



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 05/10/2013 04:55 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 05/10/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 05/11/2013 10:41 AM
First Team Leader Assigned: [REDACTED] Date/Time 05/11/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 05/11/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	[REDACTED]	Birth Father
[REDACTED]	0 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS:

Open Court Custody/FSS/FCIP None found

Closed Court Custody None found

Open CPS None found

Fatality None found

Indicated: None found

Screened out None found

History (not listed above):

5-20-2010/Case # [REDACTED] LOS, PYA, PHA/No Services Needed

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Tennessee Child Abuse Hotline Summary**

County: [REDACTED]
Notification: None
School/ Daycare: None
Native American Descent: No
Directions: None given

Reporters name/relationship: [REDACTED]

Reporter states: [REDACTED] (age 4) and [REDACTED] (age 5 months) reside with their mother, [REDACTED] and father, [REDACTED]

This morning around 10:40 A.M., [REDACTED] was brought to [REDACTED] Hospital by EMS after [REDACTED] had been found down by [REDACTED] [REDACTED] works nights into the evening; therefore, [REDACTED] stays with her maternal grandmother, [REDACTED] (last name Unknown), while [REDACTED] is working. [REDACTED] indicated that she picked [REDACTED] up around 3:00 A.M. and took [REDACTED] home early this morning. [REDACTED] and [REDACTED] all got in the bed and were asleep by 5:00 A.M. According to [REDACTED] was placed in the middle of [REDACTED] and [REDACTED] as they slept.

[REDACTED] noted that she woke up around 10:00 A.M. and observed [REDACTED] face down in the bed and unresponsive. [REDACTED] reported that she immediately started to try to administer CPR on [REDACTED] but [REDACTED] admitted that she did not know how to do CPR. [REDACTED] called 911. EMS arrived at the home and escorted [REDACTED] to [REDACTED] Hospital. EMS administered CPR on [REDACTED] the entire way to [REDACTED] Hospital and the hospital staff continued CPR for approximately 20 minutes after [REDACTED] arrival. [REDACTED] was officially pronounced dead at 10:57 A.M. [REDACTED] and [REDACTED] arrived at the hospital shortly after that time.

[REDACTED] Detectives, [REDACTED] and [REDACTED], were at the hospital and interviewed [REDACTED] and [REDACTED]. There was concern regarding the child co-sleeping; therefore, the Detectives wanted DCS to follow up with the family if needed.

[REDACTED] did not have any known special needs or disabilities and [REDACTED] did not note any complications with [REDACTED] at birth. [REDACTED] does not have any known special needs or disabilities to the referents knowledge.

[REDACTED] is a Medical Examiners case; therefore, the child was transported to the Medical Examiners office where an autopsy will be administered. Additionally, Law Enforcement followed the parents back to the home for a scene reenactment.

According to the referent, [REDACTED] is believed to be at the home with [REDACTED] sister.

SSMS: No results found

Per SDM: Investigative Track/ Priority 1 - [REDACTED] CM 3 on 5-10-13 at 5:55 P.M.

[REDACTED] County paged at 5:55 P.M. Event [07]Group Started (3745/24820), Status: [07]Group Started, [REDACTED] Mobile

[REDACTED] responded at 6:01 PM - CM [REDACTED]

Child Fatality Group and Child Fatality Notification EI DCS Group notified. Email sent to: [REDACTED]
[REDACTED]
[REDACTED]



**Tennessee Department of Children's Services
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Participant(s)

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** White **Age:** 4 Yrs
Address: [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 25 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: Yes
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 25 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] 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:



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

Name: Unknown Participant [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 50 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/10/2013

Assignment Date: 05/11/2013

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]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED]
		[REDACTED]			[REDACTED]			08/09/2013
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED]
		[REDACTED]			[REDACTED]			08/09/2013
3	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED]
		[REDACTED]			[REDACTED]			08/09/2013
4	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED]
		[REDACTED]			[REDACTED]			08/09/2013
5	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			08/09/2013
6	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED]
		[REDACTED]			[REDACTED]			05/11/2013
7	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED]
		[REDACTED]			[REDACTED]			08/09/2013
8	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED]
		[REDACTED]			[REDACTED]			08/09/2013
9	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED]
		[REDACTED]			[REDACTED]			08/09/2013
10	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			08/07/2013



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

Case Name : ██████████

Investigation ID: ██████████

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
11	██████████	██████████	Environmental Neglect	██████████	██████████	Allegation Indicated / Perpetrator Indicated	No	██████████
		██████████			██████████			05/11/2013
12	██████████	██████████	Environmental Neglect	██████████	██████████	Allegation Indicated / Perpetrator Indicated	No	██████████
		██████████			██████████			08/09/2013

C. Disposition Decision

Disposition Decision: Continue DCS Services

Comments: ██████████ is safety placed with his brother, ██████████ but in the custody his father, ██████████
 ██████████ is safety placed with his maternal grandmother, ██████████, but in the custody of her parents, ██████████ and ██████████.

D. Case Workers

Case Worker: ██████████

Date: 08/09/2013

Team Leader: ██████████

Date: 08/12/2013

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:

CPS Investigator ██████████ was informed by Sgt. ██████████ that he observed ██████████ deceased body at ██████████ Hospital and he did not have any concerns as it relates to abuse or neglect. The autopsy is scheduled for 05/11/2013 at 9:00 am at the Medical Examiner's Office.

██████████ (child/sibling) stated his sissy ██████████ choked on her milk today and now she is an Angel in Heaven. He stated he saw ██████████ this morning in her mommy's hand. ██████████ stated ██████████ sleeps with him and his parents. He stated ██████████ does not have a bed or a playpen; she only has a swing.

██████████ stated his parents smoke cigarettes that you would make and buy from the store, but they only smoke outside the house. He described the cigarettes as being brown in color.

██████████ stated his father has guns in their home; just in case someone comes in one of their windows. He stated his dad has shot gun in the closet and two other pistols put up somewhere. ██████████ stated there was a shot gun lying on the floor by the television; along with the weed. He stated the weed belongs to his daddy, but he never sees him do anything with it. He stated he does not play with his dad's gun, but only plays with his toy guns. ██████████ stated he is able to differentiate his gun from his dad's gun, because his guns have orange on them.

██████████ stated his mom gives him a bath three times a week and no one cleans up around their house. He stated the clothes were on the floor in their room due to someone messing with it. ██████████ stated he feels safe at home.

██████████ stated ██████████ slept with her brother, ██████████ and her parents. He stated did not have a crib, but she did have a pack-n-play. ██████████ stated her parents never displayed the pack-n-lay. ██████████ stated he overheard ██████████ crying this morning between 7:00 am and 7:30 am. He stated he went into ██████████ bedroom and his brother, ██████████ (adult) was waked. ██████████ stated he stood there for approximately



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and Classification Decision of Child Abuse/Neglect Referral

Case Name : ██████████

Investigation ID: ██████████

three minutes and ██████████ stop crying. He stated ██████████ was lying on her back. ██████████ stated ██████████ (adult) tried to wake up ██████████ due to ██████████ crying. He reports not being sure if ██████████ woke ██████████ up due to him leaving the bedroom to go to school. ██████████ stated when he arrived; one of his cousins told him that ██████████ has passed away. ██████████ stated every adult in his home smoke cigarettes and he has never witnessed anybody using marijuana. He stated there are no guns in his home, but his father was arrested approximately 10 years ago for having a gun. ██████████ stated ██████████ and ██████████ clean up every other day around the house and ██████████ make sure all dog feces is cleaned up. ██████████ stated he feels safe at home.

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

██████████ with ██████████ and in regards to ██████████ ██████████ stated ██████████ had RSV in February of 2013 and was seen at ██████████ Hospital. He stated ██████████ had a physical at 4 months and she was healthy. ██████████ stated the parents were appropriate and he did not have any concerns.

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

██████████ stated his wife, ██████████ had to work on 05/09/2013 and ██████████ stayed with his mother-in-law, ██████████. ██████████ stated ██████████ arrived home with ██████████ at approximately 5:00 am. He stated that he ate his McDonald's and played with ██████████. Adding, she appeared to be fine. ██████████ stated at approximately 9:00 am, ██████████ (child) woke him up and then ██████████ woke up. He stated ██████████ picked ██████████ up and stated she was not breathing and she had passed. ██████████ stated he hit the floor in tears. He stated ██████████ began CPR on ██████████ while she was lying on the bed. ██████████ stated he was so upset; that he threw his cell phone to the floor and broke it. He stated his mother, ██████████ called 911, but she received a recording from the operator telling her to hold on. ██████████ stated his mother ran next door to his sister, ██████████ home and called 911. He stated the paramedics arrived and put oxygen of ██████████ nose and then transported her to ██████████ Hospital. After arriving at ██████████ home, marijuana and guns were found in the home. ██████████ stated that the marijuana belonged to him; adding he used it to calm down, but never in the presence of the children. He reports having three guns in the home and providing the following locations: one on the floor, one in the closet, and one under the mattress in his bedroom. ██████████ stated all of the guns are registered and he does not have any felonies preventing him from having the guns in his possession. ██████████ signed a drug consent form and submitted to a drug screen; the results were positive for marijuana.

