



**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: 03/08/2013

Assignment Date: 03/08/2013

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 10/22/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Case Closed as unfounded. The child death was ruled bronchopneumonia.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 10/26/2013

Team Leader: [REDACTED]

Date: 10/26/2013

**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:**

CM [REDACTED] observed the infant while at the [REDACTED] Hospital prior to the infant being sent to the [REDACTED] Medical Examiner. There was excoriations on the vaginal area that were later noted in the autopsy to be diaper rash. There were no obvious signs of abuse. There was a bassinet in the bedroom where the parents report the infant had been sleeping. The living environment had old food in the kitchen with mouse droppings noted in the bedroom where the infant had been sleeping. There was also clutter throughout the home. Photos are included in the case file.

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

Medical reports and the interview with the parents suggest the infant had been deceased for some time prior to the parents seeking medical treatment. The parents drove the infant to another location and called an ambulance where she was transported via ambulance to the hospital.

Ms. [REDACTED] stated [REDACTED] had been to the doctor and she was having some issues with constipation. Ms. [REDACTED] stated Mr. [REDACTED] woke up and found [REDACTED] not breathing. She stated she had been out of bed for a while making phone calls in another room.

Mr. [REDACTED] stated he woke up and found [REDACTED] not breathing.

Mr. [REDACTED] and Ms. [REDACTED] had negative drug screens on 3/8/13. Ms. [REDACTED] was in violation of a valid court order on her older Son by allowing Mr. [REDACTED] to have contact with him. There was a previous DCS case



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**Case Name :** [REDACTED]

**Investigation ID:** [REDACTED]

with Ms. [REDACTED] Son.

The autopsy report stated [REDACTED] death was due to bronchopneumonia, a natural manner of death. The autopsy report is included in the case file.

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

The alleged perpetrator is listed as unknown.

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

n/a

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

n/a

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



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 03/08/2013 03:03 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 03/08/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 03/09/2013 01:16 PM  
First Team Leader Assigned: [REDACTED] Date/Time 03/08/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 03/08/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS: History found under Case ID: [REDACTED] and [REDACTED]  
[REDACTED] was found for [REDACTED] as a minor

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: 2  
Prior INV/ASMT of Neglect: 2  
Prior INV/ASMT of both Abuse & Neglect: 0  
Screen Outs: 0

DUPLICATE REFERRAL: No

County: [REDACTED]  
Notification: Letter  
School/ Daycare: None



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

Native American Descent: No  
Directions: None

Reporters name/relationship: [REDACTED]

Reporter states:

\*\*Address and contact information are listed under the oldest child.\*\*

[REDACTED] (1 mo) was living with her mother [REDACTED] in [REDACTED] [REDACTED] father is reported to be [REDACTED] who lives in [REDACTED]. No other children are reported to live in the home.

On 3/8/2013 at approximately 2:00 p.m. a 911 call was received on an unresponsive two month old child at [REDACTED] [REDACTED]. When Sheriffs department and EMS arrived the child was unresponsive. The police were told that [REDACTED] was staying at [REDACTED] and the incident would have occurred there. It is reported that [REDACTED] County Sheriffs Office was notified and detectives are en route to the [REDACTED] Hospital where [REDACTED] was being transported. [REDACTED] police are currently at the [REDACTED] Hospital ER waiting for [REDACTED] County Detectives to arrive. It is reported that the child is deceased.

Parents reported that they checked on the child at 11:00 a.m. The parents then stated that they checked on the child at 11:00 p.m. on 3/7/2013. The parents report feeding [REDACTED] this morning. There is inconsistency to the timeframes being provided by the parents.

Police history has not been checked for the parents at this time. Reporter states there were marks observed around the childs vaginal area. It is unknown if this was caused by a diaper rash or possibly the diaper cutting into her.

Police are requesting immediate assistance from DCS at this time.

\*\*A copy of the notification letter needs to be sent to the [REDACTED] County Sheriffs Office. Attn: [REDACTED].\*\*

No special needs or disabilities are reported at this time.

\*\*History shows a child named [REDACTED] as being another child to [REDACTED].\*\*

Per SDM: Investigative Track, P1, fatality. [REDACTED] TL on 3-8-13 @ 3:36 pm

Notified Child Fatality Group:

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

3:43 pm, County emailed.

3:48 pm, County emailed.

3:51 pm, County called and it was stated that a response was forthcoming.

[REDACTED] replied at 4:01 pm, stating they have this intake and are working on it. [REDACTED] TL on 3-8-13 @

4:08 pm



**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: 21 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: [REDACTED] Age: 24 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:**

**Race:** White

**Age:** 0 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:** Unknown Participant [REDACTED] Unknown

**Gender:**

**Date of Birth:**

**Participant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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**A. Investigation**

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Referral Date: 03/08/2013

Assignment Date: 03/08/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**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	UKN, UKN			Yes	

**C. Disposition Decision**

Disposition Decision:

Comments:

**D. Case Workers**

Case Worker:

Date:

Team Leader:

Date:

**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.**

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**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:**

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



**Tennessee Department of Children's Services**  
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**Case Name :** [REDACTED]

**Investigation ID:** [REDACTED]

**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: 05/02/2013

Contact Method:

Contact Time: 08:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/02/2013

Completed date: 05/02/2013

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: 05/02/2013 09:08 AM      Entered By: [REDACTED]

Notation

The autopsy was added in TFACTS under the document tab and is available for review.



**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: 04/30/2013

Contact Method: Phone Call

Contact Time: 05:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/02/2013

Completed date: 05/02/2013

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: 05/02/2013 09:00 AM      Entered By: [REDACTED]

Telephone Call

CM [REDACTED] telephoned Det. [REDACTED] to discuss the findings of the autopsy. Det. [REDACTED] requested a time for this CM to meet with him to discuss where to go from here on the case as there are still some concerns. This CM will meet with Det. [REDACTED] on 5/2/13.



**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:	04/30/2013	Contact Method:	
Contact Time:	04:45 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/02/2013
Completed date:	05/02/2013	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: 05/02/2013 08:58 AM      Entered By: [REDACTED]

Notation  
4/30/13

The certified copy of the autopsy was received on this date. The Manner of death was ruled as "Natural" with the cause of death being "Bronchopneumonia". A copy of the autopsy is being placed in the case file.

