



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 01/03/2014 09:38 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 01/03/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 01/03/2014 10:53 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 01/03/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 01/03/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 4 Mos	Physical Abuse	Yes	Unknown Participant [REDACTED], Unknown	Other Relative
[REDACTED]	2 Yrs 4 Mos	Physical Abuse	Yes	[REDACTED]	Birth Mother

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: None  
 Narrative: **\*\*The child is not in state custody\*\***  
 TFACTS: Yes  
 Family Case ID: [REDACTED]  
 Open Court Custody/FSS/FCIP: No  
 Closed Court Custody: No  
 Open CPS: No



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

Substantiated: No

Death: No

Screened out: No

History (not listed above): Yes

█ / # █ / SEE, LOS / Unsubstantiated  
 █ / # █ / DEC / No Services Needed  
 █ / # █ / SRSEE / Unsubstantiated

County: █

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Directions: None Given

Reporter's name/relationship █ █ █ █

Reporter states:

█ (6 months) resides with her mother █ The father of the infant is unknown. It is unknown if anyone else resides in the home.

On January 3, 2014 EMS (Emergency Medical Services) was contacted and responded to the home and █ was transported to █ Medical Center. █ was unresponsive and had no heart beat at the scene; her pupils were fixed and dilated. █ was able to be resuscitated. She has bleeding on the brain. █ is not showing any response to pain. A head CT scan was done and it showed head trauma. There have been three different stories provided, however, none of the explanations match the results of the head CT scan.

█ is currently in the PICU (Pediatric Intensive Care Unit) in room █ █ is in extremely critical condition and doctors are trying to save her life.

There are several family members present at the hospital, no one has been allowed to come back to see the child due to the extreme condition.

Hospital personnel are requesting immediate assistance from DCS.

NOTE: Per TFACTS the birth mother █ is 16 years old (DOB █ , her parents are █ (DOB █ ) and █ (DOB █ and the father of the infant is listed as █ (19).

County group emailed.

Investigation/P1, Near Death, █ TL on 1-3-14 @ 10:43 am

Notified Child Death Group: █  
 RA █ was copied on the notification email.



**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:**

**Race:** Black/African

**Age:** 2 Yrs 4 Mos

**Address:** [REDACTED] [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:**

**Contact Comments:**

**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:

Race: White

Age: 2 Yrs 4 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

**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

**Contact:**

**Contact Type:**

**Contact Comments:**

**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:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**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:

Participant ID: [REDACTED]

SSN:

Race: White

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**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: 01/13/2014

Assignment Date: 01/03/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 03/03/2015
2	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	*Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/21/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Case being classified on this date as ASPU.

The infant died on 1/4/2014. The autopsy showed that the death was ruled a homicide. There were inconsistencies in the autopsy and medical records. Many people had access to the child within 48-72 hours of her death. Case presented to CPIT and all team members agreed with classification. LI [REDACTED] approved the allegations on this date.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 03/03/2015

Team Leader: [REDACTED]

Date: 03/03/2015

**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 taken to the hospital on 1/3/2014 unresponsive. The child passed away on 1/4/2014.

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



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

**Case Name :** [REDACTED]

**Investigation ID:** [REDACTED]

See autopsy scanned in tfacts.

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

Perpetrator is unknown.

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

See witness statements scanned into TFACTS.

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

Child is currently deceased.

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] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 10/21/2015 Contact Method:  
Contact Time: 03:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 10/21/2015  
Completed date: 10/21/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Case Summary  
Contact Sub Type: Closing

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/21/2015 02:08 PM Entered By: [REDACTED]

The Department of Children's Services received a referral on January 14, 2014 with allegations of Child Abuse Death and Drug exposed infant regarding the alleged child victim, [REDACTED] who was reported to be 6 months old. Case was assigned to [REDACTED]

Referral states that "on January 3, 2014 Emergency medical services responded to the home of [REDACTED] maternal grandfather to the child, who resided at [REDACTED]. They arrived at the home and found the alleged child victim, [REDACTED], unresponsive. Emergency medical services then transported the child to [REDACTED] Medical Center Hospital, [REDACTED] Hospital. When the child arrived at the hospital her pupils were reportedly fixed and dilated. A head CT was completed on the child who showed head trauma and bleeding of the brain. The child was then admitted to the pediatric intensive care unit. The child was pronounced dead on January 4, 2015 at 2:50 pm. "

The investigation into this incident was conducted by [REDACTED] Police Department, Criminal investigator [REDACTED] and Department of Children's Services Investigator [REDACTED]

The alleged perpetrator in this report was listed as unknown.

Interviews were conducted by [REDACTED] Police Department Investigator [REDACTED] with [REDACTED] (mother), [REDACTED] (father), [REDACTED] (maternal grandfather) that gave two statements, [REDACTED] (girlfriend) [REDACTED] (maternal grandmother), [REDACTED] [REDACTED] Emergency Medical Services Captain), and [REDACTED] Police officer).

Statements provided to [REDACTED] Police Department are as follows :

[REDACTED] (mother) Date of Statement: 1/7/14. Ms. [REDACTED] stated on January 3 she was at her home at [REDACTED] Street with her daughter [REDACTED]. Also there was [REDACTED], [REDACTED] and [REDACTED]. She stated that around 9:00 pm that she gave [REDACTED] to [REDACTED]. She stated that this is normal because [REDACTED] watches her from time to time. Around midnight [REDACTED] knocked on the door and gave [REDACTED] back to her. [REDACTED] was asleep so she put her in the playpen. [REDACTED] woke up around 3:00 a.m. crying. She took her and made her a bottle. [REDACTED] came in and said that she would feed her. She stated that there were no marks or injuries to her head or face. She woke up when her dad knocked on the door and told her everything was going to be okay but that she needed to get up. By that time [REDACTED] was in the ambulance. She went to the ambulance and the doors were shut and she ran in the house and got dressed. She noticed a small mark on [REDACTED] forehead in the ambulance that was purple. She stated that when [REDACTED] and her mom arrived at the hospital that [REDACTED] told her that while her and her dad were outside that [REDACTED] told him that she had laid [REDACTED] face down on the love seat in her dad's bedroom to sleep. [REDACTED] said she had fallen asleep and that when she woke up that [REDACTED] was lying face down on the floor and was throwing up.



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

██████████ (father) Date of Statement: 1/7/14 Mr. ██████████ stated that around 3:30 or 4 they decided to go to bed. He stated that ██████████ said that she would watch ██████████ Around 5:30 or 6 ██████████ woke them up and said it's not an emergency but you need to get up and go outside and see ██████████ in the ambulance. He spoke to ██████████ in the apartment and asked her what happened. ██████████ said that she put ██████████ on the love seat in her and ██████████ bedroom. ██████████ said she fell asleep on the bed and when she woke up ██████████ was on the floor face down throwing up.

██████████ (maternal grandfather) Date of Statement: 1/3/2014. Mr. ██████████ reported that his daughter, ██████████ woke up with the child at 3:00 am. He reported that he was in the living room watching TV so he could take the baby. His daughter went and laid back down. He reported that ██████████ fell asleep and that he took her and changed her diaper. He reported that around 4 am she woke up and got sick and there up a small amount. She then went back to sleep. She was sitting on his lap drinking her bottle facing him and she coughed a few times and acted like she could not breathe. He took the bottle away from her. She caught her breath and finished her bottle. He bounced her. She didn't throw up but was wheezing. He gave her a pacifier and laid her on his chest. He closed his eyes and could feel her gurgling. He lifted her up and stuff was coming out of her nose. His girlfriend walked in the apartment when this was happening. He called 911 and could not get her to breath. He ran to the street to get the ambulance.

