



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 02/03/2013 07:05 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 02/03/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 02/05/2013 08:10 AM
First Team Leader Assigned: [REDACTED] Date/Time 02/04/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 02/04/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yrs	Lack of Supervision	No	[REDACTED]	Birth Father
[REDACTED]	1 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

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: None

Narrative: TFACTS:

Please note history is found under the name [REDACTED] and [REDACTED]

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: (No)

Prior INV/ASMT of Neglect: (Yes) 1

RECENT ASMT: [REDACTED]/DEI/06-29-12/Services recommended and Accepted

SSMS: No findings

Screen Out: 0

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

County: [REDACTED]
Notification: None
School/ Daycare: None Reported
Native American Descent: None Reported
Directions: None

Reporters name/relationship: [REDACTED]

Reporter states: [REDACTED] (7 months), [REDACTED] (3), and [REDACTED] (1) live with their parents, [REDACTED] and [REDACTED]. The family is sharing a home with [REDACTED] and her live in paramour, [REDACTED] and [REDACTED] have a child named [REDACTED] (1).

On Sunday 02-03-13 at 4:40am [REDACTED] Fire Department was dispatched out to the family home. At 4:50am [REDACTED] Fire Department requested [REDACTED] Police Department to assist in a DOA call. When the referent arrived at the family home, Fire and Rescue was attempting to revive [REDACTED]. Reporter did not physically observe the child. [REDACTED] gave a statement to the referent that she and her roommate [REDACTED] went out to have fun on 02-02-13 around 10:30pm. [REDACTED] reported that she and [REDACTED] went to a club called the [REDACTED]. According to [REDACTED] she left her three children in the care of their father, [REDACTED]. [REDACTED] stated to the referent that when she and [REDACTED] returned to the family home around 3:15am on 02-03-13 she observed that [REDACTED] was not present in the home. [REDACTED] stated that she went in her bedroom and found [REDACTED] lying on her back unresponsive and cold. [REDACTED] reports that [REDACTED] was on her bed. [REDACTED] stated that she started to scream and [REDACTED] called 911. [REDACTED] was so upset that she could not provide dispatch information and that is when [REDACTED] took the phone and provided dispatch further information. Before the referent arrived [REDACTED] made a statement to the first responding officer that when she returned home she observed [REDACTED] asleep in the lazy-boy chair in the living room. [REDACTED] reported that she then went to their bedroom and found [REDACTED] lying on her back with one arm raised. [REDACTED] stated that she touched [REDACTED] and she was cold and stiff. [REDACTED] reported that she then ran in the living room screaming at [REDACTED] telling him it was his fault and he then ran out the door. The referent reports that [REDACTED] was not present when officers arrived. [REDACTED] has not been contacted. [REDACTED] reports that while [REDACTED] and [REDACTED] were away from the home he was asleep in his and [REDACTED] bedroom with their child [REDACTED]. [REDACTED] reports that he did not wake until he heard screaming. It was reported to the referent that someone stated that [REDACTED] had an infant with another woman to die at four months old. It is unknown what that infant's name was or the name of the mother. The referent reports that [REDACTED] and [REDACTED] are presently at the family home with officers present. [REDACTED] was transported to [REDACTED]. Referent is requesting immediate assistance. [REDACTED] or [REDACTED].

Per SDM: Investigative Track/ Priority 1

[REDACTED] County was paged on 2/3/13 @ 8:25 A.M.
[REDACTED] relayed information to [REDACTED] at 8:29am on 2/3/13.

P1 [REDACTED] TL, on 2/3/13 @ 8:32 A.M.

Child Fatality E-Mail Narrative Sent To:

[REDACTED] and Child-Fatality-Notification EI-DCS



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 30 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 2 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 2 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 2 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 2 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] Date of Birth: [REDACTED] Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: [REDACTED]

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]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 27 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 1 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 3 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 3 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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: 02/03/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 02/04/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 2 rows of allegations.

C. Disposition Decision

Disposition Decision:
Comments: The allegations of Lack of Supervision and Neglect Death are unable to be substantiated.

D. Case Workers

Case Worker: [Redacted] Date: 04/30/2013
Team Leader: [Redacted] Date: 05/01/2013

E. Investigation Summary

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

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

The victim [Redacted] was not able to be observed due to being deceased at the time the referral was received.
On 02/03/2013, case manager observed the children [Redacted] and [Redacted] in the home and did not observe any safety concerns. This case manager did not observe any visible marks or bruises on the children. This case manager observed the child to appear healthy and happy and was interacting appropriately with the family

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

On 04/09/2013, the autopsy results were received. The cause of death could not be determined. The manner of death could not be determined.



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

Case Name : ██████████

Investigation ID: ██████████

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

On 02/03/2013, the father was interviewed and stated ██████████ that the mother ██████████ fed the child around 10:00 pm and put her in the bed before she and ██████████ left the home. ██████████ stated that he did not check on the child during the night. He stated that the mother returned to the home around 4:00 am. He stated that he was in the chair sleep in the living room and the mother woke him up and told him to come and go the bed. ██████████ stated that he went into the bedroom and laid in the bed (described him laying back, but he did not lay down in the bed). ██████████ stated that he could not recall where the child was in the bed. He stated that the mother came into the bedroom and got into the bed. He stated the mother was moving the child and then began screaming and stating that the child was dead because she was cold. According to ██████████ he tried to do CPR on the child. ██████████ stated that he did leave the home and just needed to walk ██████████ stated that he had another child to die of SIDS when she was 4 months and she was residing in ██████████

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

On 02/03/2013, the Department of Children's Services received a referral with the allegations of Lack of Supervision and Neglect Death. The reports states on Sunday 02-03-13 at 4:40am ██████████ Fire Department was dispatched out to the family home. At 4:50am ██████████ Fire Department requested ██████████ Police Department to assist in a DOA call. When the referent arrived at the family home, Fire and Rescue was attempting to revive ██████████ Reporter did not physically observe the child. ██████████ gave a statement to the referent that she and her roommate ██████████ went out to have fun on 02-02-13 around 10:30pm. ██████████ reported that she and ██████████ went to a club called the ██████████ According to ██████████ she left her three children in the care of their father, ██████████ stated to the referent that when she and ██████████ returned to the family home around 3:15am on 02-03-13 she observed that ██████████ was not present in the home. ██████████ stated that she went in her bedroom and found ██████████ lying on her back unresponsive and cold. ██████████ reports that ██████████ was on her bed. ██████████ stated that she started to scream and ██████████ called 911. ██████████ was so upset that she could not provide dispatch information and that is when ██████████ took the phone and provided dispatch further information. Before the referent arrived ██████████ made a statement to the first responding officer that when she returned home she observed ██████████ asleep in the lazy-boy chair in the living room. ██████████ reported that she then went to their bedroom and found ██████████ lying on her back with one arm raised. ██████████ stated that she touched ██████████ and she was cold and stiff. ██████████ reported that she then ran in the living room screaming at ██████████ telling him it was his fault and he then ran out the door. The referent reports that ██████████ was not present when officers arrived. ██████████ has not been contacted. ██████████ reports that while ██████████ and ██████████ were away from the home he was asleep in his and ██████████ bedroom with their child ██████████ reports that he did not wake until he heard screaming. It was reported to the referent that someone stated that ██████████ had an infant with another woman to die at four months old. It is unknown what that infant's name was or the name of the mother. The referent reports that ██████████ and ██████████ are presently at the family home with officers present. ██████████ was transported to ██████████. Referent is requesting immediate assistance. ██████████ or ██████████.

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

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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]

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: 05/07/2013

Contact Method:

Contact Time: 08:26 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/07/2013

Completed date: 05/07/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/07/2013 08:27 AM Entered By: [REDACTED]

The allegation of Lack of Supervision and Neglect Death will not be indicated. The medical examiner ruled the cause of death as could not be determined. This incident occurred on 2/3/13. This case was reviewed by Morning CPIT on 2/28/12 and stamped Coordinate with [REDACTED]. Both mother and father tested positive for THC and Benzodiazepine. CPIT review was held on 4/15/13 with a teams decision to Classify as AUPU. At this time, the family moved back to [REDACTED]. The parents were not interested in receiving services for the tested drugs and grief counseling. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy. The SDM shows safe.

Narrative Type: Addendum 1 Entry Date/Time: 05/07/2013 08:39 AM Entered By: [REDACTED]

The following activities were completed: CPIT was convene, the DA was Notified and other agencies were contacted. [REDACTED] investigative summary on the mother and father are located in the case file. The incident report was completed and sent to proper authorities. All children were interviewed and/or observed due to their age. The parents and alleged perpetrator was interviewed. All collaterals spoken with as well as a homevisit and background checks on the parents. The medical autopsy was completed and services were offered to the parents. As stated above, the parents have moved back to [REDACTED] with family members.



