



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 07/01/2013 04:08 PM CT
Track Assigned: Investigation Priority Assigned: 2
Screened By: [REDACTED]
Date Screened: 07/01/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 07/02/2013 02:52 PM
First Team Leader Assigned: [REDACTED] Date/Time 07/02/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 07/02/2013 12:00 AM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address:
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None

Narrative: TFACTS: Family Case IDs: [REDACTED] / [REDACTED]
Open Court Custody/FSS/FCIP No
Closed Court Custody No
Open CPS Yes, 2 cases:
[REDACTED] /ENN,EDN,MDM,DEC/03.20.2013 [REDACTED]
[REDACTED] /DEI,ENN,MDM/04.25.2013 [REDACTED] and [REDACTED]
Indicated [REDACTED] /DEC/04.07.2013 [REDACTED]
Fatality No
Screened out 0
History (not listed above): no



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 29 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 1 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted]

Investigation ID: [Redacted]

Referral Date: 07/01/2013

Assignment Date: 07/02/2013

Street Address: [Redacted]

City/State/Zip: [Redacted]

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], [Redacted], Neglect Death, [Redacted], [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted], 10/14/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The department received a P2 referral with an allegation of neglect death naming [Redacted] (age 10 mos) as the victim and [Redacted] as the alleged perpetrator. The allegation was classified as unfounded (AUPU).

D. Case Workers

Case Worker: [Redacted]

Date: 10/14/2013

Team Leader: [Redacted]

Date: 10/15/2013

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:

This CPSI did not see [Redacted] as this CPSI did not learn of his death until several weeks after he died.

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

The autopsy shows the cause of death as attributed to complications of congenital heart disease and pneumonia.

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

[Redacted] stated that after she and [Redacted] returned from [Redacted] she took him to [Redacted] because he was ill. She stated that while they were in [Redacted] [Redacted] pulled out his G-tube. She says that when she took him to [Redacted] she was told by hospital staff that [Redacted] had pink eye. She says that the night [Redacted] passed, he was sleeping the the bed with her. She stated that she woke up once that night to feed him. She says that he did not wake up any more that night. [Redacted] stated that when she woke the next morning, She noticed that [Redacted] was cold and she called for an ambulance.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

There were no witnesses to the alleged abuse.

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

There is no other evidence or factors that support the allegation of abuse.

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:	System Completed
Contact Date:	10/14/2013	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/23/2013
Completed date:	11/14/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2013 08:58 PM Entered By: [REDACTED]

This case was submitted for review on 10-14-13. The 740 has been completed and will be forwarded to Juvenile Court for classification. Medical records (autopsy has been placed in the case file. An autopsy was performed by Dr. [REDACTED] (M. D. Pathologist), findings of autopsy were that [REDACTED] died as a result of complications of congenital heart failure and pneumonia. The case was presented to CPIT as a handle and return on 10-14-13, DA [REDACTED] reviewed the case, classification AUPU. [REDACTED] reported that shortly after returning to [REDACTED] from [REDACTED] she had taken [REDACTED] to [REDACTED] emergency room on 5-21-13. [REDACTED] said he had an eye infection and she was told by hospital staff [REDACTED] had pink eye and prescribed medication. [REDACTED] passed away 2 days later on 5-23-13. [REDACTED] reports that she now resides in [REDACTED] with her mother and did not know when she would return to [REDACTED]. This case case will be submitted for review and closed upon completion of reviews.



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: 10/14/2013 Contact Method:
 Contact Time: 02:11 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/14/2013
 Completed date: 10/14/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/14/2013 02:32 PM Entered By: [REDACTED]

