED], and [REDACTED] father, [REDACTED].

[REDACTED] twin brother, [REDACTED] (4 months old), died two Sundays ago. There is currently an open investigation for neglect death on [REDACTED]. The referent states that [REDACTED] and [REDACTED] had been using meth the day that [REDACTED] died and they did not check on him for 8 hours.

The referent states that [REDACTED] and [REDACTED] use meth. A friend of the referent has done meth with [REDACTED] and [REDACTED] multiple times and they told the referent about it. The person said that [REDACTED] and [REDACTED] were up for days when they use meth. The referent has also heard [REDACTED] and [REDACTED] talk about using meth in front of them and the referent has seen them high on meth. The referent states that they are currently high on meth today, 12-18-13. [REDACTED] also sells marijuana out of their home. The referent does not think that they make meth, because they are always talking about who they are going to get the meth from. The referent states that they use meth daily and they smoke marijuana in the home around the children.

[REDACTED] (30), stays with them sometimes. The referent states that [REDACTED] just went to jail for raping a child recently.

[REDACTED] is not sending [REDACTED] to school. [REDACTED] is with her grandmother, [REDACTED], a lot.

[REDACTED] has drug-related charges. He is on probation now for drug-related charges now.

The children do not have any special needs or disabilities that the referent is aware of.

Sex Offender Registry: No results for [REDACTED]

Per SDM: Screen Out- Open Investigation, [REDACTED], CM1 @ 346pm on 12-18-13. Emailed [REDACTED], CM [REDACTED], and supervisor [REDACTED]. Consulted with [REDACTED], CM3 for NGD.



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

---

Case Id:	██████████	Case Name:	████████████████████
Case Status:	Close	Organization:	████████████████████

---



**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:	12/17/2013	Contact Method:	
Contact Time:	10:50 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/17/2013
Completed date:	12/17/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/17/2013 11:06 AM      Entered By: [REDACTED]

Case staffed on this date with IC [REDACTED] and Inv. [REDACTED]. LE has made Inv. [REDACTED] aware that they were told that the family may have been involved in Meth due to an investigation of a meth lab up the street from the family the same day as the death. LE states they were told this family could be exchanging meth. Plan was made to complete hair follicle test, ask law enforcement to request tox screen on the infant that died. Services to include TEIS and Huggs. Other services may be required as result of drug screens.



**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: 12/16/2013

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/10/2014

Completed date: 03/10/2014

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: 03/10/2014 03:02 PM Entered By: [REDACTED]

CPSI [REDACTED] received medical records from [REDACTED] Hospital regarding [REDACTED] 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: 12/10/2013

Contact Method: Phone Call

Contact Time: 04:24 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/12/2013

Completed date: 12/12/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/12/2013 10:01 AM Entered By: [REDACTED]

CPSI [REDACTED] sent [REDACTED] a text message asking her to send CPSI the social security numbers for the children. She replied with the numbers. CPSI asked her if she was able to talk on the phone and she stated that she would call in about ten minutes. CPSI did not receive a call from [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: 12/10/2013

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/10/2014

Completed date: 03/10/2014

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: 03/10/2014 03:01 PM      Entered By: [REDACTED]

CPSI [REDACTED] received medical records from [REDACTED] Hospital regarding [REDACTED] 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: 12/09/2013

Contact Method: Face To Face

Contact Time: 02:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/12/2013

Completed date: 12/12/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

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

CPSI [REDACTED] went to the [REDACTED] home. [REDACTED] is staying with her paternal great aunt and family. Mr. and Mrs. [REDACTED] had no concerns about [REDACTED] and [REDACTED] ability to parent. Mrs. [REDACTED] stated that the parents were upset and that they were at [REDACTED] mother's home. [REDACTED] was asleep in her carseat. She did not have any visible bruises or abrasions. They had a proper environment for her including food, electricity, water, and a crib.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/09/2013

Contact Method: Phone Call

Contact Time: 01:55 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/12/2013