██████████ (maternal grandfather) Date of Statement: 1/7/14. Mr. ██████████ stated his daughter lived with him since the baby was born. ██████████ is the father and lives there sparingly. He comes over from time to time. The baby was at the grandmother's home, ██████████ on Thursday. She brought the baby back on Friday. Put the baby down around 10:00 pm and she was on his bed. ██████████ gave the baby to the mother after she was asleep. Around 1:00 am the baby woke up and ██████████ brought her out. Around 3 am ██████████ had the child in the bedroom and he could hear them playing. Around 4 ██████████ brought her out and said she had thrown up. She was fussy but wasn't crying. He took the baby and went back into the bedroom. She slept for a while after that. She got cranky and he gave her a bottle around 6:30. She drunk the bottle, coughed a little. He was trying to burp her and heard a gurgling noise. He knew she wasn't breathing. He panicked. She was limp. He does not remember how he got from the bedroom to the living room but he yelled call 911 and ██████████ did.

██████████ (maternal grandfather's paramour) Date of Statement: 1/7/14. Ms. ██████████ stated on the 2nd day of January around 3:00 pm her friend ██████████ came and picked her up to spend the night with her. The next morning around 6:30 or 7 she dropped her off at ██████████ Street. She walked into the apartment and went straight to ██████████ room. She stated that he was panicking and crying and told her to call 911. She stated that ██████████ went and woke ██████████ up and that when ██████████ walked by her he stated, "What the fuck did you do to my baby bitch, I swear to God I will kill you." He turned and walked away and then came back to her and said, "Bitch I know you dropped my baby on her head if she dies your dead bitch, I will kill you with my bare hands."

██████████ (maternal grandmother) Date of Statement: 1/9/14. Inv. ██████████ obtained a statement from maternal grandmother, ██████████, who reported that she had gone to her daughter's residence to take her diapers around 11:30pm and had observed Ms. ██████████ at the residence. Upon further questioning, the grandmother admitted that she had not gone to the residence but she wanted justice for her granddaughter and knew that Ms. ██████████ was present at the home and had done something to ██████████

██████████ (Captain for ██████████ EMS) Date of Statement: 1/09/2014. Shift supervisor reported that on Friday January 3, 2014 that he responded to ██████████ "Responded to a 911 call of a six month old in cardiac arrest. When he arrived the crew already had the baby in the ambulance. A young black male was arguing with a fireman at the ambulance. He then called for police assistance due to the way every one was acting there. He went inside the apartment to find out what had happened because they had grabbed the child and gone to the ambulance. Once inside the older male took him into the bedroom where he said they had been with the baby. Inside the bedroom was a dark haired female. The grandfather showed the fluid in the floor and told him that this is when the baby threw up. He held up an empty baby bottle. He stated that they were in the bed feeding the baby."

██████████ (Police Department responding officer). January 3, 2014 at 7:00 am he responded to ██████████. EMS was already on scene when he arrived. He spoke to Officer ██████████ who was already on the scene. ██████████ stated that prior to Officer ██████████ arriving that the father, ██████████ threatened EMS personnel because they were keeping him from his child while treating the child. He stated that he spoke to the grandfather who was visibly upset. Mr. ██████████ took the officer to the bedroom where the child had been in the playpen. He stated that the child and mother had not been feeling well so he offered to take care of the baby while the daughter slept. Mr. ██████████ stated that immediately after giving the child a bottle it began to choke and eventually went stiff. ██████████ called 911 and attempted to perform CPR.

DCS policy work aid 1 defines the following criteria for Child Abuse death:

E1. Child Death is defined as: a) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. B) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

abuse.

The case was presented to [REDACTED] Child Protective Investigation Team on November 14, 2014. Team members included: Child Protective Services Investigator [REDACTED], Lead Investigator [REDACTED] [REDACTED] and [REDACTED] with the Children's Advocacy Center, [REDACTED] Assistant District Attorney with the First Judicial District Attorney General's Office, Dr. [REDACTED] for the Health Team and Detective [REDACTED] with the [REDACTED] Police Department. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of child abuse death. The allegation of drug exposed child will be classified as allegation unsubstantiated perpetrator unsubstantiated.

While there were numerous people with the child on this date, there was no identified perpetrator in regards to the injuries to the child. Witness interviews did not add clarity to the events surrounding the child's death. The investigation was presented to the [REDACTED] Grand Jury by Inv. [REDACTED] and ADA [REDACTED] on 11/18/14. The majority ruled that in the absence of a probable cause connection to any of the child's caregivers and the unclear mechanism of injury and/or act(s) that may have contributed to the death, the case could be closed.

An interview was conducted by District Attorney [REDACTED] and [REDACTED] Inv. [REDACTED] with Dr. [REDACTED] Forensic Pathology. Dr. [REDACTED] signed the autopsy listing the cause of death as blunt force trauma within the setting of sepsis and acute pneumonia. Dr. [REDACTED] stated in her interview with the DA's office that she could not definitively state the cause of death was a result of blunt force trauma. Several scenarios were discussed in which the trauma could have occurred after the child's death from a natural cause.

There is not a preponderance of evidence to substantiate the allegation of Child Abuse Death. There were multiple family members around the child the day the death occurred. Several people gave statements that were later contradicted or ultimately disproven. The Forensic Pathologist could not definitively identify a cause of death.

There is not a preponderance of evidence to substantiate the allegation of Drug Exposed Infant. Hospital records showed the child tested positive for marijuana on 1/3/14. The autopsy did not find evidence of marijuana in the infant's system. The conflicting drug screen results were discussed with [REDACTED], Health nurse and Dr. [REDACTED]. It is the opinion of these medical personnel that the initial screen done at [REDACTED] Medical Center Hospital was most likely a false positive.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of child abuse death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 10/21/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/21/2015

Completed date: 10/21/2015

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: 10/21/2015 01:07 PM Entered By: [REDACTED]

Additional information has been obtained from [REDACTED] Police Department, Investigator [REDACTED] It is being summarized here. The full reports are added to TFACTS as and attachment.

1/03/14: 7:09am: 911 call was made requesting immediate medical assistance at the [REDACTED] residence in [REDACTED]

1/03/14: At 7:23 am Officer [REDACTED] of the [REDACTED] Police Department responded to a call at [REDACTED] Street in [REDACTED] when emergency medical personnel requested police assistance at this address. Officer [REDACTED] spoke with [REDACTED] maternal grandfather, at the residence who reported that he had been feeding [REDACTED] his six month old granddaughter, a bottle when she began to struggle for breath before going limp. Mr. [REDACTED] reported the child had been sick for a few days with cold-like symptoms. Mr. [REDACTED] had called 911 and started CPR until medical personnel arrived to transport the child to [REDACTED] Children's Hospital in [REDACTED]. Mr. [REDACTED] reported that the child's parents, [REDACTED] and [REDACTED] had been asleep in another bedroom until they woke up when emergency medical personnel arrived at the home. At 7:30am, Investigators [REDACTED] and [REDACTED] of the [REDACTED] Police Department arrived at the home after the child, [REDACTED] had been transported to the hospital and the child's mother had also been transported with her daughter. Present in the home at that time was the child's father, [REDACTED] and maternal grandparents, [REDACTED] and [REDACTED]. Inv. [REDACTED] obtained a written statement from [REDACTED] at the home. (Copy of statement has been scanned into TFACTS.)

1/03/14: At 8:58am, Investigator [REDACTED] of the [REDACTED] Police Department arrived at [REDACTED] Children's Emergency Room and spoke with attending pediatrician, Dr. [REDACTED] who reported that the infant was still alive but had been placed on a ventilator and was not responding to pain stimulation and her prognosis was poor at this point. Dr. [REDACTED] reported that based on the X-rays taken at the hospital, the infant had likely aspirated and she would be transferred to Intensive Care in the hospital. Inv. [REDACTED] spoke briefly with the mother who reported that she had given her daughter to [REDACTED] at approximately 3:00am and went back to bed and was not aware of any of the events until the ambulance arrived at the home. The maternal grandmother, [REDACTED] was also present and stated that she and the grandfather are divorced and she does not live at this residence and had not been present when the events occurred. Dr. [REDACTED] (medical examiner) was contacted by telephone and advised of the situation and agreed that in the absence of any further injuries or conditions, the case did not appear to be criminal in nature. Inv. [REDACTED] was later contacted by Child Protective Investigator [REDACTED] and advised that the hospital had reported that the



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

child's urine screen was positive for marijuana. Inv. [REDACTED] then received a telephone call from Dr. [REDACTED] who informed Inv. [REDACTED] of the positive drug screen and that a scan taken on the child showed older signs of abuse. Inv. [REDACTED] contacted Dr. [REDACTED] and advised him that further medical tests indicated that there were concerns and he concurred that an autopsy would be performed on the child if she passed away.

