



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 03/07/2013 12:15 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: [REDACTED]

**Investigation**

Investigation ID [REDACTED]  
First County/Region [REDACTED]  
Date/Time Assigned : 03/07/2013 03:26 PM  
First Team Leader Assigned: [REDACTED] Date/Time 03/07/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 03/07/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yrs	Neglect Death	Yes	[REDACTED]	Birth Father
[REDACTED]	1 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS: Family Case ID [REDACTED]

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: 0  
Prior INV/ASMT of Neglect: 1  
Screen Outs: 0

County: [REDACTED]  
Notification: Letter  
School/ Daycare: Unknown  
Native American Descent: No  
Directions: N/A



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

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

Reporter states: [REDACTED] (1) is in the custody of his parents, [REDACTED] and [REDACTED] in [REDACTED] County. There are no other children in the home.

This morning around 8:30 a.m., [REDACTED] awoke and found [REDACTED] unresponsive and not breathing. The father picked up the child and he was cold to the touch and was already blue and purple in color. They called 9-1-1 and the mother attempted CPR. The child was transported to [REDACTED] Hospital where he was pronounced dead. The mother reports that the child has had really bad diarrhea and a fever for the past few days and she had been giving him over-the-counter medicine to treat both. The mother reported that it was a type of over-the-counter childrens Tylenol that contained Acetaminophen. The mother reports also giving the child a dose of Amoxicillin that he had left over from a previous illness.

As of right now, there are no signs of abuse as well as no open DCS cases. There is nothing to point to anything criminal. The child is being sent to the medical examiner for an autopsy.

To the reporters knowledge, [REDACTED] had no special needs or disabilities. According to the mother, [REDACTED] was diagnosed with asthma but had no problems with it for months.

The reporter states the home was in good shape. It was not dirty; it was maintained and there was nothing out of the ordinary. There were no hazards noticed that could result in injury or death. There are no other known patterns of neglect in the home that the reporter is aware of. Both parents have history with the police that is mainly drug related.

A DCS worker has already responded at the hospital sometime near 12 o'clock noon. The reporter states the DCS worker who came out to the home has drug tested the parents but the reporter was not notified of the results. To the reporters knowledge, there were no pill bottles or drug paraphernalia lying around the home.

LE report # [REDACTED]

Per SDM: Investigative P1. [REDACTED] CM3 @ 1242p on 3-7-13.

Emailed [REDACTED]

Emailed [REDACTED]

RA: [REDACTED]

Child fatality group notified. Email sent to: [REDACTED]

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



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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 30 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

**Gender:** Male

**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:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 46 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/07/2013

Assignment Date: 03/07/2013

Street Address:

City/State/Zip:

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			09/10/2013
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			09/10/2013

**C. Disposition Decision**

Disposition Decision:

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 09/10/2013

Team Leader: [REDACTED]

Date: 09/19/2013

**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:**

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

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

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



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

**Case Name :** [REDACTED]

**Investigation ID:** [REDACTED]

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

**Distribution Copies:** Juvenile Court in All Cases  
District Attorney in Severe Child Abuse Cases  
Regional Supervising Attorney



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/19/2013

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/19/2013

Completed date: 09/19/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2013 02:47 PM Entered By: [REDACTED]

TL [REDACTED] reviewed the Autopsy results on [REDACTED] on this date. After all toxicology results were returned the Manner of Death could not be determined. One possibility is that the child dies from dehydration due to an illness he had for a couple of days prior to his death. Due to some tests that could not be performed this could not be deemed the official cause of death. The child was in an unsafe sleep environment but at age 15 months should have been able to extricate himself from soft covers or pillows so this could not explain his death either. Medical Examiner official finding is: Cause of Death: Could not be determined Manner of Death: Could not be determined. This case will be presented to the Child Abuse Protection Team on 9/26/13 for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/20/2013

Contact Method: Face To Face

Contact Time: 09:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/22/2013

Completed date: 08/22/2013

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: 08/22/2013 01:57 PM      Entered By: [REDACTED]

CPSI [REDACTED] meet with Dec. [REDACTED] face to face. He reported that he had just emailed the ME's office and asked how much longer on the autopsy report.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/15/2013

Contact Method: Correspondence

Contact Time: 08:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/15/2013

Completed date: 08/15/2013

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: 08/15/2013 08:53 PM      Entered By: [REDACTED]

CPSI [REDACTED] contacted Inv [REDACTED] to see if the results of the autopsy has been recieved. He reported that it has not at this time.

