



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 07/09/2013 11:39 AM CT
Track Assigned: Special Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 07/09/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 07/09/2013 04:12 PM
First Team Leader Assigned: [REDACTED] Date/Time 07/09/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 07/09/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	10 Yrs	Neglect Death	Yes	[REDACTED]	Other Relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: TFACTS: Yes
Family Case ID: [REDACTED]
Open Court Custody: # [REDACTED] / [REDACTED] / 1-22-13 / CM [REDACTED]
Closed Court Custody No
Open CPS - No
Indicated # [REDACTED] (LOS) 1/23/13 (perp [REDACTED])
[REDACTED] (SRP) 11/2/06 (perp: [REDACTED])
Fatality No
Screened out Yes - 2 (# [REDACTED] and # [REDACTED])



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

History (not listed above):

Unfounded - # [REDACTED] (PYA/ENN/LOS/DEC/SEE) 10/15/11
ASMT - # [REDACTED] (LOS/ENN) 7/9/10 (No Services Needed)
ASMT - # [REDACTED] (MDM) 10/21/09 (Services Recommended/Accepted)
ASMT - # [REDACTED] (LOS) 3/24/09 (No Services Needed)
Unfounded - # [REDACTED] (NUN) 9/4/03

County: [REDACTED]
Notification: letter
School/ Daycare: n/a
Native American Descent: No
Directions: none given

Reporters name/relationship: [REDACTED] [REDACTED]

Reporter states:

[REDACTED] (10) was in DCS custody. She resided with her foster mother and relative, [REDACTED]. [REDACTED] had no known special needs. The child's DCS foster care Case Manager was [REDACTED]. [REDACTED] is now deceased.

Around 10 a.m. today (7-9-13), [REDACTED] called CM [REDACTED] at the [REDACTED] DCS office. [REDACTED] said [REDACTED] had passed out. [REDACTED] said she had called EMS for [REDACTED].

When DCS staff members, [REDACTED] and Supervisor [REDACTED] arrived, three ambulances and the police were at the foster home. [REDACTED] and the DCS staff members went to [REDACTED] Medical Center. CM [REDACTED] presented at the hospital later. Hospital staff reported [REDACTED] had died.

It should be noted that CM [REDACTED] and [REDACTED] took [REDACTED] to the same hospital yesterday. [REDACTED] was seen in the ER. [REDACTED] reported her legs were burning. The ER doctor reported yesterday [REDACTED] was trying to get attention and there was nothing wrong with her. [REDACTED] was treated for a UTI.

This morning [REDACTED] was given medication for the UTI. According to [REDACTED], all morning long [REDACTED] had moaned and complained of being hot and thirsty. The child's temperature was not taken. [REDACTED] had been bringing [REDACTED] water. [REDACTED] left the room to get more water and when she returned, the child had passed out. [REDACTED] had foam coming from her mouth.

[REDACTED]'s body will be sent for an autopsy. Law enforcement is aware of the situation as they were at the house when DCS staff members arrived. There have been no previous incidences of child fatality in the child's family. [REDACTED] doesn't have a history with LE, mental health issues or domestic violence. [REDACTED] passed a foster home study, so she has no criminal issues.

Email from [REDACTED], [REDACTED] Team Leader, on 7/9/13 @ 12:33pm:
Please have the SIU worker that will work this case call Inv [REDACTED] immediately at [REDACTED]. Our local CPS person was there however stepped out when we learned child was in custody.

SIU Investigative Track - P1 - Child Fatality
[REDACTED], Interim TC, on 7/9/13 @ 12:33pm

Notified Fatality/Near Fatality Notification Group via Email:
[REDACTED]



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





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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 10 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted]
Referral Date: 07/09/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 07/09/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Row 1: 1, [Redacted], [Redacted], Neglect Death, [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted] 09/12/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is no evidence that the AP did anything that contributed to the death of this child. According to the official Autopsy report from the medical examiner's office the cause of death was acute myocarditis, most likely of viral etiology. The Manner of death was natural. The allegation of neglect death was unfounded. The case will be classified as AUPU.

D. Case Workers

Case Worker: [Redacted] Date: 09/12/2013
Team Leader: [Redacted] Date: 09/12/2013

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:

N/A

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

According to the official Autopsy report from the medical examiner's office the cause of death was acute myocarditis, most likely of viral etiology. The Manner of death was natural. The allegation of neglect death was unfounded. The case will be classified as AUPU.