Completed date: 12/12/2013

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: 12/12/2013 09:53 AM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED]. She gave CPSI Mrs. [REDACTED] the great aunt, address [REDACTED]). She said that they were waiting for CPSI at the home. CPSI asked where [REDACTED] was and she said that she was in [REDACTED] at her home. CPSI asked [REDACTED] to have [REDACTED] contact CPSI as soon as possible and thanked her for her help.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/09/2013

Contact Method: Face To Face

Contact Time: 01:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/12/2013

Completed date: 12/12/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/12/2013 09:33 AM Entered By: [REDACTED]

CPSI [REDACTED] went to the home of [REDACTED] to meet with the children. [REDACTED] and [REDACTED] were talkative about school and the snow days. [REDACTED] told CPSI that she went to [REDACTED]. [REDACTED] said she went to school "at the [REDACTED] school." [REDACTED] also stated that her baby brother died the day before and she was sad. While CPSI was there the older two went outside to play in the snow. They said they were about to go play when CPSI got to the house. [REDACTED] held [REDACTED] while she talked with CPSI. She informed CPSI that [REDACTED] has lived with her since she was almost three. She has power of attorney, but not custody. [REDACTED] has been showing signs of anger and they are going to begin counseling. [REDACTED] stated that she had no concerns about [REDACTED] and [REDACTED] as parents. All three children appeared healthy and dressed appropriately. There were no visible bruises or abrasions on the children.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/09/2013

Contact Method: Phone Call

Contact Time: 01:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/12/2013

Completed date: 12/12/2013

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: 12/12/2013 09:28 AM      Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED]. She stated that her mother, [REDACTED], was more than happy to allow CPSI to come by the house to talk with the children. She stated that she lived at [REDACTED]. CPSI asked where the aunt lived and she explained that she was still working on getting that address. CPSI thanked her.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/09/2013	Contact Method:	Phone Call
Contact Time:	01:22 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/10/2013
Completed date:	12/10/2013	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: 12/10/2013 05:26 PM      Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED] mother, [REDACTED]. She stated that she was going to [REDACTED] house to find her wallet and the children's social security numbers. She also said that [REDACTED] and [REDACTED] were at her house in [REDACTED]. CPSI asked if the children were with them or still at a family member's home. She said that the oldest ones were at her mother's home and that the twin was at [REDACTED] aunt's home. CPSI explained that CPSI needed to see them that day if possible. [REDACTED] told CPSI that she will contact them and see if it is okay for CPSI to go to their homes to see the children.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/09/2013

Contact Method: Face To Face

Contact Time: 01:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 12/10/2013

Completed date: 12/10/2013

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2013 05:22 PM Entered By: [REDACTED]

CPSI [REDACTED] went to [REDACTED] Sheriff's Department to give Invs. [REDACTED] and [REDACTED] a copy of the Sudden Unexplained Infant Death Investigation (SUIDI) form and manual.

Narrative Type: Addendum 2 Entry Date/Time: 03/10/2014 03:10 PM Entered By: [REDACTED]

CPSI spoke with Inv. [REDACTED] about the medical records and he emailed CPSI a copy of the pictures taken by the [REDACTED] SD and the medical examiner's report.

Narrative Type: Addendum 1 Entry Date/Time: 12/10/2013 05:23 PM Entered By: [REDACTED]

This contact was a COLLATERAL CONTACT not Court Hearing.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/09/2013	Contact Method:	Attempted Phone Call
Contact Time:	12:23 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/10/2013
Completed date:	12/10/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/10/2013 05:19 PM      Entered By: [REDACTED]

CPSI [REDACTED] attempted to contact [REDACTED] by phone. There was no answer and the voicemail was not set up. CPSI sent a text message asking [REDACTED] to contact CPSI as soon as possible.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/09/2013

Contact Method:

Contact Time: 10:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/10/2013

Completed date: 12/10/2013

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: 12/10/2013 05:17 PM Entered By: [REDACTED]