A HV has not been made due to no other children are in the home and the family has refused any DCS services,



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/16/2013

Contact Method:

Contact Time: 01:55 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/16/2013

Completed date: 07/16/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/16/2013 01:58 PM      Entered By: [REDACTED]

The case is a child fatality case. ACV is [REDACTED] [REDACTED] age seventeen months. There are no other children in the home. CPSI [REDACTED] has collected all medical records and is waiting for an autopsy report. CPSI [REDACTED] has scheduled Grief Counseling for mother [REDACTED]. The family does not want services from DCS.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/08/2013

Contact Method: Correspondence

Contact Time: 10:05 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2013

Completed date: 07/08/2013

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: 07/08/2013 10:10 AM      Entered By: [REDACTED]

CPSI [REDACTED] contacted Inv [REDACTED] to see if the results of the autopsy has been recieved. He reported that it has not at this time.

A HV has not been made due to no other children are in the home and the family has refused any DCS services,



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2013

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/05/2013

Completed date: 07/05/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/05/2013 02:55 PM      Entered By: [REDACTED]

CPSI [REDACTED] offered services to the family. They refused services. There are not any other children in the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/12/2013

Contact Method:

Contact Time: 12:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/12/2013

Completed date: 06/12/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/12/2013 12:37 PM      Entered By: [REDACTED]

The case is a child fatality case. ACV is [REDACTED] age seventeen months. There are no other children in the home. CPSI [REDACTED] has collected all medical records and is waiting for an autopsy report. CPSI [REDACTED] has scheduled Grief Counseling for mother [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/12/2013

Contact Method: Phone Call

Contact Time: 08:10 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/12/2013

Completed date: 06/12/2013

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: 06/12/2013 08:16 AM      Entered By: [REDACTED]

CPSI [REDACTED] contacted Inv [REDACTED] he reported that they are still waiting on the results of the autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/22/2013

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/24/2013

Completed date: 05/24/2013

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: 05/24/2013 10:43 AM      Entered By: [REDACTED]

CPSI spoke to the investigator [REDACTED] He reported that the autopsy has not come back yet.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/22/2013

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/22/2013

Completed date: 05/22/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/22/2013 12:17 PM      Entered By: [REDACTED]

TL [REDACTED] discussed case with CPSI [REDACTED] on 5/22/2013. The case is a child fatality case. ACV is [REDACTED] age seventeen months. There are no other children in the home. CPSI [REDACTED] has collected all medical records and is waiting for an autopsy report. CPSI [REDACTED] has scheduled Grief Counseling for mother [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2013

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/24/2013

Completed date: 05/24/2013

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: 05/24/2013 10:43 AM      Entered By: [REDACTED]

CPSI spoke to the investigator [REDACTED] He reported that the autopsy has not come back yet.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/26/2013

Completed date: 03/26/2013

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: 03/26/2013 03:03 PM      Entered By: [REDACTED]

CPSI [REDACTED] called into POP to give update on any new findings in regards to the infants death. CPSI presented what the medical records stated and what LE reported that come from ME office.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/22/2013

Contact Method:

Contact Time: 03:43 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/22/2013

Completed date: 03/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/22/2013 03:50 PM Entered By: [REDACTED]

Admin Review held on 3/22/13. The allegation was Neglect Death. The victim was [REDACTED] and the parents are [REDACTED] and [REDACTED]. The referral stated that the infant was found in his crib by his dad and CPR was performed, but the baby had already passed away.

CPSI responded immediately to [REDACTED] Hospital where [REDACTED] was pronounced dead. CPSI is working the case with [REDACTED] (Det). [REDACTED] body was sent off for autopsy. Autopsy results are pending.

At this time there are no signs of foul play or trauma-stated by te medical examiner. LE stated that their case is going to be classified as death by natural causes. CPSI did find out that [REDACTED] had severe asthma and possibly a virus. CPSI put in grief counsleing through a church and there are no therkids in the home.

MSW Consult took place on 3/8/13 at 12:00 PM  
 CPSI will monitor this family and then prepare the case for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/22/2013

Contact Method: Phone Call

Contact Time: 10:13 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/26/2013

Completed date: 03/26/2013

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: 03/26/2013 08:53 AM      Entered By: [REDACTED]

[REDACTED] reported the ME said there was no signs of foul play or trauma to the child. He reported that it looked like the case would be closed as natural causes due to type of illness. He reported that he confirmed with Dr [REDACTED] about the asthma and also child had a virus but was not being treated by Dr [REDACTED]. Dr [REDACTED] agreed that it was acceptable to treat a child with a virus with over the counter medicine. Dr [REDACTED] reported to me that the family always sought medical care for [REDACTED] when it was needed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2013

Contact Method:

Contact Time: 02:59 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/22/2013

Completed date: 03/22/2013

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: 03/22/2013 10:10 AM      Entered By: [REDACTED]

CPSI received medical records from [REDACTED] on this date. See file for records.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/08/2013

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2013

Completed date: 03/11/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/11/2013 09:24 AM      Entered By: [REDACTED]

CPSI [REDACTED] recieved medical records from [REDACTED] Hospital via fax. She file for copy of medical records.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/08/2013

Contact Method:

Contact Time: 09:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/08/2013

Completed date: 03/08/2013

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: 03/08/2013 09:25 AM      Entered By: [REDACTED]

CPSI [REDACTED] sent medical release to [REDACTED] Hospital to get medical records on [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/08/2013

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/09/2013

Completed date: 07/09/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/09/2013 08:33 AM Entered By: [REDACTED]

A DCS history check was completed by CPSI-[REDACTED] on this date 3/08/13. There was the following history on this family.

