



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

Case # 2014.027

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	02/20/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/20/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						
Describe (in detail) circumstances surrounding death/near death:						
<p>The child has a previous extensive medical history to include seizure disorders, epilepsy, and Hydrocephalus. The child was immobile and non-verbal at the time of the incident. She was also fed through a feeding tube (G-tube). On 02/20/2014 at approximately 3pm the child had a seizure and aspirated on fluids and stomach contents. The child was at her home at ██████████ TN ██████████ at the time of the seizure. The mother's boyfriend contacted 911 and the mother attempted CPR on the child until EMS arrived. The child was pronounced dead at ██████████ Hospital.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	n/a	Telephone #	( ) -			
Street Address:	n/a	City/State/Zip:	n/a			
Describe (in detail) interview with family:						
<p>Family members were interviewed at ██████████ Hospital as well as at their home on 02/20/2014. The mother reported that the child began to have a seizure. The mother attended to the child and suctioned her airway as she was having the seizure but the child became unconscious and CPR had to be done. The mother reported that the ██████████ nurse who is normally caring for the child during the day had taken the day off to study for a CPR test on Saturday.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
Child was transported to ██████████ by EMS. CPS was not involved during hospitalization.						
Describe disposition of body (Death):	CPS did not observe the body. According to EMS and LE there were no marks or bruises on the body and no signs of abuse or neglect.					
Name of Medical Examiner/Coroner:	unknown	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Was there DCS involvement at the time of Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Type:	CPS Investigation	Case #:	██████████			
Describe law enforcement or court involvement, if applicable:						
<p>LE was contacted and responded to the hospital. LE contacted CPS/██████████ to notify of the death. LE quarantined the family home for investigation. Approximately 160 photos were taken of the family home and child. LE does not suspect any abuse or neglect and is currently ruling the death to be caused by the seizure.</p>						
Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):						

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

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The oldest child, [REDACTED] (8), was with his father, [REDACTED] for the week at the time of [REDACTED] death. [REDACTED] will be with his father until next Wednesday.

The youngest child [REDACTED] (1), was at the home but was taken to a neighbor's home to be cared for. CPS followed up with the family and observed [REDACTED] back at home with her mother and father. No concerns were noted.

Name: [REDACTED]	Age: 8
Name: [REDACTED]	Age: 1
Name:	Age:
Name:	Age:
Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
10/02/2011	[REDACTED]	DEC	[REDACTED]	[REDACTED] and Unknown	NSN
07/20/2012	[REDACTED]	Nutritional Neglect	[REDACTED]	[REDACTED]	AUPU
02/25/2013	[REDACTED]	DEC/LOS/NN/DEI	[REDACTED]	[REDACTED]	AUPU
01/31/2014	[REDACTED]	LOS	[REDACTED]	[REDACTED]	
/ /					
/ /					
/ /					

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

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

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

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

**Email to: [REDACTED]**  
**within forty-eight (48) hours of notification**  
**Include subject line (in RED): CHILD DEATH [secure email] or**  
**CHILD NEAR DEATH [secure email]**



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 02/20/2014 04:48 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 02/20/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 02/21/2014 06:52 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 02/20/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 02/20/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	[REDACTED]

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address: [REDACTED]  
 Referent Phone Number: [REDACTED]  
 Type of Contact: [REDACTED]  
 Notification: Letter  
 Narrative: TFACTS:

Family Case IDs: [REDACTED]  
 Person IDs [REDACTED] and [REDACTED] does not have any history attached

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated No

Death No



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

Screened out 2 [REDACTED] and [REDACTED]

History (not listed above): Yes

2-27-13 - # [REDACTED] DEI, DEC, LOS, NUN No Services Needed

7-26-12 - # [REDACTED] NUN Unsubstantiated

11-16-11 - # [REDACTED] DEC No Services Needed

SMSS Search: Negative for all names and DOBs provided

County: [REDACTED]

Notification: Letter

School/ Daycare: None provided

Native American Descent: No

Directions: None given

Reporters name/relationship: [REDACTED] [REDACTED] [REDACTED]

[REDACTED] states: [REDACTED] (6) [REDACTED] (10) and [REDACTED] (1) live with their Mother ([REDACTED]) and [REDACTED] ([REDACTED]) paramour).

