



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 12/19/2013 02:07 AM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 12/19/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 12/19/2013 10:01 AM  
First Team Leader Assigned: [REDACTED] Date/Time 12/19/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 12/19/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	6 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: Facsimile

Notification: None

Narrative: TFACTS:

Family Case IDs: [REDACTED] (History on [REDACTED] as a minor)

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS Yes/9/4/13/[REDACTED]/SEE/[REDACTED], CM/[REDACTED], Supervisor

Substantiated No

Death 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: Unable to Age: 6 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:**

**Name:** Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] Date of Birth: [REDACTED] Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Unable to Age: 21 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 12/19/2013 Assignment Date: 12/19/2013
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], Neglect Death, Unknown Participant, [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted] 03/12/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: Case Closure: allegations unsubstantiated perpetrator unsubstantiated

D. Case Workers

Case Worker: [Redacted] Date: 03/12/2014
Team Leader: [Redacted] Date: 03/13/2014

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:

The child was already deceased and her body had been released to the medical examiner when CPSI [Redacted] received the referral.

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 report states the cause of death was Sudden unexplain infant death and the manner of death could not be determine.

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

The perpetrator was listed as unknown.

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

There were no witnesses.



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

The mother stated she fed [REDACTED] and put her down to sleep in her bouncer about 12:00 AM. Ms. [REDACTED] states [REDACTED] usually sleeps in her bassinet or her bouncer just depends, the bouncer was down beside the bed. Ms. [REDACTED] stated she woke up between 2:30 and 3:00 AM to feed her. She states she went to pick up [REDACTED] to feed her and she was limp. She stated she laid her down on the bed to see if she was breathing and her head tilted to the side. She stated she notice blood and formula coming out of her nose.

Mr. [REDACTED] states there was nothing really usually about the day or the days leading up to her death. He states she was sleeping a little more than usual but he did not think anything about it. He stated he heard babies grow in their sleep so he figured she was just growing.

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                              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:	04/14/2014	Contact Method:	
Contact Time:	12:34 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/14/2014
Completed date:	04/14/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/14/2014 12:34 PM      Entered By: [REDACTED]

The case has been reviewed and is approved for closure, copies of the 740 will be forwarded to the Judge and the AG.



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: Draft

Contact Date: 04/13/2014

Contact Method:

Contact Time: 09:52 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/14/2014

Completed date:

Completed By:

Purpose(s):

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: 04/13/2014 Contact Method:  
 Contact Time: 09:52 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 04/14/2014  
 Completed date: 04/14/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/14/2014 12:22 PM Entered By: [REDACTED]

Lead Investigator received an email from Deputy Director of investigations [REDACTED] granting permission to close 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: 03/12/2014

Contact Method:

Contact Time: 10:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2014

Completed date: 03/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/12/2014 12:45 PM Entered By: [REDACTED]

Final Case Summary:

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

The referral states this 1 month old infant was found unresponsive in a bounce seat at about 0300 hrs. On 12/18/13 Paramedics from [REDACTED] Fire Department transported the decedent to [REDACTED] Hospital. She was treated in the emergency room but death was pronounced at 0422 hrs. by Dr. [REDACTED]. The decedents remains were transported to this office for autopsy. The cause/manner of death is pending at this time.

The mother stated she fed [REDACTED] and put her down to sleep in her bouncer about 12:00 AM. Ms. [REDACTED] a state [REDACTED] usually sleeps in her bassinet or her bouncer just depends, the bouncer was down beside the bed. Ms. [REDACTED] stated she woke up between 2:30 and 3:00 AM to feed her. She states she went to pick up [REDACTED] to feed her and she was limp. She stated she laid her down on the bed to see if she was breathing and her head tilted to the side. She stated she notice blood and formula coming out of her nose.

Mr. [REDACTED] states there was nothing really usually about the day or the days leading up to her death. He states she was sleeping a little more than usual but he did not think anything about it. He stated he heard babies grow in their sleep so he figured she was just growing.

The autopsy report states the cause of death was sudden unexplained infant death and the manner of death could not be determined. The medical report was submitted to the District Attorney [REDACTED] and she stated it was AUPU with no prosecution.