██████████ stated she is employed at ██████████ as a Caretaker and she worked the evening of 05/09/2013. She reports getting off from work at 2:30 am and picking ██████████ up from her mother, ██████████ home in ██████████ at approximately 3:00 am. ██████████ stated her mother reported that ██████████ went to sleep at 11:00 pm and woke up at 2:00 am. She stated this was out of the norm, because ██████████ generally sleeps through the night. ██████████ stated she stopped at McDonalds and arrived home at approximately 4:00 am. She stated ██████████ stayed awake approximately 45 minutes after they arrived home. ██████████ stated she gave ██████████ a bottle of milk, but she more so played with the bottle; opposed to drinking it. She stated ██████████ (child) was sleep when she arrived home. ██████████ stated ██████████ woke up and ate his McDonald's and he fell back to sleep at approximately 4:30 am. She states falling asleep, shortly after ██████████ fell asleep. The family has a full size bed and their sleeping arrangements are as follows: ██████████ sleeps near the window to the left of the bed, ██████████ slept in the middle, ██████████ slept to the right side of the bed, and ██████████ (child) slept at the foot of the bed. ██████████ reports sleeping on her side, facing ██████████

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

██████████ (age 4) and ██████████ (age 5 months) reside with their mother, ██████████ and father,

This morning around 10:40 A.M., ██████████ was brought to ██████████ Hospital by EMS after



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

[REDACTED] had been found down by [REDACTED] [REDACTED] works nights into the evening; therefore, [REDACTED] stays with her maternal grandmother, [REDACTED] (last name Unknown), while [REDACTED] is working. [REDACTED] indicated that she picked [REDACTED] up around 3:00 A.M. and took [REDACTED] home early this morning. [REDACTED] and [REDACTED] all got in the bed and were asleep by 5:00 A.M. According to [REDACTED] was placed in the middle of [REDACTED] and [REDACTED] as they slept. [REDACTED] noted that she woke up around 10:00 A.M. and observed [REDACTED] face down in the bed and unresponsive. [REDACTED] reported that she immediately started to try to administer CPR on [REDACTED] but [REDACTED] admitted that she did not know how to do CPR. [REDACTED] called 911. EMS arrived at the home and escorted [REDACTED] to [REDACTED] Hospital. EMS administered CPR on [REDACTED] the entire way to [REDACTED] Hospital and the hospital staff continued CPR for approximately 20 minutes after [REDACTED] arrival. [REDACTED] was officially pronounced dead at 10:57 A.M. [REDACTED] and [REDACTED] arrived at the hospital shortly after that time.

[REDACTED] Detectives, [REDACTED] and [REDACTED], were at the hospital and interviewed [REDACTED] and [REDACTED]. There was concern regarding the child co-sleeping; therefore, the Detectives wanted DCS to follow up with the family if needed. [REDACTED] did not have any known special needs or disabilities and [REDACTED] did not note any complications with [REDACTED] at birth. [REDACTED] does not have any known special needs or disabilities to the referents knowledge. [REDACTED] is a Medical Examiners case; therefore, the child was transported to the Medical Examiners office where an autopsy will be administered. Additionally, Law Enforcement followed the parents back to the home for a scene reenactment. According to the referent, [REDACTED] is believed to be at the home with [REDACTED] sister.

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

The Department of Children Services received a referral on 05/10/2013 with the allegation of Neglect Death towards [REDACTED] 0 years old against her mother, [REDACTED] and father, [REDACTED]. [REDACTED] was co-sleeping in the bed with her parents and [REDACTED] found her deceased in the bed on 05/10/2013. During the re-enactment at the home; five bags of marijuana that were owned by [REDACTED] were lying on the bedroom floor. In addition, there was an unloaded sawed off shot gun seating on the bedroom floor next to the marijuana. There was animal feces in the hallway, clothes covering two of the bedrooms (clutter), & a foul order in the home. [REDACTED] is being indicated for DEC, LOS, and EN. [REDACTED] [REDACTED], and [REDACTED] are being indicated for Environmental Neglect. Autopsy results show a cause of death as Accidental Axyphyxiation. The Neglect Death allegation is being closed as unfounded. Final classification pending CPIT presentation

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/19/2013	Contact Method:	
Contact Time:	02:56 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/19/2013
Completed date:	08/19/2013	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: 08/19/2013 02:59 PM Entered By: [REDACTED]

08/19/2013 2:56 pm
Non-Custodial Permanency Plan Meeting Held

Attendees:
 Mother: [REDACTED]
 Father: [REDACTED]
 TL: [REDACTED]
 TL: [REDACTED]
 FSW: [REDACTED]
 CPS: [REDACTED]

[REDACTED] will complete alcohol and drug treatment classes and submit to random drug screens.
 [REDACTED] will obtain stable housing.
 [REDACTED] will take a Weapons Safety Course.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/16/2013

Contact Method:

Contact Time: 06:50 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/16/2013

Completed date: 08/16/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/16/2013 06:59 PM Entered By: [REDACTED]

08/16/2013 6:50 pm

CPS Investigator [REDACTED] telephone called [REDACTED] and [REDACTED] and schedule the Non-Custodial Permanency Plan meeting for 08/19/2013 at 2:00 pm at the DCS Office. [REDACTED] agreed to be in attendance.

CPS [REDACTED] sent an email to GAL [REDACTED] (Attorney), and [REDACTED] (Attorney) inviting them to attend the meeting.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/16/2013 Contact Method:
 Contact Time: 08:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/16/2013
 Completed date: 08/16/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/16/2013 08:35 AM Entered By: [REDACTED]

08/16/2013 8:15 am

CPS Investigator [REDACTED] received the following email from TL [REDACTED]:

The [REDACTED] case [REDACTED] has been designated for case assignment to CPSL [REDACTED] [REDACTED]
 please confer with [REDACTED] when time permits, to schedule the CFTM transfer meeting.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/15/2013	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/15/2013
Completed date:	08/15/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/15/2013 03:47 PM Entered By: [REDACTED]

08/15/2013 9:30 am

CPS Investigator [REDACTED] presented the case to Team Leader, [REDACTED] and it was accepted for transfer.

Narrative Type: Addendum 1 Entry Date/Time: 08/15/2013 03:48 PM Entered By: [REDACTED]

CPS [REDACTED] provided a copy of the case file during the meeting.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2013

Contact Method: Face To Face

Contact Time: 04:55 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/15/2013

Completed date: 08/16/2013

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/15/2013 03:50 PM Entered By: [REDACTED]

08/15/2013 4:55 pm

CPS Investigator [REDACTED] Office Visit at [REDACTED] Safety and Wellness check with [REDACTED] stated he enjoyed his time at his mother's house for the summer. He states skate boarding at the park and enjoy water activities during his stay. [REDACTED] stated he like his new home and he will help maintain cleanliness at the home. He also stated he feels safe at home.

CPS [REDACTED] observed [REDACTED] wearing a white shirt with beige shorts. CPS [REDACTED] did not observe any marks, bruises, or anything of concern.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 08/16/2013

Completed date: 08/16/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/16/2013 08:32 AM Entered By: [REDACTED]

08/14/2013 1:00 pm

CPS Investigator [REDACTED] Juvenile Court with [REDACTED] (adult), [REDACTED], and [REDACTED] (child). The case was set for trial on 09/27/2013 at 8:30 am before Magistrate [REDACTED] will continue to supervise all contact between [REDACTED] and [REDACTED] (child). Visitation will be arranged at the parents discretion. [REDACTED] will be filing for a divorce.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2013

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2013

Completed date: 08/14/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/14/2013 12:09 PM Entered By: [REDACTED]

08/14/2013 12:00 pm

CPS Investigator [REDACTED] received a telephone call from [REDACTED] and schedule an office visit for 08/14/2013 6:00 pm for a safety and wellness check on [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/13/2013	Contact Method:	
Contact Time:	05:47 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/13/2013
Completed date:	08/13/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/13/2013 05:50 PM Entered By: [REDACTED]
 08/13/2013 5:47 pm
 CPS Investigator [REDACTED] received a copy of the medical records for pertaining to [REDACTED] from [REDACTED] Medical Center. A copy of the records is enclosed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2013

Contact Method:

Contact Time: 05:37 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/13/2013 05:38 PM Entered By: [REDACTED]

08/13/2013 5:37 pm

CPS Investigator [REDACTED] faxed a release of information pertaining to [REDACTED] to [REDACTED] requesting a copy of the mental health records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/12/2013

Contact Method:

Contact Time: 10:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/12/2013

Completed date: 08/12/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/12/2013 10:22 AM Entered By: [REDACTED]

08/12/2013 10:20 am

CPS Investigator [REDACTED] telephone called [REDACTED] at the Medical Examiner's Office and was informed that she received the request for CPS [REDACTED] to obtain a copy of [REDACTED] autopsy results. [REDACTED] stated the results will be mailed in the next few business days.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	08/09/2013	Contact Method:	
Contact Time:	06:24 PM	Contact Duration:	Less than 05
Entered By:	████████████████████	Recorded For:	
Location:		Created Date:	08/09/2013
Completed date:	08/09/2013	Completed By:	████████████████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type:	Original	Entry Date/Time:	08/09/2013 06:24 PM	Entered By:	████████████████████
08/09/2013					
Closing SDM: Conditionally Safe.					