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



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]

SI [REDACTED] interviewed AP on 7/9/13 and 7/11/13. The interview on 7/9/13 was short due to the stress of the day and the lateness in the day. AP was not up to answering more questions after the [REDACTED] had just interviewed her for over an hour. AP denied the allegations that she had anything to do with the death of [REDACTED]. SI [REDACTED] asked if [REDACTED] was breathing when she called 911. [REDACTED] stated [REDACTED] was still breathing when she called 911. [REDACTED] stated [REDACTED] was not breathing when the EMT arrived. SI [REDACTED] asked how long the bath was. [REDACTED] stated the bath was only three to four minutes. [REDACTED] asked [REDACTED] if she ever left the bathroom while [REDACTED] was in the bathtub. [REDACTED] stated she never left the bathroom while [REDACTED] was in the bath. [REDACTED] stated [REDACTED] needed her help taking a bath. [REDACTED] stated she gave [REDACTED] a bath that morning. SI [REDACTED] asked how many glasses of water she gave [REDACTED] that morning. [REDACTED] stated she gave [REDACTED] five glasses of water that morning. [REDACTED] stated [REDACTED] drank four glasses of water and poured one glass of water on herself.

During this interview, [REDACTED] did not get emotional and did not appear to be upset over the death of [REDACTED]. [REDACTED] answered the questions without tearing up. [REDACTED] was very calm.

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

N/A

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

N/A

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



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2013

Contact Method:

Contact Time: 02:48 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/18/2013

Completed date: 09/18/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2013 02:49 PM Entered By: [REDACTED]

Closing notification was sent on 9/18/2013 to pertinent individuals listed on notification.



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: 09/12/2013 Contact Method:
 Contact Time: 09:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/12/2013
 Completed date: 09/13/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/12/2013 09:06 AM Entered By: [REDACTED]

Reporter states:

[REDACTED] (10) was in DCS custody. She resided with her foster mother and relative, [REDACTED] [REDACTED] had no known special needs. The child's DCS foster care Case Manager was [REDACTED] [REDACTED] is now deceased.

Around 10 a.m. today (7-9-13), [REDACTED] called CM [REDACTED] at the [REDACTED] DCS office. [REDACTED] [REDACTED] said [REDACTED] had passed out. [REDACTED] said she had called EMS for [REDACTED]

When DCS staff members, [REDACTED] and Supervisor [REDACTED] arrived, three ambulances and the police were at the foster home. [REDACTED] and the DCS staff members went to [REDACTED] Medical Center. CM [REDACTED] presented at the hospital later. Hospital staff reported [REDACTED] had died.

It should be noted that CM [REDACTED] and [REDACTED] took [REDACTED] to the same hospital yesterday. [REDACTED] was seen in the ER. [REDACTED] reported her legs were burning. The ER doctor reported yesterday [REDACTED] was trying to get attention and there was nothing wrong with her. [REDACTED] was treated for a UTI.

This morning [REDACTED] was given medication for the UTI. According to [REDACTED] all morning long [REDACTED] had moaned and complained of being hot and thirsty. The child's temperature was not taken. [REDACTED] had been bringing [REDACTED] water. [REDACTED] left the room to get more water and when she returned, the child had passed out. [REDACTED] had foam coming from her mouth.

[REDACTED] body will be sent for an autopsy. Law enforcement is aware of the situation as they were at the house when DCS staff members arrived. There have been no previous incidences of child fatality in the child's family. [REDACTED] doesn't have a history with LE, mental health issues or domestic violence. [REDACTED] passed a foster home study, so she has no criminal issues.

7/9/13 @ 3:30 PM SI [REDACTED] arrived at [REDACTED] Medical Center. SI [REDACTED] meet with [REDACTED] [REDACTED] Police Officer, Sgt. [REDACTED] FSW [REDACTED] TL [REDACTED] and TL [REDACTED] FSW [REDACTED] did most of the talking. FSW [REDACTED] reported that foster mother called her yesterday and stated she and ACV were at



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

the hospital. FSW [REDACTED] stated she came to the hospital. FSW [REDACTED] stated foster mother stated she had to carry ACV to and from the car. FSW [REDACTED] stated she stayed at the hospital for about an hour. FSW [REDACTED] stated ACV stated she didn't feel well. FSW [REDACTED] stated ACV complained of pain in her legs and feeling hot. FSW [REDACTED] reported that the ACV was lethargic. FSW [REDACTED] stated at one point ACV needed to go to the bathroom but didn't want to get out of bed. FSW [REDACTED] stated she talked with ACV and convinced she needed to go to the bathroom. FSW [REDACTED] stated ACV walked to the bathroom. FSW [REDACTED] stated the ACV left the bathroom without flushing the toilet. FSW [REDACTED] looked in the toilet and didn't see any evidence of us. FSW [REDACTED] stated ACV was moaning as if she was uncomfortable. FSW [REDACTED] stated the hospital drew blood and took a urine sample. FSW [REDACTED] stated Dr. [REDACTED] stated that it appeared that the ACV was seeking attention. FSW [REDACTED] stated Dr. [REDACTED] the ACV had a UTI. SI [REDACTED] asked if ACV had any allergies. FSW [REDACTED] reported ACV had no known allergies. SI [REDACTED] asked if the ACV had any recent illnesses. FSW [REDACTED] stated ACV had been healthy. SI [REDACTED] asked if ACV had complained about her placement or about her foster mother. FSW [REDACTED] reported ACV never reported any concerns.