Narrative Type: Addendum 1 Entry Date/Time: 04/09/2014 09:46 AM Entered By: [REDACTED]

This case is being classified as allegations unsubstantiated perpetrator unsubstantiated.



**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: 03/12/2014

Contact Method: Face To Face

Contact Time: 05:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/12/2014

Completed date: 03/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/12/2014 10:12 PM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] made a home visit [REDACTED] with [REDACTED], [REDACTED] and [REDACTED]. [REDACTED] was observed wearing blue jeans and a green long sleeve shirt. [REDACTED] was acting very shy today, she would not speak to CPSI [REDACTED] nor would she tell CPSI [REDACTED] bye when it was time for CPSI [REDACTED] to leave. CPSI [REDACTED] observed the home to free from clutter with no visible safety hazards. Ms. [REDACTED] and Mr. [REDACTED] reports they will be staying with his family for a couple months in order to save money for there own place. Mr. [REDACTED] reports he continues to work two jobs. Ms [REDACTED] report she just lost her job on this past Monday (3/10/14). CPSI [REDACTED] informed. Ms. [REDACTED] and Mr. [REDACTED] she was getting ready to submit their case for review for closure.

Child Protective Service Investigator (CPSI) [REDACTED] interviewed the paternal; Grandmother [REDACTED]. Mrs. [REDACTED] stated her son and his family are welcome to stay with her as long as they need. She stated she has know [REDACTED] for four years and she is a sweet young lady and a good mother. She stated she will never put her grand baby out on the street. CPSI [REDACTED] asked Mrs. [REDACTED] if she had any concerns regarding the son and Ms. [REDACTED] ability to take care of [REDACTED] and she stated no. Mrs. [REDACTED] states her son and Ms. [REDACTED] ensure [REDACTED] has everything she needs.



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:	03/12/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/12/2014
Completed date:	03/12/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 03/12/2014 10:42 AM    Entered By: [REDACTED]

This case went before the Child Protective Investigating Team, it was stamped for the Department to handle as appropriate.

Narrative Type: Addendum 1    Entry Date/Time: 04/09/2014 09:48 AM    Entered By: [REDACTED]

The case was signed off on by the District Attorney as allegations unsubstantiated perpetrator unsubstantiated (AUPU), with no prosecution.



**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: 03/11/2014

Contact Method: Phone Call

Contact Time: 02:26 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2014

Completed date: 03/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/12/2014 11:46 AM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] contacted the mother at [REDACTED]. CPSI [REDACTED] informed Ms. [REDACTED] the Department received a copy of the autopsy report and CPSI [REDACTED] has already typed up and the information has been submitted for review. CPSI [REDACTED] informed Ms. [REDACTED] she needed to see [REDACTED] before submitted the case for closure. Ms. [REDACTED] informed CPSI [REDACTED] they are currently living with [REDACTED] Mother at [REDACTED]. CPSI [REDACTED] informed Ms. [REDACTED] she would contacted her tomorrow once she has been given the approval classifysfy 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: 03/11/2014

Contact Method:

Contact Time: 11:07 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2014

Completed date: 03/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/12/2014 10:55 AM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] received email confirmation from [REDACTED] with the District Attorney's Office stating this is an infant fatality case and the Medical Examiner says Sudden Unexplained Infant Death (SUID); they we no prosecute the case and sign off on allegations unsubstantiated perpetrator unsubstantiated (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: 03/11/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2014

Completed date: 03/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/12/2014 10:29 AM      Entered By: [REDACTED]

This case went before the Child Protective Investigating Team. A copy of the medical report was forwarded to [REDACTED] with the District Attorney Officer 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: 03/10/2014

Contact Method: Phone Call

Contact Time: 11:27 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/10/2014

Completed date: 03/10/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/10/2014 11:32 AM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] attempted to contact the mother [REDACTED] at [REDACTED] CPSI [REDACTED] did not receive an answer but left a voice mail on the answering machine asking for a return call.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/10/2014	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/10/2014
Completed date:	03/10/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/10/2014 11:21 AM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] received the autopsy report. The report states the cause of death was Sudden unexplained infant death and the manner of death could not be determine.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/25/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/12/2014