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/09/2013 Contact Method:
 Contact Time: 05:24 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/09/2013
 Completed date: 08/09/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/09/2013 05:31 PM Entered By: [REDACTED]

08/09/2013 Case Summary

The Department of Children Services received a referral on 05/10/2013 with the allegation of Neglect Death towards [REDACTED] 0 years old against her mother, [REDACTED] and father, [REDACTED]. [REDACTED] was co-sleeping in the bed with her parents and [REDACTED] found her deceased in the bed on 05/10/2013. During the re-enactment at the home; five bags of marijuana that were owned by [REDACTED] were lying on the bedroom floor. In addition, there was an unloaded sawed off shot gun seating on the bedroom floor next to the marijuana. There was animal feces in the hallway, clothes covering two of the bedrooms (clutter), & a foul order in the home. Policy states Based on the evidence and disclosures made by [REDACTED] (child); [REDACTED] (adult) is being indicated for DEC, LOS, and EN. [REDACTED] and [REDACTED] are being indicated for Environmental Neglect. Autopsy results show a cause of death as Accidental Axyphyxiation. The Neglect Death allegation is being closed as unfounded. Final classification pending CPIT presentation. The Juvenile Court settlement date is schedule for 08/14/2013 at 1:00 pm before Magistrate [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 08/09/2013 06:57 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] were arrested due to the drugs and guns being in the home. Charges are pending at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/09/2013

Contact Method: Phone Call

Contact Time: 03:58 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/09/2013

Completed date: 08/09/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/09/2013 04:06 PM Entered By: [REDACTED]

08/09/2013 3:58 pm

CPS Investigator [REDACTED] telephone called [REDACTED] with [REDACTED] and in regards to [REDACTED] [REDACTED] stated [REDACTED] had RSV in February of 2013 and was seen at [REDACTED] Hospital. He stated [REDACTED] had a physical at 4 months and she was healthy. [REDACTED] stated the parents were appropriate and he did not have any concerns.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/09/2013

Contact Method: Face To Face

Contact Time: 08:55 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/09/2013

Completed date: 08/09/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2013 06:23 PM Entered By: [REDACTED]

08/09/2013 8:55 am

CPS Investigator [REDACTED] Office Visit at [REDACTED] in [REDACTED] Safety and Wellness check on [REDACTED] [REDACTED] was excited about his birthday and his new red gym shoes. CPS [REDACTED] observed [REDACTED] wearing a green t-shirt and beige shorts. CPS [REDACTED] did not observe any marks, bruises, or anything of concern.

[REDACTED] renewed the safety plan documenting that she will supervise all contact between [REDACTED] (adult) and [REDACTED] (child). All parties understand that there should not be any overnight visits.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2013

Contact Method:

Contact Time: 07:23 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/09/2013

Completed date: 08/09/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2013 08:45 AM Entered By: [REDACTED]

08/08/2013 7:23 pm

CPS Investigator [REDACTED] faxed a release of information to [REDACTED] Medical Center pertaining to [REDACTED]. The records will be enclosed in the file upon retrieval and scanned into TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2013

Contact Method:

Contact Time: 02:42 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2013 02:48 PM Entered By: [REDACTED]

08/08/2013 2:42 pm

CPS Investigator [REDACTED] faxed a request to Medical Examiner's Office for a copy of the autopsy results pertaining to [REDACTED].
 [REDACTED] A copy of the results will be enclosed in the file upon retrieval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2013

Contact Method:

Contact Time: 02:18 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2013 02:23 PM Entered By: [REDACTED]

08/08/2013 2:18 pm

CPS Investigator [REDACTED] telephone called the Medical Examiner's Office and spoke with [REDACTED] CPS [REDACTED] was informed that the autopsy results showed that [REDACTED] caused of death of accident/Axphyxiation. CPS [REDACTED] send a fax requesting a hard copy of the autopsy results. Axphyxiation is defined as the condition of being deprived of oxygen (as by having breathing stopped). A copy of the results will be enclosed in the file upon retrieval and a hard copy will be scanned into TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/07/2013

Contact Method:

Contact Time: 05:52 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/07/2013

Completed date: 08/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 08/07/2013 05:53 PM

Entered By: [REDACTED]

08/07/2013 5:52 pm

FAST: Moderate



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/07/2013	Contact Method:	Attempted Phone Call
Contact Time:	04:35 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/07/2013
Completed date:	08/07/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/07/2013 04:37 PM Entered By: [REDACTED]
 08/07/2013 4:35 pm
 CPS Investigator [REDACTED] telephone called [REDACTED] Pediatrician with [REDACTED] and left a message requesting a return call in regards to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/07/2013

Contact Method: Phone Call

Contact Time: 03:35 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/07/2013

Completed date: 08/07/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/07/2013 03:41 PM Entered By: [REDACTED]

08/07/2013 3:35 pm

CPS Investigator [REDACTED] telephone called [REDACTED] (adult) stated he will not be able to attend a drug treatment program due to his work hours. [REDACTED] stated he works from 5:30 am until late in the evening 7 days a week. He stated he will be present for Court on 08/14/2013 at 1:00 pm. [REDACTED] stated his job has threatened to fire him for requesting time off of work and he cannot afford to lose his job.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/07/2013

Contact Method: Phone Call

Contact Time: 03:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/07/2013

Completed date: 08/07/2013

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: 08/07/2013 03:34 PM Entered By: [REDACTED]

08/07/2013 3:25 pm

CPS Investigator [REDACTED] telephone called [REDACTED] and was informed that she has not had contact with [REDACTED] (adult) face to face in approximately two weeks. [REDACTED] stated he calls her once a day and this is generally at night time. She stated she does not believe [REDACTED] has attended the drug treatment program at [REDACTED]. She stated she is focusing on taking care of [REDACTED] (child); adding that he will be starting kindergarten at [REDACTED] School in [REDACTED] County. [REDACTED] agreed to an office visit on 08/09/2013 at 9:00 am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/12/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

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

07/12/2013 1:00 pm

CPS Investigator [REDACTED] Office Visit at [REDACTED] Safety and Wellness check on [REDACTED] (child). CPS [REDACTED] did not observe any marks, bruises, or anything of concern during the visit. [REDACTED] played during the visit with the toys and appeared to have a close bond to his mother, [REDACTED]

[REDACTED] and [REDACTED] signed an Immediate Protection Agreement that [REDACTED] will supervise all contact between [REDACTED] (husband) and [REDACTED] (child). All parties understand that there will be no overnight visits.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/12/2013

Contact Method: Phone Call

Contact Time: 12:37 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/12/2013

Completed date: 07/12/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

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

07/12/2013 12:38 pm

CPS Investigator [REDACTED] stated he will be attend the [REDACTED] Center from drug treatment. He stated he is doing well and working to keep himself busy. [REDACTED] stated he is eager for [REDACTED] (child) to return to his care.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2013

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/08/2013 05:14 PM Entered By: [REDACTED]

07/01/2013 8:30 am

CPS Investigator [REDACTED] Juvenile Court Appearance Docket.

The safety plan was lifted on [REDACTED] [REDACTED] agreed to supervise all contact between [REDACTED] (adult) and [REDACTED] (child). All parties understand that there should not be any overnight visits. [REDACTED] agreed to attend alcohol and drug treatment at [REDACTED]. The settlement date is schedule for 08/14/2013 at 1:00 pm before Magistrate [REDACTED]. A copy of the Court Decree has been enclosed in the file and scanned into TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/25/2013	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/20/2013
Completed date:	08/20/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/20/2013 07:08 PM Entered By: [REDACTED]

06/25/2013

Non-Custodial Permanency Plan Meeting:

[REDACTED] will begin out patient treatment at [REDACTED].
 [REDACTED] signed a consent for a submitted to a drug screening. The results were positive for marijuana and benzodiazepine.
 Settlement scheduled for 07/01/2013 before Magistrate [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/21/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/05/2013

Completed date: 07/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/05/2013 03:06 PM Entered By: [REDACTED]

CPS Investigation Review held

Results: Appearance hearing 7-1-13

Conduct FSTM to explore possibility of lifting IPA in regards to the mother



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/19/2013

Contact Method: Phone Call

Contact Time: 04:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/19/2013

Completed date: 06/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/19/2013 04:15 PM Entered By: [REDACTED]

06/19/2013 4:10 pm

CPS Investigator [REDACTED] telephone called GAL [REDACTED] and invited him to attend the Child and Family Team schedule for 06/25/2013 at 9:00 am. GAL [REDACTED] agreed to be in attendance.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/19/2013

Contact Method: Attempted Phone Call

Contact Time: 04:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/19/2013

Completed date: 06/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/19/2013 04:09 PM Entered By: [REDACTED]

06/19/2013 4:00 pm

CPS Investigator [REDACTED] telephone called [REDACTED] and schedule a Child & Family Team Meeting for 07/25/2013 at 9:00 am at the DCS Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/07/2013 Contact Method: Face To Face
 Contact Time: 12:20 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/07/2013
 Completed date: 08/07/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

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

06/07/2013 12:20 pm

CPS Investigator [REDACTED] Office Visit at [REDACTED] and [REDACTED] agreeing to renew the following Immediate Protection Agreement.

