



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2013.110ph

Intake #:	██████████	Investigation #:	none given yet	Date of Referral:	10/26/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	10/26/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:	listed as unknown/none		Relationship to Victim:	none		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	n/a		
If child is in DCS custody, list placement type and name:	n/a					

Describe (in detail) circumstances surrounding death/near death:

CPS received a referral stating that emergency services had been called this morning at 7:50am because ██████████ awoke and found that her child, ██████████ was not breathing and was cold. ██████████ began to try CPR and called 911. Officer ██████████ of the ██████████ Police Department responded to the scene as well. A preliminary exam by the emergency responders found that the child had been deceased since some time during the night. ██████████ reported that the child was sleeping in the bed between her and the father, ██████████ last night and was seen awake and alive around 2am. When ██████████ awoke this morning, she discovered that the child was not breathing.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	n/a	Telephone #	() -
Street Address:		City/State/Zip:	

Describe (in detail) interview with family:

Detective ██████████ from the Major Crimes Unit of ██████████ PD interviewed both parents and reported to CPS that the parents reported that the child was alive and well as of 2am this morning and that when they woke up at 7 this morning the child was not breathing.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

n/a

Describe disposition of body (Death):	Child was found to be not breathing while in the parent's bed.				
Name of Medical Examiner/Coroner:	unknown at this time	Was autopsy requested?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes			
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Type:		Case #:			

Describe law enforcement or court involvement, if applicable:

Detective ██████████ of Major Crimes is assigned to this case. Dectective ██████████ reported that he saw no signs of abuse or neglect, and the medical personnel believe, due to a preliminary exam, that SIDS was the cause of death and that the child must have passed away during the night. Detective ██████████ of ██████████ PD, Child Abuse division will also be assigned to this case.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

This death does not appear to be from abuse or neglect. There is another child in the home but, due to the

circumstances, this child will be spending a few days with her paternal grandparents, [REDACTED] and [REDACTED] in [REDACTED] [REDACTED]. This CM met with [REDACTED] and [REDACTED] and observed [REDACTED]. The child appeared clean and healthy and there is no reason to believe that this child is not safe at this time.

Name: [REDACTED]	Age: 1, will be 2 on 2-1-14
Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
02/11/2012	[REDACTED]	Drug-exposed infant	[REDACTED]	[REDACTED]	No services needed
08/19/2013	[REDACTED]	Drug-exposed infant	[REDACTED]	[REDACTED]	No services needed
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information:

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person:	Telephone Number: () -
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice. No Yes

Email to: [Child-Fatality-Notification EI-DCS](#)
within forty-eight (48) hours of notification
Include subject line (in RED): CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 10/26/2013 09:13 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 10/26/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 10/28/2013 09:36 AM
First Team Leader Assigned: [REDACTED] Date/Time 10/28/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 10/28/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	8 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

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: The child is not in state custody.

TFACTS: Family Case ID: # [REDACTED] and # [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Indicated None

Fatality None



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

Screened out 0

History (not listed above):

3/1/2012, Case ID # [REDACTED] / DEI / No Services Needed

10/10/2013, Case ID # [REDACTED] / DEI / Allegation Unfounded / Perpetrator Unfounded

2/10/2005, Case ID # [REDACTED] / SEE / Allegation Unfounded / Perpetrator Unfounded

SSMS: Negative

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: No

Directions: None Given

Reporters name/relationship: [REDACTED]

Reporter states: The child is not in state custody.

[REDACTED] (age 2 months) lived with her mother, [REDACTED] father, [REDACTED] sister, [REDACTED] (age 1 year), aunt, [REDACTED] and the aunts boyfriend, [REDACTED]

On October 26, 2013 at 7:57 A.M., the [REDACTED] Police Department received a call stating the mother, [REDACTED] was giving CPR to [REDACTED]. When EMS, fire department, and police arrived on the scene, it was noted that [REDACTED] had passed away sometime during the night.

Prior to this morning at approximately 7:50 A.M., the mother last saw [REDACTED] awake at 2:00 A.M. and she was fine at that time. [REDACTED] was sleeping between the mother and father. When the mother woke up at 7:50 A.M., the mother noticed [REDACTED] was not breathing anymore and she was cold. The mother made the determination that something was not right. The mother then called 911 and started CPR on [REDACTED]

The reporter has not examined [REDACTED] personally. The major crimes unit did examine [REDACTED] and she did not have any obvious signs of neglect or abuse noted. The medical examiner is going to be on the scene soon.