FSW [REDACTED] reported foster mother called her today at 10:45 AM. FSW [REDACTED] reported foster mother stated ACV had passed out and the paramedics were there. FSW [REDACTED] reported, according to foster mother, ACV had been reporting that she was hot so foster mother gave her a bath this morning. FSW [REDACTED] stated foster mother told her that she had put the ACV in the bath between 8:00 AM and 8:30 AM. FSW [REDACTED] stated foster mother told her that the ACV wanted water. FSW [REDACTED] stated foster mother said the ACV drank the water and foam came out of the child's mouth.

FSW [REDACTED] stated she and TL [REDACTED] came to the hospital and they knew the ACV was dead by the way the doctor was talking to them. FSW [REDACTED] stated the doctor said they had tried to resuscitate the ACV. SI [REDACTED] asked what the foster mother's reaction was. FSW [REDACTED] foster mother first didn't react but once the coroner came into the room foster mother fell on the floor crying.

Officer [REDACTED] reported that he was standing outside the room where the family was when he heard a woman say; it was an accident, she didn't mean for that to happen. Officer [REDACTED] stated he didn't see who said this. Officer [REDACTED] stated there were several women in the room at the time.

FSW [REDACTED] reported the autopsy would take place at 9:00 AM tomorrow in [REDACTED]. FSW [REDACTED] stated, according to the EMT that responded to the home it sounded like there was water in the ACV's lungs.

SI [REDACTED] interviewed AP on 7/9/13 and 7/11/13. The interview on 7/9/13 was short due to the stress of the day and the lateness in the day. AP was not up to answering more questions after the [REDACTED] had just interviewed her for over an hour. AP denied the allegations that she had anything to do with the death of [REDACTED]. SI [REDACTED] asked if [REDACTED] was breathing when she called 911. [REDACTED] stated [REDACTED] was still breathing when she called 911. [REDACTED] stated [REDACTED] was not breathing when the EMT arrived. SI [REDACTED] asked how long the bath was. [REDACTED] stated the bath was only three to four minutes. SI [REDACTED] asked [REDACTED] if she ever left the bathroom while [REDACTED] was in the bathtub. [REDACTED] stated she never left the bathroom while [REDACTED] was in the bath. [REDACTED] stated [REDACTED] needed her help taking a bath. [REDACTED] stated she gave [REDACTED] a bath that morning. SI [REDACTED] asked how many glasses of water she gave [REDACTED] that morning. [REDACTED] stated she gave [REDACTED] five glasses of water that morning. [REDACTED] stated [REDACTED] drank four glasses of water and poured one glass of water on herself.

During this interview, [REDACTED] did not get emotional and did not appear to be upset over the death of [REDACTED]. [REDACTED] answered the questions without tearing up. [REDACTED] was very calm.

8/6/13 @ 8:17 AM FSW [REDACTED] reported that foster mother never said anything about [REDACTED] complaining of chest pains. FSW [REDACTED] reported foster mother was good about taking the ACV to the doctor if she did not feel well. FSW [REDACTED] reported that the day they went to the ER, 7/8/13, [REDACTED] never complained of chest pain.

On 9/11/13, CPIT was held. SI [REDACTED] presented the case to the team. SI [REDACTED] reported that according to the official Autopsy report from the medical examiner's office the cause of death was acute myocarditis, most likely of viral etiology. The Manner of death was natural. The team agreed the allegation of neglect death was unfounded. The case will be classified as AUPU.

DCS policy defines Fatality/Near Fatality as any unexplained death of a child when the cause of death is unknown or



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

pending an autopsy report. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child fatalities are always treated as severe child abuse. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

There is no evidence that the AP did anything that contributed to the death of this child. According to the official Autopsy report from the medical examiner's office the cause of death was acute myocarditis, most likely of viral etiology. The Manner of death was natural. The allegation of neglect death was unfounded. The case will be classified as AUPU.



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: 09/11/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/12/2013

Completed date: 09/12/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/12/2013 08:28 AM Entered By: [REDACTED]

CPIT was held on this date. SI [REDACTED] presented the case to the team. SI [REDACTED] reported that according to the official Autopsy report from the medical examiner's office the cause of death was acute myocarditis, most likely of viral etiology. The Manner of death was natural. The team agreed the allegation of neglect death was unfounded. The case will be classified as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2013	Contact Method:	
Contact Time:	01:42 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/10/2013
Completed date:	09/10/2013	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: 09/10/2013 02:53 PM Entered By: [REDACTED]
 SI [REDACTED] received the autopsy report. [REDACTED] Officer [REDACTED] emailed SI [REDACTED] the autopsy report.