CM [REDACTED] will follow up with Det. [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: 04/29/2013

Contact Method: Phone Call

Contact Time: 04:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/02/2013

Completed date: 05/02/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/02/2013 09:02 AM      Entered By: [REDACTED]

Telephone Call/Notation

CM [REDACTED] telephoned the ME's office to request the status on the autopsy. This CM was informed the autopsy had been mailed out on this date. They were unable to provide this CM with any other information over the phone.



**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: 04/19/2013

Contact Method:

Contact Time: 06:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/19/2013

Completed date: 04/19/2013

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: 04/19/2013 06:20 PM      Entered By: [REDACTED]

Notation/Correspondence  
4/19/13 @ 6:15 pm

CM [REDACTED] faxed a letter of request to the State Medical Examiner for the completed autopsy. Confirmation received that the fax was sent. CM [REDACTED] to follow up with the ME's office next week to confirm the request was received. The letter was placed in the case file.



**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: 03/19/2013

Contact Method:

Contact Time: 03:47 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/19/2013

Completed date: 03/19/2013

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: 03/19/2013 04:27 PM      Entered By: [REDACTED]

Correspondence

3/19/13 @ 3:47 pm

CM [REDACTED] received the background records check from [REDACTED] County.

The record for [REDACTED] was no records found.

The record for [REDACTED] was DUI, 2000 to serve weekends.

The record for [REDACTED] was GS Capias, shoplifting 12/23/11, GS Capias 7/24/11, Failure to appear, 4/29/12.

The record for [REDACTED] was Driving on revoked/suspended license 3/3/11, GS Capias, 7/24/11, GS Capias 10/17/11, GS Capias, Domestic Assault, Poss of Drug Paraphernalia, Simple Poss 12/27/11, GS Capias, GS Violation of Probation 7/25/12

The information is included in the case file.



**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: 03/19/2013

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/19/2013

Completed date: 03/19/2013

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: 03/19/2013 04:37 PM      Entered By: [REDACTED]

Notation  
3/19/13

CM [REDACTED] was informed [REDACTED] and [REDACTED] had shown up at the office for the hair follicle drug screen. The results are pending. They both complied with the drug screen.



**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:	03/17/2013	Contact Method:	Phone Call
Contact Time:	09:24 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/19/2013
Completed date:	03/19/2013	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: 03/19/2013 04:35 PM      Entered By: [REDACTED]

Telephone Call  
3/17/13 @ 9:24 pm

CM [REDACTED] contacted [REDACTED] on this date and informed him of the court date and time as this CM was unable to get him properly served prior to court. [REDACTED] stated he would try to be in court and asked that if he was unable to be there would he have a capias issued. This CM explained that it is a civil case and there would not be a capias. This CM explained that if he does not attend most likely the case will be continued until his next court date on 4/11/13. [REDACTED] stated he understood. This CM reminded [REDACTED] of the drug screen on 3/19/13 @ 1:00pm. [REDACTED] stated he would be there for the drug screen.

CM [REDACTED] also spoke with [REDACTED]. She stated she had asked [REDACTED] to come over to the house and help her clean out [REDACTED] things from the bedroom because she does not have any room in there. She stated [REDACTED] has not been staying there, she just called him to help her. This CM reminded her of the drug screen.



**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: 03/15/2013

Contact Method: Phone Call

Contact Time: 02:22 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/16/2013 07:09 PM      Entered By: [REDACTED]

Telephone Call

3/15/13 @ 2:22 pm

CM [REDACTED] telephoned [REDACTED] and provided her with the court date and time for the upcoming restraining order.



**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: 03/15/2013

Contact Method:

Contact Time: 11:50 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 07:09 PM      Entered By: [REDACTED]

Correspondence  
3/15/13 @ 11:50 am

CM [REDACTED] filed the restraining order on this date for [REDACTED] and court has been scheduled for 3/18/13 @ 2:00 pm



**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:	03/15/2013	Contact Method:	Phone Call
Contact Time:	10:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/16/2013
Completed date:	03/16/2013	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: 03/16/2013 07:08 PM      Entered By: [REDACTED]

Correspondence/Telephone Call  
3/15/13 @ 10:30 am

CM [REDACTED] received a call from [REDACTED] at [REDACTED] on this date. This CM was informed [REDACTED] had not attended any classes or meetings at their facility. She stated he was in the office on 3/11/13 and requested an appointment. CM [REDACTED] requested a fax with the information including the missed appointment and scheduled time. CM [REDACTED] received faxed information from [REDACTED] in [REDACTED] stating that [REDACTED] had missed an appointment as a no call/no show on January 31, 2013. The scheduled appointment is 3/19/13 at 1:30 pm. This information is included in the case file.



**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: 03/15/2013

Contact Method:

Contact Time: 10:05 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 07:07 PM      Entered By: [REDACTED]

Correspondence  
3/15/13 @ 10:05 am

CM [REDACTED] received a fax from [REDACTED] County Sheriffs Department with the local background for [REDACTED] and [REDACTED]. Both are listed as no previous arrest record. The information is included in the case file.



**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: 03/15/2013

Contact Method: Correspondence

Contact Time: 08:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/16/2013

Completed date: 03/16/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original    Entry Date/Time: 03/16/2013 07:06 PM    Entered By: [REDACTED]

Correspondence

3/15/13 @ 8:20 am

CM [REDACTED] picked up a copy of the medical records from [REDACTED] Hospital.

Narrative Type: Addendum 1    Entry Date/Time: 03/16/2013 07:06 PM    Entered By: [REDACTED]

The records are included in the case file. This included the records from [REDACTED] and [REDACTED]



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**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/14/2013

Contact Method:

Contact Time: 01:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 07:03 PM      Entered By: [REDACTED]

Correspondence

3/14/13 @ 1:20 pm

CM [REDACTED] faxed the release of information to [REDACTED] to request a copy of all the medical records for [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: 03/14/2013

Contact Method: Phone Call

Contact Time: 01:16 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 07:03 PM      Entered By: [REDACTED]

Telephone Call

3/14/13 @ 1:16 pm

CM [REDACTED] telephoned [REDACTED] and requested the fax number for the medical records request. The fax is [REDACTED].  
 [REDACTED] CM [REDACTED] requested the records and explained that this CM can stop and pick them up at their office instead of mailing them out.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/14/2013	Contact Method:	
Contact Time:	12:20 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	03/16/2013
Completed date:	03/16/2013	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/16/2013 07:02 PM      Entered By: [REDACTED] [REDACTED]

Correspondence  
3/14/13 @ 12:20 pm

CM [REDACTED] faxed the release of information to [REDACTED] Hospital to request a copy of all the medical records for [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: 03/14/2013

Contact Method: Attempted Phone Call

Contact Time: 12:08 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 07:00 PM Entered By: [REDACTED]

Attempted Telephone Call

3/14/13 @ 12:08 pm

CM [REDACTED] attempted to call [REDACTED] in [REDACTED] to obtain information as to the A &amp; D program [REDACTED] has been attending.