Completed date: 03/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/12/2014 11:44 AM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] made a home visit to [REDACTED]. CPSI [REDACTED] met with the mother, [REDACTED] and the father [REDACTED]. CPSI [REDACTED] informed Ms. [REDACTED] because there is an open case the Department has to ensure that [REDACTED] continues to be safe. Mr. [REDACTED] asked CPSI [REDACTED] if the Department thinks they did something to harm their child. CPSI [REDACTED] informed Mr. [REDACTED] and Ms. [REDACTED] this is just standard protocol, no one is saying they did anything this is still an active investigation until the autopsy reports comes back and tell us the cause of death. CPSI [REDACTED] informed the family every child that dies in Tennessee accidental or not the death is investigated and safety is assessed through the case for the siblings. CPSI [REDACTED] reminded Mr. [REDACTED] he could access his Employee Assistance Program (EAP) and most offer a certain amount of free session before you have to pay. CPSI [REDACTED] informed Mr. [REDACTED] if things could to the point he feels he need someone to talk to he can access it through his job. [REDACTED] was observed to have no marks or bruises.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/04/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/12/2014

Completed date: 03/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/12/2014 11:42 AM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] made a home visit to [REDACTED]. Observed in the home were [REDACTED]. [REDACTED] was sitting at the kitchen table eating a corn dog and French fries. [REDACTED] was observed with not marks or bruises. CPSI [REDACTED] if her food was good and she shook her head up and down saying yes. Ms. [REDACTED] stated her daughter and family are welcome to stay with her as long as needed. Ms. [REDACTED] stated she has enjoyed having her Granddaughter in the home with her. Ms. [REDACTED] states things are better. She reports some days are worst then others but they are holding on. Ms. [REDACTED] stated the family is there for them and they are helping them the best they could to get through all of this.



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:	01/31/2014	Contact Method:	
Contact Time:	10:08 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/11/2014
Completed date:	03/12/2014	Completed By:	System Completed
Purpose(s):			
Contact Type(s):			
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: 01/31/2014

Contact Method: Phone Call

Contact Time: 10:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2014

Completed date: 03/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/12/2014 12:52 PM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] received a telephonic call from the mother, [REDACTED]. Ms. [REDACTED] informed CPSI [REDACTED] she received her card. CPSI [REDACTED] informed Ms. [REDACTED] she was making an unannounced visit to the home. Ms. [REDACTED] stated she went to fill out a job application. CPSI [REDACTED] informed Ms. [REDACTED] she needed to see [REDACTED]. CPSI [REDACTED] scheduled a home visit for 2/4/14 @ 10:00 AM.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/30/2014

Contact Method: Face To Face

Contact Time: 01:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/11/2014

Completed date: 03/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/11/2014 07:41 PM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] made an unannounced visit to [REDACTED]. No one was home. CPSI [REDACTED] left a card letting the family know she had been by their home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/17/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/11/2014

Completed date: 03/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview, Sibling Interview/Observation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/11/2014 06:45 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] went to [REDACTED] to meet with [REDACTED] and [REDACTED]. CPSI [REDACTED] talked with [REDACTED] regarding the sleeping arrangements at her mother's home. Ms. [REDACTED] states she, [REDACTED] and [REDACTED] father share a room. She states [REDACTED] is only there a few hours each day. She reports between his day job and his night job he is there much. CPSI [REDACTED] asked [REDACTED] how things were going and she stated things are okay. She states [REDACTED] asked occasionally if [REDACTED] is in Heaven and she tells her yes. CPSI [REDACTED] asked [REDACTED] about grief counseling and she stated she has not had time go but she will keep it in mind. [REDACTED] was observed to have no marks or bruises. She was dressed in long pink pants and a pink and white long sleeve shirt. [REDACTED] was playing with her tablet. CPSI [REDACTED] asked [REDACTED] how she was doing and she stated okay. She she was playing a game on the tablet the teaches her the numbers and she was repeating the numbers after the tablet. The home was observed to have not visible safety hazards. CPSI [REDACTED] informed Ms. [REDACTED] for the life of the case she will make scheduled and unannounced visits. Ms. [REDACTED] states they will be staying with her mother for a few months and CPSI [REDACTED] was welcome to come by at anytime.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2014