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: 09/03/2013 Contact Method:
 Contact Time: 09:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/03/2013
 Completed date: 10/04/2013 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: 09/03/2013 12:52 PM Entered By: [REDACTED]

This is a child fatality case. All investigative tasks are completed. The autopsy report has not been received yet. SI has requested the report four times. The case will be closed AUPU. The preliminary results are that the child dies from natural causes due to an undiagnosed heart condition. Law enforcement is involved and aware of the report. [REDACTED] is the agency working the case. The [REDACTED] report they have the autopsy but the person who has it is on two week leave for [REDACTED]. The case is fully typed and can be closed upon receipt of the autopsy report.



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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: 08/14/2013

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/14/2013

Completed date: 08/14/2013

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: 08/14/2013 02:17 PM Entered By: [REDACTED]

TL [REDACTED] and SI [REDACTED] staffed this case. The only missing piece is the ME report. The autopsy report has not been received yet. SI has discussed the case with the [REDACTED] and local law enforcement. There will be no further interviews or conversations with the resource parent until the report is back. The resource parent has an attorney as well. This case will remain open at this time.



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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: 08/06/2013 Contact Method: Correspondence
 Contact Time: 08:17 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/06/2013
 Completed date: 08/06/2013 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: 08/06/2013 08:31 AM Entered By: [REDACTED]

8/6/13 @ 8:17 AM FSW [REDACTED] responded back regarding the email from yesterday. FSW [REDACTED] reported that foster mother never said anything about [REDACTED] complaining of chest pains. FSW [REDACTED] reported foster mother was good about taking the ACV to the doctor if she did not feel well. FSW [REDACTED] reported that the day they went to the ER, 7/9/13, [REDACTED] never complained of chest pain.

Narrative Type: Addendum 1 Entry Date/Time: 08/06/2013 08:37 AM Entered By: [REDACTED]

The date should read 7/8/13. Not 7/9/13.



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: 08/05/2013 Contact Method: Correspondence
 Contact Time: 03:51 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/06/2013
 Completed date: 08/06/2013 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: 08/06/2013 08:25 AM Entered By: [REDACTED]

8/5/13 @ 3:51 PM - SI [REDACTED] emailed FSW [REDACTED] and TC [REDACTED] SI [REDACTED] requested any new information about the case. SI [REDACTED] asked specifically if foster mother ever reported that the ACV had complained of chest pains.



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: 08/05/2013

Contact Method:

Contact Time: 02:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/05/2013

Completed date: 08/05/2013

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: 08/05/2013 04:12 PM Entered By: [REDACTED]

TL [REDACTED] and SI [REDACTED] staffed this case. SI will follow-up with all parties and request a copy of the final autopsy report, talk with [REDACTED] and the worker. SI has received the recording of the AP interview and it has been uploaded into TFACTS. SI will complete these follow-up steps in the next two days and submit a summary of the new information the third day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	07/16/2013	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/16/2013
Completed date:	08/16/2013	Completed By:	System Completed
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: 07/16/2013 04:19 PM Entered By: [REDACTED]
 SI [REDACTED] emailed Sgt. [REDACTED] and requested the audio file from his interview with the AP.



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:	07/16/2013	Contact Method:	
Contact Time:	08:49 AM	Contact Duration:	Less than 05
Entered By:	██████████	Recorded For:	
Location:		Created Date:	07/16/2013
Completed date:	08/16/2013	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: 07/16/2013 11:17 AM Entered By: ██████████

7/16/13 @ 8:49 AM TL ██████████ emailed SI ██████████ the Notice of Child Fatality/Near Fatality form, CS ██████████ SI ██████████ forwarded this form to TL ██████████ and ██████████ SI ██████████ uploaded this to 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:	System Completed
Contact Date:	07/12/2013	Contact Method:	Correspondence
Contact Time:	02:28 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/16/2013
Completed date:	08/12/2013	Completed By:	System Completed
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: 07/16/2013 11:11 AM Entered By: [REDACTED]

7/12/13 @ 2:28 PM TL [REDACTED] emailed SI [REDACTED] the medical records from the pediatrician. SI [REDACTED] uploaded the document into TFACTS. SI [REDACTED] also uploaded the medical records from the hospital.



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: 07/11/2013 Contact Method: Face To Face
 Contact Time: 03:21 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/16/2013
 Completed date: 08/11/2013 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2013 11:06 AM Entered By: [REDACTED]

7/11/13 @ 3:21 PM SI [REDACTED] arrived at Attorney [REDACTED] office at [REDACTED] Attorney [REDACTED] reported that he used to be a [REDACTED] agent before becoming a lawyer. Attorney [REDACTED] reported that he is very familiar with this family. Attorney [REDACTED] stated he had represented several of the family members for various legal reasons. Attorney [REDACTED] reported that he was in kindergarten with [REDACTED] [REDACTED] sister.