11/18/2011 ACV [REDACTED] [REDACTED] AP [REDACTED] [REDACTED] and [REDACTED] [REDACTED] allegations DEI closed as No services Needed.

CPSI-[REDACTED] completed the SDM forms on this date 3/08/13.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/07/2013

Contact Method: Phone Call

Contact Time: 04:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/08/2013

Completed date: 03/08/2013

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: 03/08/2013 09:31 AM Entered By: [REDACTED]

CPSI [REDACTED] called Dr [REDACTED] at [REDACTED]. CPSI talked with a nurse there. They reported that they had never had a concerns about [REDACTED]. They reported that he did have asthma and it was kind of server. They reported that [REDACTED] keep all his well child checks and he was up to date on his shots. They reported that he had seen the doctor for well checks in May, August, and October. It was reported that he was taken to the ER in December for asthma and then was taken there in January for a follow up for the ER visit. They reported that [REDACTED] was on Flovent and Abutorol for his asthma.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/07/2013

Contact Method: Phone Call

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/08/2013

Completed date: 03/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/08/2013 09:35 AM      Entered By: [REDACTED]

CPSI [REDACTED] contacted Ms [REDACTED] whom is a pastor and also specializes in grief counseling to see if she could be of assistance to the family. She reported that she would love to help this family. CPSI gave Ms [REDACTED] the family's contact information. Ms [REDACTED] reported that she would call them now.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	03/07/2013	Contact Method:	
Contact Time:	12:15 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/10/2013
Completed date:	09/11/2013	Completed By:	System Completed
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: 09/10/2013 02:25 PM      Entered By: [REDACTED]

Case Assignment  
 Date: 03/07/13  
 Time: 12:15 pm.

This CPS investigation has been assigned to CPSI [REDACTED] as a P2 investigation for allegation of DEI. The alleged victim is [REDACTED]. The alleged perpetrator is [REDACTED]. This case was reviewed by TL [REDACTED] before assigning. CPSI receive an email upon assignment of this case on 3/07/2013 @ 12:15 pm.

Reporter states: [REDACTED] (1) is in the custody of his parents, [REDACTED] and [REDACTED] in [REDACTED] County. There are no other children in the home.

This morning around 8:30 a.m., [REDACTED] awoke and found [REDACTED] unresponsive and not breathing. The father picked up the child and he was cold to the touch and was already blue and purple in color. They called 9-1-1 and the mother attempted CPR. The child was transported to [REDACTED] Hospital where he was pronounced dead. The mother reports that the child has had really bad diarrhea and a fever for the past few days and she had been giving him over-the-counter medicine to treat both. The mother reported that it was a type of over-the-counter childrens Tylenol that contained Acetaminophen. The mother reports also giving the child a dose of Amoxicillin that he had left over from a previous illness.

As of right now, there are no signs of abuse as well as no open DCS cases. There is nothing to point to anything criminal. The child is being sent to the medical examiner for an autopsy.

To the reporters knowledge, [REDACTED] had no special needs or disabilities. According to the mother, [REDACTED] was diagnosed with asthma but had no problems with it for months.

The reporter states the home was in good shape. It was not dirty; it was maintained and there was nothing out of the ordinary. There were no hazards noticed that could result in injury or death. There are no other known patterns of neglect in the home that the reporter is aware of. Both parents have history with the police that is mainly drug related.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

A DCS worker has already responded at the hospital sometime near 12 o'clock noon. The reporter states the DCS worker who came out to the home has drug tested the parents but the reporter was not notified of the results. To the reporter's knowledge, there were no pill bottles or drug paraphernalia lying around the home.

LE report # [REDACTED]

Per SDM: Investigative P1. [REDACTED] CM3 @ 1242p on 3-7-13.