## 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: 03/14/2013 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 03/16/2013  
 Completed date: 03/16/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Court Hearing  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2013 06:59 PM Entered By: [REDACTED]

Court Hearing

3/14/13 @ 9:00 am

The preliminary hearing was scheduled for this date on [REDACTED] and [REDACTED] for the custody transfer and the restraining order. [REDACTED] was appointed [REDACTED] in court as her attorney. The GAL, [REDACTED] was not present. [REDACTED] did not request an attorney.

This CM explained to [REDACTED] that he is to get an A & D assessment on this date. This CM explained that he is to supervise any and all contact between [REDACTED] and [REDACTED] was in agreement and stated that [REDACTED] has been missing his Mother.

This CM explained to both [REDACTED] and [REDACTED] that they needed to work out a time and place for [REDACTED] to visit with his Mother. They were in agreement. This CM will contact [REDACTED] to ensure she is getting to visit.

[REDACTED] did not request an attorney and stated he was in agreement with the restraining order and would be in court. [REDACTED] was arrested and on an attachment for failure to appear in child support court on 3/13/13. [REDACTED] stated he has been attending A & D classes at [REDACTED] in [REDACTED] [REDACTED] signed a release of information for [REDACTED] and it is included in the case file.

The next court date is scheduled for 4/11/13 @ 9:00 am.



**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: 03/13/2013

Contact Method: Phone Call

Contact Time: 07:48 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:57 PM      Entered By: [REDACTED]

Telephone Call  
3/13/13 @ 7:48 pm

CM [REDACTED] received a return call from [REDACTED]. This CM explained that the court hearing was scheduled for 3/14/13 @ 9 am. [REDACTED] stated she would be at the hearing on that date.



**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: 03/13/2013

Contact Method: Phone Call

Contact Time: 04:39 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

[REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/16/2013 06:56 PM      Entered By: [REDACTED]

Telephone Call

3/13/13 @ 4:39 pm

CM [REDACTED] telephoned [REDACTED] and he stated he would be in court in the morning at 9:00 am for the preliminary hearing. [REDACTED] admitted to this CM of having smoked THC several weeks prior and stated he was not with his Son at the time. He stated he would be willing to complete an A & D assessment and follow any and all recommendations. This CM requested that he go for an assessment after court on the following date.



## 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: 03/13/2013 Contact Method: Phone Call  
 Contact Time: 04:19 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 03/16/2013  
 Completed date: 03/16/2013 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2013 06:55 PM Entered By: [REDACTED]

Telephone Call

3/13/13 @ 4:19 pm

CM [REDACTED] telephoned [REDACTED] and she stated she was not aware of the date for child support court on this date. She stated [REDACTED] is the Father to [REDACTED] and he has been around her maybe twice since [REDACTED] was born. She stated he will not contact her that she has contacted him by sending photos and asking if he wanted to see the baby. She stated she does not think he wants anything to do with her Daughter. She stated she last talked with him after the last child support case. She stated she knows that he has issues with drugs and that she has heard this thru friends. She stated she has not been in a relationship with him since February 2010. She stated she had heard [REDACTED] was having another child with [REDACTED] and she was told [REDACTED] was shooting up while she was pregnant. She stated her Sister saw [REDACTED] and [REDACTED] about 4 months ago and they both appeared to be under the influence when they were at Old Navy. She stated she is in agreement with the restraining order and that [REDACTED] has not been around [REDACTED] but she would like for the restraining order to be in place. She stated she would be in court once this CM lets her know the court date.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/13/2013	Contact Method:	
Contact Time:	04:15 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	03/16/2013
Completed date:	03/16/2013	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/16/2013 06:54 PM      Entered By: [REDACTED] [REDACTED]

Notation

3/13/13 @ 4:15 pm

CM [REDACTED] obtained a telephone number for [REDACTED] Mother of [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: 03/13/2013 Contact Method:  
 Contact Time: 03:50 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 03/16/2013  
 Completed date: 03/16/2013 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: 03/16/2013 06:53 PM Entered By: [REDACTED]

Notation

3/13/13 @ 3:50 pm

CM [REDACTED] was informed by the Juvenile Clerk that [REDACTED] was scheduled to appear in Child Support Court on this date in reference to [REDACTED]. CM [REDACTED] reviewed the child support file and obtained the contact information for the child and Mother.



## 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: 03/13/2013 Contact Method:  
 Contact Time: 03:35 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 03/16/2013  
 Completed date: 03/16/2013 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: 03/16/2013 06:53 PM Entered By: [REDACTED]

Correspondence

3/13/13 @ 3:35 pm

CM [REDACTED] met with Judge [REDACTED] for the Restraining Order on [REDACTED] The signed order was filed with the clerk.



**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: 03/13/2013

Contact Method:

Contact Time: 03:18 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:52 PM      Entered By: [REDACTED]

Correspondence

3/13/13 @ 3:18 pm

CM [REDACTED] received a telephone call from the Judges office and this CM can bring the paperwork to have it signed. This CM has the restraining order for [REDACTED] CM [REDACTED] left the office to take it to the Judge for signatures.