SI [REDACTED] asked why [REDACTED] refused to take the lie detector. Attorney [REDACTED] stated he advised her not to take the lie detector test. SI [REDACTED] talked with Attorney [REDACTED] for a few minutes before [REDACTED] came into the room.

SI [REDACTED] asked [REDACTED] if she was up to answering some questions. [REDACTED] said she was willing to talk with SI [REDACTED]. SI [REDACTED] asked if [REDACTED] was breathing when she called 911. [REDACTED] stated [REDACTED] was still breathing when she called 911. [REDACTED] stated [REDACTED] was not breathing when the EMT arrived. SI [REDACTED] asked how long the bath was. [REDACTED] stated the bath was only three to four minutes. SI [REDACTED] asked [REDACTED] if she ever left the bathroom while [REDACTED] was in the bathtub. [REDACTED] stated she never left the bathroom while [REDACTED] was in the bath. [REDACTED] stated [REDACTED] needed her help taking a bath. [REDACTED] stated she gave [REDACTED] a bath that morning. SI [REDACTED] asked how many glasses of water she gave [REDACTED] that morning. [REDACTED] stated she gave [REDACTED] five glasses of water that morning. [REDACTED] stated [REDACTED] drank four glasses of water and poured one glass of water on herself.

During this interview, [REDACTED] did not get emotional and did not appear to be upset over the death of [REDACTED] [REDACTED] answered the questions without tearing up. [REDACTED] was very calm.



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:	07/11/2013	Contact Method:	Phone Call
Contact Time:	02:43 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/16/2013
Completed date:	08/11/2013	Completed By:	System Completed
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: 07/16/2013 11:05 AM Entered By: [REDACTED]

7/11/13 @ 2:43 PM Attorney [REDACTED] called SI [REDACTED]. Attorney [REDACTED] stated he was concerned about SI [REDACTED] interviewing [REDACTED] again. Attorney [REDACTED] stated [REDACTED] has answered the same questions three times. Attorney [REDACTED] asked why was SI [REDACTED] wanting to interview [REDACTED] again. SI [REDACTED] stated that the first interview was very short due to [REDACTED] being very stress and that [REDACTED] had agreed to meet again. Attorney [REDACTED] again asked why because SI [REDACTED] had access to the recording from the [REDACTED] and the local police. SI [REDACTED] stated he had a few more question and would be willing to go over the questions before meeting with [REDACTED]. Attorney [REDACTED] agreed to meet.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	07/11/2013	Contact Method:	Phone Call
Contact Time:	02:40 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/16/2013
Completed date:	08/11/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2013 11:04 AM Entered By: [REDACTED]

7/11/13 @ 2:40 PM [REDACTED] called SI [REDACTED] [REDACTED] stated her attorney would like to meet with SI [REDACTED] at his office. SI [REDACTED] agreed to meet with [REDACTED] at her attorneys 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:	System Completed
Contact Date:	07/11/2013	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/16/2013
Completed date:	08/11/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2013 11:03 AM Entered By: [REDACTED]
7/11/13 @ 2:00 PM SI [REDACTED] called [REDACTED] and set up a home visit for today at 3:30 PM.



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:	07/10/2013	Contact Method:	Phone Call
Contact Time:	12:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/16/2013
Completed date:	08/10/2013	Completed By:	System Completed
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: 07/16/2013 10:43 AM Entered By: [REDACTED]

7/10/13 @ 12:30 PM SI [REDACTED] called Sgt. [REDACTED]. Sgt. [REDACTED] reported that [REDACTED] refused to take the lie detector today. Sgt. [REDACTED] reported he went to the autopsy this morning. Sgt. [REDACTED] stated there is no new information on the cause of death. Sgt. [REDACTED] stated he would keep SI [REDACTED] updated on this case.



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:	07/10/2013	Contact Method:	
Contact Time:	10:40 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/12/2013
Completed date:	07/12/2013	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: 07/12/2013 04:24 PM Entered By: [REDACTED]

7/10/13 @ 10:40 AM SI [REDACTED] completed a TFACTS history search on [REDACTED]

CPS Investigation ID: [REDACTED] (6/17/03)

Allegation: Nutritional Neglect

Alleged perpetrator: [REDACTED]

Classification: AUPU

CPS Investigation ID: [REDACTED] (9/1/06)

Allegation: Substantial Risk Physical Injury

Alleged perpetrator: [REDACTED]

Classification: APII

CPS Investigation ID: [REDACTED] (3/9/09)