Today at 3:13 pm, [REDACTED] Police were notified that [REDACTED] was having seizures. The mother called Emergency Medical Services (EMS). The mother performed CPR on [REDACTED] until EMS arrived at the home. Captain [REDACTED] was the first to respond to the home. Officer [REDACTED] Officer [REDACTED] Detective [REDACTED] and Detective [REDACTED] also responded to the home.

[REDACTED] was transported to [REDACTED] Hospital. [REDACTED] expired this evening once she arrived at the hospital. [REDACTED] was with a neighbor at the time of the incident. [REDACTED] location is unknown at this time. It is unknown if there are any other issues in the household.

An Autopsy has not been completed. It is unknown when one will be performed. It is unknown who could care for the children if the caregivers are the alleged perpetrators. The parents were only briefly interviewed. The home was not viewed by the reporter, but by other officers. It is unknown what the home environment is at this time or if there are any safety hazards. [REDACTED] has DCS involvement according to the [REDACTED]. It is unknown if the parents have any history with the police in other counties, but none was provided with the local police.

There is reported to be an open case with DCS where [REDACTED] was bitten by a dog a couple of weeks ago.

Special Needs or Disabilities: [REDACTED] was a special needs child with numerous medical problems  
Childs current location/is the child safe at this time: The baby is with a neighbor. It is unknown where [REDACTED] is.  
Perpetrators location at this time: Mother and [REDACTED] were at the neighbors home when officers left the home.  
Any other safety concerns for the children or worker who may respond: Unknown

County paged in MIR3

Per SDM: Investigation/ P1. There are also other young children in the home. [REDACTED] TL on 2-20-14 @ 6:03 pm

Notified Child Death Group: [REDACTED]

RA [REDACTED] was also copied on the notification email.

Recipients	Time Issued	Response Received	Devices	Responses	
[REDACTED]	02-20-14 06:06:45 PM	[REDACTED]	02-20-14 06:07:37 PM	[REDACTED]	[REDACTED] Received



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

02-20-14 06:06:45 PM	█	---	█	Answering Machine
02-20-14 06:06:46 PM	█	---	█	Email Sent



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: White Age: 32 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 2 Yrs 2 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED]

Race: White

Age: 10 Yrs (Est)

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [Redacted]

Gender: Female

Date of Birth: [Redacted]

Participant ID: [Redacted]

SSN: [Redacted] Race: White Age: 7 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** Unknown Participant [Redacted] Unknown

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

SSN: [Redacted] Race: [Redacted] Age: [Redacted]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/20/2014

Assignment Date: 02/20/2014

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			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	unknown, unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/13/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: According to CPS categories and definitions of Neglect Death there is insufficient evidence/information at this time to substantiate.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 08/13/2014

Team Leader: [REDACTED]

Date: 08/13/2014

**E. Investigation Summary**

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

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

02/20/2014:

CPSI [REDACTED] did not make face to face contact with the ACV on 02/20/2014 as the body had been transported to [REDACTED] for autopsy by EMS. CPS obtained photographs of the body and home environment from EMS and Det. [REDACTED]

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

Det. [REDACTED] stated that the police department was at the home completing their investigation and the body of the child was with EMS being transported to the medical examiner's office. Det. [REDACTED] stated that so far in the investigation no abuse or neglect is suspected. [REDACTED] sent officers to the family home after receiving report of the child's death to ensure that the scene was not interrupted. Det. [REDACTED] stated that upon entry of the home the environment appeared consistent with the reports from the mother and her boyfriend concerning the events surrounding the child's death. Det. [REDACTED] stated that photos of the child were taken at [REDACTED] Hospital and these photos would be forwarded to CPSI [REDACTED] CPSI [REDACTED] requested to hear the 911 call and Det. [REDACTED]



**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]

[REDACTED] stated that this would be provided for CPS. Det. [REDACTED] will be the assigned Detective from [REDACTED] and was also on scene along with patrol officers. Detective [REDACTED] was in the process of taking photos of the family home. The family home was described as cluttered and it was reported that at least one rat was observed in the basement of the family home.

The cause of [REDACTED] death is documented as acute pneumonia with evidence of viral and bacterial infection and aspiration of gastric contents. Significant contributing causes included an intractable seizure disorder, global developmental delay, pachygyria and remote hypoxic-ischemic insult, and gastroesophageal reflux with recurrent aspiration pneumonia. The manner of death was natural.