## 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: 03/13/2013 Contact Method: Phone Call  
 Contact Time: 02:10 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 03/16/2013  
 Completed date: 03/16/2013 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: 03/16/2013 06:51 PM Entered By: [REDACTED]

Telephone Call  
3/13/13 @ 2:10 pm

CM [REDACTED] returned the telephone call to [REDACTED]. She stated she would like to have her Son returned to her care and she has talked with an attorney. She stated she has a house and she is in the process of moving out of her Mothers home. She stated she does not understand why she cannot get her Son back. She stated [REDACTED] has not been visiting during his times with [REDACTED] and when he does have [REDACTED] that his Mother takes care of [REDACTED] started discussing the circumstances around the death of [REDACTED] and she mentioned having placed the pacifier in her mouth at some point in the morning. This CM explained that there is concerning due to the bruising and abrasions on the genital area and [REDACTED] stated she does not know how the infant received bruises because nothing has happened to my child. She stated, We would not hurt my child. She stated the only thing she can think of was she could have bruising from holding her legs up so she could poop. She could not explain the bruising or explain the time lapse to this CM. She stated she was not sure about the times. She stated she would be present in court on the following date.



**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: 03/13/2013

Contact Method: Attempted Phone Call

Contact Time: 11:10 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:50 PM      Entered By: [REDACTED]

Correspondence  
3/13/13 @ 11:10 am

CM [REDACTED] received a voice message from [REDACTED] stating she would like to know what time she needs to be in court on Thursday and she provided this CM with her Fathers cell phone number for a contact number. [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: 03/11/2013

Contact Method: Phone Call

Contact Time: 04:39 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:49 PM      Entered By: [REDACTED]

Telephone Call

3/11/13 @ 4:39 pm

CM [REDACTED] telephoned [REDACTED]. This CM explained that the court paperwork should be filed on the following date and this CM would notify him of the court date. This CM explained that [REDACTED] will have supervised contact only with [REDACTED] per the court orders and that this CM is in agreement with [REDACTED] having telephone contact with [REDACTED] at this 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:	03/11/2013	Contact Method:	Phone Call
Contact Time:	04:20 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/16/2013
Completed date:	03/16/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 03/16/2013 06:48 PM      Entered By: [REDACTED]

Telephone Call  
3/11/13 @ 4:20 pm

CM [REDACTED] received a telephone call from [REDACTED]. She stated she would like to be able to talk to [REDACTED] on the telephone. She stated she had talked with an attorney and she was told that the regular court date is not on the 13th as this CM wrote on the paperwork. This CM explained that the court paperwork would be filed prior to the 13th and this CM would let her know as soon as it was filed. This CM explained that she should be able to talk to [REDACTED] on the telephone and this CM will telephone [REDACTED] and let him know that she can have telephone contact with [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: 03/11/2013

Contact Method: Face To Face

Contact Time: 03:40 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:47 PM Entered By: [REDACTED]

Collateral Contact  
3/11/13 @ 3:40 pm

CM [REDACTED] met with [REDACTED] while at the office on this date. [REDACTED] stated [REDACTED] has not had very much contact with [REDACTED] since she was granted custody in December. She stated [REDACTED] had [REDACTED] one time since December. She stated he text her last week and asked about money for something and mentioned getting [REDACTED] on 3/8/13. She stated she never heard back from him and he never showed up on the 8th. She stated she received a call on this date from [REDACTED] Mother with the funeral arrangements and she asked if [REDACTED] was going to bring [REDACTED] to the funeral. She stated [REDACTED] has seen the baby twice, once at the birth in the hospital and once at the health department. She stated the day of the health department contact, [REDACTED] told her he would meet them after the appointment and they waited in [REDACTED] for over 3 hours and he never contacted her for a visit. She stated [REDACTED] will start school next year and she is currently receiving families first. She stated [REDACTED] is not currently paying child support. She stated she and the children will be moving from [REDACTED] to a house off [REDACTED]. She provided this CM with her current address of [REDACTED]. She stated she has purchased a house and she and the children are excited. This CM explained the court action being taken and [REDACTED] stated she would be willing to supervise all contact between [REDACTED] and [REDACTED]. This CM provided [REDACTED] with the directions to the court room and [REDACTED] stated once this CM calls about court she will make sure to attend court on the date given. This CM requested a time this week to see [REDACTED]. [REDACTED] stated she would be in [REDACTED] later this week and could bring [REDACTED] by to see this CM.



**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:	Phone Call
Contact Time:	09:04 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/16/2013
Completed date:	03/16/2013	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: 03/16/2013 06:46 PM      Entered By: [REDACTED]

Telephone Call

3/11/13 @ 9:04 am

CM [REDACTED] telephoned [REDACTED], at [REDACTED] Medical Center after having received a message he would like to talk to this CM. [REDACTED] was the ER physician on duty when the infant was brought into the ER on 3/8/13.

[REDACTED] was inquiring as to the preliminary results of the autopsy. This CM explained that the preliminary results were listed as no evidence of trauma and the results are pending as to the toxicology and tissue samples. [REDACTED] stated the records from [REDACTED] are in the hospital record as well as some of the birth notes. He stated there was a history of drug use for the Mother noted in the records.

[REDACTED] stated he recalls [REDACTED] making the comment that the infants eyes were open when she got up between 9:00 and 9:30 am on 3/8/13 to make breakfast. He stated [REDACTED] told him that she asked [REDACTED] to check the infant to see if she was moving and he told her the infant was moving. [REDACTED] stated he completed progress notes and they will be included in the medical records.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2013

Contact Method: Attempted Phone Call

Contact Time: 09:32 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

Completed By: [REDACTED] [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: 03/16/2013 06:42 PM      Entered By: [REDACTED] [REDACTED]

Attempted Telephone Call

3/9/13 @ 9:32 pm

CM [REDACTED] attempted to call [REDACTED] at the [REDACTED] phone number. There was no answer and this CM was unable to leave a voice message.



**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:	03/10/2013	Contact Method:	Phone Call
Contact Time:	09:11 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/16/2013
Completed date:	03/16/2013	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: 03/16/2013 06:45 PM      Entered By: [REDACTED]

Telephone Call  
3/10/13 @ 9:11 pm

CM [REDACTED] received a return call from [REDACTED]. She stated she did not recognize the phone number so she was not going to answer the phone. She stated she had heard about the incident with [REDACTED] Daughter. She stated [REDACTED] had not called to ask to see [REDACTED] since last week. She stated [REDACTED] called her and was asking about getting some money from her and mentioned that he would come get [REDACTED] on Friday. She stated [REDACTED] does not follow thru when he tells her he is coming to visit with [REDACTED]. She stated she would be able to meet this CM and discuss the restraining order on 3/11/13. She stated she would call this CM prior to her coming by the office. She stated she would be in [REDACTED] on the 11th for another appointment.