Contact Method: Phone Call

Contact Time: 12:31 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/14/2014 01:42 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] contacted Ms. [REDACTED] at [REDACTED]. CPSI [REDACTED] asked Ms. [REDACTED] if they still resided at [REDACTED]. Ms. [REDACTED] stated they had to move because someone broke into their home. CPSI [REDACTED] asked her when did they move. She stated they started moving on the 20th after someone broke in, she stated they finished moving out on the 27th. CPSI [REDACTED] asked Ms. [REDACTED] where are they currently living. She stated they are living with her mother at [REDACTED]. CPSI [REDACTED] informed Ms. [REDACTED] she needed to come by the home to see [REDACTED]. CPSI [REDACTED] informed her that until the case is resolved she will need to continue to make regular visit to ensure [REDACTED] continue safety. Ms. [REDACTED] as CPSI [REDACTED] if she was coming to remove her baby. CPSI [REDACTED] informed Ms. [REDACTED] at this time she just needs to make sure [REDACTED] safe. CPSI [REDACTED] arranged a home visit for 1/17/14 at 11:00 AM.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2014

Contact Method: Phone Call

Contact Time: 12:29 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/14/2014 01:18 PM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] received a voice mail from Ms. [REDACTED] given CPSI [REDACTED] her new number. Ms. [REDACTED] stated her new number is [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: 01/14/2014

Contact Method: Attempted Face To Face

Contact Time: 11:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/14/2014 01:06 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] went to [REDACTED] to meet with the mother, [REDACTED] and the 2 y/o [REDACTED]. No one was home. CPSI [REDACTED] left a card in the door asking for a call. It appeared the family may have moved, there was a toddler bed, mattresses and some clothing items on the curb for the trash collectors to pick up. CPSI [REDACTED] went next door to verify if they have seen the family but no one answered the door.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2014

Contact Method: Attempted Phone Call

Contact Time: 04:53 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/14/2014 12:43 PM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] attempted to contact the parents at [REDACTED], no one answered CPSI [REDACTED] left a voice mail asking for a return call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2014

Contact Method: Phone Call

Contact Time: 10:04 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2014

Completed date: 03/12/2014

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: 03/12/2014 12:42 PM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] contacted [REDACTED]. Mr. [REDACTED] states he is the brother of [REDACTED]. Mr. [REDACTED] states his brother is a good father to his children. He stated he works hard to provide for them. Mr. [REDACTED] stated [REDACTED] and [REDACTED] are great parents and he has no concerns regarding their parenting skills.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/03/2014

Contact Method: Phone Call

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2014

Completed date: 03/12/2014

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: 03/12/2014 12:25 PM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] contacted the maternal Grandmother [REDACTED]. Mrs. [REDACTED] reports her daughter is great with her children. She stated she watches them and she is not one of the parents that drop their child off here and there. Mrs. [REDACTED] states she has no concerns with her daughter and Mr. [REDACTED] ability to provide for their child or how they parent their child.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/03/2014

Contact Method: Attempted Phone Call

Contact Time: 01:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2014

Completed date: 03/12/2014

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: 03/12/2014 12:24 PM      Entered By: [REDACTED]

Child protective Service Investigator (CPSI) [REDACTED] attempted to contact [REDACTED]. Mr. [REDACTED] did not answer. CPSI [REDACTED] left a voice mail asking for a return call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/03/2014

Contact Method: Phone Call

Contact Time: 01:28 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2014

Completed date: 03/12/2014

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: 03/12/2014 12:22 PM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] contacted [REDACTED]. Mrs. [REDACTED] states she is the great Aunt to [REDACTED] Ms. [REDACTED] report [REDACTED] and [REDACTED] are good parents and they take good care of their children. Ms. [REDACTED] states there is no one either of them hurt [REDACTED] Ms. [REDACTED] states she has not concerns of [REDACTED] and [REDACTED] ability to parent [REDACTED] and any children they have in the future. Mrs. [REDACTED] states he hopes they wait a few years before having any other children because right know this is a lot on them. She reports its a lot for any parent to lose a child.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/03/2014	Contact Method:	
Contact Time:	12:13 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/03/2014
Completed date:	01/03/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 01/03/2014 12:18 PM      Entered By: [REDACTED]