The department received a P2 referral on 7/1/13 with an allegation of neglect death naming [REDACTED] (age 10 mos) as the victim and [REDACTED] (birth mother) as the alleged perpetrator. This CPSI did not have an opportunity to see [REDACTED] as this CPSI did not learn of [REDACTED] death until several weeks after he passed away. This CPSI had an open case on [REDACTED] but had been unable to reach [REDACTED]. The last conversation this CPSI had with [REDACTED], she ([REDACTED]) was in [REDACTED] visiting with a friend. [REDACTED] told this CPSI that when she returned to [REDACTED] she ([REDACTED]) and [REDACTED] would be moving in with a friend of [REDACTED] named [REDACTED] did not know the address of the new residence. This CPSI told [REDACTED] to contact this CPSI once she returned and provide this CPSI with her ([REDACTED]) new address. This CPSI did not hear from [REDACTED] and made several attempts to contact [REDACTED] by phone, but with no success. This CPSI was contacted by CPSA [REDACTED] regarding a mutual case involving [REDACTED]'s brother [REDACTED]. CPSA informed this CPSI that she (CPSA [REDACTED]) had been informed that [REDACTED] had died. This CPSI contacted [REDACTED] (grandmother of [REDACTED]) who provided this CPSI with a contact number for [REDACTED]. This CPSI contacted [REDACTED] who informed this CPSI that she ([REDACTED]) was in [REDACTED] with her mother since the death of [REDACTED]. This CPSI informed [REDACTED] that this CPSI had been trying to reach her ([REDACTED]) who stated that her phone had been damaged and she had to purchase a new one. [REDACTED] said that with all that had been going on she had not thought to contact this CPSI. [REDACTED] told this CPSI that she is now in grief counseling. [REDACTED] stated that after she and [REDACTED] returned from [REDACTED], they did not move to [REDACTED], [REDACTED] as planned. According to [REDACTED], there was some kind of problem with the house and it was not move in ready. She says that she and [REDACTED] went to [REDACTED]'s (father of [REDACTED]'s son, [REDACTED]) apartment to stay for a few days. [REDACTED] stated that [REDACTED] was not in the home at that time because he was in drug rehab [REDACTED] told this CPSI that while in [REDACTED] had pulled out his G-tube and she ([REDACTED]) had scheduled to take [REDACTED] to the doctor upon returning to [REDACTED]. [REDACTED] told this CPSI that [REDACTED] became ill about 2 days after they returned and she took him to [REDACTED]. [REDACTED] says that she was told by hospital staff that [REDACTED] had pink eye and he was prescribed medication. [REDACTED] stated that the night prior to [REDACTED]'s death, he was asleep in bed with her. She says that when she woke up the next morning, she noticed that [REDACTED] was cold and unresponsive. She says that she called for an ambulance and [REDACTED] was pronounced dead. This CPSI requested a copy of the autopsy performed by Dr. [REDACTED] (M.D. pathologist) and the findings were that [REDACTED] died as a result of complications of congenial heart disease and pneumonia. [REDACTED] had several medical conditions from which he suffered. The case was presented in morning CPIT and stamped DCS to handle and return on 8/6/13. The



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

handle and return was delayed being returned due waiting for the autopsy report. Once the autopsy report was received, the handle and return was presented in morning CPIT. It was requested that the handle and return be brought back to morning CPIT to allow ADA [REDACTED] an opportunity to review the case. Once ADA [REDACTED] reviewed the case, the handle and return was re-submitted in morning CPIT and the allegation was classified as unfounded (AUPU). The case will be presented 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:	10/14/2013	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/14/2013
Completed date:	10/14/2013	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: 10/14/2013 01:43 PM Entered By: [REDACTED]

The handle and return was sent back to morning CPIT and the allegation was 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: 10/10/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/14/2013

Completed date: 10/14/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/14/2013 01:42 PM Entered By: [REDACTED]

This CPSI spoke with ADA [REDACTED] and she advised this CPSI that [REDACTED] had already reviewed the case. According to ADA [REDACTED], it was okay for this CPSI to send the handle and return back to CPIT. ADA [REDACTED] stated that the allegation would be AUPU. ADA [REDACTED] told this CPSI to put a note on the handle and return advising that ADA [REDACTED] had reviewed the 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: 09/27/2013

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/14/2013

Completed date: 10/14/2013

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: 10/14/2013 01:38 PM Entered By: [REDACTED]

The handle and return was presented in morning CPIT on 9/27/13. The team waited to make a decision to give [REDACTED] an opportunity to 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:	09/24/2013	Contact Method:	
Contact Time:	03:05 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/13/2013
Completed date:	11/13/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/13/2013 09:07 AM Entered By: [REDACTED]

This CPSI received the autopsy from [REDACTED] This CPSI also received an email from Dr [REDACTED] confirming that the autopsy had been completed.