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: 05/06/2013

Contact Method:

Contact Time: 01:34 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2013

Completed date: 05/06/2013

Completed By: [REDACTED]

Purpose(s): Permanency, Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2013 01:51 PM Entered By: [REDACTED]

Date: May 6, 2013

On 05/06/2013, the Department of Children's Services received a referral with the allegations of Lack of Supervision and Neglect Death. The victim, [REDACTED], discovered unresponsive by her mother, [REDACTED] after returning home from going out with her roommate. The children were left in the care of the father. The mother, [REDACTED] was interviewed and stated that before she left home, she fed the children and put them to bed. She stated that she put the baby in their bed and she was asleep before she left. She stated that when she returned home and got ready to get in the bed, the baby was cold and unresponsive. [REDACTED] stated that [REDACTED] was on the couch asleep, which is where she left him when she went out. [REDACTED] was interviewed and stated that they never have to worry about their children waking up once they are put to bed so he didn't see a need to check on the children. He stated that he was asleep on the couch when the mom went out and she let him know she had fed the kids and put them to bed. He stated that he woke up for a little while because a friend came over and his roommate came home and they watched movies. He stated that his friend left and his roommate went to bed and he started to watch another movie, but fell back to sleep. The roommates were interviewed and verified the stories of both the mother and father. The other children in the home were observed for marks and bruises and presented with none. The autopsy results came back and the manner of death could not be determined and the cause of death could not be determined. After attempting to make one more home visit, it was discovered that the family has moved back to [REDACTED]. This case was presented to CPIT and the CPIT team agreed on the classification with no prosecution from law enforcement. After investigating the allegations of Lack of Supervision and Neglect Death, the allegations are unable to be substantiated. This case is being submitted to TL for review.

740 form has been completed and placed in the case file

SDM forms have been completed and placed in the case file

Background checks have been completed and placed in the case file



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/22/2013

Contact Method: Correspondence

Contact Time: 02:52 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2013

Completed date: 05/06/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2013 11:48 AM Entered By: [REDACTED]

Date: April 22, 2013

Time: 2:52 pm

On 04/22/2013, CPSI III [REDACTED] sent a text message to [REDACTED] asking her if they moved to their new location together.

On 04/23/2013, CPSI III received a response from [REDACTED] stating that [REDACTED] and her family had moved back to [REDACTED] and they moved about a month ago.



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: 04/21/2013

Contact Method: Correspondence

Contact Time: 07:28 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2013

Completed date: 05/06/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2013 11:44 AM Entered By: [REDACTED]

Date: April 21, 2013

Time: 7:28 pm

On 04/21/2013, CPSI III received a response from [REDACTED] stating that she had been facebooking the mother, but she had not responded back to 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: 04/19/2013

Contact Method: Attempted Phone Call

Contact Time: 09:02 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2013

Completed date: 05/06/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2013 11:38 AM Entered By: [REDACTED]

Date: April 19, 2013

Time: 9:02 am

On 04/19/2013, CPSI III [REDACTED] sent a text message to the family, but did not receive a response. CPSI III attempted a telephone call to the family, but the recording stated that the number was not valid.

11:39 am

CPSI III sent a text message to [REDACTED] stating that the number was not valid and to let her know that it was very important that we meet.



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: 04/18/2013

Contact Method: Correspondence

Contact Time: 04:25 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2013

Completed date: 05/06/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2013 11:35 AM Entered By: [REDACTED]

Date: April 28, 2013

Time: 4:25 pm

On 04/28/2013, CPSI III, [REDACTED], sent a text message to [REDACTED] the roommate of [REDACTED] and [REDACTED]. CPSI III asked [REDACTED] to have the mother contact CPSI III to set up a final home visit. [REDACTED] responded back and stated that they now have a phone and the number is [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/18/2013	Contact Method:	Face To Face
Contact Time:	01:30 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/30/2013
Completed date:	04/30/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/30/2013 05:48 PM Entered By: [REDACTED]
Date: April 18, 2013
Time: 1:30 pm
Location: [REDACTED]

On 04/18/2013, this case was presented at CPIT Review. The decision of the CPIT team was DCS Allegation Unfounded/Perpetrator Unfounded and Law Enforcement No Prosecution.



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: 04/09/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/09/2013

Completed date: 04/09/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2013 01:33 PM Entered By: [REDACTED]

Date: April 9, 2013

Time: 12:00 pm

On 04/09/2013, the autopsy report was received on [REDACTED]. The cause of death could not be determined. The manner of death could not be determined.

Summary and Interpretation

The decedent is a 7 month old black female infant found unresponsive lying supine in an adult bed. She was placed to sleep supine and found several hours later unresponsive with foam coming from the mouth. Emergency personnel were contacted and transported her to the hospital where death was pronounced a short time after arrival. Scene investigation and re-enactment had no risk factors for positional asphyxia. Autopsy, microscopic examination, cultures, and toxicology had no significant findings therefore, the cause and manner of death Could Not Be Determined.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/02/2013 Contact Method:
 Contact Time: 02:54 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/02/2013
 Completed date: 04/02/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 03:39 PM Entered By: [REDACTED]
 Date: April 2, 2013
 Time: 2:54 pm

On 04/02/2013, background checks were completed on the following persons:

[REDACTED]
 JSSI Criminal Court Search: Negative
 JSSI General Sessions Search: Negative
 Meth Offender Search: Negative
 Felony Offender Search: Negative
 Sex Offender Search: Negative

[REDACTED]
 JSSI Criminal Court Search: Negative
 JSSI General Sessions Search: Negative
 Meth Offender Search: Negative
 Felony Offender Search: Negative
 Sex Offender Search: Negative

[REDACTED]
 JSSI Criminal Court Search: Negative
 JSSI General Sessions Search: Allowing dogs to run at large(7/2012), Viol of Vehicle Registration Law(3/2012), Driving while license s/r/c(2/2012), Fail to appear booking process(6/2012), Failure to pay county fine(4/2012), Violation of financial responsibility law(9/2011)
 Meth Offender Search: Negative
 Felony Offender Search: Negative
 Sex Offender Search: Negative



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

JSSI Criminal Court Search: Negative
JSSI General Sessions Search: Ex Parte Order of Protect(3/2007), Fail to Obey Traffic Devices(10/2006), Violation of Vehicle Registration law(10/2006)
Meth Offender Search: Negative
Felony Offender Search: Negative
Sex Offender Search: Negative



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:	04/01/2013	Contact Method:	Correspondence
Contact Time:	10:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact, Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/02/2013 02:33 PM Entered By: [REDACTED]
 Date: April 1, 2013
 Time: 10:00 am

On 04/01/2013, the medical records were received on the children:

[REDACTED]
 Not in their system

[REDACTED]: [REDACTED]
 Dates of Service: 5/14/2012, 12/28/2011, 12/17/2011, 10/7/2011, 8/19/2011
 Last vaccination received: May 2012

[REDACTED]
 Dates of Service: 5/14/2012, 4/6/2012, 11/7/2011
 Last vaccination received: May 2012



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: 03/28/2013 Contact Method: Correspondence
Contact Time: 02:19 PM Contact Duration: Less than 01 Hour
Entered By: [REDACTED] Recorded For:
Location: Created Date: 04/02/2013
Completed date: 04/02/2013 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Collateral Contact, Notation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 01:50 PM Entered By: [REDACTED]
Date: March 28, 2013
Time: 2:19 pm

On 03/28/2013, received correspondence from the Sheriff's Office of [REDACTED] County. The background checks were completed and [REDACTED] was positive for prior abuse or neglect history in [REDACTED]. Copies were faxed along with the correspondence. The investigative summaries will be placed in the case file.