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

On 02/20/2014, [REDACTED] and [REDACTED] provided a statement concerning the events surrounding [REDACTED] death. [REDACTED] was lying on the couch and began to have a seizure. There was no nurse from [REDACTED] Healthcare at the home on this date. [REDACTED] and [REDACTED] moved [REDACTED] on to the floor and attempted to support [REDACTED] as they normally would when she had seizures. [REDACTED] had a seizure disorder along with many other health issues. [REDACTED] became unresponsive and was not breathing. [REDACTED] called 911. [REDACTED] was instructed on how to do CPR on [REDACTED] and did so. EMS arrived and transported [REDACTED] to [REDACTED] Emergency Room. [REDACTED] was pronounced dead at the hospital. [REDACTED] was with his father, [REDACTED] at the time. [REDACTED] was at the grandfather's home, next door.

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

Please see initial intake report for details.

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

An autopsy was completed on the ACV and the report has been received by CPS and law enforcement. The cause of [REDACTED] death is documented as acute pneumonia with evidence of viral and bacterial infection and aspiration of gastric contents. Significant contributing causes included an intractable seizure disorder, global developmental delay, pachygyria and remote hypoxic-ischemic insult, and gastroesophageal reflux with recurrent aspiration pneumonia. The manner of death was natural.

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] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/18/2014

Contact Method:

Contact Time: 03:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/18/2014

Completed date: 12/18/2014

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: 12/18/2014 02:06 PM      Entered By: [REDACTED]

Lead Investigator [REDACTED] was advised by Investigations Coordinator [REDACTED] that this case had been through the review process for case closure and permission has been granted by Deputy Director [REDACTED] for the case to be closed effective this date.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/12/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/12/2014

Completed date: 12/12/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

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

1. Referral assigned on 02/20/2014 and assigned a P1 priority response code. Allegations Neglect Death. Alleged Child Victim is [REDACTED] (6). The Department of Children's Services had an open investigation at the time of death. Open investigation id# [REDACTED] with allegations of Lack of Supervision (severe). Death was not related to open investigation allegations or incident.

2. [REDACTED] (6) was witnessed by her mother and mother's paramour at her home to have a seizure on 02/20/2014 and become unresponsive. CPR was attempted and emergency medical personnel were notified and responded. [REDACTED] was transported to [REDACTED] Memorial Hospital Emergency Room where she was pronounced dead after 45 minutes of being unresponsive. [REDACTED] past medical history includes cerebral palsy, lissencephaly versus diffuse polymicrogyria, global developmental delay, intractable seizure disorder, dysphagia, gastroesophageal reflux, recurrent aspiration pneumonia, cutaneous hemangiomas, and hypothyroidism. She was non-verbal, unable to walk, and was fed through a gastrostomy tube. The Department of Children's Services was notified after the child was released from the emergency room and the body was in route to the medical examiner's office. The Department responded to the family home and assessed the safety of the two remaining children in the home. Child was pronounced dead on 02/20/2014.

3. Office of Child Safety Investigator, [REDACTED] Police Department Detective [REDACTED] and [REDACTED] Police Department Detective [REDACTED] were the investigating officers in this case. [REDACTED] Police Department officers responded to the scene and assisted with securing the scene.

4. The Alleged Perpetrator is Unknown. Interviews were conducted with the mother, [REDACTED] the father, [REDACTED] the sibling, [REDACTED] the mother's paramour, [REDACTED] and the in home service provider, [REDACTED]

5. CPSI [REDACTED] made telephone contact with [REDACTED] Police Department Detective Captain [REDACTED] on [REDACTED]



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

02/20/2014. Det. [REDACTED] stated that the police department was at the home completing their investigation and the body of the child was with EMS being transported to the medical examiner's office. Det. [REDACTED] stated that so far in the investigation no abuse or neglect is suspected. [REDACTED] sent officers to the family home after receiving report of the child's death to ensure that the scene was not interrupted. Det. [REDACTED] stated that upon entry of the home the environment appeared consistent with the reports from the mother and her boyfriend concerning the events surrounding the child's death. Det. [REDACTED] stated that photos of the child were taken at [REDACTED] Hospital and these photos would be forwarded to CPSI [REDACTED]. CPSI [REDACTED] requested to hear the 911 call and Det. [REDACTED] stated that this would be provided for CPS. Det. [REDACTED] will be the assigned Detective from [REDACTED] and was also on scene along with patrol officers. Detective [REDACTED] was in the process of taking photos of the family home. The family home was described as cluttered and it was reported that at least one rat was observed in the basement of the family home.