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: 09/09/2013

Contact Method: Correspondence

Contact Time: 09:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/09/2013

Completed date: 09/09/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/09/2013 11:27 AM Entered By: [REDACTED]

This CPSI received a response from Dr. [REDACTED] stating that he had spoken with CPSI [REDACTED], who is currently out on leave. According to Dr. [REDACTED], the autopsy report should be completed by next week.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/06/2013

Contact Method:

Contact Time: 04:35 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/09/2013

Completed date: 09/09/2013

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: 09/09/2013 11:25 AM Entered By: [REDACTED]

This CPSI contacted [REDACTED] of the medical examiner's office and inquired about the results of the autopsy on [REDACTED]. According to [REDACTED], she forwarded the original email from [REDACTED] to Dr. [REDACTED] and she said that she would check with him to see if he and CPSI [REDACTED] had spoken.



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: 07/11/2013

Contact Method:

Contact Time: 12:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/11/2013

Completed date: 07/11/2013

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: 07/11/2013 01:06 PM Entered By: [REDACTED]

The notice of child fatality form was faxed to the Office of Child Safety in [REDACTED] and a copy was sent via email to TC [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:	
Contact Time:	04:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/25/2013
Completed date:	08/09/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 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:	Completed
Contact Date:	07/02/2013	Contact Method:	Attempted Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/14/2013
Completed date:	10/14/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/14/2013 01:36 PM Entered By: [REDACTED]

This CPSI did not see [REDACTED] because this CPSI was not notified about [REDACTED]'s passing until several weeks after.



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:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 10:39 AM Entered By: [REDACTED]

This CPSI spoke with [REDACTED] via phone on 6/24/13 and learned that [REDACTED] is currently in [REDACTED] with her mother. [REDACTED] told this CPSI that [REDACTED] passed away approximately 3 1/2 weeks ago. [REDACTED] said that the cause of [REDACTED]'s death is unknown. [REDACTED] informed this CPSI that she is currently on medication because she is not handling [REDACTED]'s death very well. [REDACTED] says that she is unsure when she will return to [REDACTED]. [REDACTED] reported that [REDACTED] was scheduled for a doctor's appointment for 6/13/13, but that she had called upon returning from [REDACTED] to try and schedule an earlier appointment because [REDACTED] had pulled out his G-tube while they were in [REDACTED]. [REDACTED] reports that [REDACTED] had been sick with a cold and that she also had to take him to the emergency room because of a problem with his eyes 2 days prior to his death and the week after returning from [REDACTED]. [REDACTED] says that she was told by [REDACTED] staff during that ER visit that [REDACTED] had pink eye. [REDACTED] says that she reported to staff that [REDACTED] did not have pink eye, but rather he had a cold.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2013

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/09/2013

Completed date: 07/11/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2013 02:47 PM Entered By: [REDACTED]

This CPSI spoke with [REDACTED] and [REDACTED] on 6/20/13 and was informed that [REDACTED] had passed away on 5/23/13. According to [REDACTED], [REDACTED] had to take [REDACTED] to the emergency room on 5/21/13, shortly after returning to [REDACTED] from [REDACTED]. She reported that [REDACTED] had developed an infection in his eyes. She says that 2 days later on 5/23/13, [REDACTED] passed away. According to [REDACTED], the medical examiner ruled [REDACTED]'s death as inconclusive. This CPSI told [REDACTED] that this CPSI has been trying to reach [REDACTED]. [REDACTED] told this CPSI that [REDACTED] has a new contact number and she provided the following number for [REDACTED] ([REDACTED]). This CPSI spoke with [REDACTED], who informed this CPSI that [REDACTED] had been in [REDACTED] and that she was supposed to be moving to [REDACTED] with friend, [REDACTED]. According to [REDACTED], [REDACTED] was supposed to moving in the house on 5/21/13, but instead she ended up staying in his apartment, while he was in rehab at [REDACTED]. [REDACTED] reports that 2 days later [REDACTED] had passed away.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2013