The family denies having a history with the Department of Children's Services. [REDACTED] (age 1) was at the home at the time of [REDACTED] death, but she is now at a store with her aunt, [REDACTED] and aunts boyfriend, [REDACTED]. [REDACTED] has no known special needs or disabilities. [REDACTED] had no known special needs or disabilities. The mother and father are currently at the home. The parents have been interviewed by the police. The police do not have a history with the family.

Per SDM: Investigative Track/Priority 1 - [REDACTED] CM 3 on 10-26-2013 at 9:57 A.M.

Regional Administrator [REDACTED] and Child Death group notified via [REDACTED]

[REDACTED] paged - Time Issued: 09:58:36 AM
[REDACTED] 10-26-13 09:58:36 AM CDT 10-26-13 10:00:58 AM CDT Received



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 2 Yrs 2 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 8 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant 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:



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: 10/26/2013

Assignment Date: 10/28/2013

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. Contains 3 rows of allegation data.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: CPS received this referral for allegations of neglect death of [Redacted]. The cause of death was positional asphyxiation due to the position of the covers. The child was sleeping in the bed with her parents at the time of her death. The child had already passed away by the time that paramedics arrived. Both parents had been given information on co-sleeping prior to this event and still chose to put the child in their bed; therefore [Redacted] and [Redacted] will be indicated for neglect death of [Redacted].

D. Case Workers

Case Worker: [Redacted]

Date: 12/16/2013

Team Leader: [Redacted]

Date: 12/16/2013

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

CPS did not observe the deceased child, as the medical examiner and police had already examined the scene and transported the child. The family lives in a three bedroom, one bathroom home and no safety hazards were observed. CM [Redacted] did observe the sibling, [Redacted] on 10-26-13 and 11-12-13. [Redacted] appeared



**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]

healthy and was appropriately dressed on both occasions.

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 medical examiner found that the child's cause of death was positional asphyxiation due to the position of the covers on the bed.

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

Detective [REDACTED] with [REDACTED] PD Major Crimes interviewed the parents. [REDACTED] reported to CPS that the [REDACTED] stated that the baby was asleep in between her and [REDACTED] during the night and when [REDACTED] awoke, the baby was not breathing so she called 911. [REDACTED] later to CM [REDACTED] that this was only the second time that [REDACTED] had slept in the bed with her parents.

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

CPS was notified that police and paramedics had been called to the residence of [REDACTED] [REDACTED] and [REDACTED] [REDACTED] due to the fact that [REDACTED] awoke and her baby, [REDACTED] was not breathing. The child was deceased at the time the police and paramedics arrived at the home.

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

CPS received this referral for allegations of neglect death of [REDACTED] [REDACTED]. The cause of death was positional asphyxiation due to the position of the covers. The child was sleeping in the bed with her parents at the time of her death. The child had already passed away by the time that paramedics arrived. Both parents had been given information on co-sleeping prior to this event and still chose to put the child in their bed; therefore [REDACTED] [REDACTED] and [REDACTED] [REDACTED] will be indicated for neglect death of [REDACTED] [REDACTED].

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/20/2013

Contact Method:

Contact Time: 12:53 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/20/2013

Completed date: 12/20/2013

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: 12/20/2013 12:04 PM Entered By: [REDACTED]

Administrative review. CPS received this case on 10/28/2013 for neglect death on [REDACTED] by [REDACTED] and [REDACTED]. [REDACTED] CPS CM [REDACTED] was assigned this case and responded to make sure that the other child in the home was safe. CPS found this other child safe. CPS had a previous case where the CPS CM went over the safe sleeping brochure, gave the family a copy of the brochure and had the family sign the form that they received a copy of this brochure. The autopsy showed that the cause of death was positional asphyxiation due to the position of the covers. The child was sleeping in the bed with the parents at the time of her death. CPS will indicate [REDACTED] and [REDACTED] for neglect death of [REDACTED].

Notification of classification will be sent to [REDACTED] District Attorney's office, [REDACTED] Juvenile Court, and DCS legal office.