Intake [REDACTED] 1/17/05 - 3/3/05 vic: [REDACTED] Physical Injury- No Indicator - No caregiver responsible
responsible
vic: [REDACTED] Inadequate Supervision- Some Indicator - No caregiver responsible
responsible
vic: [REDACTED] Death- Some Indicator - No caregiver responsible

Intake # [REDACTED] 4/6/07 - 5/30/07 vic: [REDACTED] Inadequate Supervision - Verified - [REDACTED]
[REDACTED]
vic: [REDACTED] Inadequate Supervision - Verified - [REDACTED]
vic: [REDACTED] Environmental Hazards - Verified - [REDACTED]
[REDACTED]
vic: [REDACTED] Environmental Hazards - Verified - [REDACTED]
[REDACTED]
vic: [REDACTED] Threatened Harm - Verified - [REDACTED]
[REDACTED]
vic: [REDACTED] Threatened Harm - Verified - [REDACTED]

****the children were removed and placed in the Department's custody due to no stable housing and the mother not having stable income****



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Intake # [REDACTED] 1/6/09 - 3/2/09 vic: [REDACTED] Family Violence Threatens Child - Verified - [REDACTED]
[REDACTED] vic: [REDACTED] Family Violence Threatens Child - Verified - [REDACTED]

*Case was closed with verified findings of family violence threatens child. The mother admitted to ongoing domestics with the father, who has left her to live with another woman. There is documented history involving the couple. The children were removed and adjudicated in 2007 and recently returned to the mother. Services were offered to the mother, however, she did not accept. The mother moved and stated that if the father did not return to her, she would move closer to her familial support. She did obtain a restraining order against the father and his whereabouts were unknown.

Intake # [REDACTED] 7/30/10 - 9/21/10 vic: [REDACTED] Environmental Hazards - No Indicator - No caregiver responsible
responsible vic: [REDACTED] Inadequate Supervision - No Indicator - No caregiver responsible
responsible vic: [REDACTED] Environmental Hazards - No Indicator - No caregiver responsible
responsible vic: [REDACTED] Inadequate Supervision - No Indicator - No caregiver responsible

*There is no evidence to support the allegations of environmental hazards and inadequate supervision based on interviews and statements it appears mom trying to get back at the father since he is with someone else and has child with that person and no regular contact with these children. Deputy is familiar with the mother and said he does not believe her and has responded to the home because she thought she heard voices. Stated officer did come out at time mom said dad brought the kids home and left them. Services were offered and refused. There were no services identified as needed.

Criminal History: [REDACTED]
4/04/07: marijuana possession- status: held
2/11/05: municipal ordinance- status: held



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: 03/28/2013

Contact Method: Correspondence

Contact Time: 11:42 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation, Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 01:46 PM Entered By: [REDACTED]

Date: March 28, 2013

Time: 11:42 am

On 03/28/2013, medical records requests were faxed to the [REDACTED] to obtain records on [REDACTED] and [REDACTED].

On 03/28/2013, a request for a previous history check was faxed to [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: 03/28/2013

Contact Method: Face To Face

Contact Time: 09:25 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/02/2013

Completed date: 04/02/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 01:42 PM Entered By: [REDACTED]

Date: March 28, 2013

Time: 9:25 am

Location: [REDACTED]

On 03/28/2013, CPSI III [REDACTED] observed [REDACTED] and [REDACTED]. The children were neat and clean in their appearance. They were playing with one another and playing [REDACTED] and [REDACTED]. They were back and forth in the room, watching tv. The children did not present with any marks or bruises.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/28/2013 Contact Method: Face To Face
 Contact Time: 09:05 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/02/2013
 Completed date: 04/02/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 01:35 PM Entered By: [REDACTED]
 Date: March 28, 2013
 Time: 9:05 am
 Location: [REDACTED]

On 03/28/2013, CPSI III [REDACTED] met with the family. [REDACTED] stated that they had to be moved out of the house by the end of next week so they would be moving soon. She stated that everything was fine and they were just trying to get moved. CPSI III asked the parents if they would be willing to take drug counseling due to testing positive for marijuana and [REDACTED] stated that she was no longer smoking marijuana, but didn't have a problem with doing the class. [REDACTED] stated that he really did not want to do the counseling because they do not have transportation to get to the classes and he works as well. He stated that he decided to get his life together and stop being so down and depressed. He asked if he could take another test because he no longer smokes. CPSI III stated that a test was not available right then, but CPSI III could come back and redo the test. [REDACTED] stated that she wanted to retake the test as well. She stated that she never really smoked, she was just going through about her daughter.

The following forms were signed:

Authorization for Release of Child Specific Information and HIPAA Protected Health Information from the Department of Children's Services and Notification of Release- [REDACTED]

Authorization for Release of Child Specific Information and HIPAA Protected Health Information from the Department of Children's Services and Notification of Release- [REDACTED]

Authorization for Release of Information and HIPAA Protected Health Information from the Department of Children's Services and Notification of Release- [REDACTED]

Authorization for Release of Information and HIPAA Protected Health Information from the Department of Children's Services and Notification of Release- [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:	03/25/2013	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/02/2013 03:18 PM Entered By: [REDACTED]
 Date: March 25, 2013
 Time: 9:00 am

On 03/25/2013, the request for the autopsy report concerning [REDACTED] was faxed to the [REDACTED] County Medical Examiner's Office.



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:	02/28/2013	Contact Method:	Face To Face
Contact Time:	12:25 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 01:18 PM Entered By: [REDACTED]
 Date: February 28, 2013
 Time: 12:25 pm
 Location: [REDACTED]

On 02/28/2013, CPSI III [REDACTED] observed [REDACTED] and [REDACTED]. Both of the children were laughing and playing with each other and their parents. The bond with the parents and the children was appropriate. The children did not present with any marks or bruises.



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:	02/28/2013	Contact Method:	Face To Face
Contact Time:	12:11 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Alleged Perpetrator Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/02/2013 01:14 PM Entered By: [REDACTED]

Date: February 28, 2013

Time: 12:11 pm

Location: [REDACTED]

On 02/28/13, CPSI III [REDACTED] spoke with the mother, [REDACTED] [REDACTED] stated that she knew they would test positive for the marijuana. She stated that she was unsure what the Benzodiazepines was. She stated that all she could think it could be was the Tylenol PM that she takes at night to help her sleep. She stated that they did take a valium when [REDACTED] died to help them sleep, but that was on the night of the funeral and it was that one time. She stated that a friend gave it to them. She stated that everything is as good as it can be. She stated that they all are planning to move once they get their income tax and they will be staying together. She stated that they plan to stay in the same area, but just a bigger house. She stated that she used to see [REDACTED] at [REDACTED] when she was pregnant, but she don't go anymore. CPSI III did state to the parents that smoking marijuana was an issue and they both stated that they would stop and did not have to do it. CPSI III also talked to them about getting Grief counseling to help deal with the death of their daughter and explained to them that they could acces it through their insurance. [REDACTED] stated that he will deal with it on his own and he is just so numb right now.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/28/2013	Contact Method:	Face To Face
Contact Time:	11:52 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Alleged Perpetrator Interview, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/02/2013 01:04 PM Entered By: [REDACTED]
 Date: February 28, 2013
 Time: 11:52 am
 Location: [REDACTED]

On 02/28/2013, both parents consented to taking a drug test. The drug tests were administered by CPSI II [REDACTED] and the following results were recorded:

[REDACTED] [REDACTED]
 Amphetamine: Negative
 Barbiturates: Negative
 Cocaine: Negative
 Benzodiazepines: Positive
 Methamphetamine: Negative
 Opiate: Negative
 Oxycodone: Negative
 Propoxphene: Negative
 THC/Cannabinoids: Positive

[REDACTED]
 Amphetamine: Negative
 Barbiturates: Negative
 Cocaine: Negative
 Benzodiazepines: Positive
 Methamphetamine: Negative
 Opiate: Negative
 Oxycodone: Negative
 Propoxphene: Negative
 THC/Cannabinoids: Positive



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/28/2013 Contact Method: Face To Face
 Contact Time: 11:37 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/02/2013
 Completed date: 04/02/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Other Persons Living in Home Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 12:54 PM Entered By: [REDACTED]
 Date: February 28, 2013
 Time: 11:37 am
 [REDACTED]

On 02/28/2013, CPSI III [REDACTED] met with one of the roommates, [REDACTED]. [REDACTED] stated that she and [REDACTED] went out together. She stated that [REDACTED] fed the kids and put them to bed. She stated that [REDACTED] was on the couch asleep. She stated that they left the home about 10:30 pm and they went to [REDACTED]. She stated that they arrived home between 3:00 am-3:30 am. She stated that she went in her room to change her clothes and [REDACTED] ran in her room crying and screaming, saying to call 911 and that something was wrong with the baby. She stated that she didn't even get her pajamas on and just ran down the hall in her panties and bra. She stated that she went in the room and [REDACTED] was just laying on the bed. She stated that she touched her and she was cold and blue. She stated that her arm was laying up beside her head. She stated that she freaked out and ran in there to get her boyfriend. She stated that he jumped up and told her to call 911. She stated that she was so upset and crying that she could barely talk to them. She stated that 911 got frustrated with her so she gave the phone to her boyfriend. She stated that they were telling him what to do. She stated that they told him to get a towel and wipe the foam from her mouth and then try to administer CPR. She stated that by this time, 911 had arrived and took over. [REDACTED] stated that the parents are great parents and take good care of their children. [REDACTED] stated that her son was out of town with her sister and she was getting ready to go meet her to pick him up because his birthday was the next day.