1/04/14: At 12:35pm, Inv. [REDACTED] received a message from CPS [REDACTED] that [REDACTED] had just been pronounced dead. A message was also received from Dr. [REDACTED] when the information that autopsy would be performed.

1/07/14: EMS records were subpoenaed and narratives of those records showed that the mother [REDACTED] had told medical personnel that when her daughter had woken up that night, she had given the child to her "grandmother" [REDACTED] who is the girlfriend of [REDACTED]. Ms. [REDACTED] had reported to medical personnel that she had placed the infant in bed with her and was feeding her a bottle when they both fell asleep and when Ms. [REDACTED] woke up, the child was not breathing.

1/07/14 [REDACTED] was located by Lt. [REDACTED] of the [REDACTED] Police Department and he admitted that he had lied in his previous statement because Ms. [REDACTED] was not supposed to be present in his home due to housing restrictions. Sgt. [REDACTED] obtained a written statement from [REDACTED] (mother) on this date and Investigator [REDACTED] obtained a written statement from [REDACTED] (father) at this time.

1/08/14: Statements were obtained from [REDACTED] ([REDACTED] girlfriend) and her friend, [REDACTED] by Inv. [REDACTED] (These statements were in conflict to statements provided by the parents and grandfather.)

1/09/14: Subpoenas were obtained for phone records of [REDACTED] and [REDACTED] and store videos were obtained from two businesses that they had reported that had visited on the night of the incident when [REDACTED] went into cardiac arrest.

1/09/2014: Inv. [REDACTED] obtained a statement from maternal grandmother, [REDACTED] who reported that she had gone to her daughter's residence to take her diapers around 11:30pm and had observed Ms [REDACTED] at the residence. Upon further questioning, the grandmother admitted that she had not gone to the residence but she wanted justice for her granddaughter and knew that Ms [REDACTED] was present at the home and had done something to [REDACTED]

1/09/14: Inv [REDACTED] went to Forensic Pathology and discussed medical records obtained by CPS regarding the mother advising the pediatrician on 12/10/14 that there had been bleeding from the child's ears but was unable to meet with Dr. [REDACTED] at that time who wanted to wait until more information was obtained from the autopsy.

1/24/14: Inv. [REDACTED] met with Dr. [REDACTED] radiologist, who reported that she had read the scans completed on [REDACTED] and she had found a subdural hematoma as well as a small fracture on the infant's tibia which were consistent with shaken baby syndrome but advised that further testing through Pathology was necessary to confirm this diagnosis.

2/04/14: Inv [REDACTED] received a telephone call from Pathology advised that Dr. [REDACTED] planned on completing further testing and would contact Inv. [REDACTED] next week to schedule a meeting regarding any findings.

5/28/14: Inv. [REDACTED] sent an email to [REDACTED] with Forensic Pathology requesting an update on the medical findings and estimation o final autopsy results and received an email response that Dr. [REDACTED] stated that the case is still pending and is complex and requires additional review of findings.

10//14/14: Inv. [REDACTED] was informed by CPSI [REDACTED] that she had received a copy of [REDACTED] autopsy report and the report listed the manner of death as homicide. The report was signed by Dr [REDACTED] on 10/13/15.

10/14/14: Inv [REDACTED] contacted Assistant District Attorney [REDACTED] and advised her of the autopsy report and other circumstances related to the case and meeting was scheduled for 10/21/14 at 1:30pm.

10/21/14: Dr. [REDACTED] arrived at [REDACTED] City Police Department at 1:01pm and was advised that other members for



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

the meeting had not arrived for the 1:30pm meeting and Dr. [REDACTED] left the police department at approximately 1:20pm before the meeting started. In attendance for the meeting was District Attorney General [REDACTED] ADA [REDACTED] Chief [REDACTED] Capt. [REDACTED] Let. [REDACTED] Sgt. [REDACTED] and Inv. [REDACTED]. The case and autopsy results were discussed by this team and Dr. [REDACTED] participated at the close of the meeting by phone. Dr. [REDACTED] confirmed that autopsy results had shown the cause of death as blunt force trauma to the head as well as sepsis and acute pneumonia. When asked if the illness and infection could have caused the child's death, Dr. [REDACTED] stated that is not what the autopsy reflects but that it is difficult to keep these things apart. Dr. [REDACTED] stated that what she suspected happening is that the child was fussy and someone got frustrated and abused her and that the child was also more prone to bleed because of her infection. Dr. [REDACTED] also reported that all the noted injuries appeared to be "fresh" and probably not more than 30 hours old from the time the child was deceased. Dr. [REDACTED] explained the testing that had been performed to indicate that the hemorrhage was fresh. When asked by Attorney General [REDACTED] if the defense could argue that the infection could be used by a defense standpoint, Dr. [REDACTED] confirmed this could be argued and that this would be a "horrible case to try." Upon further questioning regarding the possibility that the injuries could have been caused by someone shaking the baby trying to obtain a response from the limp child, Dr. [REDACTED] stated that it was not reasonable to assume that could happen but that the defense could find someone who thinks it could have. Dr. [REDACTED] stated that in order for the child to bleed like she had from such a minimal trauma, as a light shake, she would not have bled to this extent. When questioned if the child was shook by a person who was panicked by an unresponsive child, Dr. [REDACTED] responded that could have caused the hemorrhaging. When asked for clarification as to the exact mechanism of death being blunt force trauma or sepsis and acute pneumonia, Dr. [REDACTED] stated that non-natural causes always take precedence over natural causes "by convention." Dr. [REDACTED] confirmed that her testimony would also be that the blunt force trauma could be consistent with the scenario of the caregiver shaking the child in the scenario previously posed to her. (A transcript of this call with Dr. [REDACTED] was taken.)

11/03/14: [REDACTED] and [REDACTED] were interviewed at the [REDACTED] Police Department and were advised that the case would likely be presented to the Grand Jury in the form of an inquest.

11/13/14: [REDACTED] was interviewed at the [REDACTED] Police Department.

11/18/14: The investigation was presented to the [REDACTED] Grand Jury by Inv. [REDACTED] and ADA [REDACTED] and the majority ruled that in the absence of a probable cause connection to any of the child's caregivers and the unclear mechanism of injury and/or act(s) that may have contributed to the death, the case could be closed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/19/2015

Contact Method:

Contact Time: 12:05 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/21/2015

Completed date: 10/21/2015

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: 10/21/2015 02:49 PM      Entered By: [REDACTED]

Case notes and transcribed call received.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 10/16/2015

Contact Method:

Contact Time: 12:35 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/21/2015

Completed date: 10/21/2015

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: 10/21/2015 02:47 PM Entered By: [REDACTED]

Phone call to [REDACTED] this date to discuss further interviews with [REDACTED] and [REDACTED]

LI [REDACTED] states she has discussed the statement analysis results with Inv. [REDACTED]. Inv. [REDACTED] states the investigation into the death of [REDACTED] continued on following CPS involvement. She states she believed the CPS case to be closed therefore did not involve CPSI [REDACTED] in the process. She states she has additional interviews including an interview with the Forensic Pathologist. She states she and Assistant District Attorney [REDACTED] presented the case to the Grand Jury and it was not sent for prosecution but recommendation was made to close the case. Her case is now closed.