Case closed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/20/2013 Contact Method: Correspondence
 Contact Time: 12:50 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/20/2013
 Completed date: 12/20/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notification of Classification
 Contact Sub Type: Letter A - Notice of Indication to Perpetrator

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/20/2013 11:57 AM Entered By: [REDACTED]

This TL prepared notification letters to perpetrators and appeal letter and mailed to [REDACTED] and [REDACTED] and [REDACTED]. These were mailed separately to [REDACTED] and [REDACTED] both certified return receipt requested restricted by USPS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [Redacted]

Case Name: [Redacted]

Case Status: Close

Organization: [Redacted]

Case Recording Details

Recording ID: [Redacted] Status: Completed
Contact Date: 12/13/2013 Contact Method:
Contact Time: 11:50 AM Contact Duration: Less than 15
Entered By: [Redacted] Recorded For:
Location: DCS Office Created Date: 12/13/2013
Completed date: 12/13/2013 Completed By: [Redacted]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Case Summary
Contact Sub Type:

Children Concerning

Participant(s)

[Redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/13/2013 11:18 AM Entered By: [Redacted]

CPS received this referral on 10-26-13 for allegations of neglect death on [Redacted]. An autopsy was conducted and the cause of death of [Redacted] was positional asphyxiation due to the airway obstruction of the bedding. [Redacted] reported to police officers on the scene that [Redacted] had been sleeping in the bed between her and [Redacted] and when [Redacted] woke up, the baby was not breathing. This family had a case with CPS when the child was born and they were given information about safe sleep for their baby. The family signed the acknowledgment form for the pamphlet at that time. Due to the fact that the parents had the information and still chose to sleep in the bed with their baby, the CPIT team agreed to indicate both [Redacted] and [Redacted]. There is another child in the home, [Redacted] but DCS legal was consulted and it was agreed that that child should not be removed, as the death was not due to abuse that was occurring. The remaining child is not at as great of a risk when sleeping as the deceased child was. NOTE: The file contains a copy of [Redacted] drug screen results from the methadone clinic from 11-1-13. The file also contains the drug screen results form from when [Redacted] took a drug screen and tested negative for everything on the panel. This CM administered this drug screen and had Mr. [Redacted] empty his pockets prior to taking the drug screen. SAFETY: [Redacted] is deceased due to co-sleeping. [Redacted] is still in the home and no safety concerns were found for that child, as both parents provided clean drug screens. [Redacted] also spends time with her paternal grandparents, who had no concerns for her safety. PERMANENCE: [Redacted] has always been with her mother or birth father and should have a sense of permanence. WELL-BEING: The family receives foodstamps, TennCare, and medicaid. [Redacted] is currently working with [Redacted] father in construction and with [Redacted]

HOUSEHOLD MEMBERS:

[Redacted]
DOB [Redacted]

[Redacted]
DOB [Redacted]

[Redacted]
DOB [Redacted]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/11/2013

Contact Method: Face To Face

Contact Time: 09:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/12/2013

Completed date: 12/12/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/12/2013 08:56 AM Entered By: [REDACTED]

CM [REDACTED] presented this case at CPIT and it was agreed upon that the case will be classified as AI/PI for the allegation of neglect death by [REDACTED] and [REDACTED]. The case will be classified as such because the parents had the information on co-sleeping and still put their baby in their bed, resulting in her death. CM [REDACTED] also obtained a copy of the medical examiner's report (can be found in file).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 12/09/2013 Contact Method: Face To Face
 Contact Time: 07:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/10/2013
 Completed date: 01/09/2014 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Notation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/10/2013 10:37 AM Entered By: [REDACTED]

[REDACTED] and [REDACTED] arrived at the DCS office in order for [REDACTED] to take a drug screen. [REDACTED] took the drug screen and tested negative for everything on the panel (see drug screen consent and results for in file). This CM then spoke with [REDACTED] and [REDACTED] about the cause of [REDACTED] death. This CM explained that their baby suffocated. This CM showed [REDACTED] and [REDACTED] the "Safe sleep for your baby" pamphlet and showed them the form signed by them acknowledging that [REDACTED] had provided them with that information. This CM explained that, due to the fact that they had this information and still chose to put [REDACTED] in their bed, they will likely be indicated. This CM explained what that means and explained the appeal process. [REDACTED] said that they would definitely be appealing that. This CM also told the family that she had to explain this case to the CPIT team on Wednesday, and it's possible that they will want this CM to do something else before closing 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: 12/09/2013

