



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 05/02/2013 06:33 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 05/02/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 05/02/2013 03:43 PM
First Team Leader Assigned: [REDACTED] Date/Time 05/02/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 05/02/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	Neglect Death	No	[REDACTED]	Birth Mother
[REDACTED]	4 Yrs (Est)	Lack of Supervision	No	[REDACTED]	Birth Mother
[REDACTED]	9 Yrs	Lack of Supervision	No	[REDACTED]	Birth Mother
[REDACTED]	5 Yrs (Est)	Lack of Supervision	No	[REDACTED]	Birth Mother
[REDACTED]	8 Yrs	Lack of Supervision	No	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: TFACTS:
Open Court Custody/FSS/FCIP: No
Prior INV/ASMT of Abuse: No
Prior INV/ASMT of Neglect: Yes (1)
Screen outs: Yes (1)
SSMS history: [REDACTED] DOB: [REDACTED] perp [REDACTED] Incident date: [REDACTED] Codes



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

L=Emotional Abuse, J=Sexual Abuse/Exploitation, Indicated, County [REDACTED]

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

Reporters name/relationship: [REDACTED]

Reporter states: [REDACTED] [REDACTED] (3 weeks old) has been transported to [REDACTED] Hospital by ambulance in critical condition. The child's mother, [REDACTED] [REDACTED] woke up a male friend, [REDACTED] who is staying in the home at an unknown time and told him that the child wasn't breathing and had blood coming from her nose. It is unknown why the mother woke up at this time. EMS made the scene and revived the child. They were able to get a pulse on the child. Mother and infant left the home with EMS and en route for the hospital at 5:44 AM. The child and her mother had already been transported to the hospital ER when the police arrived, so the reporter was not given any details about what might have happened to the child. According to the reporter, the child had been sleeping in a bouncer seat on the floor next to the couch where her mother was sleeping. [REDACTED] [REDACTED] has a total of nine children. Six are present in the home at the time of the call to the hotline. Two of the children are staying with other relatives. The reporter was not able to get the names of all of the children. The names the reporter was able to provide are listed in the participants' tab. [REDACTED] [REDACTED] has an outstanding warrant in [REDACTED] for some kind of drug deal. The reporter says that [REDACTED] does not want to extradite her at this time. [REDACTED] [REDACTED] has a warrant from [REDACTED] for a child abuse charge. The specific charge is unknown. The reporter does not know if Ms. [REDACTED] is aware of [REDACTED] outstanding warrant. There is no report of injury to the other children.

Any incidents prior to the mother finding the infant not breathing are unknown at this time.

According to the reporter, [REDACTED] [REDACTED] was reported deceased at [REDACTED] Hospital at 6:40am on May 2, 2013.

Per SDM, Assign Investigative Track P1

[REDACTED] Co paged @ 7:32 AM: Event [20]Alert Started (3461), Status: [20]Alert Started, [REDACTED]
Event [07]Group Started (3461/22796), Status: [07]Group Started, [REDACTED] C
Event [80]Send Started (3461/23219), Status: [80]Message issued, [REDACTED] C(): [REDACTED]

[REDACTED] responded on 5/2/13 @ 7:43 AM. [REDACTED] TL.

The following were notified of this report by email:

[REDACTED]



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



Child-Fatality-Notification EI-DCS

CC: 



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 4 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 9 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 5 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 8 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 33 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: 05/02/2013

Assignment Date: 05/02/2013

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By Classified Date
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 11/26/2013
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 11/26/2013
3	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/26/2013
4	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 11/26/2013
5	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 11/26/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is no evidence to support allegations of Lack of Supervision and Neglect Death.

D. Case Workers

Case Worker: [REDACTED]

Date: 11/26/2013

Team Leader: [REDACTED]

Date: 11/26/2013

E. Investigation Summary



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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:

None of the children reported they witnessed their mother, [REDACTED] to be neglectful or abusive towards [REDACTED] infant decedent.
The children are [REDACTED] and [REDACTED]

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

Per medical examiners report, the cause of death is Failure to Thrive, manner of death is Natural.

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

Ms. [REDACTED] denied being abusive or neglectful towards [REDACTED]. It was reported the mother and [REDACTED] were sleeping on the couch and [REDACTED] was against the mother's chest.

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

It was reported on 5/2/2013, that [REDACTED] 3 weeks old was transported to hospital in critical condition. It was reported the child had been sleeping in a bouncer seat on the floor next to the couch where her mother was sleeping. Ms. [REDACTED] has a total of 9 children. According to reporter, [REDACTED] was reported deceased at [REDACTED] at 6:40am.

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

Based on information gathered during this investigation, there is no evidence to support allegations.

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: 02/07/2014 Contact Method:
 Contact Time: 03:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/07/2014
 Completed date: 02/07/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/07/2014 03:33 PM Entered By: [REDACTED]

This case has been submitted for review and was read by [REDACTED] who emailed on today's date that the case was approved for closure and that this lead investigator is to enter the closing note. The child died from natural causes per the autopsy report. The other children have been observed and are assessed to be safe and healthy. The case will be closed as of today and copies of the 740 will be forwarded to the court.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/29/2014

Contact Method:

Contact Time: 03:51 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2014

Completed date: 01/29/2014

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: 01/29/2014 04:01 PM Entered By: [REDACTED]

LACK OF SUPERVISION:

DCS Policy defines Lack of Supervision as a failure to provide adequate supervision by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that the child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or the Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills). Lack of Supervision is also defined as any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities.