**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: 03/10/2013

Contact Method: Correspondence

Contact Time: 08:54 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:44 PM      Entered By: [REDACTED]

Correspondence  
3/10/13 @ 8:54 pm

CM [REDACTED] sent a text message to [REDACTED] stating that this CM needed her to return the call as soon as possible.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/10/2013	Contact Method:	Attempted Phone Call
Contact Time:	08:52 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	03/16/2013
Completed date:	03/16/2013	Completed By:	[REDACTED] [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: 03/16/2013 06:43 PM      Entered By: [REDACTED] [REDACTED]

Attempted Telephone Call  
3/10/13 @ 8:52 pm

CM [REDACTED] attempted to call [REDACTED] at the [REDACTED] phone number. There was no answer and this CM was unable to leave a voice message.



**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: 03/09/2013

Contact Method: Phone Call

Contact Time: 05:40 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:42 PM      Entered By: [REDACTED]

Telephone Call  
3/9/13 @ 5:40 pm

CM [REDACTED] telephoned Det. [REDACTED] and provided him with the information given to this CM by the MEs office. Det. [REDACTED] stated he would follow up with this CM at the first of the week. He stated he would also be following up with [REDACTED] concerning the preliminary findings of the autopsy. He stated he would continue to complete several tasks on the investigation.



**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: 03/09/2013

Contact Method: Attempted Phone Call

Contact Time: 05:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:41 PM      Entered By: [REDACTED]

Attempted Telephone Call  
3/9/13 @ 5:25 pm

CM [REDACTED] attempted to call [REDACTED] at the [REDACTED] phone number. There was no answer and this CM was unable to leave a voice message.



**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:	03/09/2013	Contact Method:	Phone Call
Contact Time:	03:01 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/16/2013
Completed date:	03/16/2013	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: 03/16/2013 06:40 PM      Entered By: [REDACTED]

Telephone Call  
3/9/13 @ 3:01 pm

CM [REDACTED] received a return call from [REDACTED] at the Medical Examiners office. She stated that [REDACTED] ME reported to her that there were no outright signs of trauma or foul play. She stated the autopsy is pending the tissue samples and toxicology. She stated this CM would need to request a copy of the completed autopsy report in writing on departmental letterhead. [REDACTED] stated it completed results could take between 10 to 14 weeks or possibly up to 6 months depending on the testing requested by the Doctor.



**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: 03/09/2013

Contact Method: Phone Call

Contact Time: 02:53 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:39 PM      Entered By: [REDACTED]

Telephone Call  
3/9/13 @ 2:53 pm

CM [REDACTED] received a call from [REDACTED] with the MEs office. She stated [REDACTED] was the ME that had performed the autopsy and she would attempt to contact him. She stated she would call this CM back after she makes contact.



**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:	03/09/2013	Contact Method:	Correspondence
Contact Time:	02:49 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/16/2013
Completed date:	03/16/2013	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: 03/16/2013 06:38 PM      Entered By: [REDACTED]

Correspondence  
3/9/13 @ 2:49 pm

CM [REDACTED] paged the State Medical Examiner at [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: 03/09/2013

Contact Method: Attempted Phone Call

Contact Time: 02:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:37 PM      Entered By: [REDACTED]

Attempted Telephone Call  
3/9/13 @ 2:45

CM [REDACTED] attempted to call the State Medical Examiners office. This CM was unable to talk to anyone and will page the staff with the number provided.



**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: 03/09/2013

Contact Method: Attempted Phone Call

Contact Time: 02:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:37 PM      Entered By: [REDACTED]

Attempted Telephone Call

3/9/13 @ 2:05 pm

CM [REDACTED] attempted to call [REDACTED] at the [REDACTED] phone number. There was no answer and this CM was unable to leave a voice message.



## 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: 03/09/2013

Contact Method: Phone Call

Contact Time: 02:04 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:36 PM Entered By: [REDACTED]

Telephone Call  
3/9/13 @ 2:04 pm

CM [REDACTED] telephoned [REDACTED] Maternal Great Grandmother to [REDACTED] This CM requested a recent contact number for [REDACTED] This CM was provided with [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: 03/09/2013

Contact Method: Attempted Phone Call

Contact Time: 02:03 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:35 PM      Entered By: [REDACTED]

Attempted Telephone Call

3/9/13 @ 2:03 pm

CM [REDACTED] attempted to telephone [REDACTED] and the phone number was not in service.



**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:	03/09/2013	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/16/2013
Completed date:	03/16/2013	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: 03/16/2013 06:34 PM      Entered By: [REDACTED]

3/9/13 CM [REDACTED]  
 10am  
 DCS Office

CM did a search of the Tennessee Bureau Of Investigation sex offender registry (<http://www.ticic.state.tn.us/sorinternet/sosearch.aspx>) as to [REDACTED] and [REDACTED] which noted there were no findings. A copy of such finding is contained within the hard file.

CM did a search of the Tennessee Bureau of Investigation Meth Offender Registry as to [REDACTED] [REDACTED] (<http://www.tennesseeanytime.org/methor/>) which notes there were no findings. A copy of such finding is contained within the hard file.

CM did a Tennessee felony offender search for [REDACTED] (<https://www.tennesseeanytime.org/foil/search.jsp>) which notes there were no findings. A copy of such finding is contained within the hard file.

CM did a search of the National Sex Offender Registry (<http://www.nsopr.gov/>) as to [REDACTED] [REDACTED] which notes there were no findings. A copy of such findings is contained within the hard file.

CM did a search of the Tennessee Department of Health Vulnerable Person (Abuse Registry) (<http://health.state.tn.us/abuseregistry/index.html>) as to [REDACTED] which notes there were no findings. A copy of such findings is contained within the hard file.



## 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: 03/09/2013 Contact Method:  
 Contact Time: 09:15 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 03/16/2013  
 Completed date: 03/16/2013 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: 03/16/2013 06:25 PM Entered By: [REDACTED]

Telephone Call  
3/9/13 @ 9:15 am

CM [REDACTED] telephoned the [REDACTED] County Clerks office and requested a copy of the custody orders for [REDACTED]  
 [REDACTED] Daughter of [REDACTED]. The information will be faxed to this CM. [REDACTED] is in the custody of the Maternal  
 Grandmother, [REDACTED]. A copy of the court order will be placed in the case file.