Allegation: Lack of Supervision

Alleged perpetrator: [REDACTED]

Classification: No Services Needed

CPS Investigation ID: [REDACTED] (7/27/09)

Allegation: Medical Maltreatment

Alleged perpetrator: [REDACTED]

Classification: Services Recommended and Accepted

CPS Investigation ID: [REDACTED] (3/29/10)

Allegation: Lack of Supervision/Environmental Neglect

Alleged perpetrator: [REDACTED]

Classification: No Services Needed

CPS Investigation ID: [REDACTED] (10/26/11)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Allegation: Environmental Neglect/Psychological Harm/Lack of Supervision/Drug Exposed Child/Sexual Abuse
Alleged perpetrator: [REDACTED]
Classification: AUPU

CPS Investigation ID: [REDACTED] (1/22/13)
Allegation: Lack of Supervision
Alleged Perpetrator: [REDACTED]
Classification: APII

SI [REDACTED] completed a TFACTS history search on [REDACTED] [REDACTED] has no TFACTS history.



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:	07/09/2013	Contact Method:	Phone Call
Contact Time:	07:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/16/2013
Completed date:	08/09/2013	Completed By:	System Completed
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: 07/16/2013 10:26 AM Entered By: [REDACTED]

7/9/13 @ 7:30 PM SI [REDACTED] called TL [REDACTED] and updated her on the interview with AP. TL [REDACTED] stated she would call SI [REDACTED] back after conferencing with TC [REDACTED]

TL [REDACTED] called back. TL [REDACTED] stated SI [REDACTED] could return home for the day.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 07/09/2013 Contact Method: Face To Face
 Contact Time: 07:10 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/16/2013
 Completed date: 08/09/2013 Completed By: System Completed
 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: 07/16/2013 10:38 AM Entered By: [REDACTED]

7/9/13 @ 7:10 PM SI [REDACTED] stopped by the DCS office in [REDACTED] TN and meet with TL [REDACTED] TL [REDACTED] stated she was concerned because [REDACTED] did not appear to be emotionally upset over the death of [REDACTED] TL [REDACTED] stated that the EMT reported that when they arrived at the home and checked [REDACTED] vital signs they could hear water in [REDACTED] lungs.



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: 07/09/2013 Contact Method: Face To Face
 Contact Time: 06:45 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/16/2013
 Completed date: 08/09/2013 Completed By: System Completed
 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: 07/16/2013 10:34 AM Entered By: [REDACTED]

7/9/13 @ 6:45 PM SI [REDACTED] talked with [REDACTED] and Sgt. [REDACTED] about their interview with [REDACTED]. [REDACTED] reported that she looked at [REDACTED] phone log. [REDACTED] stated [REDACTED] made several phone calls this morning between 8:30 and 10:30 AM. [REDACTED] stated [REDACTED] had called a hair place and some friends. Sgt. [REDACTED] and [REDACTED] reported they were not convinced that [REDACTED] died from a medical reason. Sgt. [REDACTED] and [REDACTED] stated that [REDACTED] may have drowned in the bathtub. [REDACTED] stated [REDACTED] agreed to come in tomorrow for a lie detector test. Sgt. [REDACTED] and [REDACTED] stated they did not think she would show up.



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: 07/09/2013 Contact Method: Face To Face
 Contact Time: 06:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/16/2013
 Completed date: 08/09/2013 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2013 10:02 AM Entered By: [REDACTED]

7/9/13 @ 6:30 PM SI [REDACTED] interviewed AP, [REDACTED] [REDACTED] had just been interviewed by [REDACTED] and local LE. [REDACTED] appeared to be very tired. SI [REDACTED] stated he would only be a few minutes today and would return later to interview her later. [REDACTED] thanked SI [REDACTED] stated she was exhausted. SI [REDACTED] asked [REDACTED] to tell what happened this morning. [REDACTED] stated she woke up at 8:00 AM and she could hear [REDACTED] moaning. [REDACTED] stated she got up to see how [REDACTED] was doing. [REDACTED] stated [REDACTED] was complaining that she didnt feel well and that she was very hot. [REDACTED] stated she gave [REDACTED] her pills that were prescribed yesterday. [REDACTED] stated she ran a bath for [REDACTED] stated she had to help [REDACTED] to the bathtub. [REDACTED] stated she stayed in the bathroom with [REDACTED] and gave her a bath. [REDACTED] stated she helped [REDACTED] out of the bathtub and to her bedroom. [REDACTED] stated [REDACTED] wanted to lie on the floor near the air conditioning vent because she was hot. [REDACTED] stated [REDACTED] asked for water. [REDACTED] stated she gave [REDACTED] four to five glasses of water. [REDACTED] stated [REDACTED] poured one glass of water over her own head. [REDACTED] stated this is why the floor was wet in the bedroom. [REDACTED] stated after [REDACTED] drank the last glass of water she started foaming at the mouth. [REDACTED] stated this is when she called 911. SI [REDACTED] asked what time was that. [REDACTED] stated it was 10:39 AM. [REDACTED] stated she called FSW [REDACTED]

SI [REDACTED] stated he would allow [REDACTED] to go home now and SI [REDACTED] would return later in the week to talk more.