[REDACTED] and [REDACTED] came into the Department custody because the Department received a referral alleging Neglect Death on their youngest sibling, [REDACTED] (24 days old), on 05/03/13. The children were placed in DCS resource homes. All of the children were brought into care under a verbal except for [REDACTED] son. [REDACTED] was brought into care on a Voluntary Protection Agreement. On 5/7/2013, the Judge awarded Ms. [REDACTED] full custody of her children and [REDACTED] signed [REDACTED] out of the Departments custody. On 1/17/2014, the judge decided to dismiss the Department's petition due to lack of evidence. On 1/23/2014, this case was staffed during CPIT Review and the District's Attorney's office reported there is no evidence to prosecute. A Family Support Services (FSS) case is open with DCS-FSW being [REDACTED] Ms. [REDACTED] and her children are currently residing with Ms. [REDACTED] her mother. They denied the need for services through the Department. Safety assessments have been completed and the children are safe. 740 completed. CPSI will submit this investigation to LI [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: 01/23/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/29/2014

Completed date: 01/29/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/29/2014 03:57 PM Entered By: [REDACTED]

This case was presented to CPIT Review. Based on Dr. [REDACTED] consult, ADA [REDACTED] and ADA [REDACTED] provided a disposition of Allegation Unsubstantiated and Perpetrator Unsubstantiated on allegation of Neglect Death. CPSI obtained signatures from the CPIT team and will file document in case file.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/17/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 01/29/2014

Completed date: 01/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/29/2014 03:56 PM Entered By: [REDACTED]

Court hearing was held on this morning regarding the DCS petition filed against Ms. [REDACTED] on abuse/neglect allegations. The magistrate dismissed the petition due to lack of evidence on the states behalf. The consult with Dr. [REDACTED] was introduced in court in efforts for final disposition to be made.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2014

Contact Method:

Contact Time: 01:20 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2014

Completed date: 01/08/2014

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2014 03:30 PM Entered By: [REDACTED]

CPSI sent email to [REDACTED] CPIT Team Services Associate, requesting that the case of [REDACTED] be placed on CPIT for review on 1/23/2014. CPSI received a return email from Ms. [REDACTED] and the request will be honored.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/08/2014	Contact Method:	
Contact Time:	12:40 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/08/2014
Completed date:	01/08/2014	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: 01/08/2014 03:30 PM Entered By: [REDACTED]

CPSI staffed this information with LI [REDACTED] LI [REDACTED] advised CPSI to schedule this case for CPIT Review on the nearest date following court, which will be 01/23/2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/08/2014

Completed date: 01/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2014 03:32 PM Entered By: [REDACTED]

CPSI spoke with DCS FSS [REDACTED] DCS [REDACTED] informed that the family are at the [REDACTED] address, with the support of maternal grandmother, [REDACTED] Per DCS [REDACTED] the mother had no concerns and the family appears to be doing fine. DCS [REDACTED] case is still open for monitoring.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2014

Contact Method:

Contact Time: 11:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2014

Completed date: 01/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2014 03:29 PM Entered By: [REDACTED]

Staffing took place on this case with DCS Atty [REDACTED] Per Atty [REDACTED] Dr. [REDACTED] ([REDACTED] County Medical Examiner) was consulted and it was concluded from the staffing the Department does not have enough evidence to substantiate a finding of abuse against birthmother, [REDACTED] as it relates to the death of her infant daughter, [REDACTED] Per Atty [REDACTED] she will present case with all the evidence the Department has in court on 1/17/2014 and will allow the magistrate to make the final decision. When asked, Atty [REDACTED] was advised that there has been no additional CPS referrals made regarding this family since [REDACTED] death.

Narrative Type: Addendum 1 Entry Date/Time: 02/10/2014 11:47 AM Entered By: [REDACTED]

Per Atty [REDACTED] as it relates to her staffing with Medical Examiner for [REDACTED] County, Dr. [REDACTED] Per Dr. [REDACTED] the malnutrition was listed as a contributing factor to the child's death because her intestines were completely devoid of formula at the time of the child's death. However, this could be due to vomiting prior to death combined with one or two missed feedings. Formula moves through the system fairly quickly but Dr. [REDACTED] would usually expect to see some remnants in the child's system. She said it was concerning, but not enough for her to state with a medical certainty that the infant had not been fed regularly. She also said that she could not state with medical certainty that as lack of feeding and nutrition led to the child's death. She also said there could have been a reason for the failure to thrive that was not the parents' fault. She also said the death was also consistent with mom's story that the child was asphyxiated accidentally. Basically, she was unwilling to commit to anything regarding this child's death other than the minimum facts. Because of this, there was no proof shown that there had been child neglect."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/05/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2014

Completed date: 01/08/2014

Completed By: [REDACTED]

Purpose(s): Permanency, Safety - Child/Community, 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: 01/08/2014 03:24 PM Entered By: [REDACTED]

This case was reviewed at CPIT Review on 12/05/2013. Due to a juvenile court hearing scheduled for 1/17/2014, the ADAs [REDACTED] nor [REDACTED] wanted to make a final disposition regarding the allegation. ADAs requested the case be returned to CPIT for review after the court date of 12/05/2013.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	System Completed
Contact Date:	12/05/2013	Contact Method:	
Contact Time:	01:56 PM	Contact Duration:	Less than 15
Entered By:	██████████	Recorded For:	
Location:		Created Date:	12/05/2013
Completed date:	01/05/2014	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/05/2013 01:58 PM Entered By: ██████████

The case was staffed in CPIT review and it was decided that a classification cannot be made on this case until Dr. ██████████ completes her deposition. The case goes back to court Jan 2014. The case will be returned to CPIT then. The case is overdue but will have to remain open until a classification can be made.



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:	11/26/2013	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/26/2013
Completed date:	11/26/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/26/2013 01:50 PM Entered By: [REDACTED]

Closing Safety Assessment completed. Children are 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: Completed

Contact Date: 11/26/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/26/2013

Completed date: 11/26/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/26/2013 01:32 PM Entered By: [REDACTED]

CPSI [REDACTED] staffed this case this LI [REDACTED]

CPSI [REDACTED] sent an email to Team Services Associate, [REDACTED] requesting for this case to be reviewed at CPIT meeting on 12/05/2013. CPSI [REDACTED] is awaiting a response from Ms. [REDACTED]. Upon CPIT staffing of this case and receiving a classification on 12/5/2013, then CPSI [REDACTED] will complete case summary and submit case for review to LI [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:	11/18/2013	Contact Method:	
Contact Time:	11:50 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/08/2014
Completed date:	01/08/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2014 03:21 PM Entered By: [REDACTED]

household composition:

- [REDACTED] birthmother, dob: [REDACTED]
- [REDACTED] maternal grandmother, dob: [REDACTED]
- [REDACTED] sibling, dob: [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:	10/04/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	10/04/2013
Completed date:	10/04/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/04/2013 12:32 PM Entered By: [REDACTED]

Adjudicatory hearing was held today. The Magistrate continued the case due to the need for medical consult by DCS ATTY with Dr. [REDACTED] regarding the results of the autopsy. The case was continued until January 17, 2014 at 9am. DCSAtty [REDACTED] was DCS atty.