**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: 03/09/2013

Contact Method:

Contact Time: 02:35 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:23 PM      Entered By: [REDACTED]

Telephone Call  
3/9/13 @ 2:35 am

CM [REDACTED] telephoned TL [REDACTED] and provided information of the living conditions of the home. This CM staffed he case as to what needed to be completed later on this date by this CM.



**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: 03/09/2013 Contact Method:  
 Contact Time: 01:15 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/16/2013  
 Completed date: 03/16/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2013 06:22 PM Entered By: [REDACTED]

Home Visit

3/9/13 @ 1:15 am

CM [REDACTED] was given permission of [REDACTED] to enter the residence and take photographs of the home. [REDACTED] was present at the residence when this CM as well as [REDACTED] entered the home. This CM took photographs of the residence and the locations where both children were sleeping. There was food sitting out on the stove, dirty baby bottles, and clutter throughout the home. This CM was informed by law enforcement during their execution of the search warrant that there was a dead mouse with animal dropping found inside the dresser drawer of the room the infant was sleeping in. Photos of the home are included in the case file.



## 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: 10:50 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 03/16/2013  
 Completed date: 03/16/2013 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: 03/16/2013 06:21 PM Entered By: [REDACTED]

Telephone Call

3/8/13 @ 10:50 pm

CM [REDACTED] staffed the case with TL [REDACTED] and provided an update of the information from [REDACTED]. This information was also staffed with [REDACTED]. This CM will contact TL [REDACTED] once the home visit has been completed. CM [REDACTED] is still waiting on the District Attorney and Law Enforcement to make the home visit.



**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: Face To Face

Contact Time: 08:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 03/16/2013

Completed date: 03/16/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2013 06:32 PM Entered By: [REDACTED]

3/8/13 CM [REDACTED]  
8:45pm

Cm arrived at the [REDACTED] home. [REDACTED] assisted Cm is getting [REDACTED] out of the car.

CM walked through the home. Cm observed the home to be clean and tidy. Cm did not have any safety and/or sanitary concerns during the time of the home visit. Cm observed the home to have 4 bedrooms on the main floor with 2.5 bathrooms. Cm observed the basement of the home to have a completed bathroom and finished bedroom with an unfinished portion of the basement. CM observed baby gates that restrict [REDACTED] from going down stairs to the basement. Cm observed [REDACTED] and [REDACTED] share a bedroom with [REDACTED] have a bed and [REDACTED] having a toddler bed.

[REDACTED] reported he, [REDACTED] his mother [REDACTED] his father, [REDACTED] and his grandmother, [REDACTED] reside in the home.

At this time, Cm explained the Immediate Protection Agreement to [REDACTED] [REDACTED] understood, agreed and signed the IPA. Cm gave [REDACTED] a copy of the IPA. Cm informed [REDACTED] that there would be legal action concerning [REDACTED] [REDACTED] Cm gave [REDACTED] a business card with this CMs and Cm [REDACTED] contact phone numbers.



## 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: Face To Face

Contact Time: 08:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:18 PM Entered By: [REDACTED]

Parent Contact  
3/8/13 @ 8:05 pm

CM [REDACTED] explained to [REDACTED] and [REDACTED] that since they had given this CM permission to photograph the home and the location where the infant had been sleeping that this CM would have to wait and go into the home at the time law enforcement enters the home. [REDACTED] was in agreement.



## 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: Face To Face

Contact Time: 07:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 06:13 PM Entered By: [REDACTED]

Correspondence

3/8/13 @ 7:30 pm

CM [REDACTED] requested [REDACTED] and [REDACTED] to complete a urine drug screen due to the history of drug use in the home. [REDACTED] submitted to the urine drug screen and was negative. A copy of the results consent form is included in the case file. [REDACTED] submitted to the urine drug screen and [REDACTED] observed [REDACTED] provide the urine sample. [REDACTED] was negative on the drug screen. A copy of the results consent form is included in the case file.



## 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: Face To Face  
 Contact Time: 07:30 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 03/16/2013  
 Completed date: 03/16/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2013 06:29 PM Entered By: [REDACTED]

3/8/13 CM [REDACTED]  
7:30pm

CM met CM [REDACTED] in the ER waiting room of the hospital. CM observed [REDACTED] and [REDACTED] to be present at the entrance of the hospital.

[REDACTED] came into the waiting room. CM observed CM [REDACTED] to explain the Immediate Protective Agreement to [REDACTED]. CM observed [REDACTED] to report she understood and signed the document.

CM asked [REDACTED] where [REDACTED] was. [REDACTED] reported he was with family members getting dinner. [REDACTED] contacted [REDACTED] by phone and put [REDACTED] on speaker phone. CM heard [REDACTED] yelling at [REDACTED]. CM got on [REDACTED] phone and explained this CM would be transporting [REDACTED] to his home and this CM would walk through the home to check for safety and/or sanitary hazards. [REDACTED] understood and agreed.

At this time, CM loaded [REDACTED] car seat and transported [REDACTED] to his fathers 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:	03/08/2013	Contact Method:	
Contact Time:	07:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/16/2013
Completed date:	03/16/2013	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: 03/16/2013 06:26 PM      Entered By: [REDACTED]

3/8/13 CM [REDACTED]  
 7pm  
 DCS Office

CM did a search of the Tennessee Bureau Of Investigation sex offender registry (<http://www.ticic.state.tn.us/sorinternet/sosearch.aspx>) as to [REDACTED] which noted there were no findings. A copy of such finding is contained within the hard file.

CM did a search of the Tennessee Bureau of Investigation Meth Offender Registry as to [REDACTED] (<http://www.tennesseeanytime.org/methor/>) which notes there were no findings. A copy of such finding is contained within the hard file.

CM did a Tennessee felony offender search for [REDACTED] (<https://www.tennesseeanytime.org/foil/search.jsp>) which notes there were no findings. A copy of such finding is contained within the hard file.

Cm did a search of the National Sex Offender Registry (<http://www.nsopr.gov/>) as to [REDACTED] which notes there were no findings. A copy of such findings is contained within the hard file.

Cm did a search of the Tennessee Department of Health Vulnerable Person (Abuse Registry) (<http://health.state.tn.us/abuser registry/index.html>) as to [REDACTED] which notes there were no findings. A copy of such findings is contained within the hard file.