Inv. [REDACTED] will provide LI [REDACTED] with copies of her case notes and the transcription of the call with the Forensic Pathologist.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/15/2015

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/21/2015

Completed date: 10/21/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/21/2015 02:40 PM Entered By: [REDACTED]

Phone call with [REDACTED], TBI, this date to discuss statement analysis.

Mr. [REDACTED] reviewed his analysis of statements provided by [REDACTED], [REDACTED] and [REDACTED].  
 Mr. [REDACTED] advised the appearance of deception regarding the statements provided by [REDACTED] and [REDACTED]. This is based on missing information during the time of the "critical incident."

Mr. [REDACTED] recommended CPS and LE re interview these two witnesses.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	07/24/2015	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/25/2015
Completed date:	08/24/2015	Completed By:	System Completed
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 07/25/2015 09:26 AM      Entered By: [REDACTED]

A statement analysis from the witnesses and alleged perpetrators is still pending from the TBI regarding this investigation. Case will remain open until this is completed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/17/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/21/2015

Completed date: 10/21/2015

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: 10/21/2015 02:18 PM      Entered By: [REDACTED]

Regional Investigations Director [REDACTED] and Investigator [REDACTED] provided witness statements (scanned in as attachments) to [REDACTED] Tennessee Bureau of Investigation, for statement analysis.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 06/11/2015

Contact Method:

Contact Time: 03:56 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/11/2015

Completed date: 06/11/2015

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: 06/11/2015 02:56 PM Entered By: [REDACTED]

## Closing Case Summary

## Referral assigned:

The Department of Children's Services received a referral on January 14, 2014 with allegations of Child Abuse Death and Drug exposed infant regarding the alleged child victim, [REDACTED] who was reported to be 6 months old. Case was assigned to [REDACTED]

## Synopsis of event:

Referral states that "on January 3, 2014 Emergency medical services responded to the home of [REDACTED] maternal grandfather to the child, who resided at [REDACTED]. They arrived at the home and found the alleged child victim, [REDACTED], unresponsive. Emergency medical services then transported the child to [REDACTED] Medical Center Hospital, [REDACTED] Hospital. When the child arrived at the hospital her pupils were reportedly fixed and dilated. A head CT was completed on the child who showed head trauma and bleeding of the brain. The child was then admitted to the pediatric intensive care unit. The child was pronounced dead on January 4, 2015 at 2:50 pm. "

## Investigators Involved:

The investigation into this incident was conducted by [REDACTED] Police Department Criminal investigator [REDACTED] and Department of Children's Services Investigator [REDACTED]

## Alleged Perpetrator:

The alleged perpetrator in this report was listed as unknown.

## Details of the Interviews:

Interviews were conducted by [REDACTED] Police Department Investigator [REDACTED] with [REDACTED] (mother), [REDACTED] (father), [REDACTED] (maternal grandfather) that gave two statements, [REDACTED] (girlfriend), [REDACTED] (maternal grandmother) [REDACTED] Emergency Medical Services Captain), and [REDACTED] [REDACTED] Police officer).

## Statements provided to [REDACTED] Police Department are as follows :

[REDACTED] (mother) Date of Statement: 1/7/14

She stated on January 3 she was at her home at [REDACTED] Street with her daughter [REDACTED]. Also there was [REDACTED] and [REDACTED]. She stated that around 9:00 pm that she gave [REDACTED] to [REDACTED]. She stated that this is normal because [REDACTED] watches her from time to time. Around midnight [REDACTED] knocked on the door and gave [REDACTED] back to her. [REDACTED] was asleep so she put her in the playpen [REDACTED] woke up around 3:00 a.m. crying. She took her and made her a bottle. [REDACTED] came in and said that she would feed her. She stated that there



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

were no marks or injuries to her head or face. She woke up when her dad knocked on the door and told her everything was going to be okay but that she needed to get up. By that time [REDACTED] was in the ambulance. She went to the ambulance and the doors were shut and she ran in the house and got dressed. She noticed a small mark on [REDACTED] forehead in the ambulance that was purple. She stated that when [REDACTED] and her mom arrived at the hospital that [REDACTED] told her that while her and her dad were outside that [REDACTED] told him that she had laid [REDACTED] face down on the love seat in her dad's bedroom to sleep. [REDACTED] said she had fallen asleep and that when she woke up that [REDACTED] was lying face down on the floor and was throwing up.

[REDACTED] (father) Date of Statement: 1/7/14

He stated that around 3:30 or 4 they decided to go to bed. He stated that [REDACTED] said that she would watch [REDACTED]. Around 5:30 or 6 [REDACTED] woke them up and said it's not an emergency but you need to get up and go outside and see [REDACTED] in the ambulance. He spoke to [REDACTED] in the apartment and asked her what happened. [REDACTED] said that she put [REDACTED] on the love seat in her and [REDACTED] bedroom. [REDACTED] said she fell asleep on the bed and when she woke up [REDACTED] was on the floor face down throwing up.

[REDACTED] (maternal grandfather) Date of Statement: 1/3/2014

[REDACTED] reported that his daughter, [REDACTED] woke up with the child at 3:00 am. He reported that he was in the living room watching TV so he could take the baby. His daughter went and laid back down. He reported that [REDACTED] fell asleep and that he took her and changed her diaper. He reported that around 4 am she woke up and got sick and threw up a small amount. She then went back to sleep. She was sitting on his lap drinking her bottle facing him and she coughed a few times and acted like she could not breathe. He took the bottle away from her. She caught her breath and finished her bottle. He bounced her. She didn't throw up but was wheezing. He gave her a pacifier and laid her on his chest. He closed his eyes and could feel her gurgling. He lifted her up and stuff was coming out of her nose. His girlfriend walked in the apartment when this was happening. He called 911 and could not get her to breathe. He ran to the street to get the ambulance.

[REDACTED] (maternal grandfather) Date of Statement: 1/7/14

His daughter lived with him since the baby was born. [REDACTED] is the father and lives there sparingly. He comes over from time to time. The baby was at the grandmother's home, [REDACTED] on Thursday. She brought the baby back on Friday. Put the baby down around 10:00 pm and she was on his bed. [REDACTED] gave the baby to the mother after she was asleep. Around 1:00 am the baby woke up and [REDACTED] brought her out. Around 3 am [REDACTED] had the child in the bedroom and he could hear them playing. Around 4 [REDACTED] brought her out and said she had thrown up. She was fussy but wasn't crying. He took the baby and went back into the bedroom. She slept for a while after that. She got cranky and he gave her a bottle around 6:30. She drunk the bottle, coughed a little. He was trying to burp her and heard a gurgling noise. He knew she wasn't breathing. He panicked. She was limp. He does not remember how he got from the bedroom to the living room but he yelled call 911 and [REDACTED] did.

[REDACTED] (maternal grandfather's paramour) Date of Statement: 1/7/14

On the 2nd day of January around 3:00 pm her friend [REDACTED] came and picked her up to spend the night with her. The next morning around 6:30 or 7 she dropped her off at [REDACTED] Street. She walked into the apartment and went straight to [REDACTED] room. She stated that he was panicking and crying and told her to call 911. She stated that [REDACTED] went and woke [REDACTED] up and that when [REDACTED] walked by her he stated, "What the fuck did you do to my baby bitch, I swear to God I will kill you." He turned and walked away and then came back to her and said, "Bitch I know you dropped my baby on her head if she dies your dead bitch, I will kill you with my bare hands."

[REDACTED] (maternal grandmother) Date of Statement: 1/8/14

On Thursday 1/2/14, [REDACTED] brought her granddaughter [REDACTED] to the apartment on [REDACTED]. [REDACTED] was in the living room the entire time. She was happy and not fussy. She stated that on Thursday evening that [REDACTED] texted her and said she needed diapers. She stated that she is not being honest about the diapers but that she wanted justice for her grandbaby and knows that [REDACTED] did something.