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: 10/03/2013

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/26/2013

Completed date: 11/26/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/26/2013 01:26 PM Entered By: [REDACTED]

CPSI [REDACTED] met with DCS- Family Support Services worker, [REDACTED] at the [REDACTED] Child Advocacy Center around 2pm. Per Ms. [REDACTED] she wanted to staff this case before court as she is ready to close out her case. She informed this CPSI [REDACTED] that she has assisted the mother, [REDACTED] with obtaining housing and that HUD turned down Ms. [REDACTED] application. It was unknown why at this time. Ms. [REDACTED] reported that she will be in court on tomorrow.



**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:	10/03/2013	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/04/2013
Completed date:	10/04/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/04/2013 12:29 PM Entered By: [REDACTED]

At approximately 11am, CPSI 3 [REDACTED] made an unannounced home visit to [REDACTED] and met with maternal grandmother, [REDACTED] Ms. [REDACTED] home had utilities along with air conditioning, furniture and food cooked for the children in the household. Ms. [REDACTED] reported that her daughter, [REDACTED] was working as she just recently received a new job. Per Ms. [REDACTED] things regarding the children are going ok. She reported that [REDACTED] (6) was attending [REDACTED] Elementary until her got kicked out due to his behavior. Per Ms. [REDACTED] her daughter [REDACTED] was preparing to take him in for a mental health assessment; however, just gained employment and could not. She reported that [REDACTED] does not have her own transportation. Per Ms. [REDACTED] [REDACTED] would cry a lot when he was at school and always cried for his mother to pick him up so he could not be at school. She reported she has knowledge that the teacher called [REDACTED] all the time because of [REDACTED] behavior. Ms. [REDACTED] later said that she believed [REDACTED] bit a teacher on the finger, too. When CPSI spoke with [REDACTED] he reported no concerns. He said he don't like school. CPSI observed that it was hard to get him to talk at first, but after several attempts, he decided to be comfortable with this CPSI and he finally engaged. He was dressed in a tshirt and khaki pants. CPSI observed and spoke with [REDACTED] (7). He reported that he is 2nd grade at [REDACTED] When asked why he was not at school, he reported that his brother, [REDACTED] pushed him into a pole and he got a scratch on his forehead. CPSI observed the scratch to be more of an abrasion across his forehead that was scabbed and covered with a greasy type ointment. He denied having any headaches or feeling bad. He said he did not want to go to school because of his scratch. He said he was not going to bother it and he was going to let it get well like his grandma and mother told him. He denied any concerns while at home. CPSI observed 3 y/o [REDACTED] to have no visible marks or injuries. She was dressed in a little A-line dress. She was observed playing with her siblings and eating fried fish fillets, fries and bread with some juice. CPSI observed 4 y/o [REDACTED] with no visible marks or bruises. It appear to be sibling rivalry with 3 y/o [REDACTED] They would play and taunt each other. Before CPSI left, both girls were playing with each other. [REDACTED] was dressed in a little dress as well. CPSI observed 1 y/o, [REDACTED] with no visible marks or bruises. CPSI observed 7 month old [REDACTED] He appeared with no visible marks or bruises. Baby looks healthy and cared for. CPSI observed a developmentally disabled child who is a cousin to the children mentioned above, [REDACTED] age 3. He was home today due to treatment for Asthma. Per Ms. [REDACTED] he attends [REDACTED] He appeared with no



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

visible marks or bruises.

All children appear small for their age. Per Ms. [REDACTED] the children have no known illnesses and are not on any medications. Again, she mentioned that [REDACTED] will be assessed soon due to his behavior.

Per Ms. [REDACTED] and her children have been living with her for about 7 months. She reported that [REDACTED] has been trying to find a place to live. She reported that [REDACTED] lived with her sister prior to moving in with her. Ms. [REDACTED] reported that she loves her daughter's and her grandchildren. She reported [REDACTED] tries to stay employed so she could get her own place, but transportation is an issue. She reported she has no knowledge of [REDACTED] doing drugs. She reported that [REDACTED] does try to relieve her stress by staying with another relative over the weekends along with the children. She described [REDACTED] as a good parent who loves her children. She reported that she is willing to help them but it is straining.

[REDACTED] 15) and [REDACTED] (10) were at school. Per Ms. [REDACTED] both children are doing good in school. She reported that the teacher and principal called to give good reports on the two.

Narrative Type: Addendum 1 Entry Date/Time: 10/04/2013 12:43 PM Entered By: [REDACTED]

Per Ms. [REDACTED] HUD turned [REDACTED] down for a home on yesterday.



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: 10/03/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/04/2013

Completed date: 10/04/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/04/2013 11:00 AM Entered By: [REDACTED]

CPSI 3 [REDACTED] obtained a copy of medical examiner's report on [REDACTED] this morning. CPSI shared results with Attys [REDACTED] and [REDACTED]. Court hearing is scheduled ro 9 am 10/04/2013.

Narrative Type: Addendum 1 Entry Date/Time: 10/04/2013 12:38 PM Entered By: [REDACTED]

Cause of death: Failure to Thrive

Contributory Cause of Death: Possible malnourishment

Manner of Death: Natural

"24 day old infant found unresponsive in her infant chair. Born at 35.5 weeks. At postmortem examination, there is no evidence of traumatic injury to the body. Per the ME, the death resulted from failure to thrive as evidenced by the lack of a significant weight gain during her 24 day life. The amount of material present in the intestines as well as the excess fluid in the body cavities is suggestive of malnourishment as a factor contributing to her lack of significant growth. The manner of death is natural."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/23/2013	Contact Method:	
Contact Time:	03:21 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/23/2013
Completed date:	09/23/2013	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: 09/23/2013 03:23 PM Entered By: [REDACTED]

CPSI 3 [REDACTED] was advised to make request to the Medical Examiner's Office regarding autopsy results. CPSI [REDACTED] will notify and staff results of autopsy with TC [REDACTED] once received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	07/02/2013	Contact Method:	
Contact Time:	10:10 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/03/2013
Completed date:	08/02/2013	Completed By:	System Completed
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/03/2013 07:31 PM Entered By: [REDACTED]