[REDACTED] reported that she was the caretaker for [REDACTED] at the time when she began to seize. [REDACTED] reported that she and her boyfriend, [REDACTED] were both home at the time and the nurse from [REDACTED] Healthcare was not at the home. [REDACTED] said that she and [REDACTED] moved [REDACTED] to the floor and called 911. [REDACTED] was instructed to do CPS on [REDACTED] as she was not breathing or responsive. [REDACTED] reported that [REDACTED] has a seizure disorder and is hospitalized often. [REDACTED] said that [REDACTED] was with his father, [REDACTED] at the time of the incident and [REDACTED] was with her paternal grandfather at [REDACTED].

[REDACTED] stated that he called 911 while [REDACTED] did CPR on [REDACTED]. [REDACTED] said he could not understand why it took so long for medical personnel to respond.

[REDACTED] was forensically interviewed at the [REDACTED] in [REDACTED] TN by [REDACTED] on 03/17/2014. [REDACTED] was brought to the interview by his father, [REDACTED]. CPSI [REDACTED] observed the FI. [REDACTED] made no disclosures of abuse or neglect during this FI. [REDACTED] reported that he does help care for [REDACTED]. [REDACTED] reported that the longest he has been left alone with [REDACTED] has been for 15 minutes. [REDACTED] concept and knowledge of time was established and it was determined that he has a clear and correct concept of time by indicating that there are 60 minutes in an hour and 60 seconds in a minute. [REDACTED] said that drugs are medicines that you are not supposed to take but drugs can be anything that someone should not use. [REDACTED] denied having knowledge of anyone in his family using drugs and stated that [REDACTED] takes medicine for his head. [REDACTED] said that his sister, [REDACTED] was attacked by their pitbull, [REDACTED]. [REDACTED] said that [REDACTED] used to sleep at [REDACTED] feet and he did not know why the dog attacked his sister. [REDACTED] said that he was not home when the dog attacked his sister and he was not there when his sister went away. [REDACTED] reported that he stays with his dad a lot so he isn't always at his mom's and doesn't know what goes on when he is not there.

[REDACTED] was referred for counseling through the [REDACTED] on this date.

6. Administrative Policy and Procedures: 20.27

7. 07/31/2014: CPSI [REDACTED] presented the facts and findings of this investigation to the [REDACTED] Judicial Child Protective Investigation Team in [REDACTED] County on 07/31/2014. CPSI [REDACTED] reviewed the autopsy report with the team and discussed the findings. The manner of death is determined to be natural. [REDACTED] had a seizure at her home in the living room. Her mother and her paramour were present. [REDACTED] was moved in to the floor and the mother initiated CPR on [REDACTED] until EMS arrived at the home. CPS and LE obtained the 911 call and verified these events. The child was pronounced dead at [REDACTED] Hospital after being transported there by EMS. The other children were not in the home at the time. The oldest child is now in the full custody of his father, [REDACTED]. There is still one child in the home, [REDACTED]. (1) CPS referred the family to [REDACTED] for in-home services to include parenting and drug & alcohol assessments. These assessments have been completed by [REDACTED]. There is little to no indication in the D&A Assessments of drug dependency by the mother or her paramour. The assessments indicated some mental health needs to include grief counseling for the mother. [REDACTED] is working with the mother with this. All team members were in agreement with the classification Allegation Unsubstantiated Perpetrator Unsubstantiated.

8. All interviews were consistent with injury and events that occurred surrounding the child's death. The alleged perpetrator is unknown.

9. There is insufficient evidence to substantiate Neglect Death at this time. There is also insufficient evidence to support a perpetrator of Neglect Death.