Child Protective Service Investigator(CPSI) [REDACTED] attempted to contact the mother at [REDACTED] no one answered. CPSI [REDACTED] left a voice mail asking for a return call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/30/2013

Contact Method: Attempted Face To Face

Contact Time: 10:25 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/14/2014 12:49 PM      Entered By: [REDACTED]

Child Protective Service investigator (CPSI) [REDACTED] went to [REDACTED] for an announced home visit. No one was home. CPSI [REDACTED] left a card on the door asking for a call.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/23/2013	Contact Method:	
Contact Time:	02:23 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/03/2014
Completed date:	01/03/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/03/2014 12:27 PM      Entered By: [REDACTED]  
 [REDACTED] notice of Child Fatality (CS-0635) report was faxed to [REDACTED], Office of Child Safety.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/20/2013

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/20/2013

Completed date: 12/20/2013

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: 12/20/2013 11:44 AM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] sent a fax to [REDACTED] [REDACTED] Medical Examiner at [REDACTED] requesting a copy of the autopsy report.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/20/2013

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2014

Completed date: 03/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/12/2014 10:11 AM      Entered By: [REDACTED]

This case went before the Child Protective Investigating Team, it was stamped for the Department to handle and return.



**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: 12/19/2013

Contact Method: Correspondence

Contact Time: 12:03 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/19/2013

Completed date: 12/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation, Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/19/2013 12:03 PM      Entered By: [REDACTED]

Background Checks:

The following Internet Records Clearance inquiries were completed on [REDACTED]:

Justice System Inquiry (JSSI): no results founded

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: 2009- Physical abuse; Victim: [REDACTED]; Perp: [REDACTED]; Allegations substantiated/Perpetrator substantiated.

2007- Physical abuse; Victim: [REDACTED]; Perp: [REDACTED]; Allegations substantiated/Perpetrator Substantiated Lack of Supervision: Victim: [REDACTED]; Perp: [REDACTED]; Allegations unsubstantiated/Perpetrator unsubstantiated.

The following Internet Records Clearance inquiries were completed on [REDACTED]:

Justice System Inquiry (JSSI): no results

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: no results were found

Narrative Type: Addendum 1    Entry Date/Time: 03/12/2014 11:31 AM    Entered By: [REDACTED]

The family had a case in 9/2013. inv # [REDACTED] Sexual Abuse [REDACTED]/Unknown/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:	12/19/2013	Contact Method:	
Contact Time:	11:11 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/19/2013
Completed date:	12/19/2013	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: 12/19/2013 11:25 AM      Entered By: [REDACTED]

This case has been assigned to CPSI 3 [REDACTED]. The response is due by 12/20/13 at 2:07 AM. The matter has been staffed with the CPSI who has been instructed to complete the following tasks. The CPSI is instructed to engage the mother and birth father along with any other adult living in the home, all required forms and releases will need to be signed. The CPSI should try to ascertain a timeline of events leading up to and after the passing of [REDACTED]. The CPSI is to observe the remaining sibling in the home and document the findings from her doctors appointment that took place on 9-4-13. The CPSI will need to speak with collateral contacts as well as any neighbors that may have been around when [REDACTED] became sick. The CPSI will complete the family composition and document background checks and an understanding of any prior history. A home visit will need to be completed and pictures should be taken of the home. The CPSI will need to make contact with the reporter and attempt to see the victim to meet response. The CPSI will complete the fatality/near fatality form and forward it 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:	12/19/2013	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/19/2013
Completed date:	12/19/2013	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: 12/19/2013 12:02 PM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] discussed the initial paperwork with [REDACTED] and [REDACTED]. Mr. [REDACTED] and [REDACTED] signed the Acknowledgment of Receipt of the Clients Rights Handbook, Notification of Equal Access to Programs and Services and grievance Procedures, Native American Heritage Veto Verification, Authorization for Release of Information and HIPPA Protected Health Information to the Department of Childrens Services and Notification of Release, HIPPA Notice of Privacy Practices-Client Acknowledgement and Authorization for release of Medical Information. She also provided the family composition information.