The Department received a referral was received on 5/2/13 concerning the allegation of Neglect Death and Lack of Supervision. The alleged victim of the Neglect Death is [REDACTED] (4/8/13). The alleged victims Lack of Supervision is [REDACTED] and [REDACTED]. The alleged perpetrator is their mother, [REDACTED]. It is unknown the reason for [REDACTED] death. [REDACTED] was born prematurely. She was born at 35 weeks gestation. Initially, [REDACTED] had a low glucose count and had to be placed in NICU until her levels rose to an acceptable level. [REDACTED] was born on 4/8/13 and was discharged on 4/10/13. [REDACTED] had not been sick during the three weeks that she was alive. It was initially reported that [REDACTED] was sleeping on/in a bouncer on the floor by the couch that she was sleeping on. She reported that she woke up at about 5 AM and noticed that [REDACTED] face was blue and blood was coming out of her nose. She called 911 and [REDACTED] performed CPR until EMS arrived and [REDACTED] was transported to [REDACTED] Hospital. Upon further investigation, Ms. [REDACTED] disclosed that [REDACTED] had not been sleeping in the bouncer, she was actually sleeping on her chest. She reported that her one year old daughter, [REDACTED] was also sleeping on her chest. It should be noted that Ms. [REDACTED] was sleeping on a couch/love seat at the time of [REDACTED] demise. Ms. [REDACTED] noted that [REDACTED] nose was pressed against her chest and as such could have suffocated. Ms. [REDACTED] reported that she did wake up at 5 AM and [REDACTED] face was blue and 911 was called and Mr. [REDACTED] performed CPR until EMS arrived and she was transported to [REDACTED] Hospital where she was pronounced dead at 6:40 AM.

It should be noted that Ms. [REDACTED] did submit to a drug screen and it was negative for all drugs tested. The drug screen was completed to address the outstanding warrant that Ms. [REDACTED] has in [REDACTED] concerning possession of drugs. [REDACTED] has stated that they will not extradite Ms. [REDACTED] to [REDACTED] to answer the charges. According to Ms. [REDACTED] she was arrested for having purchased one box of sudafed.

It also should be noted that emergency room doctor, Dr. [REDACTED] reported that the baby was free of any trauma. [REDACTED] investigator with the Coroners office reported that the body did not have any marks or bruises. [REDACTED] Medical Examiner, reported that [REDACTED] had fluid in her chest and abdomen "possibly" indicating pneumonia. Dr. [REDACTED] concern at this time, is that the child did not have any food in her stomach or intestines. However, she did have a yellowish/green mucus substance in her bowels. Dr. [REDACTED] reported that the autopsy report was pending at this time. A CFTM was held. The decision was to place the children in the custody of the state.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Emergency Referral was completed and sent to legal. Initial and Well being forms were completed for the children. FFA was completed.

A PCO was filed. the children were placed in three different placements.

The fatality report was completed and faxed to Child Safety.



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: 07/02/2013

Contact Method:

Contact Time: 10:10 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 03:19 PM Entered By: [REDACTED]

The Department received a referral was received on 5/2/13 concerning the allegation of Neglect Death and Lack of Supervision. The alleged victim of the Neglect Death is [REDACTED] (4/8/13). The alleged victims Lack of Supervision is [REDACTED] and [REDACTED]. The alleged perpetrator is their mother, [REDACTED]. It is unknown the reason for [REDACTED] death. [REDACTED] was born prematurely. She was born at 35 weeks gestation. Initially, [REDACTED] had a low glucose count and had to be placed in NICU until her levels rose to an acceptable level. [REDACTED] was born on 4/8/13 and was discharged on 4/10/13. [REDACTED] had not been sick during the three weeks that she was alive. It was initially reported that [REDACTED] was sleeping on/in a bouncer on the floor by the couch that she was sleeping on. She reported that she woke up at about 5 AM and noticed that [REDACTED] face was blue and blood was coming out of her nose. She called 911 and [REDACTED] performed CPR until EMS arrived and [REDACTED] was transported to [REDACTED] Hospital. Upon further investigation, Ms. [REDACTED] disclosed that [REDACTED] had not been sleeping in the bouncer, she was actually sleeping on her chest. She reported that her one year old daughter, [REDACTED] was also sleeping on her chest. It should be noted that Ms. [REDACTED] was sleeping on a couch/love seat at the time of [REDACTED] demise. Ms. [REDACTED] noted that [REDACTED] nose was pressed against her chest and as such could have suffocated. Ms. [REDACTED] reported that she did wake up at 5 AM and [REDACTED] face was blue and 911 was called and Mr. [REDACTED] performed CPR until EMS arrived and she was transported to [REDACTED] Hospital where she was pronounced dead at 6:40 AM.

It should be noted that Ms. [REDACTED] did submit to a drug screen and it was negative for all drugs tested. The drug screen was completed to address the outstanding warrant that Ms. [REDACTED] has in [REDACTED] concerning possession of drugs. [REDACTED] has stated that they will not extradite Ms. [REDACTED] to [REDACTED] to answer the charges. According to Ms. [REDACTED] she was arrested for having purchased one box of sudafed.

It also should be noted that emergency room doctor, Dr. [REDACTED] reported that the baby was free of any trauma. [REDACTED] investigator with the Coroners office reported that the body did not have any marks or bruises. [REDACTED] Medical Examiner, reported that [REDACTED] had fluid in her chest and abdomen "possibly" indicating pneumonia. Dr. [REDACTED] concern at this time, is that the child did not have any food in her stomach or intestines. However, she did have a yellowish/green mucus substance in her bowels. Dr. [REDACTED] reported that the autopsy report was pending at this time. A CFTM was held. The decision was to place the children in the custody of the state.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Emergency Referral was completed and sent to legal. Initial and Well being forms were completed for the children. FFA was completed.

A PCO was filed. the children were placed in three different placements.

The fatality report was completed and faxed to Child Safety.