10. The case will be closed and classified Allegation Unsubstantiated Perpetrator for the allegation of Neglect Death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/21/2014	Contact Method:	
Contact Time:	10:15 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/21/2014
Completed date:	11/21/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/21/2014 09:19 AM      Entered By: [REDACTED]

TFACTS history search returned with the following results:

[REDACTED] 01/31/2014 [REDACTED] Investigation Open  
 [REDACTED] Lack of Supervision [REDACTED] Yes No Yes Allegation Unsubstantiated / Perpetrator  
 Unsubstantiated

[REDACTED] 02/26/2013 [REDACTED] Assessment Closed

[REDACTED]	Drug Exposed Child	[REDACTED]	No No Yes No Services Needed
[REDACTED]	Drug Exposed Child	[REDACTED]	No No Yes No Services Needed
[REDACTED]	Drug Exposed Infant	[REDACTED]	No No Yes No Services Needed
[REDACTED]	Drug Exposed Child	[REDACTED]	No No Yes No Services Needed
[REDACTED]	Drug Exposed Child	[REDACTED]	No No Yes No Services Needed
[REDACTED]	Drug Exposed Infant	[REDACTED]	No No Yes No Services Needed
[REDACTED]	Lack of Supervision	[REDACTED]	No No Yes No Services Needed
[REDACTED]	Lack of Supervision	[REDACTED]	No No Yes No Services Needed
[REDACTED]	Lack of Supervision	[REDACTED]	No No Yes No Services Needed
[REDACTED]	Nutritional Neglect	[REDACTED]	No No Yes No Services Needed

[REDACTED] 07/20/2012 [REDACTED] Investigation Closed  
 [REDACTED] Nutritional Neglect [REDACTED] No No Yes Allegation Unsubstantiated / Perpetrator  
 Unsubstantiated reclassify

[REDACTED] 10/03/2011 [REDACTED] Assessment Closed

[REDACTED]	Drug Exposed Child	[REDACTED]	No No Yes No Services Needed
[REDACTED]	Drug Exposed Child	[REDACTED]	No No Yes No Services Needed
[REDACTED]	Drug Exposed Child Unknown Participant	[REDACTED]	unknown No No Yes No Services Needed



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

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[REDACTED] [REDACTED] [REDACTED] Drug Exposed Child Unknown Participant [REDACTED] unknown No No Yes No Services Needed



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/12/2014

Completed date: 12/12/2014

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: 12/12/2014 10:48 AM      Entered By: [REDACTED]

The Department of Children's Services did have an open investigation (id# [REDACTED]) at the time of death but the death was not a result of the dog bite that occurred which resulted in the last investigation being opened.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/14/2014

Completed date: 08/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children ConcerningParticipant(s)Narrative Details

Narrative Type: Original Entry Date/Time: 08/14/2014 10:09 AM Entered By: [REDACTED]

## Closing Case Summary:

According to CPS categories and definitions of Neglect Death there is insufficient evidence to substantiate at this time. An autopsy was completed on the ACV and the report has been received by CPS and law enforcement. The cause of death is documented as acute pneumonia with evidence of viral and bacterial infection and aspiration of gastric contents. Significant contributing causes included an intractable seizure disorder, global developmental delay, pachygyria and remote hypoxic-ischemic insult, and gastroesophageal reflux with recurrent aspiration pneumonia. The manner of death was natural. Det. [REDACTED] stated that no abuse or neglect is suspected. [REDACTED] sent officers to the family home after receiving report of the child's death to ensure that the scene was not interrupted. Det. [REDACTED] stated that upon entry of the home the environment appeared consistent with the reports from the mother and her boyfriend concerning the events surrounding the child's death. Det. [REDACTED] stated that photos of the child were taken at [REDACTED] Hospital and these photos would be forwarded to CPSI [REDACTED] CPSI [REDACTED] requested to hear the 911 call and Det. [REDACTED] stated that this would be provided for CPS. Det. [REDACTED] will be the assigned Detective from [REDACTED] and was also on scene along with patrol officers. Detective [REDACTED] was in the process of taking photos of the family home. The family home was described as cluttered and it was reported that at least one rat was observed in the basement of the family home.