[REDACTED] (Captain for [REDACTED] EMS) Date of Statement: 1/09/2014

Shift supervisor reported that on Friday January 3, 2014 that he responded to [REDACTED] Street. "Responded to a 911 call of a six month old in cardiac arrest. When he arrived the crew already had the baby in the ambulance. A young black male was arguing with a fireman at the ambulance. He then called for police assistance due to the way every one was acting there. He went inside the apartment to find out what had happened because they had grabbed the child and gone to the ambulance. Once inside the older male took him into the bedroom where he said they had been with the baby. Inside the bedroom was a dark haired female. The grandfather showed the fluid in the floor and told him that this is when the baby threw up. He held up an empty baby bottle. He stated that they were in the bed feeding the baby."

[REDACTED] Police Department responding officer)

January 3, 2014 at 7:00 am he responded to [REDACTED] EMS was already on scene when he arrived. He



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

spoke to Officer [REDACTED] who was already on the scene. [REDACTED] stated that prior to Officer [REDACTED] arriving that the father, [REDACTED], threatened EMS personnel because they were keeping him from his child while treating the child. He stated that he spoke to the grandfather who was visibly upset. Mr. [REDACTED] took the officer to the bedroom where the child had been in the playpen. He stated that the child and mother had not been feeling well so he offered to take care of the baby while the daughter slept. Mr. [REDACTED] stated that immediately after giving the child a bottle it began to choke and eventually went stiff. [REDACTED] called 911 and attempted to perform CPR.

**Policy:**

DCS policy work aid 1 defines the following criteria for Child Abuse death:

E1. Child Death is defined as: a) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. B) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.

**Child Protective Investigation Team:**

The case was presented to [REDACTED] Child Protective Investigation Team on November 14, 2014. Team members included: Child Protective Services Investigator [REDACTED], Lead Investigator [REDACTED] and [REDACTED] with the Children's Advocacy Center, [REDACTED] Assistant District Attorney with the First Judicial District Attorney General's Office, Dr. [REDACTED] for the Health Team and Detective [REDACTED] with the [REDACTED] Police Department. Team members were in agreement that there was sufficient evidence to substantiate the allegation of child abuse death but not enough to substantiate a specific individual as the alleged perpetrator. The allegation of drug exposed child will be classified as allegation unsubstantiated perpetrator unsubstantiated.

**Results of Interviews:**

While there were numerous people with the child on this date, there was no identified perpetrator in regards to the injuries to the child. Witness interviews did not add clarity to the events surrounding the child's death. No arrests have been made at this time. The injuries to the child were determined to be non-accidental in nature. The child suffered blunt force trauma to the head, subdural and bilateral hemorrhaging to the head, bilateral subdural hematoma, multiple, bilateral retinal hemorrhages. There were conflicting explanations of the injuries by family members; however the explanations were not consistent with the injuries.

**Preponderance of Evidence:**

There is a preponderance of evidence to substantiate the allegation of Child Abuse Death; however there is not enough evidence to identify a specific perpetrator at this time.

There is not a preponderance of evidence to substantiate the allegation of Drug Exposed Infant. Hospital records showed the child tested positive for marijuana on 1/3/14. The autopsy did not find evidence of marijuana in the infants system. The conflicting drug screen results were discussed with [REDACTED], Health nurse and Dr. [REDACTED]. It is the opinion of these medical personnel that the initial screen done at [REDACTED] Medical Center Hospital was most likely a false positive.

**Closing and Classification:**

The case will be closed and classified as Allegation Substantiated Perpetrator Unknown for the allegation of child abuse death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/01/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:37 AM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/01/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 08/10/2015

Completed date: 08/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/10/2015 10:37 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/03/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/03/2015

Completed date: 03/03/2015

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: 03/03/2015 09:55 AM Entered By: [REDACTED]

LI [REDACTED] received correspondence from the FCC group that the system error had now been fixed in TFACTS and would allow CPSI [REDACTED] to classify the allegation of DEI. LI [REDACTED] advised CPSI [REDACTED] to classify the allegation of DEI which has now been completed. This case once again will be sent to IC [REDACTED] and RID [REDACTED] for review and approval for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/27/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/02/2015

Completed date: 03/02/2015

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: 03/02/2015 11:50 AM Entered By: [REDACTED]

LI [REDACTED] sent correspondence to the FCC mailbox to inquire about the request for the fix in TFACTS. The issue is the system will now allow the CPSI to classify the allegation of [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/03/2015

Completed date: 03/03/2015

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: 03/03/2015 09:59 AM Entered By: [REDACTED]

This case was placed on the list for RID (Regional Investigations Director) [REDACTED] to review for closure approval this day.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 12/05/2014 Contact Method:  
 Contact Time: 10:15 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/05/2014  
 Completed date: 12/05/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/05/2014 09:15 AM Entered By: [REDACTED]

The Department of Children's Services received a referral on 01/13/14 with an allegation of Child Abuse Death regarding child, [REDACTED]

[REDACTED] 6 month old, resided with her mother [REDACTED] in the home of [REDACTED] (paternal grandfather). On January 3, 2014 EMS responded to the home of [REDACTED] and transported the child to the Emergency Room. [REDACTED] was found to be unresponsive and had no heart beat at the scene along with her pupils being fixed and dilated. [REDACTED] was able to resuscitated. She was reported to have bleeding on the brain. [REDACTED] was admitted to the PICU. [REDACTED] was pronounced dead on January 4, 2014.

The investigation into this incident was conducted by [REDACTED] Police Department Investigator [REDACTED] Child Protective Services Investigator [REDACTED] and Child Protective Services Lead Investigator [REDACTED]

The alleged perpetrator in this report was unknown. Interviews were conducted by Investigator [REDACTED] with [REDACTED] (mother), [REDACTED] (father), [REDACTED] (maternal grandfather), [REDACTED] (girlfriend), [REDACTED] (maternal grandmother) along with EMS personnel who responded to the scene.

The interviews revealed that the maternal grandfather [REDACTED], was feeding the infant when she became unresponsive. Due to conflicting statement details it is unclear what happened prior to this.

DCS policy work aid 1E defines the following criteria for Child Neglect Death:

- Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.
- Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

The case was presented to [REDACTED] Child Protective Investigation Team on 11/14/2014. Team members were in agreement that there was sufficient evidence to substantiate the allegation of child neglect death but not enough to substantiate a specific individual.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

There is a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and classified as Allegation Substantiated Perpetrator Unsubstantiated for the allegation of child neglect death.

Narrative Type: Created In Error Entry Date/Time: 06/11/2015 02:56 PM Entered By: [REDACTED]

Error.

Narrative Type: Addendum 3 Entry Date/Time: 01/29/2015 12:43 PM Entered By: [REDACTED]

There is a preponderance of evidence to substantiate the allegation of Child abuse Death.

The case will be closed and classified as Allegation Substantiated Perpetrator Unsubstantiated for the allegation of child abuse death.

Previous entries reflection "child neglect case" is not valid. The case was classified as a Child Abuse Death.

Narrative Type: Addendum 2 Entry Date/Time: 01/29/2015 12:42 PM Entered By: [REDACTED]

The alleged perpetrator at this time remains unknown.

Narrative Type: Addendum 1 Entry Date/Time: 12/08/2014 12:45 PM Entered By: [REDACTED]

Per hospital labs the child was reportedly positive for THC at the time of hospitalization. Per autopsy notes there was no evidence of THC in her system. This is conflicting data.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/14/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/05/2014

Completed date: 12/05/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2014 08:59 AM Entered By: [REDACTED]

Case was presented to CPIT on this date. The team unanimously agreed to classify the allegation of neglect death as [REDACTED]. There were multiple discrepancies between the autopsy and the hospital lab work. These discrepancies were talked about by the DA's and Law enforcement who spoke to the pathologists. Hard copy of CPIT form located in file.