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: 06/26/2013 Contact Method: Face To Face
Contact Time: 03:00 PM Contact Duration: Less than 30
Entered By: [Redacted] Recorded For:
Location: Family Home Created Date: 11/22/2013
Completed date: 11/22/2013 Completed By: [Redacted]
Purpose(s): Safety - Child/Community
Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
Contact Sub Type:

Children Concerning

[Redacted]

Participant(s)

[Redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/22/2013 01:46 PM Entered By: [Redacted]

CPSI went to [Redacted] to meet with Ms. [Redacted] and her children; [Redacted] and [Redacted]. Also present was [Redacted] Ms. [Redacted] grandson [Redacted] son). When this worker arrived, the family were all sitting in the living room watching TV. They were scattered all over the room; on the floor, sofa, and dining room chairs. The children were laughing and wrestling each other. They appeared to be happy. Ms. [Redacted] was hold ing [Redacted] He was awake and appeared to be smiling. The children were observed to have no marks and bruises to their bodies. They stated that they came over to the grandmother's home on [Redacted] so they could all be together. However, they still lived in both homes. Ms. [Redacted] stated that they were receiving grief counseling. She stated that Ms. [Redacted] was providing the services for the family. CPSI asked how it was working to receive the services as the family was living in two different locations. Ms. [Redacted] stated that Ms. [Redacted] comes to both homes. CPSI asked how the counseling was progressing. Ms. [Redacted] stated that it was going well, but it was going to take time. CPSI agreed. CPSI noted that [Redacted] was sitting by herself and was dressed up. CPSI asked how she was doing. [Redacted] made eye contact and stated that she was doing well. CPSI complimented her on her outfit as in the past her appearance was not that of a teenager, but of an older person. CPSI asked the family if they needed anything. They stated they were still waiting on beds for the house or [Redacted] CPSI stated she would ask the FSW what had happened to the beds as the worker had stated she would be requesting beds for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/20/2013	Contact Method:	Attempted Face To Face
Contact Time:	12:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/22/2013
Completed date:	11/22/2013	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: 11/22/2013 01:12 PM Entered By: [REDACTED]

CPSI went to [REDACTED] to meet with Ms. [REDACTED] and her children, [REDACTED] and [REDACTED]. However, no one answered the door. However, this worker did note that there was a SUV in the driveway. Note; this worker did not several times, but no one answered the door. CPSI did leave her card with a note requesting a return call to schedule and appointment to meet with the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/03/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/08/2014

Completed date: 01/08/2014

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: 01/08/2014 03:20 PM Entered By: [REDACTED]

06/03/2013 Purpose of Contact:

Background checks on: [REDACTED] birthmother, dob [REDACTED]

Content:

The following Internet Records Clearance inquiries were completed on the date(s) indicated:

Justice System Inquiry (JSSI): - completed on 05/02/2013

Methamphetamine Offender Registry: negative-completed on 05/02/2013

National Sexual Offender Registry: negative-completed on 5/02/2013

Tennessee Sexual offender Registry: negative-completed on 5/02/2013

Tennessee Felony Offender Registry: negative-completed on 5/02/2013

Tennessee Dept. of health Vulnerable Person (Abuse Registry): negative-completed on 5/02/2013



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:	System Completed
Contact Date:	05/31/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	06/24/2013
Completed date:	07/01/2013	Completed By:	System Completed
Purpose(s):	Permanency		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: Entered By:

Narrative Type: Addendum 1 Entry Date/Time: 11/22/2013 02:01 PM Entered By: [REDACTED]

CPSI went to [REDACTED] to attend the adjudication hearing for the [REDACTED] children. Present were Ms. [REDACTED] and her children; [REDACTED] and [REDACTED] as well as her grandson, [REDACTED]. This case was heard by Magistrate [REDACTED]. It was presented that [REDACTED] autopsy report was not complete at this time. Therefore, he continued the case. The case was continued until October 4, 2013 at 1 PM.

CPSI noted that the children were all dressed neatly. Their clothes were clean and their hair combed. The children did not have any marks or bruises on their bodies at this time. CPSI tried to engage the family, but they were quiet and would not respond other than one word answers or nodding their head. The children stayed close to their mother, [REDACTED]. They appeared to be scared that they would be removed from their mother's custody again.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	05/07/2013	Contact Method:	Correspondence
Contact Time:	09:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	05/07/2013
Completed date:	06/07/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/07/2013 10:53 AM Entered By: [REDACTED]

The preliminary was held at Juvenile Court today and Judge [REDACTED] ordered that all of the children [REDACTED] Person, [REDACTED] and [REDACTED] be placed back into mother [REDACTED] custody. Judge [REDACTED] set the adjudication hearing for 5-31-13 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:	05/07/2013	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	09/23/2013
Completed date:	09/23/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/23/2013 03:15 PM Entered By: [REDACTED]

The preliminary was held at Juvenile Court today and Judge [REDACTED] ordered that all of the children [REDACTED] and [REDACTED] be placed back into mother [REDACTED] custody. Judge [REDACTED] set the adjudication hearing for 5-31-13 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: 05/03/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/22/2013

Completed date: 11/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/22/2013 02:25 PM Entered By: [REDACTED]

The [REDACTED] family does have a history with the Department of children Services. In May of 2011, the family had a referral concerning the allegation of Environmental Neglect. The case was classified as AUPU.

Narrative Type: Addendum 1 Entry Date/Time: 11/22/2013 02:26 PM Entered By: [REDACTED]

ERROR. The case was classified as Services Recommended and Accepted.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/02/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/22/2013

Completed date: 11/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/22/2013 02:47 PM Entered By: [REDACTED]

CPSI completed the following criminal background checks via the internet; JSSI, Sex Offender, Health Abuse, TN Felony, and Meth Registries. Ms. [REDACTED] does not have any charges in [REDACTED]. However, she reported that she did have drug charges in [REDACTED] where she purchased some sudafed for a "cousin".