Emailed [REDACTED]

Emailed South Central RA: [REDACTED]

Child fatality group notified. Email sent to: [REDACTED]

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

Notice of Report was sent to Juvenile Court on this date per local protocol and policy. All reports are sent on Mondays following the referral being assigned by CPS secretary [REDACTED]

(EVERY MONDAY AFTER REFERRAL WAS CALLED IN)



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/07/2013

Contact Method: Face To Face

Contact Time: 12:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/08/2013

Completed date: 03/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 03/08/2013 08:40 AM    Entered By: [REDACTED]

CPSI along with LE observed the infant in the ER room. There was no signs of abuse on the infant.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/07/2013

Contact Method: Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/08/2013

Completed date: 03/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

[REDACTED]; [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/08/2013 09:06 AM Entered By: [REDACTED]

CPSI [REDACTED] meet with the parents at [REDACTED] Hospital. Both parents were very distrustful. They could not understand why this happened. [REDACTED] reported that [REDACTED] had been sick for two days with diarrhea she reported that she had been giving him PedilLyte on Wednesday and he appeared to be getting better. Wednesday night about 8 his fever spiked to 102. She reported that she gave him some medicine and by bed time the fever had went down. [REDACTED] said that he got up about 3am fixed [REDACTED] a fresh bottle and laid it in the crib with him. He reported [REDACTED] was laid on his stomach and he did not mess with him. [REDACTED] said that he should of touched him. They reported then they woke up this morning he was in the same position with his tail up in the air. They reported that they tried to wake him up and noticed he was cold and purplish. They called 911 and attempted to do CPR. When they would breath into his mouth they saw his chest would raise and then the air would come back out.

CPSI [REDACTED] asked [REDACTED] and [REDACTED] if they would consent to a drug screen. [REDACTED] reported that he would consent. [REDACTED] with [REDACTED] County Sheriff Department drug screen [REDACTED] for CPSI. [REDACTED] passed his drug screen. [REDACTED] refused a drug screen but said that she would be honest with CPSI. She reported that she smoked pot almost a month ago so she knows she will test positive. She reported that the child was not in her care at that time. She reported that the child was with his grandparents at that time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/07/2013

Contact Method: Correspondence

Contact Time: 09:55 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/08/2013

Completed date: 03/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact, Medical Exam

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/08/2013 09:14 AM      Entered By: [REDACTED]

Dr [REDACTED] observed the infant and pronounced him dead at 9:55am. He reported that there was no visible signs of abuse or any reason for this child to of died.



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

Investigation #:	[REDACTED]	Date of Notification:	3/7/2013	Date of Death/ Incident:	3/07/2013
Type: (Please check one)	<input checked="" type="checkbox"/> FATALITY	<input type="checkbox"/> NEAR FATALITY			
Child Name:	[REDACTED]	DOB:	[REDACTED]	TFACTS #	
Gender:	Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>	Race/Ethnicity:	White (No)	County/Region:	[REDACTED]
Parent's Name(s):	Mother: [REDACTED]	Father:	[REDACTED]		
Was child in custody at time of incident?	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Adjudication:			
If child is in DCS custody, list placement type and name:					
Describe (in detail) cause or circumstance regarding the death/injury: The mother reports that the child has had really bad diarrhea and a fever for the past few days and she had been giving him over-the-counter medicine to treat both. The mother reported that it was a type of over-the-counter childrens Tylenol that contained Acetaminophen. The mother reports also giving the child a dose of Amoxicillin that he had left over from a previous illness.					
Describe (in detail) interview with family: Mother and father were both interviewed at ER. Mother reported that [REDACTED] had been sick with diarrhea for last two days she started giving him Pedi Light yesterday and seemed to improve. He did spike a fever of 102 about 8pm last night. The mother reported that she gave him some medicine and his fever was lower by bedtime. The father reported that he got up around 3am and fixed another bottle and put in the bed like he does every night. The father reported that he thought the child was asleep and just laid the bottle in the crib for him when he woke up. The father reported that when they got up this morning [REDACTED] was still lying in the same position with his butt in the air. They noticed he was not breathing and called 911 and attempted to do CPR.					
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:					
Describe disposition of body (Fatality):		The child had started to turn blue and purple.			
Name of Medical Examiner or Coroner:		Dr [REDACTED]	Was autopsy requested?	Yes <input checked="" 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:		[REDACTED] mother and [REDACTED] father			
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):					
no other children involved					
Prior DCS involvement, include dates, findings, and/or adjudications:					

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.  
 Distribution: Child's Case File

11/19/2011 allegations were DEC against [REDACTED] and [REDACTED] it was closed as no services needed.			
Has there been any media inquiry or is attention expected?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Contact Person/Phone Number(s) (include CM, TL, and TC):		[REDACTED] CPSI CMII [REDACTED] [REDACTED] TL [REDACTED]	
ATTACH a copy of the <u>TFACTS Incident Report</u> or Form <u>CS-0496, Serious Incident Report</u> to this notice if TFACTS is inoperable:		Yes <input type="checkbox"/> No <input type="checkbox"/>	

FAX TO OFFICE OF CHILD SAFETY @ [REDACTED]



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 3/7/13 12:15 PM

Date of Assessment: 3/8/13 12:00 AM

Assessment Type:  Initial  Closing  Other

Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence 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): No intervention child is deceased

#### 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: \_\_\_\_\_