Contact Method:

Contact Time: 04:08 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/09/2013

Completed date: 07/11/2013

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: 07/09/2013 02:49 PM Entered By: [REDACTED]

This CPSI had an opened case in which she was notified that [REDACTED] (age 10 months) had passed away. This CPSI was advised to call in a referral about [REDACTED]'s death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/23/2013

Completed date: 10/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2013 08:31 PM Entered By: [REDACTED]

A P (2) referral was called in to Central Intake on (7-1-13), at (4:08) p.m. Case assigned to Team 45 on (7-1-13) with the allegation of (Neglect Death) in regard to ([REDACTED]), age (1) years. The alleged perpetrator is ([REDACTED]), mother.

Response is due on (7-3-13); (4:08) p.m. The referent letter was mailed on (7-1-13). Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.



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: 06/24/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/09/2013

Completed date: 07/11/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/09/2013 02:53 PM Entered By: [REDACTED]

This CPSI was notified via email that [REDACTED] had passed away at the following address: [REDACTED]. It was reported that [REDACTED] was pronounced on the scene by Inv. [REDACTED] of the forensic medical examiner's office. It was also reported that an autopsy had been conducted by Dr. [REDACTED].



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 07/10/2013
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

07/10/2013 - _____ - FFA - _____ - The Department of Children's services received referrals on March 20, 2013 and April 5, 2013 alleging Environmental Neglect, Educational Neglect, Medical Maltreatment and Drug Exposed Child. The listed alleged child victim is _____. The listed alleged perpetrator is _____. Based on the reports, _____ does not attend school regularly due to _____ often oversleeping and failing to ensure _____ is ready when the bus arrives. _____ is reported to have several medical conditions, which require ongoing therapy and specialist appointments for developmental delays, heart problems, diabetes and hearing impairment. _____ does not ensure that _____ is taken to these various appointments. In addition, the reports note that _____ has long-term drug use to include Marijuana, Cocaine and Methamphetamine.

B. Family Story:

07/10/2013 - _____ - FFA - Family - _____ reported that he has full custody of his 4 year old son (_____), _____'s birth mother has no contact with him at all. _____ shared that _____ is a special needs child. He has a heart condition and sees a Cardiologist on a regular basis. He was born deaf and has cochlear implants behind his ears which allow him to hear with hearing aids. He is unable to talk due to his hearing impairment and he is unable to walk. He uses a humidifier to assist with breathing because he is often congested. _____ has also had 3 open heart surgeries. _____ stated that all of _____'s health issues are due to genetics.

_____ reported that he has had issues getting _____ to school on a regular basis. He stated that the bus picks _____ up from the house, but he has not been waking up on time to have _____ ready for school due to not setting his alarm clock. He further stated that sometimes he keeps _____ at home intentionally because he feels like he can benefit more from being at home where he is free to be mobile all day. _____ only has (30) minutes of the use of his walker at school and _____ does not feel that to be beneficial. _____ also stated that _____ has missed (1) appointment with his Cardiologist (Dr. _____), but he usually makes all scheduled appointments/therapies. _____ stated that he has gotten _____'s services transferred from downtown to _____ closer to his house. He shared that there is so much paperwork to be completed for _____'s therapists at _____ Children's Hospital and for _____'s school and he has gotten behind. He shared that not having a car is his largest barrier. Ever since he has been without transportation, it has been a 95% hardship to get _____ to all of his scheduled appointments and school, but he has the support of his mother (_____) and she assists him with _____ in any way that she can. _____, advised that he has struggled with substance abuse for many years and agreed to seek rehabilitation for his drug addiction. He shared that he has been in drug rehabilitation a couple of times in the past, but was unsuccessful in staying sober. _____ admitted recent marijuana usage (3 weeks ago) to ease his nerves. He also shared that he smokes outside because the smoke affects _____'s breathing. The paternal grandmother, _____, stated that she has known about _____'s struggles but did not know the extent of his struggle with drugs. She expressed an interest in obtaining custody of _____ and shared that prior to the Department becoming involved with their family, she and her son (_____) discussed temporarily giving custody to her if he should ever have to go into long-term rehab. _____ stated that she is a strong support person for _____ and _____. She also stated that she has assisted her son with _____ ever since _____ was born because _____ is a special needs child. _____ shared that she loves _____ and is committed to caring for him.