Contact Method: Face To Face

Contact Time: 07:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Notation,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/16/2013 12:40 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] arrived at the DCS office in order for [REDACTED] to take a drug screen. [REDACTED] took the drug screen and tested negative for everything on the panel (see drug screen consent and results for in file). This CM had [REDACTED] empty his pockets prior to entering the restroom to take the drug screen. This CM then spoke with [REDACTED] and [REDACTED] about the cause of [REDACTED] death. This CM explained that their baby suffocated due to the covers in the bed. This CM showed [REDACTED] and [REDACTED] the "Safe sleep for your baby" pamphlet and showed them the form signed by them acknowledging that [REDACTED] had provided them with that information. This CM explained that, due to the fact that they had this information and still chose to put [REDACTED] in their bed, they will likely be indicated. This CM explained what that means and explained the appeal process. [REDACTED] said that they would definitely be appealing that. This CM also told the family that she had to explain this case to the CPIT team on Wednesday, and it's possible that they will want this CM to do something else before closing 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: 12/08/2013 Contact Method: Correspondence
 Contact Time: 07:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 12/09/2013
 Completed date: 12/09/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Notation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2013 12:52 PM Entered By: [REDACTED]

CM [REDACTED] received a voicemail from [REDACTED] asking if this CM could meet at 7 instead of 8 tomorrow morning so that [REDACTED] could still go to work. This CM then texted [REDACTED] and said that this CM would be there at 7, but it was possible that [REDACTED] would still want to meet with the family later on. [REDACTED] texted back the following message "Ok...And we will discuss more tomorrow...But I no longer will be meeting with [REDACTED] Only YOU...I won't stand for being bullied like I was the other day. For that reason..I will cooperate..but only with you and we are done with you all after this!! C ya 2moro :-)".



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: 12/06/2013 Contact Method: Phone Call
 Contact Time: 04:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/09/2013
 Completed date: 01/06/2014 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Notation,Parent/Caretaker Interview
 Contact Sub Type:

Children ConcerningParticipant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2013 12:18 PM Entered By: [REDACTED]

CM [REDACTED] TL [REDACTED] and CM 3 [REDACTED] called [REDACTED] to discuss the severity of the fact that [REDACTED] and [REDACTED] had still not come in for drug screens. CM [REDACTED] informed [REDACTED] that this fact makes the department have to question the safety of the other child in the home, and this matter will be taken very seriously if the family continues not to comply. [REDACTED] became very defensive and stated that she did not like being threatened that CPS would take her child. CM [REDACTED] said that she was just stating the facts, not threatening. [REDACTED] stated that she and [REDACTED] had been compliant and had not missed any scheduled appointment with this CM. This CM stated that [REDACTED] claimed that she and [REDACTED] would come in last week, but then did not schedule a specific time with this CM. This CM also reminded [REDACTED] that [REDACTED] had told this CM she would have [REDACTED] send this CM the results of her drug screen from November 1st, but this CM never got that. [REDACTED] told [REDACTED] that she needed to provided a date and time for next week for her and [REDACTED] to come in and do drug screens. [REDACTED] said that she did not know, because [REDACTED] has to work in order to support the family, and he cannot "just tell his boss that he's leaving". [REDACTED] then hung up the phone and said to [REDACTED] "I just can't talk to you anymore, call [REDACTED] if you have questions for him". [REDACTED] then called this CM on her state cell. [REDACTED] apologized for getting upset, but said that she felt attacked. This CM stated that this CM could have done a better job on conveying the severity of the issues at hand to [REDACTED] and [REDACTED]. [REDACTED] said that she would cooperate with this CM and would be at the office at 8am on Monday with [REDACTED]. [REDACTED] said that she would go to [REDACTED] tomorrow (Saturday) and pick up copies of her drug screens from 11-1-13 and from the beginning of December.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/06/2013 Contact Method: Phone Call
 Contact Time: 04:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/16/2013
 Completed date: 12/16/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Notation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/16/2013 12:41 PM Entered By: [REDACTED]