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: 02/27/2013

Contact Method: Phone Call

Contact Time: 09:15 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 12:40 PM Entered By: [REDACTED]

Date: February 27, 2013

Time: 9:15 am

On 02/27/2013, CPSI III [REDACTED] received a return phone call from [REDACTED]. CPSI III explained to the mother that a visit needed to be made and she stated that 11:00 am on 02/28/2013 would work fine with 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: 02/27/2013 Contact Method: Attempted Phone Call
Contact Time: 09:10 AM Contact Duration: Less than 01 Hour
Entered By: [REDACTED] Recorded For:
Location: Created Date: 04/02/2013
Completed date: 04/02/2013 Completed By: [REDACTED]
Purpose(s): Service Planning
Contact Type(s): Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 12:37 PM Entered By: [REDACTED]
Date: February 28, 2013
Time: 9:10 am

On 02/28/2013, CPSI III [REDACTED] attempted a phone call to the mother, [REDACTED] to set up a visit, but there was no answer. A voice mail message was left.



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: 02/15/2013

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/02/2013

Completed date: 04/02/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 12:35 PM Entered By: [REDACTED]

Date: February 15, 2013

Time: 9:00 am

Location: [REDACTED] [REDACTED]

On 02/15/2013, this case was presented at Morning CPIT. The CPIT Disposition is Coordinate and Present to CPIT Review on February 28, 2013. The Assistant District Attorney is [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/13/2013 Contact Method:
 Contact Time: 10:55 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/02/2013
 Completed date: 04/02/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 12:29 PM Entered By: [REDACTED]
 Date: February 13, 2013
 Time: 10:55 am
 Location: [REDACTED]

On 02/13/2013, this case was staffed with Regional Administrator, [REDACTED] Team Coordinator, [REDACTED] and CPSA III, [REDACTED]. The case was discussed in detail and the following tasks were recommended:

- complete a request to [REDACTED] for the previous history on the father
- drug test both mom and dad
- get the medical records on all of the children
- complete a background check on the mother and the father



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/11/2013

Contact Method: Attempted Face To Face

Contact Time: 11:12 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/02/2013

Completed date: 04/02/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 12:22 PM Entered By: [REDACTED]

Date: February 11, 2013

Time: 11:12 am

Location: [REDACTED]

On 02/11/2013, CPSI III [REDACTED] was unable to make face to face contact with [REDACTED] [REDACTED] was had spent the night at the hotel with [REDACTED] family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/11/2013

Contact Method: Face To Face

Contact Time: 11:10 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/02/2013

Completed date: 04/02/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 12:19 PM Entered By: [REDACTED]

Date: February 11, 2013

Time: 11:10 am

Location: [REDACTED]

On 02/11/2013, CPSI III [REDACTED], observed [REDACTED] [REDACTED] appeared to be developmentally appropriate for his age. [REDACTED] was neat and clean in his appearance and displayed an appropriate bond with his mother and his father. [REDACTED] was playing with CPSI III and was able to talk with CPSI III. [REDACTED] did not present with any marks or bruises and appeared to be well cared for by his parents.



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:	02/11/2013	Contact Method:	Face To Face
Contact Time:	10:55 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 11:25 AM Entered By: [REDACTED]

Date: February 11, 2013

Time: 10:55 am

Location: [REDACTED]

On 02/11/13, CPSI III, [REDACTED], spoke with the father, [REDACTED]. [REDACTED] stated that he is originally from [REDACTED] County. He stated that he has been here in [REDACTED] for about a year. He stated that he moved to [REDACTED] from [REDACTED] and they came here to be with [REDACTED] family. He stated that her father passed away and they moved here. He stated that on the day of the incident, he was on the couch asleep. He stated that [REDACTED] came in there and told him that she had fed the kids and put them to bed and they were getting ready to leave out. He stated that the roommate, [REDACTED] called him about 12:30 am and asked what he was doing and said he was coming on home to sit with him. He stated that his friend, [REDACTED] had called earlier about 6:00 pm and told him that he was going to come over, but he didn't show up until later. He stated that [REDACTED] and [REDACTED] showed up about the same time, which was about 1:00 am. He stated that they sat around and watched movies and videos. He stated that [REDACTED] fell asleep and [REDACTED] ended up leaving about 2:00 am. [REDACTED] stated that he put in another movie (Paid in Full) and ended up falling back asleep 15-20 minutes later. He stated that when [REDACTED] woke him up, he grabbed his phone and charger and then looked at the time on his phone. He stated that the time said 4:23 am and he remember thinking, "Dang, she just got home." He stated that he got up and went into the bedroom and sat back on the bed, waiting on her to get in the bed. He stated that he was so sleepy, he didn't even pay attention to the baby still being in the bed with them. He stated that [REDACTED] got into the bed and went to move the baby and he turned towards her to cuddle. He stated that she started screaming about something being wrong with the baby. He stated that she ran out of the room. He stated that he couldn't get his wits together and took out walking. He stated that he was gone about 2-3 hours before his cousin found him and brought him back to the house. He stated that when he got back to the house, he was handcuffed by the police and questioned. He stated that they told him that they had to handcuff him because he left the scene. [REDACTED] began to cry and stated that he feels so bad because he feels as if he should have done something. He stated that when their children go to sleep, they stay sleep, so there was no reason for him to be concerned or to go and check on them. He stated that 9 years ago, his 1st babygirl died from SIDS so when this happened, he began to think maybe it's something with him. He stated that he has two older sons that live in [REDACTED] with their mom.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] reports being employed at [REDACTED]. He reports being employed there for a year and his work schedule is 3:30 pm-1:00 or 2:00 am. He reports making \$9.50/hour and getting paid weekly. He reports not graduating from High School and attending [REDACTED] but got an Incomplete. He reports having to take part 2 of Math. [REDACTED] reports being excited about having his family in town because it has been so many years that he has seen his mom and his sisters.



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: 02/11/2013 Contact Method:
Contact Time: 10:43 AM Contact Duration: Less than 03 Hour
Entered By: [REDACTED] Recorded For:
Location: Created Date: 04/02/2013
Completed date: 04/02/2013 Completed By: [REDACTED]
Purpose(s): Permanency
Contact Type(s): Notation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 10:59 AM Entered By: [REDACTED]
Date: February 11, 2013
Time: 10:43 am

Collateral Contact: [REDACTED] [REDACTED]

Pediatrician: [REDACTED]

Medical Insurance: United Health Insurance

AFDC: none
Child Supprt: none
Food Stamps: was receiving \$683 but has to go and reapply



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:	02/11/2013	Contact Method:	
Contact Time:	10:42 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 10:03 AM Entered By: [REDACTED]
 Date: February 11, 2013
 Time: 10:42 am
 Location: [REDACTED]

HOUSEHOLD COMPOSITION

[REDACTED]

Roommates

[REDACTED]

3 bedroom/2 bath home



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: 02/11/2013 Contact Method: Face To Face
 Contact Time: 10:41 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/02/2013
 Completed date: 04/02/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 09:51 AM Entered By: [REDACTED]

Date: February 11, 2013

Time: 10:41 am

Location: [REDACTED]

On 02/11/2013, CPSI III, [REDACTED], met with the mother, [REDACTED]. [REDACTED] stated that on the day of the incident, at about 9:30 pm, she fed [REDACTED] a bottle with cereal and milk in it and put her to sleep. She stated that she was in their bed and she put her on her back. She stated that she normally sleeps on her back. She stated that she had already fed their other two kids and put them to bed. She stated that she and [REDACTED] left the house between 10:00 and 10:30 pm to go out with some friends. She stated that they got home about 3:15 am and before going to bed, she got her something to drink and watched a little tv. She stated that [REDACTED] was on the couch asleep so she woke him up and told him she was ready to go to bed. She stated that she went into the bedroom to get in the bed and when she got in the bed, she started to pull [REDACTED] close to her. She stated that when she touched her, she was stiff and cold. She stated that she jumped up out of the bed and started screaming and telling them to call 911. She stated that she did not attempt to pick her up and ran outside screaming and crying. She stated that she was outside until the police and fire department arrived and she talked to them. She stated that the Forensic Examiner stated that it appeared to be SIDS but they would do further testing. She stated that [REDACTED] wasn't sick and she was fine when she left home. She stated that she had been fine all day and had not been acting as if anything was wrong with her. She stated that she was a happy baby. She stated that she was still on the bed just as she left her when she returned home from going out with her friends. [REDACTED] stated that she misses her baby so much.