[REDACTED] has agreed to safety place [REDACTED] (child) with [REDACTED] pending the completion of the investigation and services. [REDACTED] will supervise all contact between [REDACTED] and [REDACTED] (child). All parties understand that there should not be any over night visits. In addition, all parties understand that a violation of this agreement will increase [REDACTED] risk of entering state's custody. The safety placements have agreed not use any corporal punishment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/07/2013

Contact Method: Face To Face

Contact Time: 12:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2013 10:03 AM Entered By: [REDACTED]

06/07/2013 12:20 pm

CPS Investigator [REDACTED] Office Visit at [REDACTED] Safety and Wellness check on [REDACTED] [REDACTED] appeared well cared for and there were no marks or bruises observed. [REDACTED] arrived at the office with [REDACTED] and his mother, [REDACTED]. [REDACTED] appeared happy to see his father, [REDACTED] and he played with him throughout the visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/06/2013

Contact Method: Phone Call

Contact Time: 04:16 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/06/2013

Completed date: 06/06/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 04:23 PM Entered By: [REDACTED]

06/06/2013 4:16 pm

CPS Investigator [REDACTED] telephone called [REDACTED] and notified her of the Appearance Docket Court date schedule for 07/01/2013 at 8:30 am. [REDACTED] agreed to be in attendance.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/06/2013

Contact Method: Attempted Phone Call

Contact Time: 04:14 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/06/2013

Completed date: 06/06/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 04:15 PM Entered By: [REDACTED]

06/06/2013 4:14 PM

CPS Investigator [REDACTED] telephone called [REDACTED] and [REDACTED] and left a message informing them that the Court date was schedule for 07/01/2013 at 8:30 am at Juvenile Court.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/05/2013

Contact Method:

Contact Time: 02:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/06/2013

Completed date: 06/06/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 04:12 PM Entered By: [REDACTED]

06/05/2013 2:25 pm

The Appearance Docket has been schedule for 07/01/2013 at 8:30 am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/04/2013

Contact Method: Attempted Phone Call

Contact Time: 01:39 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/04/2013

Completed date: 06/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/04/2013 01:41 PM Entered By: [REDACTED]

06/04/2013 1:39 pm

CPS Investigator [REDACTED] telephone called [REDACTED] and left a message requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/04/2013

Contact Method: Phone Call

Contact Time: 01:23 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/04/2013

Completed date: 06/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/04/2013 01:39 PM Entered By: [REDACTED]

06/04/2013 1:23 pm

CPS Investigator [REDACTED] telephone called [REDACTED] and was informed that he has not been visiting with [REDACTED] (son). He stated his parent-in-laws are causing "riff raff" (condemning him) for being on disability. CPS [REDACTED] informed [REDACTED] that visitation will be discussed with [REDACTED]. [REDACTED] stated he was eager to begin drug treatment and [REDACTED] has a waiting list. CPS [REDACTED] referred [REDACTED] to [REDACTED] for an alcohol and drug assessment. An office visit was scheduled for 06/07/2013 at 12:00 pm to renew the Immediate Protection Agreement for [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/04/2013

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/04/2013

Completed date: 06/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/04/2013 01:22 PM Entered By: [REDACTED]

06/04/2013 1:00 pm

The Safety plan petition was filed with Juvenile Court this day. The Appearance docket date will be announced.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/04/2013	Contact Method:	Attempted Phone Call
Contact Time:	10:32 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/04/2013
Completed date:	06/04/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/04/2013 01:21 PM Entered By: [REDACTED]

06/04/2013 10:32 am

CPS Investigator [REDACTED] received a telephone message from [REDACTED] requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/04/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2013 06:24 PM Entered By: [REDACTED]

06/04/2013

CPS Investigator [REDACTED] filed the Petition with Juvenile Court pertaining to the safety placement of [REDACTED]. The case was set for the Appearance Docket on 07/01/2013 at 8:30 am. A copy of the petition has been scanned into TFACTS and a hard copy is enclosed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/31/2013

Contact Method: Attempted Phone Call

Contact Time: 11:24 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/31/2013

Completed date: 05/31/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/31/2013 11:34 AM Entered By: [REDACTED]

05/31/2013 11:24 am

CPS Investigator [REDACTED] telephone called [REDACTED] was informed that his father, [REDACTED] was arrested for being a felon on probation and residing in a home with guns. He stated he has not sent [REDACTED] to [REDACTED] with his mother, [REDACTED], but he is planning to send him there within the next week. [REDACTED] stated [REDACTED] do not want to live with his mother permanently. He stated if [REDACTED] files for custody of [REDACTED] he will file for custody for him also. [REDACTED] stated his father, left [REDACTED] in his care.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/30/2013

Contact Method: Attempted Phone Call

Contact Time: 12:44 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/31/2013

Completed date: 05/31/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/31/2013 11:24 AM Entered By: [REDACTED]

05/30/2013 12:44 pm

CPS Investigator [REDACTED] received a telephone message from [REDACTED] requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/28/2013

Contact Method: Face To Face

Contact Time: 08:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/08/2013

Completed date: 08/08/2013

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: 08/08/2013 06:20 PM Entered By: [REDACTED]

05/28/2013 8:45 am

CPS Investigator [REDACTED] Office Visit at [REDACTED] with [REDACTED] (adult). [REDACTED] submitted to an alcohol and drug assessment at the [REDACTED] and recommendations were made for him to attend Outpatient Treatment. A copy of the recommendations has been scanned into TFACTS and a hard copy is enclosed in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/23/2013	Contact Method:	Phone Call
Contact Time:	12:51 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/23/2013
Completed date:	05/23/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/23/2013 12:54 PM Entered By: [REDACTED]

05/23/2013 12:51 pm

CPS Investigator [REDACTED] telephone called [REDACTED] and informed him that the Immediate Protection Agreement for [REDACTED] has been dissolved and he can return home to his father, [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/23/2013

Contact Method: Phone Call

Contact Time: 12:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/23/2013

Completed date: 05/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2013 12:50 PM Entered By: [REDACTED]

05/23/2013 12:45 pm

CPS Investigator [REDACTED] telephone called [REDACTED] and informed him that the Immediate Protection Agreement for [REDACTED] has been resolved. [REDACTED] stated he will ensure that his home is clean and free from safety and sanitation concerns in the future. [REDACTED] stated [REDACTED] will be leaving to visit with his mother, [REDACTED] to [REDACTED] within the next week.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/23/2013

Contact Method: Attempted Phone Call

Contact Time: 12:39 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/28/2013

Completed date: 05/28/2013

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: 05/28/2013 09:36 AM Entered By: [REDACTED]

05/23/2013 12:39 pm

CPS Investigator [REDACTED] received a telephone call from [REDACTED] stating he completed an alcohol and drug assessment t the [REDACTED] and it has been recommended that he attends Out Patient Drug treatment one day a week for eight weeks. [REDACTED] stated [REDACTED] will provide CPS [REDACTED] with a copy of the results.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/23/2013

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/23/2013

Completed date: 05/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2013 12:48 PM Entered By: [REDACTED]

05/23/2013 11:30 am

CPS Investigator [REDACTED] consulted DCS [REDACTED] and Team Leader [REDACTED] and it was agreed to dissolve the Immediate Protection Agreement pertaining to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/23/2013

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/23/2013

Completed date: 05/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2013 04:32 PM Entered By: [REDACTED]

Case Conference held-see notebook



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/23/2013

Contact Method:

Contact Time: 10:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/07/2013

Completed date: 08/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/07/2013 06:29 PM Entered By: [REDACTED]

05/23/2013 10:20 am

CPS Investigator [REDACTED] received a Memorandum from Internal Affairs documenting that [REDACTED] and [REDACTED] meets the criteria for placement. This document has been scanned into TFACTS and a hard copy is enclosed in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/22/2013	Contact Method:	
Contact Time:	01:45 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/07/2013
Completed date:	08/07/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/07/2013 07:34 PM Entered By: [REDACTED]

05/22/2013 1:45 pm
 CPS Investigator [REDACTED] received a copy of the medical records pertaining to [REDACTED] from [REDACTED] A copy of the records has scanned into TFACTS and a hard copy is enclosed in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/22/2013	Contact Method:	
Contact Time:	12:11 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/07/2013
Completed date:	08/07/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/07/2013 06:55 PM Entered By: [REDACTED]

05/22/2013 12:11 pm
 CPS Investigator [REDACTED] received a copy of the medical records pertaining to [REDACTED] from [REDACTED] Hospital pertaining to [REDACTED] this day. A copy of the records has been scanned into TFACTS and a hard copy is enclosed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/22/2013

Contact Method: Correspondence

Contact Time: 09:33 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2013 10:15 AM Entered By: [REDACTED]

05/22/2013 9:33 am

CPS Investigator [REDACTED] received a copy of [REDACTED] (child) medical records from [REDACTED]. The records has been scanned into TFACTS and a hard copy is enclosed in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/20/2013	Contact Method:	Face To Face
Contact Time:	12:40 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/08/2013
Completed date:	08/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/08/2013 10:18 AM Entered By: [REDACTED]

05/20/2013 12:40 pm
 CPS Investigator [REDACTED] Home Visit at [REDACTED] The environmental issues were addressed and there were safety or sanitation concerns observed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/18/2013

Contact Method: Phone Call

Contact Time: 11:32 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/18/2013

Completed date: 05/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/18/2013 11:34 AM Entered By: [REDACTED]

05/18/2013 11:32 am

CPS Investigator [REDACTED] telephone called [REDACTED] and schedule a home visit for 05/20/2013 at 8:00 am to observe the home environment. [REDACTED] stated he has concerns for they way [REDACTED] controls his anger. He stated [REDACTED] is not abusive to [REDACTED] (child) in any manner and [REDACTED] (adult) anger does not affect his parenting ability.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/15/2013	Contact Method:	
Contact Time:	11:52 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 11:55 AM Entered By: [REDACTED]

05/15/2013 11:52 am

CPS Investigator [REDACTED] faxed the Finger Print Form Application pertaining to [REDACTED], and [REDACTED] to [REDACTED] this day. A copy of the forms will be scanned into TFACTS and a hard copy is enclosed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/15/2013	Contact Method:	Face To Face
Contact Time:	09:05 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/08/2013
Completed date:	08/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Alleged Perpetrator Interview, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/08/2013 04:57 PM Entered By: [REDACTED]