During the interview, [REDACTED] did not appear distraught. She did not cry or show much emotion. This may be from shock or from stress of being interviewed by the [REDACTED] LE and now SI [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: System Completed
 Contact Date: 07/09/2013 Contact Method: Phone Call
 Contact Time: 05:45 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/16/2013
 Completed date: 08/09/2013 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

Buchanan, Irma; [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2013 09:45 AM Entered By: [REDACTED]

7/9/13 @ 5:45 PM Conference Call with SI [REDACTED] TL [REDACTED] TC [REDACTED] and Director [REDACTED] SI [REDACTED] updated the team on the case. TL [REDACTED] agreed to do an update and email it to the team.



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:	07/09/2013	Contact Method:	Phone Call
Contact Time:	05:25 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/16/2013
Completed date:	08/09/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2013 09:43 AM Entered By: [REDACTED]
 7/9/13 @ 5:25 PM SI [REDACTED] called TL [REDACTED] and updated her on the case.



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:	07/09/2013	Contact Method:	Face To Face
Contact Time:	05:15 PM	Contact Duration:	Less than 15
Entered By:	██████████	Recorded For:	
Location:	Other Community Site	Created Date:	07/16/2013
Completed date:	08/09/2013	Completed By:	System Completed
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: 07/16/2013 09:41 AM Entered By: ██████████

7/9/13 @ 5:15 PM SI ██████ arrived at the local police department. SI ██████ talked with ██████ and Sgt. ██████ and Sgt. ██████ wanted to interview ██████ alone. ██████ stated she felt that too many people interviewing ██████ might make her feel like we were ganging up on her. Sgt. ██████ stated he would give SI ██████ a copy of the audio from the interview. SI ██████ requested to remain in the room for the interview. ██████ and Sgt. ██████ refused this request.



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:	07/09/2013	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 05
Entered By:	██████████	Recorded For:	
Location:		Created Date:	07/16/2013
Completed date:	08/09/2013	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: 07/16/2013 09:41 AM Entered By: ██████████
██████ and local LE wanted to go to the local police department to interview ██████████ ██████████



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:	07/09/2013	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Resource Home	Created Date:	07/16/2013
Completed date:	08/09/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2013 09:23 AM Entered By: [REDACTED]

7/9/13 @ 4:30 PM - SI [REDACTED] Police Officer, Sgt. [REDACTED] and several other local officers arrived at the home of [REDACTED] was at the house when we arrived. SI [REDACTED] provided [REDACTED] with the Parents Rights and she agreed to speak with SI [REDACTED] without a parent advocate. SI [REDACTED] photographed the bathroom, tub and [REDACTED] bedroom. (See Documents in TFACTS). The home appeared to be clean and well kept. The home is a two bedroom duplex home. When you first walk in the front door, you walk into the living room. The kitchen is open to the living room. There is an eating area between the living room and kitchen. To the right is the bathroom. The master bedroom is to the left of the bathroom and the other bedroom is to the right of the bathroom.

[REDACTED] and local LE wanted to go to the local police department to interview [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: System Completed
 Contact Date: 07/09/2013 Contact Method: Face To Face
 Contact Time: 03:30 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 07/16/2013
 Completed date: 08/09/2013 Completed By: System Completed
 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: 07/16/2013 08:44 AM Entered By: [REDACTED]

7/9/13 @ 3:30 PM SI [REDACTED] arrived at [REDACTED] Medical Center. SI [REDACTED] meet with [REDACTED] Police Officer, Sgt. [REDACTED] FSW [REDACTED] TL [REDACTED] and TL [REDACTED] FSW [REDACTED] did most of the talking. FSW [REDACTED] reported that foster mother called her yesterday and stated she and ACV were at the hospital. FSW [REDACTED] stated she came to the hospital. FSW [REDACTED] stated foster mother stated she had to carry ACV to and from the car. FSW [REDACTED] stated she stayed at the hospital for about an hour. FSW [REDACTED] stated ACV stated she didnt feel well. FSW [REDACTED] stated ACV complained of pain in her legs and feeling hot. FSW [REDACTED] reported that the ACV was lethargic. FSW [REDACTED] stated at one point ACV needed to go to the bathroom but didnt want to get out of bed. FSW [REDACTED] stated she talked with ACV and convinced she needed to go to the bathroom. FSW [REDACTED] stated ACV walked to the bathroom. FSW [REDACTED] stated the ACV left the bathroom without flushing the toilet. FSW [REDACTED] looked in the toilet and didnt see any evidence of us. FSW [REDACTED] stated ACV was moaning as if she was uncomfortable. FSW [REDACTED] stated the hospital drew blood and took a urine sample. FSW [REDACTED] stated Dr. [REDACTED] stated that it appeared that the ACV was seeking attention. FSW [REDACTED] stated Dr. [REDACTED] the ACV had a UTI. SI [REDACTED] asked if ACV had any allergies. FSW [REDACTED] reported ACV had no known allergies. SI [REDACTED] asked if the ACV had any recent illnesses. FSW [REDACTED] stated ACV had been healthy. SI [REDACTED] asked if ACV had complained about her placement or about her foster mother. FSW [REDACTED] reported ACV never reported any concerns.