Narrative Type: Addendum 1 Entry Date/Time: 12/05/2014 03:48 PM Entered By: [REDACTED]

Copy of Autopsy and statements scanned into TFACTS.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/14/2014	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/04/2014
Completed date:	12/04/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/04/2014 08:06 AM      Entered By: [REDACTED]

Autopsy received on this date. The death as stated in the last sentence, "The most likely explanation for the autopsy findings in this case is multiple impacts to the head and face. The manner of death in this case is deemed a homicide."

Copy of autopsy placed in file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/16/2014 Contact Method: Phone Call  
 Contact Time: 02:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/04/2014  
 Completed date: 12/04/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/04/2014 07:49 AM Entered By: [REDACTED]

Inv. [REDACTED] spoke to Inv. [REDACTED] [REDACTED] to see if the autopsy had been received. The autopsy results are still pending. Inv. [REDACTED] will follow up.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/20/2014	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/04/2014
Completed date:	12/04/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/04/2014 07:48 AM      Entered By: [REDACTED]

Inv. [REDACTED] spoke to Inv. [REDACTED] [REDACTED] to see if the autopsy had been received. The autopsy results are still pending. Inv. [REDACTED] will follow up.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/28/2014 Contact Method: Phone Call  
 Contact Time: 02:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/04/2014  
 Completed date: 12/04/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/04/2014 07:48 AM Entered By: [REDACTED]

Inv. [REDACTED] spoke to Inv. [REDACTED], [REDACTED] to see if the autopsy had been received. The autopsy results are still pending. Inv. [REDACTED] will follow up.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/27/2014	Contact Method:	Phone Call
Contact Time:	01:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/04/2014
Completed date:	12/04/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/04/2014 07:46 AM      Entered By: [REDACTED]

Inv. [REDACTED] spoke to Inv. [REDACTED], [REDACTED] to see if the autopsy had been received. The autopsy results are still pending. Inv. [REDACTED] will follow up.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/12/2014

Contact Method:

Contact Time: 09:01 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/12/2014

Completed date: 06/12/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/12/2014 08:03 AM      Entered By: [REDACTED]

As of this date, the autopsy has not been received. CPS has not received any notification from DCS Nursing Director [REDACTED] regarding the report being complete or received. This case will remain open pending the results of the autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/21/2014

Contact Method:

Contact Time: 02:48 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/21/2014

Completed date: 05/21/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/21/2014 01:51 PM Entered By: [REDACTED]

LI [REDACTED] and Investigator [REDACTED] reviewed this case. The case is being held open due to waiting on the autopsy. Investigator [REDACTED] called earlier this week to see if the report was ready and was told that it was not.

LI [REDACTED] sent an email to DCS Nursing Director, [REDACTED], and requested assistance with obtaining the autopsy. Ms. [REDACTED] emailed LI [REDACTED] back and stated that she would make the request and email the report to LI [REDACTED] when it is received.

Narrative Type: Addendum 1 Entry Date/Time: 05/21/2014 01:55 PM Entered By: [REDACTED]

This case qualifies for the classification by the 30th day exception. See details of the exception below:

Exceptions: Child death investigations awaiting an autopsy report; CPS investigations needing interpreting and translating services or other unique services such as sign language communication; CPS investigations which fall under the TCA statute 37-1-607 Severe Child Abuse or Neglect, the Federal Indian Child Welfare Act, and CPS investigations where the alleged perpetrator has no access to the child victim.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/20/2014 Contact Method: Phone Call  
 Contact Time: 02:26 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 05/20/2014  
 Completed date: 05/20/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2014 05:04 PM Entered By: [REDACTED]  
 CM [REDACTED] spoke to [REDACTED] at the [REDACTED] College of Medicine. She stated that the autopsy on [REDACTED] was not complete.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/21/2014

Completed date: 05/21/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/21/2014 01:54 PM Entered By: [REDACTED]

LI [REDACTED] reviewed this case. This case is remaining open awaiting the results of the autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/21/2014	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/04/2014
Completed date:	12/04/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/04/2014 07:44 AM      Entered By: [REDACTED]

Inv. [REDACTED] spoke to Inv. [REDACTED], [REDACTED] to see if the autopsy had been received. The autopsy results are still pending. Inv. [REDACTED] will follow up.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/31/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2014

Completed date: 04/21/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2014 10:59 AM Entered By: [REDACTED]

This is a child death case. This case has reached overdue status. The child had bilateral hemorrhages. The infant was positive for THC. There were numerous people who had access to the child, so the alleged perp is unknown. CPS is working this case with Det. [REDACTED]. CPS is still waiting on the results of the autopsy. This case will remain open with LI [REDACTED] permission in order to obtain the autopsy results. There are no other children in the home. The next steps/tasks CPSI [REDACTED] will complete are to include, but are not limited to the following:

- Case to remain open until the results of the autopsy are received
- Maintain contact with the family
- Reassess the status of the case pending the completion of the above tasks



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 03/14/2014 Contact Method:  
 Contact Time: 09:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 03/17/2014  
 Completed date: 03/17/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/17/2014 06:47 AM Entered By: [REDACTED]

CM [REDACTED] received a copy of the CD with the pictures from the hospital taken by [REDACTED] nurse, [REDACTED] Cm placed this in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/14/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/21/2014

Completed date: 04/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2014 12:39 PM Entered By: [REDACTED]

CM [REDACTED] met with Inv. [REDACTED], [REDACTED] who stated that there is still not a preliminary report or autopsy on [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/06/2014	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/17/2014
Completed date:	03/17/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 03/17/2014 06:38 AM      Entered By: [REDACTED]

Cm [REDACTED] received background checks from [REDACTED] on the following people:

[REDACTED] -  
 11/7/10- aggravated assault- suspect  
 12/30/10- family disturbance- other  
 2/13/12- simple assault- suspect  
 09/26/13- disorderly conduct- suspect  
 1/3/14- medical investigation- other

[REDACTED] -  
 2/14/05- Destructive/Damage/Vandalism of property- suspect  
 7/17/06- simple assault- victim  
 1/26/07- intimidation- suspect  
 9/30/09- simple assault- other  
 03/29/10- drugs/narcotics- suspect  
 5/7/10- runaway- other  
 11/15/10- disorderly conduct- suspect  
 9/18/11- field interview- suspect  
 10/26/12- simple assault- suspect  
 7/12/13- property damage- complainant  
 11/30/13- simple assault- evading arrest- liquor law- drunkenness-suspect  
 12/4/13- field interview- suspect  
 1/3/14- medical investigation

[REDACTED]  
 6/1/02- family disturbance- victim  
 5/8/06- burglary- victim  
 7/31/06- weapons law/ drugs/drug equipment- victim  
 6/30/07- vandalism/burglary- victim  
 7/4/07- intimidation- suspect



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

8/19/07- simple assault- suspect  
 10/28/07- family disturbance- victim  
 4/27/08- family disturbance- other  
 12/18/08- family disturbance- victim  
 8/6/09- Misc. information- other  
 8/14/09- family disturbance- victim  
 11/7/10- aggravated assault- victim  
 1/5/11- family disturbance- victim  
 11/18/12- field interview- suspect  
 3/12/13-theft of fuel- other  
 4/30/13- vandalism- victim  
 5/14/13-dog animal bite- other  
 1/3/14- medical investigation- complainant

[REDACTED]-  
 1/8/00- aggravated assault- suspect  
 6/23/02-DUI, destructive/damage/vandalism of property- victim  
 8/11/02- simple assault- victim  
 9/08/02- simple assault- victim  
 9/30/02- vandalism provate/ aggravated assault- victim  
 09/08/03- motor vehicle theft- victim  
 2/1/03- harrassment- suspect  
 12/28/04- DOSL, failure to yield, violation of state registration, no proof of insurance- suspect  
 1/18/05- harrassment- suspect  
 12/15/05- DOSL 3rd- suspect  
 7/28/99 burglary- victim  
 8/3/09- aggravated assault/destructive/vandalism of property  
 8/6/09- simple assault- suspect  
 9/2/09- aggravated assault, DOSL, tresspass of real property- suspect  
 11/15/06- DOSL, violation of light law- suspect  
 11/17/06- embezzlement- other  
 12/28/06- vandalism- victim  
 12/28/06- aggravated assault- victim  
 12/28/06- sensitive information report- complainant  
 8/19/07- simple assault- victim  
 8/20/08- intimidation- suspect  
 8/6/09- Misc. information- victim  
 8/14/09- family disturbance- victim  
 5/16/10- simple assault- victim  
 11/7/10- aggravated assault- victim  
 12/30/10- family disturbance- victim  
 1/5/11- family distrubance- victim  
 5/24/11- simple assault- victim  
 7/21/11- weapon law violation- other  
 11/13/12- drug equipment violation- other  
 4/30/13-vandalism- suspect  
 7/12/13- property damage- suspect

Cm [REDACTED] received all the statement collected by [REDACTED] Police Department. Cm placed these in the file. See file for all reports of arrests.