05/15/2013 9:05 am

CPS Investigator [REDACTED] Office Visit at [REDACTED] Parent and Alleged perpetrator follow up visit with [REDACTED]. [REDACTED] stated the marijuana found in the home, belongs to him. He denied using drugs around his children. [REDACTED] states using the scale to ensure that the weight to his marijuana was accurate. He states purchasing the marijuana on 05/09/2013. [REDACTED] stated he forgot to put the marijuana up that morning, because he was worried about [REDACTED]. He states that he only uses marijuana to keep him calm, buy from this day forward; he will refrain from all marijuana use. [REDACTED] stated he owns a sawed off shot gun, a 12 gauge, and a hand gun. He stated the sawed off shot gun that was found; was initially in his chest locked away. [REDACTED] stated the Police Officer at his home made him remove the shot gun and he placed it on the floor. He stated the marijuana was in a purple container; covered with books. [REDACTED] stated the Police Officers were going through his belongings and discovered the marijuana. He stated the Police Officer asked him if there was anything in house that they needed to know about and this is when he showed them the marijuana and gun, and they made him leave at the house. [REDACTED] stated he had a pistol under his mattress, a sawed off shot gun in the chest, and a 12 gauge shot gun in his closet. He stated known of the guns were loaded. [REDACTED] stated the bullets were in the magazine of the pistol, but not in the chamber. He stated [REDACTED] keeps their bedroom clean and his mother, [REDACTED] cleans the remainder of the home. [REDACTED] stated he has never noticed dog or cat feces in the home. He stated one of the pit bulls belongs to him.

[REDACTED] agreed to complete an alcohol and drug assessment no later than 06/01/2013. He stated if the guns are returned to him from [REDACTED] Police Department; he will place the guns in a safe at his grandfather, [REDACTED] home at [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/15/2013	Contact Method:	Face To Face
Contact Time:	08:50 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/08/2013
Completed date:	08/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/08/2013 10:31 AM Entered By: [REDACTED]

05/15/2013 8:50 am

CPS Investigator [REDACTED] Office Visit at [REDACTED] 2nd Parent Interview with [REDACTED] [REDACTED] stated she and [REDACTED] have been married for six years. She stated she has heard through family members that [REDACTED] smokes marijuana, but he has done it in the presence of her or the children. [REDACTED] stated prior to them getting married; [REDACTED] discontinued to using marijuana use. She states that she had not had the opportunity to clean her bedroom due to working in approximately one week. [REDACTED] denied being aware that there was a shot gun sitting on the floor their bedroom. She stated that she has always had a fear of children of one of her children being hurt and to her knowledge; the guns were kept in the closet.

[REDACTED] stated there is a total of 10 dogs on the property and 5 of them are allowed in the home. She stated [REDACTED] rarely cleans the cat litter and occasionally the cat urinates and defecates in the tub. [REDACTED] stated she does not clean up after the animals, because they belong to [REDACTED] [REDACTED] stated she generally keeps their bedroom clean; adding she stores all of their clothes in baskets. She states deep cleans the house one a month and does basic cleaning daily. [REDACTED] stated [REDACTED] bathes daily and she always ensures that the bathroom is cleaned when they are bathing. She stated they are not planning to move at this time, but they will be making some adjustments.

[REDACTED] stated she does not believe the air conditioner was on the night [REDACTED] passed away. She stated that night; she worked from 11pm to 2:30 am. [REDACTED] stated she generally works from 11:00 pm to 7:30 am. [REDACTED] stated her mother, [REDACTED] (aunt), or [REDACTED] babysat [REDACTED] while she was working. She stated [REDACTED] pack-n-play is at her mother's home. [REDACTED] stated [REDACTED] slept in the bed with her, [REDACTED] and [REDACTED]. She stated [REDACTED] was crawling and able to bare leg weight, but not by herself.

Children's Pediatrician [REDACTED] .. the children were up to date on immunizations.

Medication: Serenity/Amoxicillin

Mental Health: [REDACTED] ADHD

Domestic Violence: None

Alcohol/Drug History: [REDACTED]/marijuana

Children's School/Attendance/Performance: None



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

DCS History: Yes... see case recordings

Criminal History: [REDACTED] Yes see case recordings.

Employment: [REDACTED] Unemployed [REDACTED]

Educational Level: [REDACTED] Medical Assistant

Government Assistance; Food Stamps \$600, TN Care Insurance, Cash Assistance \$185

Past Abuse/Neglect: None.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/15/2013 Contact Method: Face To Face
Contact Time: 08:35 AM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 08/08/2013
Completed date: 08/08/2013 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Other Persons Living in Home Interview/Observation
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2013 06:17 PM Entered By: [REDACTED]

05/15/2013 8:35 am

CPS Investigator [REDACTED] Office Visit at [REDACTED] in [REDACTED] with paternal grandmother, [REDACTED] and [REDACTED] father, of [REDACTED] and paternal grandfather of [REDACTED] (child). [REDACTED] stated she do not have a current prescription for the Benzodiazepine. She states being treated at [REDACTED] Hospital approximately two years ago and receiving a prescription during this time. She states taking a volume one day last week. [REDACTED] stated she smokes marijuana approximately two times monthly, but never in the presence of the children.

[REDACTED] provided a prescription for Amtriptyen 100 mg and MGP Fluticason propionate nasal spray.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/13/2013

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2013 11:38 AM Entered By: [REDACTED]

05/13/2013 1:30 pm

CPS Investigator [REDACTED] Team Leader [REDACTED] Medical Examiner's Office/Sgt. [REDACTED] Det. [REDACTED] meeting with [REDACTED] stated [REDACTED] had fluid on her lungs that appeared to be heavier. He stated this was possibly due to IV's. He stated the organ weight was in normal range. [REDACTED] stated there was no infection in the airway and there was no signs of abuse either internal or external. He stated there were no hemorrhaging shown on the x-rays. A copy of the autopsy results are pending at this time and will be enclosed in the file upon retrieval.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/13/2013	Contact Method:	
Contact Time:	11:18 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/13/2013
Completed date:	05/13/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/13/2013 11:19 AM Entered By: [REDACTED]
 05/13/2013 11:18 am
 CPS Investigator [REDACTED] submitted the Child Fatality Form to TL [REDACTED] for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/11/2013	Contact Method:	
Contact Time:	03:22 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/11/2013
Completed date:	05/11/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/11/2013 03:36 PM Entered By: [REDACTED]

05/11/2013 3:22 pm

CPS Investigator [REDACTED] completed a local [REDACTED] criminal back ground check on the below persons and the results are as follows:

[REDACTED]

Citation/Arrest Date: 01/29/10
Charged Offense: Driv. Lic. Suspended
Disposition: Dismissed-Costs to Defendant

Citation/Arrest Date: 12/04/2012
Convicted Offense: No Driver's License
Disposition: Guilty-Lesser Charge

Citation/Arrest Date: 11/13/1992
Charged Offense: License-Driving on Suspended Driver's License
Disposition: Dismissed

[REDACTED]
No Results found

[REDACTED]

Citation/Arrest Date: 12/01/2008
Charged Offense: Driv. Lic. Suspended
Disposition: Dismissed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Citation/Arrest Date: 12/22/09
 Charged Offense: Driv. Lic Suspended
 Disposition: Dismissed-Costs to Defendant

Citation/Arrest Date: 05/02/2011
 Charged Offense: Driv. Lic. Suspended
 Disposition: Dismissed to Costs to Defendant

Citation/Arrest Date: 06/16/11
 Charged Offense: Res. Arr.
 Disposition: Dismissed-Costs to Defendant

[REDACTED]
 Citation/Arrest Date: 11/06/07
 Charged Offense: Driv. Lic. Suspended
 Disposition: Dismissed - Costs to Defendant

Citation/Arrest Date: 07/22/2008
 Charged Offense: Driv. Lic. Suspsneded
 Disposition: Dismissed-Costs to Defendant

Citation/Arrest Date: 04/30/2009
 Convicted Offense: Driv. Lic. Revoked
 Disposition: Guilty

Citation/Arrest Date: 11/12/2010
 Convicted Offense: Asl, Dom Bod Inju
 Disposition: Guilty

Citation/Arrest Date: 11/12/2010
 Charged Offense: Agg. Assault
 Disposition: Dismissed

Citation/Arrest Date: 11/12/2010
 Charged Offense: Weapon w/OOP
 Disposition: Dismissed

Citation/Arrest Date: 06/17/2011
 Charged Offense: Manuf. C/S -Sch VI
 Disposition:

Citation/Arrest Date: 07/19/2011
 Convicted Offense: Poss. w/Int-Cont.Sub-Marijuana 14.175-4,535 gr.
 Disposition: Guilty

Citation/Arrest Date: 04/07/1994
 Charged Offense: Driver's License-Driving on Suspended License
 Disposition: Guilty

Citation/Arrest Date: 02/28/1993
 Charged Offense: License-Driving on Suspended Driver's License
 Disposition: Guilty



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Citation/Arrest Date: 09/09/1992
Charged Offense: Seat Belt Law
Disposition: Guilty

Citation/Arrest Date: 07/08/1992
Charged Offense: Seat Belt Law
Disposition: Guilty

Citation/Arrest Date: 09/15/1990
Charged Offense: Larceny - (Free Text)
Disposition: Retired

Citation/Arrest Date: 04/30/1989
Charged Offense: Disturb Peace
Disposition: Guilty

Citation/Arrest Date: 02/13/1989
Charged Offense: Theft of Merchandise - \$500 or less
Disposition:

Citation/Arrest Date: 02/13/1989
Charged Offense: Conceal Stole Pro
Disposition:

Citation/Arrest Date: 02/13/1989
Charged Offense: Conceal Stolen Prop
Disposition:

A copy of the results will be scanned into TFACTS and a hard copy will be enclosed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/11/2013	Contact Method:	
Contact Time:	02:46 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/11/2013
Completed date:	05/11/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/11/2013 02:54 PM Entered By: [REDACTED]

05/11/2013 2:46 pm

TFACTS History Found:

Referral Date: 05/19/2010

Victim's Name: [REDACTED]

Alleged Perpetrator's Name: [REDACTED]

Allegation: Lack of Supervision, Physical Abuse, Psychological Harm

Classification: No Services Needed

Referral Date: 11/05/2010

Victim's Name: [REDACTED]

Alleged Perpetrator's Name: [REDACTED]

Allegation: Drug Exposed Child and Physical Abuse

Classification: Unfounded

Referral Date: 02/23/2001

Victim's Name: [REDACTED] (now adults)

Alleged Perpetrator: [REDACTED] and [REDACTED]

Allegation: Physical Neglect

Classification: Unfounded

Referral Date: 07/03/2001

Victim's Name: [REDACTED] (now adult)

Alleged Perpetrator's Name: [REDACTED] and [REDACTED]

Allegation: Lack of Supervision

Classification: Unfounded

Referral Date: 02/07/2001

Victim's Name: [REDACTED] and [REDACTED] (now adults)

Alleged Perpetrator's Name: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Allegation: Physical Neglect
Classification: Unfounded

Referral Date: 08/08/2011

Victim's Name: [REDACTED]

Alleged Perpetrator's Name: [REDACTED]

Allegation: Drug Exposed Child

Classification: No Services Needed



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/11/2013	Contact Method:	Correspondence
Contact Time:	02:17 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/11/2013
Completed date:	05/11/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/11/2013 02:21 PM Entered By: [REDACTED]

05/11/2013 2:17 pm
 CPS Investigator [REDACTED] faxed a release of information to [REDACTED] requesting medical records pertaining to [REDACTED] and [REDACTED] CPS [REDACTED] also faxed a release of information to [REDACTED] Hospital requesting records pertaining to [REDACTED]. The records will be enclosed upon retrieval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/11/2013

Contact Method: Phone Call

Contact Time: 11:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/13/2013

Completed date: 05/13/2013

Completed By: [REDACTED]

Purpose(s): Well Being

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/13/2013 06:53 AM Entered By: [REDACTED]

05/11/2013 11:15 am

CPS Investigator [REDACTED] received a telephone call from [REDACTED] with [REDACTED] and was informed that the autopsy for [REDACTED] was held this day and there were no signs of trauma to the external portion of [REDACTED] body. The meeting with the Medical Examiner is schedule for 05/13/2013 at 1:30 am at the Medical Examiner's Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/11/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

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

05/11/2013

CPS Investigator [REDACTED] provided a copy of the Notice of Child Fatality/Near Fatality form to the DCS child fatality email address. The address provides a copy of the child fatality form to the designated Administrative Staff.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/10/2013	Contact Method:	
Contact Time:	10:40 PM	Contact Duration:	Less than 04 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/08/2013
Completed date:	08/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/08/2013 09:59 AM Entered By: [REDACTED]

05/10/2013

CPS Investigator [REDACTED] agreed to the following Immediate Protection Agreement.

[REDACTED] (adult) and [REDACTED] agreed to safety place [REDACTED] (child) with the maternal grandmother, [REDACTED] pending the completion of the investigation and services. [REDACTED] will supervise all contact between [REDACTED] and [REDACTED]. All parties understand that there should not be any over night visits.

[REDACTED] met the criteria for placement and all of the necessary checks were completed. A courtesy home visit was completed by Case Manager [REDACTED] and there were no safety or sanitation hazards observed.

[REDACTED] agreed to safety place [REDACTED] with his adult sibling, [REDACTED] pending the completion of the investigation and services. [REDACTED] and [REDACTED] will supervise all contact between [REDACTED] and [REDACTED]. All parties understand that there should not be any over night visits.

[REDACTED] met the criteria for placement and all of the necessary checks were completed. CPS [REDACTED] visited the home and there were no safety or sanitation hazards observed. CPS [REDACTED] observed a working smoke detector and fire extinguisher in the home. A copy of the [REDACTED] driver's license is enclosed in the file.

[REDACTED] and [REDACTED] completed the Non-Custodial Expedited Home Study Forms.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/10/2013

Contact Method: Face To Face

Contact Time: 10:25 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/13/2013

Completed date: 05/13/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/13/2013 08:05 AM Entered By: [REDACTED]

05/10/2013 10:25 pm

CPS Investigator [REDACTED] DCS Office at [REDACTED] Other Adult Living in the home and Parent Interview with [REDACTED]. [REDACTED] stated he has custody of his son, [REDACTED]. He stated [REDACTED] biological mother, [REDACTED] resides in [REDACTED]. [REDACTED] stated this morning at approximately 8:00 am, his son, [REDACTED] stopped by his house and then he left to find work. He stated shortly after he left, he received a call from his x-wife, [REDACTED] telling him to get home; that [REDACTED] was dead and the paramedics was on the way. [REDACTED] stated he went straight to [REDACTED] Hospital and Doctor's informed him that [REDACTED] did not make it. He stated he did not hear [REDACTED] crying prior to him leaving the house, but [REDACTED] reported him that he heard [REDACTED] crying this morning at approximately 7:30 am. [REDACTED] stated [REDACTED] slept with her parents and [REDACTED] (child). He stated [REDACTED] was health, but she had a little cold. [REDACTED] stated [REDACTED] was taking medication, but he does not believe it was daily.

[REDACTED] stated the house is owned by [REDACTED], but the lease is in his daughter, [REDACTED] name. He stated anything that is illegal in his home, belongs to his son, [REDACTED]. [REDACTED] stated he is on probation for taking a charge from his daughter, [REDACTED] approximately one year ago. He stated he has never allowed marijuana in his home and had no idea that [REDACTED] had the drugs in his bedroom.

[REDACTED] stated that he was aware that there were guns in the house, but he did not know where the guns were. He stated that he sleeps in the living room and rarely goes to the back of the house.

[REDACTED] stated everybody cleans up the animal feces around the house and in the yard. He stated [REDACTED] and [REDACTED] clean up around the house. [REDACTED] stated they are planning to move from their house after [REDACTED] funeral.

[REDACTED] signed a drug consent form and submitted to a drug screening; the results were positive for Benzodiazepine and Tricyclic Antidepressants. [REDACTED] was unable to provide the prescription due to the [REDACTED] Police Dept. not allowing him in the home pending a search warrant.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Narrative Type: Addendum 3 Entry Date/Time: 08/08/2013 06:08 PM Entered By: [REDACTED]

[REDACTED] provided CPS [REDACTED] with a copy of the Order Allowing Testimony of Child in Camera, Final Order, Subpoena, Certificate of Service, and Motion to Compel Discovery. The documents has been scanned into TFACTS and a hard copy is enclosed in the file.

Narrative Type: Addendum 2 Entry Date/Time: 05/13/2013 10:40 AM Entered By: [REDACTED]

[REDACTED] is the paternal grandfather of [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 05/13/2013 10:29 AM Entered By: [REDACTED]

Children's Pediatrician: [REDACTED] Center... [REDACTED] is up to date on his immunizations.

Mental Health: [REDACTED] has ADHD

Physical Health/Disabilities: [REDACTED] Asthma and Diabetes

Developmental: [REDACTED] has an IEP

Medication: [REDACTED] Anaprolin and diabetic medication

Domestic Violence: Yes. [REDACTED] was the aggressor and he completed anger management classes.

Alcohol/Drug History: None

Children's School Attendance/Performance: [REDACTED] attends daily and he is on the Honor Roll.

DCS History: Yes please see case recordings

Criminal History: Yes, please see case recordings.

Employment: Unemployed

Educational Levels: Highest Level: 11th grade

Government Assistance: Food stamps \$367 and Tn Care Insurance

Past Abuse/Neglect; None



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/10/2013 Contact Method: Face To Face
 Contact Time: 09:49 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/13/2013
 Completed date: 05/13/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Other Child Living in the Home Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/13/2013 07:51 AM Entered By: [REDACTED]

05/10/2013 9:49 pm

CPS Investigator [REDACTED] in [REDACTED] Other Child living in the home and uncle to [REDACTED] 14 years old. [REDACTED] stated [REDACTED] slept with her brother, [REDACTED] and her parents. He stated did not have a crib, but she did have a pack-n-play. [REDACTED] stated her parents never displayed the pack-n-lay. [REDACTED] stated he overheard [REDACTED] crying this morning between 7:00 am and 7:30 am. He stated he went into [REDACTED] bedroom and his brother, [REDACTED] (adult) was waked. [REDACTED] stated he stood there for approximately three minutes and [REDACTED] stop crying. He stated [REDACTED] was lying on her back. [REDACTED] stated [REDACTED] (adult) tried to wake up [REDACTED] due to [REDACTED] crying. He reports not being sure if [REDACTED] woke [REDACTED] up due to him leaving the bedroom to go to school. [REDACTED] stated when he arrived; one of his cousins told him that [REDACTED] has passed away.

[REDACTED] stated every adult in his home smoke cigarettes and he has never witnessed anybody using marijuana. He stated there are no guns in his home, but his father was arrested approximately 10 years ago for having a gun.

[REDACTED] stated [REDACTED] and [REDACTED] clean up every other day around the house and [REDACTED] make sure all dog feces is cleaned up.