Background checks were also completed on [REDACTED] (sister to [REDACTED] [REDACTED] sister), and [REDACTED] [REDACTED] mother) as possible placement options for the children. Their background checks were also negative.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/02/2013 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 05/17/2013
 Completed date: 05/17/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Initial ACV Face To Face, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/17/2013 03:32 PM Entered By: [REDACTED]

CPSI, DCS Intern [REDACTED] and TL [REDACTED] went to [REDACTED]. Present were [REDACTED] (siblings), [REDACTED] (mom), and [REDACTED] family friend. [REDACTED] was not present as she had died at the hospital. Law Enforcement were also on the scene as well as Medical Investigator, [REDACTED]. It was initially determined that [REDACTED] had been sleeping in a bouncer by the couch where mom had been sleeping. Ms. [REDACTED] reported that she woke up at about 5 AM and noticed that [REDACTED] face was blue and blood was coming out of her nose. She called 911 and [REDACTED] performed CPR until EMS arrived and [REDACTED] was transported to [REDACTED] Hospital.

Upon further investigation, Ms. [REDACTED] disclosed that [REDACTED] had not been sleeping in the bouncer; she was actually sleeping on her chest. She reported that her one year old daughter, [REDACTED] was also sleeping on her chest. It should be noted that Ms. [REDACTED] was sleeping on a couch/love seat at the time of [REDACTED] demise. Ms. [REDACTED] noted that [REDACTED] nose was pressed against her chest and as such could have suffocated. Ms. [REDACTED] reported that she did wake up at 5 AM and [REDACTED] face was blue and 911 was called and Mr. [REDACTED] performed CPR until EMS arrived and she was transported to [REDACTED] Hospital where she was pronounced dead at 6:40 AM.

It was noted that the home was unkept. The home had only one bedroom in which six of the siblings slept. The one bedroom had a mattress on the floor. Clothes were piled in the closet-but were not hung up.

At the home, [REDACTED] 8 year old sibling was interviewed. He reported that the cover (blue adult quilt) was over [REDACTED] head and someone sat on her by accident. He reported that [REDACTED] was on the couch sleeping flat on the couch (not in anyone's arms). He stated that [REDACTED] slept on the couch with her so she would not fall off. [REDACTED] did note that [REDACTED] usually sleeps on the couch with his mom, Ms. [REDACTED]. He reported that Ms. [REDACTED] slept on the other couch. He stated he did not know who sat on [REDACTED]. He noted that he did not see anyone sit on [REDACTED]. When asked how he knew what had happened if he did not see it happen, [REDACTED] stated that his brother, [REDACTED] heard their mom yelling and came up and saw [REDACTED]. [REDACTED] stated he was the one that put the quilt on [REDACTED] head.

Also, at the home, [REDACTED] was also interviewed. [REDACTED] is 7 year old sibling. He reported he was in the back bedroom asleep. He stated [REDACTED] was sleeping on the bed by the couch where mom [REDACTED] slept. He stated that [REDACTED] was sleeping on the other couch/love seat. He reported that he did not come up to the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

front room. He stated in back. [REDACTED] could not state why he knew where everyone slept since he was in the back sleeping. At this point, it was determined that the family needed to be moved to [REDACTED] to complete the interviews.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	05/02/2013	Contact Method:	Face To Face
Contact Time:	08:35 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/20/2013
Completed date:	09/21/2013	Completed By:	System Completed
Purpose(s):			
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: Entered By:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 05/02/2013 Contact Method:
 Contact Time: 08:30 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Family Home Created Date: 07/05/2013
 Completed date: 07/06/2013 Completed By: System Completed
 Purpose(s): Service Planning, Well Being

Contact Type(s):

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/05/2013 10:16 AM Entered By: [REDACTED]

CPSI [REDACTED] and DCS Intern [REDACTED] responded to the fatality of [REDACTED] due to lack of supervision. It is stated that the mother, [REDACTED] found [REDACTED] unresponsive and called 911. When mother was asked to explain what happened, she initially stated that [REDACTED] was asleep in her bouncer next to the couch while she was asleep on the couch beside the bouncer. Ms. [REDACTED] said that she woke up around 5 AM and found baby [REDACTED] to be blue in the face with blood coming from her nose. She woke up her friend to conduct CPR while she called 911. [REDACTED] was later pulled to the side by TL [REDACTED] and Intern [REDACTED] and was again asked what happened. She admitted that the baby was not sleeping in the bouncer; she was sleeping on the couch with mom. Mom also stated that she had her 1 year old child sleeping on her chest as well, and could have possibly rolled over on [REDACTED].

Intern [REDACTED] interviewed [REDACTED] [REDACTED] stated that [REDACTED] was at 35 weeks gestation, but had no problems at birth. She did note that [REDACTED] developed jaundice as well as having a low glucose level within the first few hours of birth; [REDACTED] level later became normal after being in ICU. Ms. [REDACTED] stated that [REDACTED] did not have her 2 week check-up yet, but she was going to take her as a walk-in appointment the next day. Ms. [REDACTED] delivered [REDACTED] on the 8th and they were both released on the 10th. [REDACTED] told Intern [REDACTED] that she felt as though the hospital should have kept [REDACTED] a little longer.

Coroner [REDACTED] was on the scene when DCS arrived. He stated that [REDACTED] had no visible marks or bruises. [REDACTED] also mentioned that blood coming from the nose is a sign of CPR being administered. He noted that [REDACTED] was a pre-mature baby and that his initial view of the crime scene is consistent with the original story that [REDACTED] provided.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	05/02/2013	Contact Method:	
Contact Time:	08:30 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	07/05/2013
Completed date:	07/06/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community, Well Being		

Contact Type(s):
Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/05/2013 10:22 AM Entered By: [REDACTED]

DCS Intern [REDACTED] interviewed 5 year old [REDACTED] regarding the incident with [REDACTED]. He stated that [REDACTED] was sleeping on the couch opposite of his mother; she had a blanket laying over her. When asked was there anything else that he saw, [REDACTED] said he did not remember anything else. The child appeared to have no visible marks or bruises.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	05/02/2013	Contact Method:	
Contact Time:	08:30 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/05/2013
Completed date:	07/06/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community, Well Being		

Contact Type(s):
Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/05/2013 10:26 AM Entered By: [REDACTED]

Intern [REDACTED] also interviewed 10 year old [REDACTED] said that she was not at her mothers house that night because she was staying with her grandmother. She stated that she heard her grandmother, Ms. [REDACTED] and her mother [REDACTED] talking on the phone that morning. [REDACTED] said that she heard her grandmother said that that the baby [REDACTED] was dead. She also heard her grandmother ask [REDACTED] what happened and [REDACTED] response was she did not know. The child appeared to have no visible marks or bruises.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/02/2013