[REDACTED] reports having previous history with the Department of Children's Services. She reports testing positive for marijuana when she gave birth to [REDACTED]. She reports dropping out of High School in the 9th grade and she was attending [REDACTED] in [REDACTED]. She reports no behavioral concerns with her children. She reports [REDACTED] having RSV, asthma, and a heart murmur. She reports no one being on medication. She reports no alcohol or drug history outside of testing positive for marijuana with [REDACTED]. She reports no history of Domestic Violence. She reports her family strengths as being a loving and caring family and taking very good care of their children. She reports her family needs as financial. She reports attending [REDACTED]. She reports being unemployed and the children stay in the home with her while [REDACTED] works.



Tennessee Department of Children's Services
Case Recording Summary

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

Upon CPSI III's arrival to the home, there was a house full of people. ██████████ family and ██████████ family were present in the home. They all came into town for the baby's funeral. The family members were asleep due to arriving over in the middle of the night.



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: 02/08/2013

Contact Method: Phone Call

Contact Time: 10:21 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/12/2013

Completed date: 02/12/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2013 04:54 PM Entered By: [REDACTED]

Date: February 8, 2013

Time: 10:21 am

On 02/08/2013, CPSI III, [REDACTED], placed a telephone call to the mother, [REDACTED] to see why she missed the appointment time. [REDACTED] stated that she overslept and it was agreed that CPSI III would come out to the home on Monday morning to meet with her. She stated that the funeral had been set for Tuesday, February 12 at 2:00 pm at [REDACTED]. The mother verified that her current address is [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/08/2013	Contact Method:	
Contact Time:	10:01 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/12/2013
Completed date:	02/12/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/12/2013 04:19 PM Entered By: [REDACTED]
 Date: February 8, 2013
 Time: 10:01 am

On 02/08/2013, a previous history search was completed on the family and the following was found:

[REDACTED] Assessment 6/29/12 Drug Exposed Infant [REDACTED] victim [REDACTED] mother Services Recommended and Accepted



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: 02/07/2013

Contact Method: Phone Call

Contact Time: 03:15 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/12/2013

Completed date: 02/12/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2013 04:08 PM Entered By: [REDACTED]

Date: February 7, 2013

Time: 3:15 pm

On 02/07/2013, CPSI III, [REDACTED], spoke with the mother, [REDACTED] and set up a meeting time. The mother stated that she would come up to the DCS office on 2/8/2013 at 9:00 am to meet with CPSI III. She stated that the baby's body was released and was at the funeral home.



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: 02/06/2013

Contact Method: Phone Call

Contact Time: 10:26 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/12/2013

Completed date: 02/12/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2013 03:39 PM Entered By: [REDACTED]

Date: February 6, 2013

Time: 7:05 am

On 02/06/2013, CPSI III, [REDACTED], received a telephone call from the mother, [REDACTED] inquiring about her baby. She stated that she wanted to move forward with making the funeral arrangements for her baby and was wondering when they would release her body. She stated that she didn't understand why they had her baby. CPSI III explained to the mother the process of the death of a child and told her that it would be soon. CPSI III also explained to the mother that a meeting time would need to be set up with her so that we could formally meet. The mother stated that would be fine.

Narrative Type: Addendum 1 Entry Date/Time: 02/12/2013 03:42 PM Entered By: [REDACTED]

The time in the narrative should be 10:26 am, not 7:05 am.



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:	02/04/2013	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/08/2013
Completed date:	02/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/08/2013 10:36 AM Entered By: [REDACTED]

On 2/3/13, Central Intake received a P-1 referral for Lack of Supervision and Neglect Death. The referral was assessed and assigned by Team Leader [REDACTED], on 2/4/2013, and assigned to CPSI CM3, [REDACTED] due to this being a Neglect Death. According to the referral, on Sunday 02-03-13 at 4:40am [REDACTED] Fire Department was dispatched out to the family home. At 4:50am [REDACTED] Fire Department requested [REDACTED] Police Department to assist in a DOA call. When the referent arrived at the family home, Fire and Rescue was attempting to revive [REDACTED]. Reporter did not physically observe the child. [REDACTED] gave a statement to the referent that she and her roommate [REDACTED] went out to have fun on 02-02-13 around 10:30pm. [REDACTED] reported that she and [REDACTED] went to a club called the [REDACTED]. According to [REDACTED] she left her three children in the care of their father, [REDACTED]. [REDACTED] stated to the referent that when she and [REDACTED] returned to the family home around 3:15am on 02-03-13 she observed that [REDACTED] was not present in the home. [REDACTED] stated that she went in her bedroom and found [REDACTED] lying on her back unresponsive and cold. [REDACTED] reports that [REDACTED] was on her bed. [REDACTED] stated that she started to scream and [REDACTED] called 911. [REDACTED] was so upset that she could not provide dispatch information and that is when [REDACTED] took the phone and provided dispatch further information. Before the referent arrived [REDACTED] made a statement to the first responding officer that when she returned home she observed [REDACTED] asleep in the lazy-boy chair in the living room. [REDACTED] reported that she then went to their bedroom and found [REDACTED] lying on her back with one arm raised. [REDACTED] stated that she touched [REDACTED] and she was cold and stiff. [REDACTED] reported that she then ran in the living room screaming at [REDACTED] telling him it was his fault and he then ran out the door. The referent reports that [REDACTED] was not present when officers arrived. [REDACTED] has not been contacted. [REDACTED] reports that while [REDACTED] and [REDACTED] were away from the home he was asleep in his and [REDACTED] bedroom with their child [REDACTED]. [REDACTED] reports that he did not wake until he heard screaming. It was reported to the referent that someone stated that [REDACTED] had an infant with another woman to die at four months old. It is unknown what that infant's name was or the name of the mother. The referent reports that [REDACTED] and [REDACTED] are presently at the family home with officers present. [REDACTED] was transported to [REDACTED].

Response was completed on 2/3/2013 by on-call CPSI [REDACTED]. The referent letter was mailed on 2/4/2013. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy. Documentation of face to face contact should be entered within 24 hours of face to face contact with the family. Case must be classified at 30 days from the date 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: 02/03/2013

Contact Method: Face To Face

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/06/2013

Completed date: 02/06/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/06/2013 09:22 AM Entered By: [REDACTED]

According to [REDACTED] and he informed this case manager that the medical examiner stated that it appears that the child passed away from SIDS.



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: 02/03/2013 Contact Method: Face To Face
 Contact Time: 09:45 AM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/06/2013
 Completed date: 02/06/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/06/2013 09:20 AM Entered By: [REDACTED]

This case manager responded to the referral # [REDACTED]

This case manager visited [REDACTED] and spoke with the mother, [REDACTED] regarding the allegations. [REDACTED] stated that she fed [REDACTED] a bottle around 10:00 pm on 02/02/13, put [REDACTED] in her bed [REDACTED] (bed) before she [REDACTED] and her roommate [REDACTED] left the home around 10:30 pm to go the club. [REDACTED] stated that when they returned back to the home around 3:15 am or 3:30 am. She stated that she did not go into the bedroom and check on [REDACTED] because she knew that the child did not get up that early. [REDACTED] stated that she sat down on the couch, watched television, went smoked a cigarette. She stated that the father ([REDACTED]) was sleep in the chair in the living room. She stated that she that she woke the father, [REDACTED] up from the chair and told him lets go get in the bed. [REDACTED] stated that she went in the kitchen and got some more water before she went in the bedroom. She stated that when she got into the bed, [REDACTED] was on her back. [REDACTED] stated that she got into the bed and was positioning [REDACTED] and moved her closer. [REDACTED] stated that when she touched [REDACTED] she noticed that she was cold and stiff. [REDACTED] stated that she began screaming and ran to her friends room [REDACTED] and stated that [REDACTED] was dead. [REDACTED] stated that [REDACTED] came to the bedroom and called 911. She stated that [REDACTED] was unable to speak with them, so her boyfriend, [REDACTED] took the telephone and began speaking with the operator. [REDACTED] stated that [REDACTED] was given instructions on what to do regarding [REDACTED] [REDACTED] stated that the paramedics came to the home and they took the child away from the home. [REDACTED] stated that Law Enforcement would not allow her to leave the home and would not allow her to answer her telephone. [REDACTED] stated that she was upset and blamed the father and the father left the home. She stated that the father had a child to die of SIDS when she was 4 months.