CM [REDACTED] TL [REDACTED] and CM 3 [REDACTED] called [REDACTED] to discuss the severity of the fact that [REDACTED] and [REDACTED] had still not come in for drug screens. CM [REDACTED] informed [REDACTED] that this fact makes the department have to question the safety of the other child in the home, and this matter will be taken very seriously if the family continues not to comply. [REDACTED] became very defensive and stated that she did not like being threatened that CPS would take her child. CM [REDACTED] said that she was just stating the facts, not threatening. [REDACTED] stated that she and [REDACTED] had been compliant and had not missed any scheduled appointment with this CM. This CM stated that [REDACTED] claimed that she and [REDACTED] would come in last week, but then did not schedule a specific time with this CM. This CM also reminded [REDACTED] that [REDACTED] had told this CM she would have [REDACTED] send this CM the results of her drug screen from November 1st, but this CM never got that. [REDACTED] told [REDACTED] that she needed to provide a date and time for next week for her and [REDACTED] to come in and do drug screens. [REDACTED] said that she did not know, because [REDACTED] has to work in order to support the family, and he cannot "just tell his boss that he's leaving". [REDACTED] then hung up the phone and said to [REDACTED] "I just can't talk to you anymore, call [REDACTED] if you have questions for him". [REDACTED] then called this CM on her state cell. [REDACTED] apologized for getting upset, but said that she felt attacked. This CM stated that this CM could have done a better job on conveying the severity of the issues at hand to [REDACTED] and [REDACTED]. [REDACTED] said that she would cooperate with this CM and would be at the office at 8am on Monday with [REDACTED]. [REDACTED] said that she would go to [REDACTED] tomorrow (Saturday) and pick up copies of her drug screens from 11-1-13 and from the beginning of December.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	System Completed
Contact Date:	12/06/2013	Contact Method:	Phone Call
Contact Time:	03:30 PM	Contact Duration:	Less than 05
Entered By:	██████████	Recorded For:	
Location:	DCS Office	Created Date:	12/09/2013
Completed date:	01/06/2014	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Notation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2013 11:57 AM Entered By: ██████████

CM ██████████ called ██████████ TL ██████████ had spoken to ██████████ yesterday and ██████████ had said that she and ██████████ would come in today at 3pm for ██████████ to get drug screened. CM ██████████ called ██████████ to ask where she was. ██████████ said that she was still at home because she was waiting on ██████████ to get home. ██████████ said that she was going to call this CM when they were on their way. This CM staffed the case with TL ██████████ and CM 3 ██████████ who had a previous case with the family. It was agreed upon that if ██████████ had not called this CM back by 4pm, the group would call her on speaker phone to address the fact that this meeting is extremely important and CPS will have to take further action if the family does not comply.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/06/2013

Contact Method: Phone Call

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Notation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/16/2013 12:42 PM Entered By: [REDACTED]

CM [REDACTED] called [REDACTED] TL [REDACTED] had spoken to [REDACTED] yesterday and [REDACTED] had said that she and [REDACTED] would come in today at 3pm for [REDACTED] to get drug screened. CM [REDACTED] called [REDACTED] to ask where she was. [REDACTED] said that she was still at home because she was waiting on [REDACTED] to get home. [REDACTED] said that she was going to call this CM when they were on their way. This CM staffed the case with TL [REDACTED] and CM 3 [REDACTED] who had a previous case with the family. It was agreed upon that if [REDACTED] had not called this CM back by 4pm, the group would call her on speaker phone to address the fact that this meeting is extremely important and CPS will have to take further action if the family does not comply.



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: 12/06/2013 Contact Method: Face To Face
 Contact Time: 11:15 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: School Created Date: 12/09/2013
 Completed date: 01/06/2014 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2013 12:00 PM Entered By: [REDACTED]

CM [REDACTED] spoke to Detective [REDACTED] at [REDACTED]. [REDACTED] stated that he had been informed by Detective [REDACTED] that the medical examiner's report had been received, and the cause of death of [REDACTED] was positional asphyxiation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/06/2013

Contact Method: Face To Face

Contact Time: 11:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 12/16/2013

Completed date: 12/16/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/16/2013 12:43 PM Entered By: [REDACTED]

CM [REDACTED] spoke to Detective [REDACTED] at [REDACTED]. [REDACTED] stated that he had been informed by Detective [REDACTED] that the medical examiner's report had been received, and the cause of death of [REDACTED] was positional asphyxiation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/20/2013

Contact Method: Phone Call

Contact Time: 02:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/22/2013

Completed date: 11/22/2013

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Notation,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/22/2013 11:39 AM Entered By: [REDACTED]