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/23/2013 03:04 PM Entered By: [REDACTED]

Intern [REDACTED] also interviewed 10 year old [REDACTED] said that she was not at her mothers house that night because she was staying with her grandmother. She stated that she heard her grandmother, Ms. [REDACTED] and her mother [REDACTED] talking on the phone that morning. [REDACTED] said that she heard her grandmother said that that the baby [REDACTED] was dead. She also heard her grandmother ask [REDACTED] what happened and [REDACTED] response was she did not know. The child appeared to have no visible marks or bruises.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/02/2013

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/23/2013 03:10 PM Entered By: [REDACTED]

DCS Intern [REDACTED] interviewed 5 year old [REDACTED] regarding the incident with [REDACTED]. He stated that [REDACTED] was sleeping on the couch opposite of his mother; she had a blanket laying over her. When asked was there anything else that he saw, [REDACTED] said he did not remember anything else. The child appeared to have no visible marks or bruises.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	05/02/2013	Contact Method:	
Contact Time:	07:35 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/19/2013
Completed date:	06/02/2013	Completed By:	System Completed
Purpose(s):			
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/19/2013 11:55 AM Entered By: [REDACTED]

The Department received a referral this morning concerning the alleged Neglect Death of [REDACTED] [REDACTED] was only three weeks old. She was transported to [REDACTED] Hospital in critical condition. It was alleged that [REDACTED] mom, woke up her friend, [REDACTED] and told him that [REDACTED] was not breathing and that she had blood coming from her nose. EMS arrived at the home and [REDACTED] revived. EMS was able to obtain a pulse on [REDACTED] Ms. [REDACTED] accompanied EMS and [REDACTED] to [REDACTED]

It was reported that [REDACTED] had been sleeping in a bouncer seat on the floor next to the couch where Ms. [REDACTED] was sleeping. [REDACTED] [REDACTED] has a total of nine children. Six are present in the home at the time of the call to the hotline. Two of the children are staying with other relatives. The reporter was not able to get the names of all of the children. The names the reporter was able to provide are listed in the participants' tab. [REDACTED] [REDACTED] has an outstanding warrant in [REDACTED] for some kind of drug deal. The reporter says that [REDACTED] does not want to extradite her at this time. [REDACTED] has a warrant from [REDACTED] for a child abuse charge. The specific charge is unknown. The reporter does not know if Ms. [REDACTED] is aware of [REDACTED] outstanding warrant. There is no report of injury to the other children.

[REDACTED] [REDACTED] was reported pronounced dead at [REDACTED] Hospital at 6:40am on May 2, 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: Completed

Contact Date: 05/02/2013

Contact Method:

Contact Time: 07:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/20/2013

Completed date: 09/20/2013

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: 09/20/2013 12:11 PM Entered By: [REDACTED]

The Department received a referral this morning concerning the alleged Neglect Death of [REDACTED] [REDACTED] was only three weeks old. She was transported to [REDACTED] Hospital in critical condition. It was alleged that [REDACTED] mom, woke up her friend, [REDACTED] and told him that [REDACTED] was not breathing and that she had blood coming from her nose. EMS arrived at the home and [REDACTED] revived. EMS was able to obtain a pulse on [REDACTED] Ms. [REDACTED] accompanied EMS and [REDACTED] to [REDACTED]

It was reported that [REDACTED] had been sleeping in a bouncer seat on the floor next to the couch where Ms. [REDACTED] was sleeping. [REDACTED] [REDACTED] has a total of nine children. Six are present in the home at the time of the call to the hotline. Two of the children are staying with other relatives. The reporter was not able to get the names of all of the children. The names the reporter was able to provide are listed in the participants' tab. [REDACTED] [REDACTED] has an outstanding warrant in [REDACTED] for some kind of drug deal. The reporter says that [REDACTED] does not want to extradite her at this time. [REDACTED] has a warrant from [REDACTED] for a child abuse charge. The specific charge is unknown. The reporter does not know if Ms. [REDACTED] is aware of [REDACTED] outstanding warrant. There is no report of injury to the other children.

[REDACTED] [REDACTED] was reported pronounced dead at [REDACTED] Hospital at 6:40am on May 2, 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:	System Completed
Contact Date:	05/02/2013	Contact Method:	
Contact Time:		Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/26/2013
Completed date:	11/27/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/26/2013 01:52 PM Entered By: [REDACTED]

CPSI [REDACTED] completed initial safety assessment. The children were unsafe according to the assessment tool. The children were placed in DCS custody to adequately ensure safety.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 05/03/2013
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

05/03/2013 - _____ - FFA - Family - A referral was received on 5/2/13 concerning the allegation of Neglect Death and Lack of Supervision. The alleged victim of the Neglect Death is _____ (4/8/13). The alleged victims Lack of Supervision is _____ and _____ The alleged perpetrator is their mother, _____

B. Family Story:

05/03/2013 - _____ - FFA - Family - It is unknown the reason for _____'s death. _____ was born prematurely. She was born at 35 weeks gestation. Initially, _____ had a low glucose count and had to be placed in NICU until her levels rose to an acceptable level. _____ was born on _____ and was discharged on 4/10/13. _____ had not been sick during the three weeks that she was alive. It was initially reported that _____ was sleeping on/in a bouncer on the floor by the couch that she was sleeping on. She reported that she woke up at about 5 AM and noticed that _____'s face was blue and blood was coming out of her nose. She called 911 and _____ performed CPR until EMS arrived and _____ was transported to _____ Hospital. Upon further investigation, Ms. _____ disclosed that _____ had not been sleeping in the bouncer, she was actually sleeping on her chest. She reported that her one year old daughter, _____ was also sleeping on her chest. It should be noted that Ms. _____ was sleeping on a couch/love seat at the time of _____'s demise. Ms. _____ noted that _____'s nose was pressed against her chest and as such could have suffocated. Ms. _____ reported that she did wake up at 5 AM and _____'s face was blue and 911 was called and Mr. _____ performed CPR until EMS arrived and she was transported to _____ Hospital where she was pronounced dead at 6:40 AM.

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

05/03/2013 - _____ - FFA - Family - The family is well bonded to each other. The family is large and are supportive of each other. the family is cooperative with the investigation.