FSW [REDACTED] reported foster mother called her today at 10:45 AM. FSW [REDACTED] reported foster mother stated ACV had passed out and the paramedics were there. FSW [REDACTED] reported, according to foster mother, ACV had been reporting that she was hot so foster mother gave her a bath this morning. FSW [REDACTED] stated foster mother told her that she had put the ACV in the bath between 8:00 AM and 8:30 AM. FSW [REDACTED] stated foster mother told her that the ACV wanted water. FSW [REDACTED] stated foster mother said the ACV drank the water and foam came out of the childs mouth.

FSW [REDACTED] stated she and TL [REDACTED] came to the hospital and they knew the ACV was dead by the way the doctor was talking to them. FSW [REDACTED] stated the doctor said they had tried to resuscitate the ACV. SI [REDACTED] asked what the foster mothers reaction was. FSW [REDACTED] foster mother first didnt react but once the coroner came into the room foster mother fell on the floor crying.

Officer [REDACTED] reported that he was standing outside the room where the family was when he heard a woman say; it was an accident, she didnt mean for that to happen. Officer [REDACTED] stated he didnt see who



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

said this. Officer [REDACTED] stated there were several women in the room at the time.

FSW [REDACTED] reported the autopsy would take place at 9:00 AM tomorrow in [REDACTED] FSW [REDACTED] stated, according to the EMT that responded to the home it sounded like there was water in the ACV's lungs.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/09/2013

Contact Method: Face To Face

Contact Time: 01:06 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/12/2013

Completed date: 07/12/2013

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/12/2013 01:50 PM Entered By: [REDACTED]

This is a death of a child case. ACV passed away on 7/9/13.



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: 07/09/2013	Contact Method:
Contact Time: 01:06 PM	Contact Duration: Less than 05
Entered By: ██████████	Recorded For:
Location:	Created Date: 07/16/2013
Completed date: 07/16/2013	Completed By: ██████████
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type:	

Children Concerning**Participant(s)**

██████████ ██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2013 08:40 AM Entered By: ██████████

TC ██████████ assigned the following P-1 child fatality investigation to SI ██████████

Reporter states:

██████████ (10) was in DCS custody. She resided with her foster mother and relative, ██████████ ██████████ had no known special needs. The child's DCS foster care Case Manager was ██████████ ██████████ is now deceased.

Around 10 a.m. today (7-9-13), ██████████ called CM ██████████ at the ██████████ DCS office. ██████████ ██████████ said ██████████ had passed out. ██████████ said she had called EMS for ██████████

When DCS staff members, ██████████ and Supervisor ██████████ arrived, three ambulances and the police were at the foster home. ██████████ and the DCS staff members went to ██████████ Medical Center. CM ██████████ presented at the hospital later. Hospital staff reported ██████████ had died.

It should be noted that CM ██████████ and ██████████ took ██████████ to the same hospital yesterday. ██████████ was seen in the ER. ██████████ reported her legs were burning. The ER doctor reported yesterday ██████████ was trying to get attention and there was nothing wrong with her. ██████████ was treated for a UTI.

This morning ██████████ was given medication for the UTI. According to ██████████ all morning long ██████████ had moaned and complained of being hot and thirsty. The child's temperature was not taken. ██████████ had been bringing ██████████ water. ██████████ left the room to get more water and when she returned, the child had passed out. ██████████ had foam coming from her mouth.

██████████ body will be sent for an autopsy. Law enforcement is aware of the situation as they were at the house when DCS staff members arrived. There have been no previous incidences of child fatality in the child's family. ██████████ doesn't have a history with LE, mental health issues or domestic violence. ██████████ passed a foster home study, so she has no criminal issues.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 7/28/13 3:03 PM

Date of Assessment: 7/29/13 12:00 AM

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

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 7/29/13 2:20 PM

Date of Assessment: 8/2/13 12:00 AM

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

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

- 1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
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7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of 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.
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12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

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Tennessee Department of Children's Services
SDM™ Safety Assessment

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Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____