Cm [REDACTED] called [REDACTED]. This CM informed [REDACTED] that she still had not received a copy of the drug screen from [REDACTED]. This CM told [REDACTED] that this CM needs her and [REDACTED] to come into the office for a drug screen. [REDACTED] agreed and said that she would call [REDACTED] and then call this CM back to schedule a time.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 11/12/2013 Contact Method: Face To Face
 Contact Time: 04:40 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/18/2013
 Completed date: 12/13/2013 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Notation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/18/2013 09:10 AM Entered By: [REDACTED]

CM [REDACTED] arrived at the family home for a follow-up home visit. This CM asked [REDACTED] when the last time she was drug tested was. [REDACTED] said that she was tested at [REDACTED] treatment center on November 1st and only had methadone (which is prescribed) in her system. This CM asked [REDACTED] if he goes to the center as well. [REDACTED] said that he does not because he has never had a drug issue and has never been addicted to anything. This CM asked [REDACTED] to have her worker at [REDACTED] fax this CM a copy of her drug screen from the first. [REDACTED] said that she would do so. [REDACTED] said that she goes there for treatment 5 days a week for opiate addiction and has been going there for 6 months. [REDACTED] said that the 120mg methadone that she now takes has helped a lot. At this point, this CM told the family it was possible that supervisors would want this CM to drug test both [REDACTED] and [REDACTED] but for now this CM asked to have the results of [REDACTED] drug screen faxed to this CM. This CM told [REDACTED] that she would not drug test him right now, but might have to later if a supervisor requested that. This CM explained that a clean drug screen would help eliminate that concern as a factor in [REDACTED] death. The family reported that they have not heard anything from the police or the medical examiner, but they told her it could take up to a month to get the results back from the autopsy. This CM asked who lives in the home. [REDACTED] said that it is just her, [REDACTED] and [REDACTED] but her sister [REDACTED] and her husband [REDACTED] are also staying there for about another week until their apartment is ready. The family receives food stamps and TennCare. Neither parent is working right now, but [REDACTED] is reportedly supposed to start a construction job with [REDACTED] father's company next week. The family home is 3 bedrooms, one bathroom and has running water, food, and electricity. [REDACTED] sleeps in a playpen right now, but is getting a toddler bed for Christmas. This CM asked for a collateral contact and [REDACTED] gave this CM her mother's phone number; [REDACTED] CM [REDACTED] also explained the Clients Rights Handbook and HIPPA and provided the family with copies of each and kept copies of signature pages for the HIPPA and Clients Rights Handbook. CM asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification. This CM provided the family with a copy of the grievance procedure form and obtained a signed copy as well. The parent also signed a consent form allowing this CM to enter the home. CM obtained demographic information and completed an ecomap.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/08/2013

Contact Method: Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/08/2013

Completed date: 11/08/2013

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Notation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/08/2013 02:24 PM Entered By: [REDACTED]

CM [REDACTED] called [REDACTED] and scheduled a follow-up home visit for Tuesday at 4pm.



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:	10/29/2013	Contact Method:	
Contact Time:	01:55 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/29/2013
Completed date:	10/29/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/29/2013 01:07 PM Entered By: [REDACTED]

CM [REDACTED] performed all background checks on [REDACTED] and [REDACTED]

[REDACTED] no results found other than Tfacts history.

[REDACTED] 2012: possession of marijuana. All other checks clear other than 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: Completed

Contact Date: 10/28/2013

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/29/2013

Completed date: 10/29/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/29/2013 10:59 AM Entered By: [REDACTED]

CM [REDACTED] spoke with resource linkage and found several funeral homes and programs that will work with this family. This CM then called [REDACTED] and passed this information on to her.



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:	10/28/2013	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/15/2013
Completed date:	11/15/2013	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: 11/15/2013 02:01 PM Entered By: [REDACTED]

Neglect death report emailed to the neglect death team 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:	10/28/2013	Contact Method:	Phone Call
Contact Time:	08:50 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/29/2013
Completed date:	10/29/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/29/2013 10:57 AM Entered By: [REDACTED]

CM [REDACTED] spoke with [REDACTED] [REDACTED] said that she had called TennCare and they will not pay for any portion of any funeral or burial services. This CM told [REDACTED] that she would speak with resource linkage to try to work something out for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/26/2013	Contact Method:	
Contact Time:	02:45 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/28/2013
Completed date:	10/28/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2013 11:16 AM Entered By: [REDACTED]