[REDACTED] stated he feels safe at home.

CPS [REDACTED] observed [REDACTED] wearing a blue shirt with beige pants. CPS [REDACTED] did not observe any marks, bruises, or anything of concern.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/10/2013

Contact Method: Face To Face

Contact Time: 09:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/07/2013

Completed date: 08/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/07/2013 05:46 PM Entered By: [REDACTED]

05/10/2013

In order to engage the family, CPSI [REDACTED] explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment approach. CPSI [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledge form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/10/2013	Contact Method:	Face To Face
Contact Time:	08:50 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/13/2013
Completed date:	05/13/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/13/2013 07:25 AM Entered By: [REDACTED]

05/10/2013 8:50 pm

CPS Investigator [REDACTED] Office Visit at [REDACTED] Sibling Interview with 5 years old, [REDACTED] stated his sissy [REDACTED] choked on her milk today and now she is an Angel in Heaven. He stated he saw [REDACTED] this morning in her mommy's hand. [REDACTED] stated [REDACTED] sleeps with him and his parents. He stated [REDACTED] does not have a bed or a playpen; she only has a swing.

[REDACTED] stated his parents smoke cigarettes that you would make and buy from the store, but they only smoke outside the house. He described the cigarettes as being brown in color.

[REDACTED] stated his father has guns in their home; just in case someone comes in one of their windows. He stated his dad has shot gun in the closet and two other pistols put up somewhere. [REDACTED] stated there was a shot gun lying on the floor by the television; along with the weed. He stated the weed belongs to his daddy, but he never sees him do anything with it. He stated he does not play with his dad's gun, but only plays with his toy guns. [REDACTED] stated he is able to differentiate his gun from his dad's gun, because his guns have orange on them.

[REDACTED] stated his mom gives him a bath three times a week and no one cleans up around their house. He stated the clothes were on the floor in their room due to someone messing with it. [REDACTED] stated he feels safe at home.

CPS [REDACTED] observed [REDACTED] wearing a blue shirt with beige shorts. [REDACTED] clothes were clean and he was dressed appropriately, but had a foul order.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/10/2013

Contact Method: Correspondence

Contact Time: 04:56 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/07/2013

Completed date: 08/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/07/2013 03:15 PM Entered By: [REDACTED]

05/10/2013

CPS Investigator [REDACTED] notified the Referent that their concerns are being addressed.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/10/2013 Contact Method: Face To Face
 Contact Time: 04:08 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/07/2013
 Completed date: 08/07/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/07/2013 06:32 PM Entered By: [REDACTED]

05/10/2013 4:08 pm

CPS Investigator [REDACTED] Home Visit at [REDACTED] /Parent and Alleged Perpetrator Interview with [REDACTED]
 [REDACTED] stated she is employed at [REDACTED] as a Caretaker and she worked the evening of 05/09/2013. She reports getting off from work at 2:30 am and picking [REDACTED] up from her mother, [REDACTED] home in [REDACTED] at approximately 3:00 am. [REDACTED] stated her mother reported that [REDACTED] went to sleep at 11:00 pm and woke up at 2:00 am. She stated this was out of the norm, because [REDACTED] generally sleeps through the night. [REDACTED] stated she stopped at McDonalds and arrived home at approximately 4:00 am. She stated [REDACTED] stayed awake approximately 45 minutes after they arrived home. [REDACTED] stated she gave [REDACTED] a bottle of milk, but she more so played with the bottle; opposed to drinking it. She stated [REDACTED] (child) was sleep when she arrived home. [REDACTED] stated [REDACTED] woke up and ate his McDonald's and he fell back to sleep at approximately 4:30 am. She states falling asleep, shortly after [REDACTED] fell asleep. The family has a full size bed and their sleeping arrangements are as follows: [REDACTED] sleeps near the window to the left of the bed, [REDACTED] slept in the middle, [REDACTED] slept to the right side of the bed, and [REDACTED] (child) slept at the foot of the bed. [REDACTED] reports sleeping on her side, facing [REDACTED] with half of her body hanging off the side of the bed. She stated when she placed [REDACTED] in the bed; she was lying on her back. [REDACTED] stated she woke up at approximately 9:00 am and she did not feel [REDACTED] lying next to her. She states rolling over and observing [REDACTED] to be face down in the bed. [REDACTED] stated she picked [REDACTED] up and her body was limp. She reports that [REDACTED] had vomited and there was milk on the sheet and by her mouth. [REDACTED] reports picking [REDACTED] up and blowing in her mouth, but could hear the milk gurgling in her chest. She reports yelling that [REDACTED] was not breathing. She states laying [REDACTED] on a flat surface near the bed and proceeding to do CPR until the paramedics arrived. [REDACTED] stated she moved [REDACTED] to the living room, because she knew that the paramedics were not being to be able to get into her bedroom.

[REDACTED] stated [REDACTED] had no health problems and were up to date on all of her shots. She stated [REDACTED] Pediatrician is at [REDACTED] and she was last seen for her five month checkup. [REDACTED] stated [REDACTED] was seen at [REDACTED] Medical Center due to an ear infection. She stated the Doctor prescribed her Amoxicillin with instructions to give her the medication twice a day for 10 days. [REDACTED] stated [REDACTED] finished the medication three to five days prior to her passing. She stated [REDACTED] only had a runny nose and her ear infection appeared to be cured.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] declined grief counseling, but agreed to contact CPS [REDACTED] should she change her mind. She stated [REDACTED] Hospital and a funeral have agreed to cover the cost for [REDACTED] funeral. She stated services are schedule for 05/12/2013 and 05/13/2013. [REDACTED] agreed to contact CPS [REDACTED] for any additional referrals for funeral assistance, if needed.

Approximately, five bags of marijuana, a scale, and razor blade were found on the floor and television stand. There was also an unloaded sawed off shot gun found near the bed on the floor. [REDACTED] stated the gun was registered and it belong to [REDACTED]. She stated [REDACTED] smokes marijuana to calm him down, but it is never in the presence of the children. [REDACTED] stated she has been trying to encourage [REDACTED] to discontinue the marijuana use. She denied using any drugs and signed a drug consent form and submitted to a drug test. The results were passing.

Narrative Type: Addendum 1 Entry Date/Time: 08/07/2013 06:48 PM Entered By: [REDACTED]

CPS Investigator [REDACTED] arrived at the home and was notified by Sgt. [REDACTED] and Det. [REDACTED] that there were drugs in the home and a sawed off-unloaded shot gun visibly on the bedroom floor; in which [REDACTED] sleeps, along with their son, [REDACTED]. [REDACTED] had two additional guns: 12 gauge shotgun and a hand held pistol in the home that was no in view of CPS [REDACTED] during the visit. [REDACTED] Police confiscated the items during a raid of the home. In order to enter the home, a vehicle had to driver over a creek and up a driveway to reach the home of [REDACTED] and [REDACTED]. When the decision was made to confiscate the drugs and the weapons by [REDACTED] Police; family members blocked the driveway with their trucks and stated no one was living the property alive with their items. [REDACTED] Police contacted back up Officers and the Swat Team. Upon arrival of the additional Law Enforcement Officers; the trucks were removed from the entrance of the creek and the Law Officers secured the premises.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/10/2013 Contact Method: Face To Face
 Contact Time: 01:50 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/07/2013
 Completed date: 08/07/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/07/2013 06:35 PM Entered By: [REDACTED]

05/10/2013 1:50 pm

CPS Investigator [REDACTED] Alleged Perpetrator and Parent Interview with [REDACTED] stated his wife, [REDACTED] had to work on 05/09/2013 and [REDACTED] stayed with his mother-in-law, [REDACTED] stated [REDACTED] arrived home with [REDACTED] at approximately 5:00 am. He stated that he ate his McDonald's and played with [REDACTED] adding, she appeared to be fine. [REDACTED] stated at approximately 9:00 am, [REDACTED] (child) woke him up and then [REDACTED] woke up. He stated [REDACTED] picked [REDACTED] up and stated she was not breathing and she had passed. [REDACTED] stated he hit the floor in tears. He stated [REDACTED] began CPR on [REDACTED] while she was lying on the bed. [REDACTED] stated he was so upset; that he threw his cell phone to the floor and broke it. He stated his mother, [REDACTED] called 911, but she received a recording from the operator telling her to hold on. [REDACTED] stated his mother ran next door to his sister, [REDACTED] home and called 911. He stated the paramedics arrived and put oxygen of [REDACTED] nose and then transported her to [REDACTED] Hospital.

After arriving at [REDACTED] home, marijuana and guns were found in the home. [REDACTED] stated that the marijuana belonged to him; adding he used it to calm down, but never in the presence of the children. He reports having three guns in the home and providing the following locations: one on the floor, one in the closet, and one under the mattress in his bedroom. [REDACTED] stated all of the guns are registered and he does not have any felonies preventing him from having the guns in his possession. [REDACTED] signed a drug consent form and submitted to a drug screen; the results were positive for marijuana.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/10/2013 Contact Method: Face To Face
 Contact Time: 01:38 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/08/2013
 Completed date: 08/08/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Other Persons Living in Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2013 04:20 PM Entered By: [REDACTED]

05/10/2013 1:38 pm

CPS Investigator [REDACTED] Other Adult living in the home with [REDACTED] [REDACTED] stated she woke up on May 10, 2013 at approximately 9:00 am and went to look for her dogs to feed them breakfast. She states looking into [REDACTED] and [REDACTED] bedroom and everyone was sleep. She described everyone as [REDACTED] (child), [REDACTED] (disposition: sleep lying on her back), and [REDACTED]. She stated [REDACTED] and [REDACTED] (child) had covers on them, but [REDACTED] did not. [REDACTED] stated she continued looking for the dogs and a short time later she overheard [REDACTED] (adult) screaming; my baby my baby my baby. She stated [REDACTED] (adult) was holding [REDACTED] and she was lifeless. [REDACTED] stated she has spoken with [REDACTED] and [REDACTED] in the past about co-sleeping and due to her concern; she checked on [REDACTED] frequently. She continued stating that she called 911 and received a recording. [REDACTED] stated she ran next door to her daughter, [REDACTED] home and called 911 from there. She states administering CPR while [REDACTED] was lying on the floor. [REDACTED] stated [REDACTED] was a healthy beautiful baby. She stated to her knowledge, [REDACTED] did not have any health concerns.