This case manager visited [REDACTED] and spoke with the father, [REDACTED] regarding the child, [REDACTED] [REDACTED] told this case manager that the mother ([REDACTED]) fed the child around 10:00 pm and put her in the bed before she and [REDACTED] left the home. [REDACTED] stated that he did not check on the child during the night. He stated that the mother returned to the home around 4:00 am. He stated that he was in the chair sleep in the living room and the mother woke him up and told him to come and go the bed. [REDACTED] stated that he went into the bedroom and laid in the bed (described him laying back, but he did not lay down in the bed). [REDACTED] stated that



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

he could not recall where the child was in the bed. He stated that the mother came into the bedroom and got into the bed. He stated the mother was moving the child and then began screaming and stating that the child was dead because she was cold. According to [REDACTED] he tried to do CPR on the child. [REDACTED] stated that he did leave the home and just needed to walk [REDACTED] stated that he had another child to die of SIDS when she was 4 months and she was residing in [REDACTED]

This case manager visited [REDACTED] and spoke with the friend, [REDACTED] regarding the child, [REDACTED] [REDACTED] stated that she and the mother left the home around 10:30 pm and went to the club. She stated that they arrived back at the home around 3:15 am or 3:30 am. [REDACTED] stated that she went into the bedroom with her boyfriend and her son. She stated that she was in the process of putting on her pajamas when the mother [REDACTED] came banging on her door stating I think my baby is dead. [REDACTED] stated that she went into the bedroom with the child and checked the baby and observed that she was blue, cold and stiff. [REDACTED] stated that she called 911, but was unable to speak and her boyfriend, [REDACTED] took the telephone and the operator told him what to do regarding the child. [REDACTED] stated that the children were left in the home with their father and her sons father, [REDACTED] was at the home with their child, [REDACTED] [REDACTED] told this case manager that she and her family has been residing in the home since June 2012 and [REDACTED] and her family moved into the home in October 2012.

This case manager visited [REDACTED] and spoke with [REDACTED] (paramour) concerning the child, [REDACTED] [REDACTED] told this case manager that he was in the bedroom sleep with his son, [REDACTED] [REDACTED] stated that [REDACTED] and [REDACTED] began screaming. [REDACTED] stated that [REDACTED] called 911 and she was unable to speak with the operator, so he took the telephone. He stated that he was given instructions on what to do. He stated that he was told to tilt her head back and clear the foam out of her mouth. [REDACTED] stated that he had a wet towel and was getting the foam out of mouth. He stated that he observed [REDACTED] turning blue. He stated that he began singing the Bunny song to her (he stated that he song it to her before) and he stated that it appeared that she was trying to open her eyes, but she could not. He stated that he was instructed to put his head down to her mouth and see if she was breathing. He stated that he put his head down to her mouth and heard her breathing lightly (he described the breathing to this case manager). He stated that the ambulance/paramedics came in to the home and began speaking to the mother. He stated that he was getting upset because they were talking to the mother and he felt that they could have been attending to the child. [REDACTED] stated that later they received a telephone call from the hospital stating that the child died.

This case manager observed the children [REDACTED] and [REDACTED] in the home and did not observe any safety concerns. This case manager did not observe any visible marks or bruises on the children. This case manager observed the child to appear healthy and happy and was interacting appropriately with the family

Family Composition consists of:

- [REDACTED] mother) [REDACTED] (friend) [REDACTED]
- [REDACTED] (father) [REDACTED] (paramour of [REDACTED])
- [REDACTED] (sibling) [REDACTED]
- [REDACTED] (sibling)
- [REDACTED] (child/victim)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[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: 02/03/2013

Contact Method:

Contact Time: 09:45 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 11:11 AM Entered By: [REDACTED]

Date: February 3, 2013

Time: 9:45 am

On 02/03/2013, the following forms were explained to and signed by the mother:

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

Notification of Equal Access to Programs and Services and Grievance Procedures

HIPAA Notice of Privacy Practices- Client Acknowledgement

Acknowledgement of Receipt of Clients' Rights Handbook

Native American Heritage Veto Verification



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:	02/03/2013	Contact Method:	Attempted Face To Face
Contact Time:	09:45 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	04/30/2013
Completed date:	04/30/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/30/2013 05:56 PM Entered By: [REDACTED]
 Date: February 3, 2013
 Time: 9:45 am
 Location: [REDACTED]

On 02/03/2013, CPSI II [REDACTED] was unable to make face to face contact with the victim due to the infant already being deceased at the time the referral was received.



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: 02/03/2013

Contact Method:

Contact Time: 07:05 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/06/2013

Completed date: 02/06/2013

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: 02/06/2013 09:14 AM Entered By: [REDACTED]

This agency received a referral on 02/03/2013 stating allegations of Neglect Death against an Unknown and allegations of Lack of Supervision against the father, [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: 09/10/2012

Contact Method:

Contact Time: 11:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/10/2012

Completed date: 09/10/2012

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/10/2012 11:49 AM Entered By: [REDACTED]

The assessment case of [REDACTED] ([REDACTED]), P-2, was received for DEC. The alleged perpetrator is the mother, [REDACTED]. There was no prior CPS history for the mother or father, [REDACTED]. JSSI checks revealed no history for either parent. TBI, Felony Offender, Meth Offender and Vulnerable Persons check revealed no results.

The Department received a P-2 referral with an allegation of DEC. The referral stated the mother tested positive for marijuana upon delivery; however, the baby did not. The mother stated she used marijuana due to her decreased appetite. The mother denied smoking marijuana regularly. The baby was born healthy and full-term. The mother received prenatal care. The mother was referred to Innovative Counseling for outpatient drug treatment. The mother completed her sessions with ICC. The mother is unemployed and is not eligible for childcare.

This FSW contacted the referent to obtain additional information concerning the referral. The referent stated the mother and child had been dismissed from the hospital, but the mother was informed that DCS would be contacting her. She stated the mother was cooperative. She stated the mother stated she smoked a joint several weeks prior to giving birth. She further stated the mother stated she only used because she could not keep anything down and was worried about the baby not getting enough to eat. The referent stated the mother did receive prenatal care and there were no other issues with the baby. She stated the mother was advised a referral to DCS would be made. She stated the mother has the proper supplies for the baby and support in the home.

[REDACTED] is a biracial female. [REDACTED] was born full-term with no health complications. She weighed 6 lbs and 5 oz. The mother received prenatal care throughout the pregnancy.

[REDACTED] admitted to smoking marijuana a month or so prior to giving birth. She stated she had been throwing up and could not keep anything down and smoked to improve her appetite. [REDACTED] denied smoking marijuana on a regular basis. [REDACTED] also reported she has never been investigated by DCS. She stated she takes good care of her children. [REDACTED] informed she resides in the home with her boyfriend and the children's father, [REDACTED]. [REDACTED] reported she is unemployed and receives governmental assistance. [REDACTED] stated she did receive prenatal care with all of her children. She stated her OB-GYN is [REDACTED]. [REDACTED] stated [REDACTED] was born a month early; however, she was healthy. [REDACTED] stated she will comply with the Department's request. This FSW informed [REDACTED] of the Department's policy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

concerning drug use, as well as informed she would have to complete drug education and counseling.

[REDACTED], father, stated [REDACTED] is a good mother to their children. He stated she does not use any type of drugs, and made a mistake in smoking marijuana. He stated there have never been any issues with their other children. [REDACTED] stated [REDACTED] is willing to cooperate with the Department with any requests. [REDACTED] reported he is employed with [REDACTED] and works the 3 12 shift. He stated while he is at work, [REDACTED] friend helps her.

FSW spoke with [REDACTED], friend, reported [REDACTED] is a wonderful mother to her children. She stated she just made a bad choice and had to pay the cost. [REDACTED] stated [REDACTED] takes very good care of her children and does not abuse drugs. She stated [REDACTED] boyfriend does not want that type of activity in his home. She stated the children have never been placed in any danger.

The family support for the family consist of [REDACTED] and [REDACTED].

The family has United Healthcare insurance. [REDACTED] is unemployed. [REDACTED] is employed at [REDACTED].

Background checks were completed on all parties over 18 and placed in the file.

Safety Assessment Score: Safe

Risk Assessment: Low

Background Checks:

CPS - No record

JSSI - No record

TN Felony Offender - No record

Meth Offender Registry - No record

TBI - No record

On 07/10/12 this case was classified within 30 days of assignment. TFACTS has been updated with all relevant information. Photos are inside the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/06/2012 Contact Method: Face To Face
 Contact Time: 01:50 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 09/10/2012
 Completed date: 09/10/2012 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community
 Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/10/2012 11:48 AM Entered By: [REDACTED]

Begin Time -1:50 p.m.