CPSI [REDACTED] filled out the 0635 form and went over it with FI [REDACTED]. CPSI then emailed it to [REDACTED], [REDACTED], and [REDACTED]. CPSI faxed it to the Office of Child Safety as well.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/09/2013

Contact Method: Attempted Phone Call

Contact Time: 09:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/10/2013

Completed date: 12/10/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2013 05:14 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to call [REDACTED]. There was no answer and CPSI was unable to leave a voicemail. CPSI sent a text asking [REDACTED] to call CPSI as soon as she could with the social security numbers for the children and to set up a time to see the other children.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/09/2013 Contact Method:  
 Contact Time: 08:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/10/2013  
 Completed date: 12/10/2013 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: 12/10/2013 05:10 PM Entered By: [REDACTED]

Notification letter sent to the referent on this date.

TFACTS history was checked on this date and prior history was found.

Juvenile Court and DA were notified of referral on this date.

Narrative Type: Addendum 1 Entry Date/Time: 02/18/2014 01:03 PM Entered By: [REDACTED]

2/19/10 - DEC - ACV: [REDACTED] and [REDACTED] - Unable to Complete

9/15/09 - Abandonment - ACV: [REDACTED] - Services Recommended and Accepted

4/7/09 - Physical Abuse - ACV: [REDACTED] - AUPU

3/24/09 - DEC - ACV: [REDACTED] - No Services Needed



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/09/2013

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/10/2014

Completed date: 03/10/2014

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: 03/10/2014 02:58 PM      Entered By: [REDACTED]

CPSI [REDACTED] requested medical records 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: 12/08/2013

Contact Method:

Contact Time: 09:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/10/2013

Completed date: 12/10/2013

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: 12/10/2013 05:10 PM Entered By: [REDACTED]

[REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 02/18/2014 01:01 PM Entered By: [REDACTED]

LI [REDACTED] not FI [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: 12/08/2013 Contact Method: Face To Face  
 Contact Time: 07:50 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 12/10/2013  
 Completed date: 12/10/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/10/2013 05:08 PM Entered By: [REDACTED]

The family was interviewed by [REDACTED] Sheriff's Office Investigator [REDACTED] and CPSI [REDACTED] at the family home. The mother, [REDACTED] and father, [REDACTED] appeared to be distraught. They were crying during the entirety of the interview, but answered all questions to the best of their ability. They stated that they had fed [REDACTED] and then placed him in the same pack and play as his twin sister. When they woke up to [REDACTED] crying they found [REDACTED] to not be breathing and cold to the touch. They called 911 immediately and went to DRMC where [REDACTED] had been transported by ambulance. He was pronounced deceased at the hospital.

They stated that [REDACTED] had a problem with breathing. They explained that he would "forget to breathe" when he was eating and that his pediatrician told them to take the bottle out of his mouth so he could breathe. They reported that he didn't have a problem with it at the last feeding. He was not using an apnea or breathing monitor. The parents added that the doctor had not recommended that [REDACTED] use one because he was doing well and didn't need it. CPSI requested medical records from the pediatrician at [REDACTED] and there is no mention of the need or lack of need of a breathing monitor.

The family reported that [REDACTED] had had hernia surgery on 11/15/13 and was doing well. When he was born he was in the [REDACTED] for three and a half weeks. He and [REDACTED] both sounded congested when they breath, but the doctors told the parents that it was normal for premature babies to have a rattle. [REDACTED] was sick about a week ago, but both seemed to be doing well, according to the family.

CPSI asked if [REDACTED] had slept with them and they stated that he and his twin sister, [REDACTED] always slept in the pack and play beside their bed. CPSI was able to see the pack and play and it had a mattress with a small blanket covering only the mattress. There was a small stuffed bear, but nothing else in the pack and play. The other three children were at a family member's home and were reported to be doing well.

During the interview there were five other family members present and supporting [REDACTED] and [REDACTED]. The home smelled strongly of cigarette smoke, but not of trash. There were two large dressers in the living room and one in the bedroom, all were in the middle of the room. The family stated that they were rearranging the home. The family members were also going through bags of clothes donated to the family and putting them away.