Narrative Type: Addendum 2    Entry Date/Time: 01/29/2015 12:41 PM    Entered By: [REDACTED]

Medical records were received from medical care [REDACTED] PCP), [REDACTED] on this date. Copies placed in the record.



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

---

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

---

Narrative Type: Addendum 1    Entry Date/Time: 03/17/2014 06:39 AM    Entered By: [REDACTED]

Cm [REDACTED] received 911 report for when [REDACTED] contacted 911.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/06/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/11/2014

Completed date: 02/11/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/11/2014 12:08 PM Entered By: [REDACTED]

Cm [REDACTED] spoke to Inv [REDACTED]. She stated that the autopsy is not back yet on [REDACTED]. She stated that she would notify Cm when it was complete. Cm thanked her.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/31/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/17/2014

Completed date: 03/17/2014

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: 03/17/2014 06:51 AM      Entered By: [REDACTED]

Cm [REDACTED] met with [REDACTED] at the DCS office. Cm asked the mother about grief counseling and she stated that she did not want this. Cm stated to her that Cm could set her up with this when she felt like it was something she wanted. [REDACTED] stated that she would let Cm know if she changed her mind. Cm [REDACTED] obtained the mother's signature on the following paperwork: Signature and Credentials: HIPAA Notice of Privacy Practices - Client Acknowledgement was signed, Native American Heritage Veto Verification was signed, Acknowledgment of Receipt of Clients' Rights Handbook was signed, Notification of Equal Access to Programs and Services and Grievance Procedures was signed, Genogram was initiated.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/28/2014 Contact Method: Phone Call  
 Contact Time: 03:18 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/28/2014  
 Completed date: 01/28/2014 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: 01/28/2014 02:23 PM Entered By: [REDACTED]

Cm [REDACTED] contacted the mother [REDACTED]. CM set up a visit with her to come to the DCS office on 1/31/14 @ 10:00 am. Cm stated that this was to go over DCS paperwork which Cm was not able to complete initially due to the circumstances. The mother wished to come to the DCS office instead of Cm coming to the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/14/2014	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/04/2014
Completed date:	12/04/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/04/2014 08:03 AM      Entered By: [REDACTED]

CPIT was convened on this date. Referral was scanned and emailed to the CAC and the D.A.'s office. Referral (less R/S identifying info.) was faxed to [REDACTED] Cm spoke with Inv. [REDACTED] by telephone on this date.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 01/28/2014

Completed date: 01/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face, Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/28/2014 02:17 PM Entered By: [REDACTED]

This case note was taken from Investigation ID: [REDACTED] which came in to DCS Hotline on 1/3/14. Cm [REDACTED] called in another referral on 1/13/14 due to the infant passing away on 1/4/14. This case note is copied from the first case to meet response time criteria for the new case. All casenotes from 1/13/14 will be in this case and all case notes prior will be in case: [REDACTED]

Cm [REDACTED] was assigned Id# [REDACTED] P1.

Cm responded to [REDACTED] Medical Center to meet response. When cm arrived cm spoke to [REDACTED] Social Worker and Dr. [REDACTED]. Cm was informed that the child, [REDACTED] (6 mo), was admitted to the hospital this morning. Dr. [REDACTED] stated that the baby had new and old trauma to her head. Cm was informed that the baby also tested positive on a UDS for THC. Dr. [REDACTED] stated that this baby was a victim of Shaken baby syndrome. That the baby had aspiration pneumonia and was on dopamine. Dr. [REDACTED] reported that there was a scratch on her chin and a abrasion under her eye. Dr. [REDACTED] neurosurgeon, evaluated [REDACTED]. He stated that she had no brain activity and that she was on a respirator. Cm was informed that the baby had massive bilateral hemorrhaging. He reported that he would check the baby the following day to see if she continued to not have any brain activity. Dr. [REDACTED] informed Cm that she was going to talk to the parents and let them know the condition of [REDACTED]. Cm [REDACTED] stayed in the room while Dr. [REDACTED] brought the [REDACTED] [REDACTED] and the paternal grandparents into the room. Dr. [REDACTED] stated that the child had no brain activity and that they did not know if she was going to live. The mother and father were crying and acting appropriately upset. [REDACTED] stated to Dr. [REDACTED] when asking about the baby surviving, "I need to know now, I think I know." She stated that another female had been helping the mother with [REDACTED]. She stated that she had been helping with [REDACTED] through the nights. She stated that she was arrested this morning for a warrant. [REDACTED] stated that this was the m. grandfather's girlfriend. She stated that they had noticed little things in the past. She stated that they noticed that [REDACTED] hair had been cut. She stated that this female denied this. She stated that [REDACTED] had a cut on the side of her face and that she asked her where it came from and she stated she did not know. [REDACTED] stated that this females name was [REDACTED] or sometimes she goes by [REDACTED]. She stated that Ms. [REDACTED] was watching [REDACTED] last night. She stated that the baby



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

was fine yesterday. [REDACTED] stated that Ms. [REDACTED] also practiced witch craft. Cm [REDACTED] explained to the mother and father about DCS's role in this investigation. Cm gave the mother and father Cm's contact information if anything changed. Cm obtained a release of information on the baby. Cm explained that she would be checking in on [REDACTED] and the family throughout the weekend. Cm obtained contact information of [REDACTED] - [REDACTED] and [REDACTED] [REDACTED] Cm obtained a picture of [REDACTED] for the file.

Cm spoke to Investigator [REDACTED] [REDACTED], to notify her on the status of [REDACTED]

Cm spoke to Dr. [REDACTED] at the nurse's station. Dr. [REDACTED] stated that this is a injury that could of happened no more than 3 days ago. He stated that the CT scan showed multiple non homogenous trauma which ocured at different times. He stated that this could be evidence of prior injuries. He stated that a castostrophic event happened today to this baby.

Cm [REDACTED] spoke to [REDACTED], security guard for [REDACTED]. He stated that he was in the lobby and heard [REDACTED] state the following, "I might of bumped her head. She was fine then all of a sudden she wasn't breathing. I didn't drop her but I'm not sure." The security guard stated that these were statements [REDACTED] was making to the people in the lobby.

Cm [REDACTED] spoke to [REDACTED] who stated that the initial doctors in the ER talked to the m. grandfather and that their names were, Dr. [REDACTED] and Dr. [REDACTED]

Cm obtained medical records on [REDACTED]

Cm left contact information with the hospital staff to call Cm if anything changed.

Cm contacted Investigator [REDACTED] and Cm was informed that the interviews of the family would be on 1/6/2014.

Narrative Type: Addendum 2    Entry Date/Time: 01/29/2015 07:07 PM    Entered By: [REDACTED]

A home visit was not conducted due to there being no other children in the household, the police department took pictures of the scene and the mother did not return to this home.