**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:	06:18 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	03/16/2013
Completed date:	03/16/2013	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: 03/16/2013 06:01 PM      Entered By: [REDACTED]

Telephone Call  
3/8/13 @ 6:18 pm

CM [REDACTED] telephoned TL [REDACTED] and staffed the case with TL [REDACTED] at this time.

TL [REDACTED] will send CM [REDACTED] to assist this CM with the placement for [REDACTED] at his Fathers 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: 03/08/2013

Contact Method: Phone Call

Contact Time: 05:46 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 05:55 PM Entered By: [REDACTED]

Telephone Call  
3/8/13 @ 5:46 pm

CM [REDACTED] telephoned [REDACTED] with [REDACTED] concerning the bruising and abrasions to the genital area of the infant. There was also concern that the anus was much larger in size. These concerns were passed on to [REDACTED] and they will follow up with the State Medical Examiner to determine if a sexual abuse exam needs to be completed from [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: 04:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2013

Completed date: 03/16/2013

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: 03/16/2013 05:34 PM Entered By: [REDACTED]

Notation [REDACTED]

Family Composition:

[REDACTED] Child (deceased)

[REDACTED] father of [REDACTED]

[REDACTED], mother [REDACTED]

[REDACTED] child [REDACTED]

[REDACTED], father of [REDACTED]

Referral:

[REDACTED] (1 mo) was living with her mother [REDACTED] in [REDACTED] father is reported to be [REDACTED] who lives in [REDACTED]. No other children are reported to live in the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

On 3/8/2013 at approximately 2:00 p.m. a 911 call was received on an unresponsive two month old child at [REDACTED]. When Sheriffs department and EMS arrived the child was unresponsive. The police were told that [REDACTED] was staying at [REDACTED] and the incident would have occurred there. It is reported that [REDACTED] County Sheriffs Office was notified and detectives are en route to the [REDACTED] where [REDACTED] was being transported. [REDACTED] County police are currently at the [REDACTED] Hospital ER waiting for [REDACTED] Detectives to arrive. It is reported that the child is deceased.

Parents reported that they checked on the child at 11:00 a.m. The parents then stated that they checked on the child at 11:00 p.m. on 3/7/2013. The parents report feeding [REDACTED] this morning. There is inconsistency to the timeframes being provided by the parents.

Police history has not been checked for the parents at this time. Reporter states there were marks observed around the child's vaginal area. It is unknown if this was caused by a diaper rash or possibly the diaper cutting into her.

Police are requesting immediate assistance from DCS at this time.

CPS Central Intake received this report on 3/8/13 and assigned a P-1 response. The case was assigned to this Case Manager on 3/8/13 with the response due on 3/9/13.

This CM verified the family's history of involvement with DCS through a search of TNKIDS. On this date the following history was noted:

[REDACTED] ref. date 5/01/12, Drug Exposed Child [REDACTED] Environmental Neglect [REDACTED] [REDACTED], A Protective Supervision Order on [REDACTED] was put into place, with a Restraining Order against [REDACTED] [REDACTED] completed IOP and was attending parenting classes. [REDACTED] was not compliant and the case was closed leaving the restraining order in place. The court noted concerns that since [REDACTED] was pregnant with [REDACTED] child that she may continue to have him in her life. The case was closed per Judge [REDACTED] on October 26, 2012 thru [REDACTED] Juvenile Court.

Referent notification was made in person by this CM on 3/8/13.

Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff/or Supervisors) as requested per Juvenile Court [REDACTED]

CM [REDACTED] requested a local background check on [REDACTED] from [REDACTED] Sheriff's Department.

CM did a Tennessee felony offender search for [REDACTED] and [REDACTED] (<https://www.tennesseeanytime.org/foil/search.jsp>) which notes no records found. A copy of such finding is contained within the hard file.

CM did a search of the Tennessee Bureau of Investigation Meth Offender Registry as to [REDACTED] (<http://www.tennesseeanytime.org/methor/>) which notes no records found. A copy of such finding is contained within the hard file.

CM did a search of the Tennessee Sexual Offender Registry Search ([http://www.ticic.state.tn.us/SEX\\_ofndr/search\\_short.asp](http://www.ticic.state.tn.us/SEX_ofndr/search_short.asp)) as to [REDACTED] and there were no records found. A copy of such finding is contained within the hard file.

CM did a search of the National Sexual Offender Registry (<http://www.nsopr.gov/>) as to [REDACTED] and there were no records found. A copy of such findings is contained within the hard file.

CM did a search of the Tennessee Department of Health Vulnerable Persons (Abuse Registry) (<http://health.state.tn>.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

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us/abuseregistry/index.html) as to [REDACTED] and there were no records found. A copy of such findings is contained within the hard file.



**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: 3/8/13 3:03 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): The child is deceased 3/8/13.

#### 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 ( 1 )

[Redacted]