B. Family Significant Needs/Risks/Concerns:

05/03/2013 - _____ - FFA - Family - _____ died at the home of unknown causes. According to the Medical Examiner, _____ stated that there was fluid in the chest and abdomen that is indicative of pneumonia. However, there was no food in the stomach or intestines. She did find some yellow/green mucus in the bowels, but it is of unknown origin at this time. The autopsy is pending. she also reported that there are not marks or bruises/trauma to the body.

III. Person Information:

A. Children:

05/03/2013 - [REDACTED] - FFA - Family - [REDACTED] [REDACTED] is an African American female. She is currently 15 years old. She was born on [REDACTED]. She is in the 9th grade at [REDACTED]. [REDACTED] has a son, [REDACTED]. He is currently about six weeks old. He was born on [REDACTED]. [REDACTED] is an African American female. She is currently 10 years of age. She was born on [REDACTED]. [REDACTED] attends [REDACTED]. She is in the 4th grade. [REDACTED] is an African American male. He is currently 8 years old. He was born on [REDACTED]. He attends [REDACTED]. He is in the 2nd grade. [REDACTED] is an African American male. He is currently 7 years of age. He was born on [REDACTED]. He attends [REDACTED] school. He is in the 1st grade. [REDACTED] is an African American male. He is currently 6 years old. He was born on [REDACTED]. He attends [REDACTED] School. He is in kindergarten. [REDACTED] is an African American female. she is currently 4 years old. [REDACTED] was born on [REDACTED]. [REDACTED] is an African American female. She is currently 3 years old. [REDACTED] was born on [REDACTED]. [REDACTED] is an African American female. She is currently 1 year old. [REDACTED] was born on [REDACTED]. [REDACTED] is an African American female. She was three weeks old when she died of unknown causes at the home.

B. Adults:

05/03/2013 - [REDACTED] - FFA - Family - [REDACTED] [REDACTED] is an African American female. She is currently 29 years of age. She was born on [REDACTED]. Ms. [REDACTED] has 8 living children and one child that has died. Ms. [REDACTED] is not employed at this time.

C. Family Together History:

05/03/2013 - [REDACTED] - FFA - Family - The family resided at [REDACTED]

D. Other Significant Relationships:

05/03/2013 - [REDACTED] - FFA - Family - [REDACTED] family friend.

E. Legal/Court/DCS History:

Intake ID		Decision Date / Time		Intake Type	Investigation ID/ Assessment ID
[REDACTED]				CPS	[REDACTED]
[REDACTED]				CPS	[REDACTED]
Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
05/03/2013	Court Order	Custody Removal (Initial)		[REDACTED]	

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order

Custody
Removal
(Initial)

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order

Custody
Removal
(Initial)

[REDACTED]

Hearing

Preliminary

[REDACTED]

05/03/2013 Court Order

Custody
Removal
(Initial)

[REDACTED]

Hearing

Adjudicatory

[REDACTED]

Hearing

Adjudicatory

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order Custody Removal (Initial)

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order Custody Removal (Initial)

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order

Custody Removal (Initial)

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order

Custody Removal (Initial)

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order

Custody
Removal
(Initial)

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order

Custody
Removal
(Initial)

[REDACTED]

Hearing

Adjudicatory

[REDACTED]

Hearing

Adjudicatory

[REDACTED]

Hearing

Preliminary

[REDACTED]

05/03/2013 Court Order

Custody
Removal
(Initial)

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order Custody Removal (Initial)

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order

Custody
Removal
(Initial)

[REDACTED]

Hearing

Preliminary

[REDACTED]

05/03/2013 Court Order

Custody
Removal
(Initial)

[REDACTED]

Hearing

Adjudicatory

[REDACTED]

Hearing

Adjudicatory

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order Custody Removal (Initial)

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order Custody Removal (Initial)

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order

Custody
Removal
(Initial)

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 Court Order

Custody
Removal
(Initial)

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Adjudicatory

[REDACTED]

Hearing Preliminary

[REDACTED]

05/03/2013 - [REDACTED] - FFA - Family - [REDACTED] has drug charges in [REDACTED] According to Ms. [REDACTED] she had purchases a package of sudafed. Her family reported that it was a "set up". Ms. [REDACTED] does not have any local charges. The following websites were utilized to obtain this information: JSSI, Meth, Sex Offender, [REDACTED] Felony, Health Abuse registries.
Ms. [REDACTED] does have history with the department. In May 2011, the allegation of Environmental Neglect was classified as Services Recommended and Accepted.

IV. Assessment of Safety:

05/13/2013 - [REDACTED] - Safety - [REDACTED] died at the family's home. It is Unknown why she died. The initial autopsy report stated that the child did not have any marks or bruises on her body. However, the coroner also noted that there was not any food in the child's stomach or intestines.

11/26/2013 - [REDACTED] - Safety - [REDACTED]

05/03/2013 - [REDACTED] - FFA - Family - Due to the Untimely death of [REDACTED] and the unknown circumstances of her death, the children are not safe to be left in the home. therefore, a petition was placed before the court requesting that the children be placed in the custody of the state.

V. Assessment of Well Being:

05/03/2013 - [REDACTED] - FFA - Family - the children appear to be healthy. There are not known medical issues at this time.

VI. Assessment of Permanence:

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Behavioral Services/ Intensive In-Home Family Services	Approved	[REDACTED]	06/14/2013	06/30/2013
[REDACTED]	Behavioral Services/ Intensive In-Home Family Services	Approved	[REDACTED]	07/03/2013	07/31/2013
[REDACTED]	Behavioral Services/ Intensive In-Home Family Services	Approved	[REDACTED]	08/01/2013	08/31/2013
[REDACTED]	Behavioral Services/ Intensive In-Home Family Services	Approved	[REDACTED]	09/04/2013	09/30/2013
[REDACTED]	Support Services/ Family Support Services	Denied	*To be determined by Regional Fiscal Unit	06/03/2013	

Worker's Signature

Date

Supervisor's Signature

Date



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: 5/2/13 6:33 AM

Date of Assessment: 5/2/13 12:00 AM

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

Number of Children in the Household: 10

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): _____

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 (10)

[Redacted area]

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____