Ending Time -2:00 p.m.

Location [REDACTED]

Purpose for contact/Meeting - To assess wellbeing

Allegation - DEC

Safety -The family's home assessed as safe. [REDACTED] is healthy and up-to-date on her immunizations. The home has working utilities, food and there were no hazards noted.

Permanency - [REDACTED] is in the custody of her mother, [REDACTED]

Family Support - [REDACTED] [REDACTED] and [REDACTED]

Well Being - [REDACTED] is reported to be healthy, although she was born a month early. The mother reported she received prenatal care from her OB-GYN, [REDACTED]. The family has United Healthcare insurance. [REDACTED] is unemployed, but receives governmental assistance and food stamps.

Documentation of Contact -This FSW reported to the family's home to assess progress. [REDACTED] reported the family is doing well. She reported the children are healthy. She reported [REDACTED] is growing like a weed. [REDACTED] reported she has completed her classes at [REDACTED]. She reported no other problems with the family.

Observation, etc. FSW observed [REDACTED] to be very attentive. She was neatly and appropriately dressed in a one piece jumpsuit.. The home was clean.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Plan -Prepare for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2012

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/06/2012

Completed date: 09/06/2012

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/06/2012 12:23 PM Entered By: [REDACTED]

FSW recieved update from [REDACTED] concerning [REDACTED] progress. [REDACTED] has two classes left.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2012

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/22/2012

Completed date: 09/06/2012

Completed By: [REDACTED]

Purpose(s): Permanency, Safety - Child/Community

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/22/2012 02:41 PM Entered By: [REDACTED]

Begin Time -3:00 p.m.

Ending Time -3:20 p.m.

Location [REDACTED]

Purpose for contact/Meeting - To assess wellbeing

Allegation - DEC

Safety -The family's home assessed as safe. [REDACTED] is healthy and up-to-date on her immunizations. The home has working utilities, food and there were no hazards noted.

Permanency - [REDACTED] is in the custody of her mother [REDACTED]

Family Support - [REDACTED] [REDACTED] and [REDACTED]

Well Being - [REDACTED] is reported to be healthy, although she was born a month early. The mother reported she received prenatal care from her OB-GYN, [REDACTED]. The family has United Healthcare insurance. [REDACTED] is unemployed, but receives governmental assistance and food stamps.

Documentation of Contact -This FSW reported to the family's home unannounced to assess the family's progress. This FSW met with [REDACTED] to address progress. [REDACTED] stated she has been compliant with the Department's request. She stated she has two more classes left before completion. [REDACTED] stated she had arranged transportation through [REDACTED] for her last classes, but for some reason she was not picked up. She stated she has a class on tonight. [REDACTED] reported that the family is doing fine. She stated [REDACTED] is healthy and growing.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Observation, etc. FSW observed [REDACTED] to be alert and attentive. She was neatly and appropriately dressed in a layette. The home was clean.

Plan -Prepare for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/09/2012

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/10/2012

Completed date: 07/10/2012

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2012 12:09 PM Entered By: [REDACTED]

FSW received notification from [REDACTED] that [REDACTED] completed her assessment and started classes on 7/9/12.



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:	06/29/2012	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/10/2012
Completed date:	07/10/2012	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/10/2012 11:52 AM Entered By: [REDACTED]
 FSW made a referral to [REDACTED] for [REDACTED] to start A and D 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: 06/28/2012

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/10/2012

Completed date: 07/10/2012

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2012 11:59 AM Entered By: [REDACTED]

FSW completed a CPS check on [REDACTED] and [REDACTED]. There were no records found. FSW also completed JSSI, TBI, Meth Offender, NSOR, TN Felony and Vulnerable Persons searches with no results found.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 06/28/2012 Contact Method: Face To Face
Contact Time: 10:45 AM Contact Duration: Less than 01 Hour
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 07/10/2012
Completed date: 07/10/2012 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Alleged Perpetrator Interview,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: 07/10/2012 11:31 AM Entered By: [REDACTED]

Begin Time -10:45 a.m.

Ending Time - 11;20 A.M.

Location - [REDACTED]

Purpose for contact/Meeting -To make assessment and address allegation

Allegation - DEI

Safety - Safe

Permanency - [REDACTED] is in the custody of her mother, [REDACTED]. The mother also has two other children, [REDACTED] and [REDACTED].

Family Support - [REDACTED] [REDACTED] and [REDACTED]

Well Being - [REDACTED] is reported to be healthy, although she was born a month early. The mother reported she received prenatal care from her OB-GYN, Dr. [REDACTED]. The family has United Healthcare insurance. [REDACTED] is unemployed, but receives governmental assistance and food stamps.

Documentation of Contact - This FSW reported to the home of [REDACTED] to address the allegation. FSW introduced herself and stated the nature of the visit and engaged the mother in conversation. [REDACTED] admitted to smoking marijuana a month or so prior to giving birth. She stated she had been throwing up and could not keep anything down and smoked to improve her appetite. [REDACTED] denied smoking marijuana on a regular basis. [REDACTED] also reported she has never been investigated by DCS. She stated she takes good care of her children. [REDACTED] informed she resides in the home with her boyfriend and the children's father [REDACTED]. She reported she has two other children, [REDACTED] and [REDACTED]. [REDACTED] father,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

stated [REDACTED] is a good mother to their children. He stated she does not use any type of drugs, and made a mistake in smoking marijuana. He stated there have never been any issues with their other children. [REDACTED] stated [REDACTED] is willing to cooperate with the Department with any requests. [REDACTED] reported he is employed with [REDACTED] and works the 3 - 12 shift. He stated while he is at work, [REDACTED] friend helps her. [REDACTED] reported she is unemployed and receives governmental assistance. [REDACTED] stated she did receive prenatal care with all of her children. She stated her OB-GYN is [REDACTED]. [REDACTED] stated [REDACTED] was born a month early; however, she was healthy. [REDACTED] stated she will comply with the Department's request. This FSW informed [REDACTED] of the Department's policy concerning drug use, as well as informed she would have to complete drug education and counseling. This FSW also informed [REDACTED] of the [REDACTED] as well as explained and assisted her with completing the releases, Title VI, Native American Heritage Veto, HIPAA and the Client's Rights Handbook. This FSW informed [REDACTED] that she would be referring her to [REDACTED]

Observation, etc. The family resides in a two bedroom, one bath duplex home. The home was appropriately furnished and clean. The home has working utilities and an abundance of food. The children were neatly and appropriately dressed and appeared to be bonded with their parents. [REDACTED] has the necessary items for baby [REDACTED]

Plan - Refer [REDACTED] to [REDACTED] for services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/28/2012 Contact Method: Attempted Face To Face
 Contact Time: 10:10 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/10/2012
 Completed date: 07/10/2012 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/10/2012 12:45 PM Entered By: [REDACTED]

Begin Time -10:10 a.m.

Ending Time -10:20 a.m.

Location [REDACTED]

Purpose for contact/Meeting -To make assessment

Allegation -DEI

Safety -Unknown

Permanency -Unknown

Family Support -Unknown

Well Being -Unknown

Documentation of Contact - FSW reported to the home provided on the referral. This FSW knocked several times, but received no answer. This FSW could hear the television on inside the home, as well as see lights on and hear talking inside the home. FSW knocked again, but received no answer. This FSW left her business card in the door. FSW contacted the referent to inform her as to her attempts to reach the mother. The referent stated she would contact the mother to have her make contact. The mother, [REDACTED], did return the call and informed this FSW that she no longer lived at that address. [REDACTED] provided the correct address of [REDACTED]

Observation, etc.

Plan - FSW will meet with the family at the correct address.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [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: 06/27/2012

Contact Method: Phone Call

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/10/2012

Completed date: 07/10/2012

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2012 12:52 PM Entered By: [REDACTED]

This FSW contacted the referent to obtain additional information concerning the referral. The referent stated the mother and child had been dismissed from the hospital, but the mother was informed that DCS would be contacting her. She stated the mother was cooperative. She stated the mother stated she smoked a joint several weeks prior to giving birth. She further stated the mother stated she only used because she could not keep anything down and was worried about the baby not getting enough to eat. The referent stated the mother did receive prenatal care and there were no other issues with the baby. She stated the mother was advised a referral to DCS would be made. She stated the mother has the proper supplies for the baby and support in the home.