CM [REDACTED] came to the DCS office and filled out the Notice of Child Death form to the best of her knowledge and emailed it to TL [REDACTED] and 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: 10/26/2013 Contact Method: Face To Face
 Contact Time: 01:55 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/28/2013
 Completed date: 11/26/2013 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Notation,Other Child Living in the Home Interview/Observation,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2013 11:14 AM Entered By: [REDACTED]

Cm [REDACTED] met up with [REDACTED] and [REDACTED] the paternal grandparents of [REDACTED]. This CM also observed [REDACTED]. The child appeared clean and was appropriately dressed. The child appeared developmentally on target as well. [REDACTED] and [REDACTED] stated that [REDACTED] spends each weekend with them because her father lives with them. This CM asked [REDACTED] whether or not he had concerns of [REDACTED] using drugs. [REDACTED] said that, as far as he knows, she has been clean for a while now.



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: 10/26/2013 Contact Method: Phone Call
 Contact Time: 01:10 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/28/2013
 Completed date: 11/26/2013 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2013 11:07 AM Entered By: [REDACTED]

CM [REDACTED] spoke with [REDACTED] of [REDACTED] PD. [REDACTED] is the child abuse detective assigned to this case. [REDACTED] stated that he had spoken with [REDACTED] in Major Crimes and was told that this death appears to be accidental. [REDACTED] said that he will serve as the middle man between [REDACTED] and this CM to gather information.



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: 10/26/2013 Contact Method: Face To Face
 Contact Time: 12:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/28/2013
 Completed date: 11/26/2013 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Notation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2013 11:01 AM Entered By: [REDACTED]

CM [REDACTED] arrived at the family home ([REDACTED]) to speak with the parents of [REDACTED]. Note: Although this case recording is listed as an initial ACV face to face, the deceased child had already been removed from the home at the time of this home visit. At the time of this home visit, only the parents, ([REDACTED]) and ([REDACTED]) were present in the home. This CM did not interview the parents about the death of their child, because the parents had already been interviewed by the police. This CM spoke to the parents about the resources that DCS may be able to help the family with. This CM also asked the parents where ([REDACTED]) the sister of the ACV was at this time. The family reported that she was with her paternal grandfather ([REDACTED]) in ([REDACTED]). This CM arranged to meet up with Mr. [REDACTED] at the Walgreens on ([REDACTED]) at 2pm today to see [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: 10/26/2013 Contact Method: Phone Call
 Contact Time: 11:45 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/28/2013
 Completed date: 11/26/2013 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2013 10:32 AM Entered By: [REDACTED]

CM [REDACTED] spoke with Detective [REDACTED] with [REDACTED] PD-Major Crimes Unit. Detective [REDACTED] said that he had already been to the home and interviewed the family and that this appears to have been an accident. [REDACTED] reported that this CM could go do what this CM needed to do because Major Crimes had already done what they needed to and the medical examiner had already been to the home. [REDACTED] said that [REDACTED] [REDACTED] would be assigned the case as well.



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: 10/26/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/28/2013

Completed date: 10/28/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2013 10:04 AM Entered By: [REDACTED]

CPS received this referral on 10-26-13 as a P1 for the allegation of neglect death on [REDACTED] [REDACTED] [REDACTED]. The child was reportedly sleeping in bed with her parents and was not breathing when the mother awoke in the morning. [REDACTED] [REDACTED]. Juvenile Court was notified of this referral.



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: 10/26/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/15/2013

Completed date: 11/15/2013

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: 11/15/2013 01:54 PM Entered By: [REDACTED]

Administrative review with CPS CM [REDACTED] This TL was on-call and assigned this case to CPS CM [REDACTED] This TL discussed what needed to be completed in this case. CPS CM contacted lawenforcement and contacted the CPS Detective to convene CPIT. CPS CM to make contact with the parents and the other children in the home. CPS CM to discus grief and loss counseling for the family and offer assistance in how to prepare for a funeral for the expired child. CPS CM to help the family reduce their grief and loss.



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: 10/26/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/15/2013

Completed date: 11/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/15/2013 02:02 PM Entered By: [REDACTED]

This TL notified RA, [REDACTED] regarding the alleged neglect death.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 8/19/13 4:06 PM

Date of Assessment: 8/26/13 12:00 AM

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

Number of Children in the Household: 2

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.
- [X] 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.



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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: _____