Narrative Type: Addendum 1    Entry Date/Time: 01/29/2015 12:39 PM    Entered By: [REDACTED]

Interviews were conducted on 1/7/2014 by [REDACTED] These interviews are placed in the file.

Family composition:

[REDACTED] - [REDACTED] mother to [REDACTED]  
 [REDACTED] - [REDACTED] father to [REDACTED]  
 [REDACTED] - deceased on 1/4/2014



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/14/2014 Contact Method:  
 Contact Time: 08:30 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/04/2014  
 Completed date: 12/04/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/04/2014 08:02 AM Entered By: [REDACTED]

CM was assigned this case on: 1/14/2014

Priority Response Code: P1

Allegations Assessed and Assigned by Central Intake: neglect death

Researched TFACTS History: no prior history on this child; is prior history on the mother

Narrative:

[REDACTED] (6 months) resided with Mother [REDACTED], Father [REDACTED], and Maternal Grandfather [REDACTED].

[REDACTED] is presently deceased.

On January 3, 2014, [REDACTED] was admitted to the [REDACTED] Medical Center because the child was found unresponsive at home. [REDACTED] was transported by EMS to the hospital. The grandfather reported that the child choked while drinking from a bottle. The child's parents were reportedly sleeping and the child was in the care of her grandfather when the incident occurred.

[REDACTED] passed away on 1-4-2014 and this case was assigned to CPS Investigator [REDACTED]. A near death form was filled out and sent off on 1-3-2014 and a neglect death form was filled out and sent on 1-6-2014. There is already an open case and the child's date of death was already put in to TFACTS, but the CPS Investigator was instructed to make an additional report.

An autopsy is pending at this time and the police department is already involved. A CT scan was conducted on the child and it showed multiple head traumas on the child. It is unknown what caused the trauma at this time. The child was brain dead on 1-3-2014.



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

---

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

---

No further information is known or reported at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/09/2014 Contact Method: Face To Face  
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/29/2015  
 Completed date: 01/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/29/2015 12:52 PM Entered By: [REDACTED]

Statements provided to [REDACTED] Police Department as follows:

[REDACTED] (maternal grandfather) on 1/3/2014-  
 [REDACTED] reported that his daughter, [REDACTED] woke up with the child at 3:00 am. He reported that he was in the living room watching TV so he could take the baby. His daughter went and laid back down. He reported that [REDACTED] fell asleep and that he took her and changed her diaper. He reported that around 4 am she woke up and got sick and there up a small amount. She then went back to sleep. She was sitting on his lap drinking her bottle facing him and she coughed a few time and acted like she could not breathe. He took the bottle away from her. She caught her breath and finished her bottle. He bounced her. She didn't throw up but was wheezing. He gave her a pacifier and laid her on his chest. He closed his eyes and could feel her gurgling. HE lifted her up and stuff was coming out of her nose. His girlfriend walked in the apartment when this was happening. He called 911 and could not get her to breath. He ran to the street to get the ambulance.

[REDACTED] (Captain for [REDACTED] EMS) 01/09/2014-  
 Shift supervisor reported that on Friday January 3, 2014 that he responded to [REDACTED] Street. Responded to a 911 call of a six month old in cardiac arrest. When he arrived the crew already had the baby in the ambulance. A young black male was arguing with a fireman at the ambulance. He then called for police assistance due to the way every one was acting there. He went inside the apartment to find out what had happened because they had grabbed the child and gone to the ambulance. Once inside the older male took him into the bedroom where he said they had been with the baby. Inside the bedroom was a dark haired female. The grandfather showed the fluid in the floor and told him that this is when the baby threw up. He held up an empty baby bottle. He stated that they were in the bed feeding the baby.

[REDACTED] (maternal grandfather)- 1/7/14-  
 His daughter lived with him since the baby was born. [REDACTED] is the father and lives there sparingly. He comes over from time to time. The baby was at the grandmothers home [REDACTED] on Thursday. She brought the baby back on Friday. Put the baby down around 10:00 pm and she was on his bed. [REDACTED] gave the baby to the mother after she was asleep. Around 1:00 am the baby woke up and [REDACTED] brought her out. Around 3 am [REDACTED] had the child in the bedroom and he could hear them playing. Around 4 [REDACTED] brought her out and said she had thrown up. She was fussy but wasn't crying. He took the baby and went back into the bedroom. She slept for a while after that.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

She got cranky and he gave her a bottle around 6:30. She drunk the bottle, coughed a little but. He was trying to burp her and heard a gurgling noise. He knew she wasn't breathing. He panicked. She was limp. He does not remember how he got from the bedroom to the living room but he yelled call 911 and [REDACTED] did.

[REDACTED] (mother)- 1/7/14-

She stated on January 3 she was at her home at [REDACTED] Street with her daughter [REDACTED]. Also there was [REDACTED] and [REDACTED]. She stated that around 9:00 pm that she gave [REDACTED] to [REDACTED]. She stated that this is normal because [REDACTED] watches her from time to time. Around midnight [REDACTED] knocked on the door and gave [REDACTED] back to her. [REDACTED] was asleep so she put her in the playpen. [REDACTED] woke up around 3:00 am crying. She took her and made her a bottle. [REDACTED] came in and said that she would feed her. She stated that there was no marks or injuries to her head or face. She woke up when her dad knocked on the door and told her everything was going to be okay but that she needed to get up. By that time [REDACTED] was in the ambulance. She went to the ambulance and the doors were shut and she ran in the house and got dressed. She noticed a small mark on [REDACTED] forehead in the ambulance that was purple. She stated that when [REDACTED] and her mom arrived at the hospital that [REDACTED] told her that while her and her dad were outside that [REDACTED] told him that she had laid [REDACTED] face down on the love seat in her dad's bedroom to sleep. [REDACTED] said she had fallen asleep and that when she woke up that [REDACTED] was laying face down on the floor and was throwing up.

[REDACTED] (father)- 1/7/14-

He stated that around 3:30 or 4 they decided to go to bed. He stated that [REDACTED] said that she would watch [REDACTED]. Around 5:30 or 6 [REDACTED] woke them up and said its not an emergency but you need to get up and go outside and see [REDACTED] in the ambulance. He spoke to [REDACTED] in the apartment and asked her what happened. [REDACTED] said that she put [REDACTED] on the love seat in her and [REDACTED] bedroom. [REDACTED] said she fell asleep on the bed and when she woke up [REDACTED] was on the floor face down throwing up.

[REDACTED] (maternal grandfather's paramour)- 1/7/14

ON the 2nd day of January around 3:00 pm her friend [REDACTED] came and picked her up to spend the night with her. The next morning around 6:30 or 7 she dropped her off at [REDACTED] Street. She walked into the apartment and went straight to [REDACTED] room. She stated that he was panicking and crying and told her to call 911. She stated that [REDACTED] went and woke [REDACTED] up and that when [REDACTED] walked by her he stated, "What the fuck did you do to my baby bitch, I swear to God I will kill you." He turned and walked away and then came back to her and said, " Bitch I know you dropped my baby on her head if she dies your dead bitch, I will kill you with my bare hands."

[REDACTED] (maternal grandmother)- 1/8/14-

On Thursday 1/2/14, [REDACTED] brought her granddaughter [REDACTED] to the apartment on [REDACTED]. [REDACTED] was in the living room the entire time. She was happy and not fussy. She stated that on Thursday evening that [REDACTED] texted her and said she needed diapers. She stated that she is not being honest about the diapers but that she wanted justice for her grandbaby and knows that [REDACTED] did something.

Please see file for statements in their entirety or scanned in document section of TFACTS.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]  
 County: [REDACTED] Worker: [REDACTED]  
 Date of Referral: 1/3/14 9:38 AM Date of Assessment: 1/3/14 12:00 AM  
 Assessment Type: Initial 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:** \_\_\_\_\_