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

07/11/2013 - [REDACTED] - FFA - Family - The family is very close-knit and supportive of each other.

B. Family Significant Needs/Risks/Concerns:

07/11/2013 - [REDACTED] - FFA - Family - The family needed to move the child to safety, away from a drug exposed home.

The family was at risk due to the father testing positive for Cocaine.

The family created and approved a safety plan where housing was provided by the paternal grandmother for the child.

III. Person Information:

A. Children:

07/10/2013 - [REDACTED] - FAST - [REDACTED] - The nature of the relationship between the mother and the child is unknown because the child was removed from his mother's custody in 2011. The child has numerous health challenges and has undergone surgeries which require ongoing therapy and specialists appointments.

07/11/2013 - [REDACTED] - FFA - [REDACTED] - [REDACTED] is a 5 year old caucasian male who is school-aged, developmentally delayed and has numerous health problems.

B. Adults:

07/11/2013 - [REDACTED] - FFA - [REDACTED] - [REDACTED] is a Caucasian female who is retired.

[REDACTED] is a Caucasian male who is employed part-time.

C. Family Together History:

07/11/2013 - [REDACTED] - FFA - Family - The family is very close-knit and supportive of each other.

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID		Decision Date / Time		Intake Type	Investigation ID/ Assessment ID
[REDACTED]	[REDACTED]			CPS	[REDACTED]
[REDACTED]	[REDACTED]			CPS	[REDACTED]
[REDACTED]	[REDACTED]			CPS	[REDACTED]
[REDACTED]	[REDACTED]	11/02/2010 12:22 PM		All Other Intakes	

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info

IV. Assessment of Safety:

04/26/2013 - [REDACTED] - Safety - [REDACTED] - The Department received a P1 referral on 4/25/13 with an allegation of drug exposed infant naming [REDACTED] (age 8 months) as the victim and [REDACTED] as the perpetrator. It was reported that [REDACTED] had recently had custody of his son [REDACTED] temporarily removed from him and placed with his mother. [REDACTED] tested positive for cocaine during an open investigation and assessment case involving his son [REDACTED]. It was reported that [REDACTED] is now residing in the home of [REDACTED]. The referral also had an allegation of medical maltreatment naming [REDACTED] (birth mother) as the perpetrator. It was reported in the referral that [REDACTED] neglects to take [REDACTED], who is deaf and has a heart condition to his medical appointments. According to what is reported in the referral, there is concern about [REDACTED] ability to care for [REDACTED]'s special needs. It was also reported that the condition of the home was cluttered, that the toilet tank cover was missing and that the toilet ran continuously. It was reported that the fish tank was dirty and that there was a cat in the home that appeared as though it was dying.

07/11/2013 - [REDACTED] - Safety - [REDACTED], [REDACTED] -

10/14/2013 - [REDACTED] - Safety - [REDACTED] [REDACTED] -

07/11/2013 - [REDACTED] - FFA - [REDACTED] - According to the assessments, [REDACTED] is safe in the home of [REDACTED].

V. Assessment of Well Being:

07/11/2013 - [REDACTED] - FFA - [REDACTED] - According to the assessments, [REDACTED] is developmentally delayed and due to his extensive medical problems, his grandmother ensures that all of his medical needs are met.

VI. Assessment of Permanence:

07/11/2013 - [REDACTED] - FFA - Family - According to the assessments, [REDACTED] was not safe in the home of [REDACTED]. As a result, an Expedited was completed and [REDACTED] was placed in the care of [REDACTED].

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
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07/11/2013 - [REDACTED] - FFA - Family - The Department referred the family to the following services: TennCare Transportation, Children's Special Services and Serenity Recovery Center.

Worker's Signature

Date

Supervisor's Signature

Date



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Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 3/20/13 12:19 PM

Date of Assessment: 7/11/13 12:00 AM

Assessment Type: [] Initial [X] 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.



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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

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____