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:	06/27/2012	Contact Method:	
Contact Time:	01:03 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/02/2012
Completed date:	07/02/2012	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/02/2012 01:37 PM Entered By: [REDACTED]

The assessment case of [REDACTED] age 0 yrs old was assigned P2 to FSW [REDACTED] to assess the allegations of Drug Exposed Infant. The alleged perpetrator is birth mother [REDACTED]. Reportedly, the mother tested positive for marijuana upon delivery of her baby. The baby tested positive it is not known if the child's meconium is pending. FSW will complete a FSTM for Services and the NCPP. FSW will followup with TL [REDACTED] within the next 48 hours. It is not known if the family is of Native American Descent. A copy of the referral will be forwarded to the DAS office. Response time due is by 6-29-12.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 2/3/13 7:05 AM

Date of Assessment: 2/3/13 12:00 AM

Assessment Type: [X] Initial [] Closing [] Other

Number of Children in the Household: 3

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



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



Investigation #:	[REDACTED]	Date of Notification:	02/03/13	Date of Death/ Incident:	02/03/2013
Type: (Please check one)	<input checked="" type="checkbox"/> FATALITY	<input type="checkbox"/> NEAR FATALITY			
Child' Name:	[REDACTED]	DOB:	[REDACTED]	TFACTS #	
Gender:	Male: <input type="checkbox"/>	Female: <input checked="" type="checkbox"/>	Race/Ethnicity:	Black or A	County/Region: [REDACTED]
Parent's Name(s):	Mother: [REDACTED]	Father:	[REDACTED]		
Was child in custody at time of incident?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>	Adjudication:		
If child is in DCS custody, list placement type and name:					

Describe (in detail) cause or circumstance regarding the death/injury: According to Officer [REDACTED] and he informed this case manager that the medical examiner stated that it appears that the child passes away from SIDS. This case manager spoke with the family and was informed that the child was fed and was put to bed around 10 pm. The mother and her friend, [REDACTED] returned home around 3:15 or 3:30 am. The family stated that the child appeared cold and stiff in the mother's bed. The family called 911 and CPR was administered on the child prior to medical staff coming to the home. [REDACTED] was transported to [REDACTED] Hospital and was pronounced dead.

Describe (in detail) interview with family: This case manager visited [REDACTED] and spoke with the mother, [REDACTED] regarding the allegations. Ms. [REDACTED] stated that she fed [REDACTED] a bottle around 10:00 pm on 02/02/13, put [REDACTED] in her bed ([REDACTED] bed) before she (Ms. [REDACTED]) and her roommate ([REDACTED]) left the home around 10:30 pm to go the club. Ms. [REDACTED] stated that when they returned back to the home around 3:15 am or 3:30 am. She stated that she did not go into the bedroom and check on [REDACTED] because she knew that the child did not get up that early. Ms. [REDACTED] stated that she sat down on the couch, watched television, went smoked a cigarette. She stated that the father [REDACTED] was sleep in the chair in the living room. She stated that she that she woke the father, [REDACTED] up from the chair and told him lets go get in the bed. Ms. [REDACTED] stated that she went in the kitchen and got some more water before she went in the bedroom. She stated that when she got into the bed, [REDACTED] was on her back. Ms. [REDACTED] stated that she got into the bed and was positioning [REDACTED] and moved her closer. Ms. [REDACTED] stated that when she touched [REDACTED] she noticed that she was cold and stiff. Ms. [REDACTED] stated that she began screaming and ran to her friend's room [REDACTED] and stated that [REDACTED] was dead". Ms. [REDACTED] stated that [REDACTED] came to the bedroom and called 911. She stated that [REDACTED] was unable to speak with them, so her boyfriend, [REDACTED] took the telephone and began speaking with the operator. Ms. [REDACTED] stated that Mr. [REDACTED] was given instructions on what to do regarding [REDACTED]. Ms. [REDACTED] stated that the paramedics came to the home and they took the child away from the home. Ms. [REDACTED] stated that Law Enforcement would not allow her to leave the home and would not allow her to answer her telephone. Ms. [REDACTED] stated that she was upset and blamed the father and the father left the home. She stated that the father had a child to die of SIDS when she was 4 months.

This case manager visited [REDACTED] and spoke with the father [REDACTED] regarding the child, [REDACTED]. Mr. [REDACTED] told this case manager that the mother [REDACTED] fed the child around 10:00 pm and put her in the bed before she and [REDACTED] left the home. Mr. [REDACTED] stated that he did not check on the child during the night. He stated that the mother returned to the home around 4:00 am. He stated that he was in the chair sleep in the living room and the mother woke him up and told him to come and go the bed. Mr. [REDACTED] stated that he went into the bedroom and laid in the bed (described him laying back, but he did not lay down in the bed). Mr. [REDACTED] stated that he could not recall where the child was in the bed. He stated that the mother came into the bedroom and got into the bed. He stated the mother was moving the child and then began screaming and stating that the child was dead because she was cold. According to Mr. [REDACTED] he tried to do CPR on the child. Mr. [REDACTED] stated that he did leave the home and just needed to walk. Mr. [REDACTED] stated that he had another child to die of SIDS when she was 4 months and she was residing in [REDACTED].

This case manager visited [redacted] and spoke with the friend, [redacted] regarding the child, [redacted]. Ms. [redacted] stated that she and the mother left the home around 10:30 pm and went to the club. She stated that they arrived back at the home around 3:15 am or 3:30 am. Ms. [redacted] stated that she went into the bedroom with her boyfriend and her son. She stated that she was in the process of putting on her pajamas when the mother [redacted] came banging on her door stating "I think my baby is dead". Ms. [redacted] stated that she went into the bedroom with the child and checked the baby and observed that she was blue, cold and stiff. Ms. [redacted] stated that she called 911, but was unable to speak and her boyfriend, [redacted] took the telephone and the operator told him what to do regarding the child. Ms. [redacted] stated that the children were left in the home with their father and her son's father, [redacted] was at the home with their child, [redacted]. Ms. [redacted] told this case manager that she and her family has been residing in the home since June 2012 and [redacted] and her family moved into the home in October 2012.

This case manager visited [redacted] and spoke with Mr. [redacted] ([redacted] paramour) concerning the child, [redacted]. Mr. [redacted] told this case manager that he was in the bedroom sleep with his son, [redacted]. Mr. [redacted] stated that [redacted] and [redacted] began screaming. Mr. [redacted] stated that [redacted] called 911 and she was unable speak with the operator, so he took the telephone. He stated that he was given instructions on what to do. He stated that he was told to tilt her head back and clear the foam out of her mouth. Mr. [redacted] stated that he had a wet towel and was getting the foam out of mouth. He stated that he observed [redacted] turning blue. He stated that he began singing the Bunny song to her (he stated that he song it to her before) and he stated that it appeared that she was trying to open her eyes, but she could not. He stated that he was instructed to put his head down to her mouth and see if she was breathing. He stated that he put his head down to her mouth and heard her breathing lightly (he described the breathing to this case manager). He stated that the ambulance/paramedics came in to the home and began speaking to the mother. He stated that he was getting upset because they were talking to the mother and he felt that they could have been attending to the child. Mr. [redacted] stated that later they received a telephone call from the hospital stating that the child died.

This case manager observed the children [redacted] in the home and did not observe any safety concerns. This case manager did not observe any visible marks or bruises on the children. This case manager observed the child to appear healthy and happy and was interacting appropriately with the family.

This case manager observed that the family resides in the home with another family [redacted] (23) ([redacted] (29) and [redacted] (1)). The family resides in a three bedroom home. The family reported that the children shared a room. This case manager did observe a baby crib and a bed in th third bedroomroom. The mother reported that [redacted] usually sleeps in her baby crib, but she did not put her in the crib on that night.

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

Describe disposition of body (Fatality):		According to Officer [redacted] the medical examiner stated that it appears that the child, [redacted] dies from SIDS.	
Name of Medical Examiner or Coroner:	[redacted]	Was autopsy requested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did CPS open an investigation on this Fatality/Near Fatality?	Open <input checked="" type="checkbox"/>	Closed <input type="checkbox"/>	
Was there an open investigation at the time of Fatality/Near Fatality?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If so, describe (in detail) law enforcement or court involvement:			
Alleged perpetrator and relationship to child:		The alleged perpetrator is Unknown	
Describe (in detail) action taken to ensure safety of other children (list names and ages of children) and or victim (Near Fatality) (attach safety plan, if applicable):			
This agency did not removed the other children [redacted] because there were no observation of abuse or neglect concerning the children. According to Officer [redacted]			