Children Not Removed

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

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

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

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



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

Investigation #:	██████████	Date of Notification:	03/09/13	Date of Death/ Incident:	03/08/2013
Type: (Please check one)	<input checked="" type="checkbox"/> FATALITY	<input type="checkbox"/> NEAR FATALITY			
Child Name:	██████████	DOB:	██████████	TFacts #:	██████████
Gender:	Male: <input type="checkbox"/>	Female: <input checked="" type="checkbox"/>	Race/Ethnicity:	White (No)	County/Region: ██████████
Parent's Name(s):	Mother: ██████████	Father: ██████████			
Was child in custody at time of incident?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>	Adjudication:	n/a	
If child is in DCS custody, list placement type and name:	n/a				
<p>Describe (in detail) cause or circumstance regarding the death/injury: On 3/8/13, ██████████ age 2 months was transported via ██████████ County EMS to ██████████ Hospital. The address where the infant was picked up was identified as ██████████ (County). The address where the infant and parents resided was identified as ██████████. The parents reported to law enforcement they wanted to seek emergency care for ██████████ after finding the infant unresponsive so they transported the infant in their car from ██████████ to ██████████ (approximately 16 minutes to drive) with a 10.2 mile distance from home to home. There was a time lapse that is unaccounted for from the 11:00 am approximation given by Ms. ██████████ (when the infant was found unresponsive) to the time EMS was dispatched at 1:31 pm.</p> <p>CM ██████████ made a home visit to the ██████████ on 3/9/13 and there were no immediate safety concerns noted. However, the home appeared cluttered with dirty baby bottles, clothes, and food sitting throughout. The bassinet was sitting directly against the side of the parents bed. Law enforcement noted there was animal droppings and a dead mouse found in the dresser drawer, located in the bedroom where the infant was sleeping.</p> <p>Dr. ██████████ County Medical Examiner examined the infant at approximately 7:45 pm and noted there were no gross rectal tears, the left elbow was somewhat fixed with some degree of rigor mortis. Dr. ██████████ stated the infant had likely been deceased several hours prior to the EMS response. He reported the stomach was somewhat distended and there was visible gas on the x-ray. There was also bruising at the naval which could indicate possible abdominal trauma. He reported the infant had a stong smell that indicated the child had been deceased for an extended period of time. He reported the child had livor mortis present in the hips and back and this was fixed. There was also unexplained perineal discoloration around multiple excoriations. There was unexplained facial cyanosis. Dr. ██████████ reported that in his medical opinion, the child had been exposed to child neglect and possibly had been subjected to aggravated child abuse. The infant was sent to the ██████████ for autopsy on 3/8/13.</p> <p>On 3/9/13, this CM spoke with staff at the ██████████ Medical Examiner's office and was informed that Dr. ██████████ had completed the autopsy and the results are pending. The preliminary report was given as no outright evidence of trauma and the tissue samples and toxicology are pending.</p>					
<p>Describe (in detail) interview with family: The interview with Mr. ██████████ and Ms. ██████████ was completed by Det. ██████████ prior to CM ██████████ having knowledge of the investigation. CM ██████████ followed up and met with Ms. ██████████. She stated she last heard ██████████ cry at 5:00 a.m. on the morning of 3/8/13. She stated ██████████ has been having complications with constipation and she had been to the pediatrician for a change in her formula. She stated ██████████ had been having complications with diarrhea and diaper rash since approximately 2 weeks after birth. She stated she had also been giving ██████████ laxative drops. She stated on 3/7/13 ██████████ had been very quiet and was not crying very much. She stated on 3/7/13 ██████████ had thrown up her bottle at approximately 10:00 pm and she gave the infant another bottle prior to placing ██████████ her bassinet at approximately 12:00 am on 3/8/13. She stated she got up out of bed at 9:00 am and prepared her Son, ██████████ a bowl of cereal. She stated she woke ██████████ up telling him to check on the</p>					

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

infant in a little while. She stated at approximately 11:00 am [redacted] came into her Mother's bedroom where she was and told her he thought [redacted] had passed away. She stated [redacted] told her he tried putting his finger in her mouth and bounced her on his knee but she did not wake up. She stated they were going to drive to the store at the end of the road to meet the ambulance and then [redacted] told her they should just go to his Mother's house. Ms. [redacted] stated they took [redacted] to [redacted] Mother's house and the ambulance came there to get [redacted]

Det. [redacted] interviewed additional family members prior to this CM arriving at the hospital including Ms. [redacted] Paternal Grandmother.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization: The child was transported via ambulance to [redacted] Hospital and pronounced deceased.

Describe disposition of body (Fatality):

CM [redacted] observed the infant while at [redacted] Hospital and noted concerns in the genital area of the infant. CM [redacted] consulted with [redacted] at [redacted] concerning the abrasions and bruising on the genital area and [redacted] consulted with the Medical Examiner's office on 3/8/13. [redacted] contacted the Medical Examiner's office will be available if needed per [redacted] Photos of the infant are included in the case file and were taken by Det. [redacted] with the [redacted] County Sheriff's Department.

Dr. [redacted] County Medical Examiner examined the infant at approximately 7:45 pm and noted there were no gross rectal tears, the left elbow was somewhat fixed with some degree of rigor mortis. Dr. [redacted] stated the infant had likely been deceased several hours prior to the EMS response. He reported the stomach was somewhat distended and there was visible gas on the x-ray. There was also bruising at the naval which could indicate possible abdominal trauma. He reported the infant had a stong smell that indicated the child had been deceased for an extended period of time. He reported the child had livor mortis present in the hips and back and this was fixed. There was also unexplained perineal discoloration around multiple excoriations. There was unexplained facial cyanosis. Dr. [redacted] reported that in his medical opinion, the child had been exposed to child neglect and possibly had been subjected to aggravated child abuse. The infant was sent to the [redacted] Medical Examiner for autopsy on 3/8/13.

Name of Medical Examiner or Coroner:

Dr. [redacted]  
Autopsy conducted by [redacted]

Was autopsy requested?

Yes  No

Did CPS open an investigation on this Fatality/Near Fatality?

Open

Closed

Was there an open investigation at the time of Fatality/Near Fatality?

Yes

No

If so, describe (in detail) law enforcement or court involvement:

Alleged perpetrator and relationship to child:

Unknown, Parents were in care of the child at the time of death.

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):

[redacted] dob [redacted]

Child is currently placed with his Father, [redacted] with an IPA, as he had joint custody with a parenting plan. CM will file a restraining order against Ms. [redacted] pending the outcome of the current investigation. There is currently an active restraining

[redacted]

Child is currently in the custody of the Maternal Grandmother, [redacted] The child's Mother is deceased. The current visitation of Mr. [redacted] unknown at this time. CM [redacted] will follow up with Ms. [redacted] and file a restraining order against Mr. [redacted] pending the outcome of the current

order against Mr. [REDACTED]	investigation.	
Prior DCS involvement, include dates, findings, and/or adjudications:		
<p>[REDACTED] ref. date 5/01/12, Drug Exposed Child ( [REDACTED] and [REDACTED], Environmental Neglect</p> <p>[REDACTED] A Protective Supervision Order on [REDACTED] was put into place, with a Restraining Order against [REDACTED] Ms. [REDACTED] completed IOP and was attending parenting classes. Mr. [REDACTED] was not compliant and the case was closed leaving the restraining order in place. The court noted concerns that since Ms. [REDACTED] was pregnant with Mr. [REDACTED] child that she may continue to have him in her life. The case was closed per Judge [REDACTED] on October 26, 2012 thru [REDACTED] County Juvenile Court.</p>		
Has there been any media inquiry or is attention expected?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Contact Person/Phone Number(s) (include CM, TL, and TC):	[REDACTED] CM2 [REDACTED]	[REDACTED] TL ([REDACTED]) [REDACTED] TC [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]