## Family Composition:

[REDACTED] -mother

DOB: [REDACTED]  
SSN: [REDACTED]

[REDACTED] -sister

DOB: [REDACTED]  
SSN: [REDACTED]

[REDACTED] father

DOB: [REDACTED]  
SSN: [REDACTED]

[REDACTED] - Deceased victim

DOB: [REDACTED]  
SSN: [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: 12/19/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2014 09:12 AM Entered By: [REDACTED]

**Birth Mother Interview:**

Child Protective Service Investigator (CPSI) [REDACTED] interviewed the birth mother, [REDACTED] regarding the circumstances surrounding her daughter, [REDACTED] death. CPSI [REDACTED] asked Ms. [REDACTED] what time did she put [REDACTED] down to sleep and she stated she fed her and put her down to sleep in her bouncer about 12:00 AM. Ms. [REDACTED] states [REDACTED] usually sleeps in her bassinet or her bouncer just depends, the bouncer was down beside the bed. Ms. [REDACTED] stated she woke up between 2:30 and 3:00 AM to feed her. She states she went to pickup [REDACTED] to feed her and she was limp. She stated she layed her down on the bed to see if she was breathing and her head tilted to the side. She stated she notice blood and formula coming out of her nose. CPSI [REDACTED] asked if any was coming out of her mouth and she stated no, but she could see in her mouth and it appeared to be a mixture of blood and formula in her mouth as well. She stated when she saw she was not breathing she started CPR. CPSI [REDACTED] asked where did she give the baby CPR, on the bed or the floor and she stated the bed. CPSI [REDACTED] asked if she was trained in CPR and she stated yes. CPSI [REDACTED] asked her how soon did she start given her CPS and she stated immediately after she saw she was not breathing. She stated when she didnt respond she ran nect door with [REDACTED] in her arms and called 911. She stated while on the phone with 911 she continue to give her CPR. When asked if [REDACTED] had been sick or gotten shots recently she stated no. She stated she had just recently called the Doctor to schedule her appointment for her shots. CPSI [REDACTED] asked Ms. [REDACTED] who all was at home when the incident happened and she stated just her and [REDACTED]. She stated Mr. [REDACTED] left going to work between 9:40 and 10 PM. She states he works at night at UPS and during the day for the City [REDACTED]. She stated on the 17th he got home about 3:30 PM. She stated he took a nap before he had to go to his second job. Ms. [REDACTED] was asked of she had eyes on the baby at all times and she stated pretty much. She stated if she was in the kitchen wshing dishes she would put her in her bouncer. She stated they have an open kitchen so she could see her in her bouncer. CPSI [REDACTED] asked Ms. [REDACTED] if [REDACTED] has been extra cranky or anything different and she stated she has been sleeping more. She stated [REDACTED] would usually wake up to eat but for about the last two day she would have to wake her up to feed her. Ms. [REDACTED] states [REDACTED] was born full-term weighting 7lbs and 1oz and 55 cm longs. Ms. [REDACTED] states she received prenatal car. She stated she was delivered by c-section with no complications. Ms. [REDACTED] stated she only took medication for hearburn (Zantac) and prenatal victims. Ms. [REDACTED] states she has only had two preganancies. She stated [REDACTED] primary care doctor is [REDACTED] located [REDACTED]. CPSI [REDACTED] asked Ms. [REDACTED] if [REDACTED] has had to got to the Doctor for anything and she stated when she was about 4 day old she was jaundice and they took her to the Doctor and abot a week or two later they took her back for a follow-up.



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

**Birth Father Interview:**

Child Protective Service Investigator ██████ interviewed the father ██████. Mr. ██████ was asked to give a run down of what happened, stating with the time he got off of work. Mr. ██████ stated her got off his day job at 3:00 Pm. He stated he got home about 3:15, 3:30. He stated then they went through there normal routine. He satted they fed the baby, tend to their 2 y/o ██████ he feeds the Dog. He stated he took a nap befor ehe had to get up and go to work. He states he took his bath before he lasy down for his nap. He states he got up and left between 9:30 and 9:45 PM. He states when he left she was sleep in her bouncer. He stated ██████ was woke. Mr. ██████ states there was not rely usually about the day or the days leading up to her death. He states she was sleeping a little more than usual but he did nto think anyhtign about it. He stated he heard babies grow in their sleep so he firgured she was just growing. When asked how much formula does she take he stated they 4 oz andif she appears to be still hungry they may give her another ounce or two. When asked how he found out about the baby. He stated he was on the expressway and he received a call from an unknown number. He stated when he answered the call it was the mom. He stated she told him the baby was not doing well and for him to go to the neighbors houe and pickup ██████ and for them to come to the hospital. He stated both their children were health with n o health problmes. He stated ██████ actually weight more then ██████ did at birth.