[REDACTED] signed a consent form and submitted to a drug screen; the results were positive for marijuana. She stated the last time she used marijuana was approximately one week ago; adding she does not use drugs often. [REDACTED] stated she purchased the marijuana from a friend at work, but she was not willing to release that person's name. She states being aware that [REDACTED] (adult) had guns in the home, but she thought they were stored away from [REDACTED] (child) having access to them. [REDACTED] stated she is [REDACTED] [REDACTED] and [REDACTED] mother. She stated all of her children are grown. [REDACTED] stated generally her house is clean, but it was destroyed this morning when [REDACTED] passed away.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/10/2013	Contact Method:	
Contact Time:	12:05 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/11/2013
Completed date:	05/11/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/11/2013 01:51 PM Entered By: [REDACTED]

Child Protective Service, Investigator: [REDACTED]

Case Name: [REDACTED]

Victim's Name: [REDACTED]

Sibling's Name: [REDACTED]

Houshold Composition:

Father: [REDACTED]

Mother: [REDACTED]

Paternal Grandmother: [REDACTED]

Paternal Grandfather: [REDACTED]

Uncle: [REDACTED] Age: 14

Sibling: [REDACTED] Age: 4

The family is not of Native American Descent.

All interviews were conducted in a private setting and on an individual basis.

The Department of Children Services received a referral on 05/10/2013 with the allegation of Neglect Death towards [REDACTED] [REDACTED] 0 years old against her mother, [REDACTED] and father, [REDACTED]. The case was assigned to CPS Investigator [REDACTED] on this day.

"Daily notice of referral pursuant to 37-105 sent to Juv. Ct, Law Enforcement as applicable." Per Local protocol....



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/10/2013

Contact Method: Face To Face

Contact Time: 11:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 05/11/2013

Completed date: 05/11/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/11/2013 11:01 AM Entered By: [REDACTED]

05/10/2013 11:45 am

CPS Investigator [REDACTED] was informed by Sgt. [REDACTED] that he observed [REDACTED] deceased body at [REDACTED] Hospital and he did not have any concerns as it relates to abuse or neglect. The autopsy is scheduled for 05/11/2013 at 9:00 am at the Medical Examiner's Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/10/2013

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/07/2013

Completed date: 08/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 08/07/2013 04:14 PM

Entered By: [REDACTED]

05/10/2013

Initial SDM: Conditionally Safe.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 05/09/2013 Contact Method: Face To Face
 Contact Time: 04:08 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 05/13/2013
 Completed date: 05/13/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/13/2013 06:49 AM Entered By: [REDACTED]

05/09/2013 4:08 pm

CPS Investigator [REDACTED] Home Visit at [REDACTED] /Parent and Alleged Perpetrator Interview with [REDACTED]
 [REDACTED] stated she is employed at [REDACTED] as a Caretaker and she worked the evening of 05/09/2013. She reports getting off from work at 2:30 am and picking [REDACTED] up from her mother, [REDACTED] home in [REDACTED] at approximately 3:00 am. [REDACTED] stated her mother reported that [REDACTED] went to sleep at 11:00 pm and woke up at 2:00 am. She stated this was out of the norm, because [REDACTED] generally sleeps through the night. [REDACTED] stated she stopped at McDonalds and arrived home at approximately 4:00 am. She stated [REDACTED] stayed awake approximately 45 minutes after they arrived home. [REDACTED] stated she gave [REDACTED] a bottle of milk, but she more so played with the bottle; opposed to drinking it. She stated [REDACTED] (child) was sleep when she arrived home. [REDACTED] stated [REDACTED] woke up and ate his McDonald's and he fell back to sleep at approximately 4:30 am. She states falling asleep, shortly after [REDACTED] fell asleep. The family has a full size bed and their sleeping arrangements are as follows: [REDACTED] sleeps near the window to the left of the bed, [REDACTED] slept in the middle, [REDACTED] slept to the right side of the bed, and [REDACTED] (child) slept at the foot of the bed. [REDACTED] reports sleeping on her side, facing [REDACTED] with half of her body hanging off the side of the bed. She stated when she placed [REDACTED] in the bed; she was lying on her back. [REDACTED] stated she woke up at approximately 9:00 am and she did not feel [REDACTED] lying next to her. She states rolling over and observing [REDACTED] to be face down in the bed. [REDACTED] stated she picked [REDACTED] up and her body was limp. She reports that [REDACTED] had vomited and there was milk on the sheet and by her mouth. [REDACTED] reports picking [REDACTED] up and blowing in her mouth, but could hear the milk gurgling in her chest. She reports yelling that [REDACTED] was not breathing. She states laying [REDACTED] on a flat surface near the bed and proceeding to do CPR until the paramedics arrived. [REDACTED] stated she moved [REDACTED] to the living room, because she knew that the paramedics were not being to be able to get into her bedroom.

[REDACTED] stated [REDACTED] had no health problems and were up to date on all of her shots. She stated [REDACTED] is at [REDACTED] in [REDACTED] and she was last seen for her five month checkup. [REDACTED] stated [REDACTED] was seen at [REDACTED] Medical Center due to an ear infection. She stated the Doctor prescribed her Amoxicillin with instructions to give her the medication twice a day for 10 days. [REDACTED] stated [REDACTED] finished the medication three to five days prior to her passing. She stated [REDACTED] only had a runny nose and her ear infection appeared to be cured.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] declined grief counseling, but agreed to contact CPS [REDACTED] should she change her mind. She stated [REDACTED] Hospital and a funeral have agreed to cover the cost for [REDACTED] funeral. She stated services are schedule for 05/12/2013 and 05/13/2013. [REDACTED] agreed to contact CPS [REDACTED] for any additional referrals for funeral assistance, if needed.

Approximately, five bags of marijuana, a scale, and razor blade were found on the floor and television stand. There was also an unloaded sawed off shot gun found near the bed on the floor. [REDACTED] stated the gun was registered and it belong to [REDACTED]. She stated [REDACTED] smokes marijuana to calm him down, but it is never in the presence of the children. [REDACTED] stated she has been trying to encourage [REDACTED] to discontinue the marijuana use. She denied using any drugs and signed a drug consent form and submitted to a drug test. The results were passing.

Narrative Type: Created In Error Entry Date/Time: 08/07/2013 06:36 PM Entered By: [REDACTED]

The events occurred on 05/10/2013



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 05/09/2013 Contact Method: Face To Face
 Contact Time: 01:50 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 05/13/2013
 Completed date: 05/13/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/13/2013 07:07 AM Entered By: [REDACTED]
 05/10/2013 1:50 pm
 CPS Investigator [REDACTED] Hospital/Alleged Perpetrator and Parent Interview with [REDACTED] stated his wife, [REDACTED] had to work on 05/09/2013 and [REDACTED] stayed with his mother-in-law, [REDACTED]. [REDACTED] stated [REDACTED] arrived home with [REDACTED] at approximately 5:00 am. He stated that he ate his McDonald's and played with [REDACTED] adding, she appeared to be fine. [REDACTED] stated at approximately 9:00 am, [REDACTED] (child) woke him up and then [REDACTED] woke up. He stated [REDACTED] picked [REDACTED] up and stated she was not breathing and she had passed. [REDACTED] stated he hit the floor in tears. He stated [REDACTED] began CPR on [REDACTED] while she was lying on the bed. [REDACTED] stated he was so upset; that he threw his cell phone to the floor and broke it. He stated his mother, [REDACTED] called 911, but she received a recording from the operator telling her to hold on. [REDACTED] stated his mother ran next door to his sister, [REDACTED] home and called 911. He stated the paramedics arrived and put oxygen on [REDACTED] nose and then transported her to [REDACTED] Hospital.

After arriving at [REDACTED] home, marijuana and guns were found in the home. [REDACTED] stated that the marijuana belonged to him; adding he used it to calm down, but never in the presence of the children. He reports having three guns in the home and providing the following locations: one on the floor, one in the closet, and one under the mattress in his bedroom. [REDACTED] stated all of the guns are registered and he does not have any felonies preventing him from having the guns in his possession. [REDACTED] signed a drug consent form and submitted to a drug screen; the results were negative.

Narrative Type: Created In Error Entry Date/Time: 08/07/2013 06:36 PM Entered By: [REDACTED]

The events occurred on 05/10/2013

Narrative Type: Addendum 1 Entry Date/Time: 05/13/2013 10:24 AM Entered By: [REDACTED]

Please note the error in the documentation.

[REDACTED] signed a consent form and submitted to a drug screen. The results were positive for marijuana/THC.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 5/10/13 4:55 PM

Date of Assessment: 5/10/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 3

Section 1: Immediate Harm Factors

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

Yes No

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



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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): Immediate Protection Agreement established

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.



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____