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

---

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

---

[REDACTED] filled out a release of information form for [REDACTED] CPSI did not ask her to fill out the remainder of the paperwork at that time because she was very distraught.

Narrative Type: Addendum 1    Entry Date/Time: 03/10/2014 03:57 PM    Entered By: [REDACTED]

The household consists of [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. At the time of the incident they were all living in the same home as [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: 12/08/2013

Contact Method: Phone Call

Contact Time: 06:33 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/10/2013

Completed date: 12/10/2013

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: 12/10/2013 05:00 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted Investigator [REDACTED]. Inv. [REDACTED] stated that he had met with the family at the hospital and will wait for CPSI to return to the home. CPSI stated that CPSI would get there as fast as possible. Inv. [REDACTED] also stated that he was able to get a copy of the pictures and records from the coroner. He said that he would give CPSI a copy as well.

Narrative Type: Addendum 1 Entry Date/Time: 03/10/2014 02:04 PM Entered By: [REDACTED]

CPSI and Inv. [REDACTED] CPITed this case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/08/2013	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/09/2013
Completed date:	12/09/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/09/2013 10:55 AM      Entered By: [REDACTED]

LI [REDACTED] staffed case with Inv. [REDACTED] on this date before and after the initial contact with family. Plan was made regarding the other children in the home. LI phoned IC [REDACTED] on this date as well to staff 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: 12/08/2013

Contact Method: Phone Call

Contact Time: 06:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/10/2013

Completed date: 12/10/2013

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: 12/10/2013 04:46 PM      Entered By: [REDACTED]

CPSI [REDACTED] received a call from [REDACTED] Intake notifying CPSI of the 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: 12/08/2013 Contact Method:  
 Contact Time: 05:50 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/10/2013  
 Completed date: 12/10/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2013 04:44 PM Entered By: [REDACTED]

[REDACTED] (4 months) and his twin sister, [REDACTED] (4 months) along with their two siblings (unknown) reside with their parents, [REDACTED] and [REDACTED].

[REDACTED] reported that he fed [REDACTED] between 4:30am and 5:00am this morning. [REDACTED] reported that he swaddled [REDACTED] and put him in the crib on his left side. It was reported that [REDACTED] was in the same crib as [REDACTED] it was reported that [REDACTED] was on her right side and [REDACTED] was lying on his left side. [REDACTED] reported that he went back and checked on the children at 1:30pm and noticed that [REDACTED] was not breathing and was cold.

Ambulance crew was dispatched to the home at 1:30pm. [REDACTED] was taken to [REDACTED] [REDACTED] Center where he was pronounced deceased. The district attorney has ordered an autopsy, transport has been ordered to have the child transferred to [REDACTED] for the autopsy.

Based on pictures that were observed the room that the children were in was really cluttered. When EMS arrived at the scene the mother and the other children were in the home. Medical personnel reported that the home had a strong odor and was messy. EMS reported that there were several people at the home when they arrived; it is unknown who the individuals were.

[REDACTED] was born premature and has a medical history which involved sleep apnea. [REDACTED] had a blood transfusion after birth and had a surgery for a hernia removal about two weeks ago at [REDACTED] [REDACTED] Hospital. [REDACTED] primary care physician was Dr. [REDACTED]; [REDACTED] was last seen by Dr. [REDACTED] two weeks ago.

[REDACTED] and [REDACTED] both have prior arrest history with the [REDACTED] Sherriffs Office. [REDACTED] has couple of misdemeanor offenses and [REDACTED] has a history of drug sells on his record.

Officers are currently at the hospital and intend to go back to the home to interview the parents further to determine why the children were not checked on until 1:30pm.



**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: 12/8/13 5:50 PM

Date of Assessment: 12/8/13 12:00 AM

Assessment Type:  Initial  Closing  Other

Number of Children in the Household: 4

**Section 1: Immediate Harm Factors**

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

Yes      No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



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

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

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

**Team Leader:** \_\_\_\_\_

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