██████████:

Child Protective Service investigator (CPSI) ██████ observed ██████ at the ██████████. There were no marks or bruises observed. ██████ was observe interacting with her parents as he played on her tablet. Mr. ██████ and Ms. ██████ appears to be patient with ██████ as they worked with her on her tablet.



**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: 12/19/2013

Contact Method: Phone Call

Contact Time: 05:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/19/2013

Completed date: 12/19/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/19/2013 11:35 PM      Entered By: [REDACTED]

CPSI spoke with the mother, [REDACTED] at 5a.m in which she returned the call of the CPSI worker. CPSI informed the mother that she needed to come and speak with her in regards to what happened with the baby as well as assess the safety of the other child. The mother stated that she was not at home and was going to be too busy to meet with the CPSI. CPSI informed the mother that it would be a brief meeting and that she only needed to lay eyes on the child to make an assessment of the safety. The mother began to hostile and stated that she is not going to have time because she has other things to deal with and she would call the CPSI when she is available.



**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: 12/19/2013

Contact Method:

Contact Time: 03:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/19/2013

Completed date: 12/19/2013

Completed By: [REDACTED]

Purpose(s): 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: 12/19/2013 11:29 PM      Entered By: [REDACTED]

CPSI attempted to contact the mother at 3:15 am but no one answered the phone. CPSI attempted again at 3:25 a.m., 3:28 a.m., and 3:32 a.m.



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: 12/19/2013 Contact Method:  
Contact Time: 02:07 AM Contact Duration: Less than 05  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 12/19/2013  
Completed date: 12/19/2013 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: 12/19/2013 12:00 PM Entered By: [REDACTED]

TFACTS:

Family Case IDs: [REDACTED] (History on [REDACTED] as a minor)

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS Yes/9/4/13/[REDACTED]/SEE/[REDACTED], CM/[REDACTED], Supervisor

Substantiated No

Death No

Screened out 1

History (not listed above): None

DUPLICATE REFERRAL: (No)

County: [REDACTED]  
Notification: (None)  
School/ Daycare: (Unknown)  
Native American Descent: (Unknown)  
Directions: (None)

The familys address is listed under the oldest child victim.

FAX REFERRAL CONTENT ENTERED VERBATIM AS SENT TO THE TENNESSEE CHILD ABUSE HOTLINE.



Tennessee Department of Children's Services  
Case Recording Summary

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

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██████████ is not in DCS Custody.

Reporter states this will serve as notification that the ██████████ Medical Examiners Office is investigating the death of ██████████ (DOB ██████████). This 1 month old infant was found unresponsive in a bounce seat at about 0300 hrs. on 12/18/13. Paramedics from ██████████ Fire Department transported the decedent to ██████████ Hospital. She was treated in the emergency room but death was pronounced at 0422 hrs. by Dr. ██████████. The decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is ██████████ (DOB ██████████, SSN ██████████). Our case is # ██████████

Special Needs or Disabilities: Unknown  
Childs current location/is the child safe at this time: See narrative  
Perpetrators location at this time: Unknown  
Any other safety concerns for the child (ren) or worker who may respond: Unknown

\*\*\*Home address and phone number were not provided in fax.

\*\*Per TFACTS the familys most recent home address as listed in the open investigation is ██████████  
██████████ The phone is listed as (Cell) ██████████



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 9/3/13 2:36 AM

Date of Assessment: 9/5/13 12:00 AM

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

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services  
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 9/3/13 2:36 AM

Date of Assessment: 12/19/13 12:00 AM

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

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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Yes No

- 1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
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Tennessee Department of Children's Services

SDM™ Safety Assessment

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- 13. Other (specify)

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- 6. Have the non-offending caretaker move to a safe environment with the child.
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Tennessee Department of Children's Services  
SDM™ Safety Assessment

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Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_