On 02/20/2014, [REDACTED] and [REDACTED] provided a statement concerning the events surrounding [REDACTED] death. [REDACTED] was lying on the couch and began to have a seizure. There was no nurse from [REDACTED] Healthcare at the home on this date. [REDACTED] and [REDACTED] moved [REDACTED] on to the floor and attempted to support [REDACTED] as they normally would when she had seizures. [REDACTED] had a seizure disorder along with many other health issues. [REDACTED] became unresponsive and was not breathing. [REDACTED] called 911. [REDACTED] was instructed on how to do CPR on [REDACTED] and did so. EMS arrived and transported [REDACTED] to [REDACTED] Emergency Room. [REDACTED] was pronounced dead at the hospital. [REDACTED] was with his father, [REDACTED] at the time. [REDACTED] was at the grandfather's home, next door.

Investigation is being closed and classified AUPU. [REDACTED] will continue to provide in-home services and [REDACTED] will continue counseling through the [REDACTED]. No safety concerns are present at this time. An investigation summary has been completed and forwarded to juvenile court for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/10/2014

Contact Method:

Contact Time: 08:01 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/10/2014

Completed date: 08/10/2014

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: 08/10/2014 07:02 PM      Entered By: [REDACTED]

CPSI [REDACTED] will complete the tasks as outlined in the AR dated 6/18/14 and submit the case for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/03/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/13/2014

Completed date: 08/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2014 01:02 PM Entered By: [REDACTED]

CPSI [REDACTED] observed [REDACTED] (1) in the front yard of the family home with her mother on 08/03/2014. CPSI [REDACTED] observed the mother talking to someone outside the home while supervising [REDACTED] was observed running in the yard. [REDACTED] was dressed appropriately for the weather and setting and appeared clean.

Narrative Type: Addendum 1 Entry Date/Time: 11/21/2014 09:38 AM Entered By: [REDACTED]

This observation made by Inv. [REDACTED] briefly. Inv. [REDACTED] stopped by the home and inquired as to the health and well-being of all family members. Inv. [REDACTED] did not enter the home on this date.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/31/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/10/2014

Completed date: 08/10/2014

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: 08/10/2014 06:55 PM      Entered By: [REDACTED]

Case presented to the members of CPIT on this date and classified as AUPU...

Autopsy has been received. Child was attacked by the family dog 2 weeks before she died from her seizure disorder. Child had multiple health issues and suffered from many seizures every day. Autopsy showed that child had acute pneumonia and an upper respiratory infection. There was also evidence of aspiration due to the seizure. There were several allegations regarding mom and her boyfriend were using drugs. She does have prescriptions for everything she has tested positive for. Mom had a SASSI and was found to have a low dependency for drug dependency. [REDACTED] is in the home working on grief issues. Childs older brother is in the custody of his father. The younger sibling is now in the custody of the maternal grandfather due to Moms arrest for forgery. Mom is also attending individual counseling.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/31/2014 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 08/13/2014  
 Completed date: 08/13/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2014 01:00 PM Entered By: [REDACTED]

CPSI [REDACTED] presented the facts and findings of this investigation to the [REDACTED] Judicial CPIT on 07/31/2014. CPSI [REDACTED] reviewed the autopsy report with the team and discussed the findings. The manner of death is determined to be natural. [REDACTED] had a seizure at her home in the living room. Her mother and her paramour were present. [REDACTED] was moved in to the floor and the mother initiated CPR on [REDACTED] until EMS arrived at the home. CPS and LE obtained the 911 call and verified these events. The child was pronounced dead at [REDACTED] Hospital after being transported there by EMS.

The other children were not in the home at the time.

The oldest child is now in the full custody of his father, [REDACTED] [REDACTED]. There is still one child in the home, [REDACTED] [REDACTED] (1). CPS referred the family to [REDACTED] for in-home services to include parenting and drug & alcohol assessments. These assessments have been completed by [REDACTED]. There is little to no indication in the D&A Assessments of drug dependency by the mother or her paramour. The assessments indicated some mental health needs to include grief counseling for the mother. [REDACTED] [REDACTED] is working with the mother with this.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/23/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/10/2014

Completed date: 08/10/2014

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: 08/10/2014 07:00 PM      Entered By: [REDACTED]

CPSI [REDACTED] has made a [REDACTED] referral and [REDACTED] [REDACTED] is working with the family. CPSI [REDACTED] will follow up on the other tasks as outlined in the AR dated 6/18/14.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method:

Contact Time: 02:06 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/10/2014

Completed date: 08/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/10/2014 06:58 PM      Entered By: [REDACTED]

[REDACTED] supplied a copy of the child's autopsy to [REDACTED] field staff on this date. The report states the cause of death is natural. Please see autopsy report for further details. The case will need to be presented to the members of CPIT for closure and CPSI [REDACTED] will complete tasks as identified during previous AR dated 6/18/14.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/09/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/15/2014

Completed date: 07/15/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/15/2014 01:13 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] [REDACTED] [REDACTED] [REDACTED] via telephone on 07/09/2014 to inquire as to her involvement with [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED] reported that she has made one visit to the family home and the family agreed to complete Drug and Alcohol Assessments and follow recommendations. [REDACTED] and [REDACTED] are scheduled to complete their assessments in-home on Thursday 07/10/2014 at noon. [REDACTED] reported that the family was reluctant to receive her services at first but have stated that they will participate in the services that have been requested. [REDACTED] stated that there were no children in the home at the time of her last visit on 07/08/2014.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/26/2014

Contact Method:

Contact Time: 09:38 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/26/2014

Completed date: 06/26/2014

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: 06/26/2014 08:41 AM      Entered By: [REDACTED]

Case was presented to the members of CPIT today. The autopsy results are still pending and the case can not be classified at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/18/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/24/2014

Completed date: 06/24/2014

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: 06/24/2014 04:27 PM      Entered By: [REDACTED]

No new developments reported by CPSI. Tasks needed are to follow up regarding directives given by RID [REDACTED] [REDACTED] counseling for [REDACTED] [REDACTED] referral, completion of the FAST, Update the FFA and ensure face to face contact with other child is made.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/18/2014 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/15/2014  
 Completed date: 07/15/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/15/2014 01:04 PM Entered By: [REDACTED]

CPSI [REDACTED] completed an unannounced family home visit to [REDACTED] on 05/18/2014. When CPSI [REDACTED] arrived at the home a female answered the front door. CPSI [REDACTED] introduced herself and the female identified herself as [REDACTED] stated that she has been friends with [REDACTED] for years and that [REDACTED] and [REDACTED] had picked her up from work. [REDACTED] stated that [REDACTED] and [REDACTED] were at the neighbor's home at the end of the street. CPSI [REDACTED] asked if [REDACTED] could call [REDACTED] to let her know that CPS was there. [REDACTED] stated that [REDACTED] doesn't have any minutes on her phone. [REDACTED] walked down the street and stood outside the neighbor's home with [REDACTED] and [REDACTED]. CPSI [REDACTED] walked out to the road and [REDACTED] and [REDACTED] walked back toward their house. [REDACTED] was carrying [REDACTED] and [REDACTED] was waving at CPSI [REDACTED]. CPSI [REDACTED] requested permission to complete a home visit and enter the home. [REDACTED] and [REDACTED] granted permission for entrance. CPSI [REDACTED] observed no safety concerns in the home upon entrance. [REDACTED] was dressed appropriately for the weather and setting. CPSI [REDACTED] observed her running through the living room and playing with toys. CPSI [REDACTED] discussed [REDACTED] and [REDACTED] prescriptions with them. CPSI [REDACTED] reminded them that they have never brought their prescriptions to the office for verification. [REDACTED] reported that he has no prescriptions right now. He stated that he is between doctor's. The last doctor he has seen was Dr. [REDACTED] and this was couple of months ago. [REDACTED] said that he has been getting his medication from ER visits but he does not currently have an active prescription. [REDACTED] said that her last prescription was for Lortab and this was one month ago prescribed by [REDACTED] ER. [REDACTED] and [REDACTED] did not appear to be under the influence on this date. [REDACTED] stated that she is supposed to begin working next week for a company called [REDACTED].

[REDACTED] signed TennCare Eligibility forms for herself and for [REDACTED] and [REDACTED] signed the same form for himself on this date.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/06/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/06/2014

Completed date: 05/06/2014

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: 05/06/2014 03:05 PM      Entered By: [REDACTED]

A [REDACTED] Referral will be made for the family, the case presented to the members of CPIT and the case will be assessed to see if an FSS referral is needed prior to case closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/14/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/06/2014

Completed date: 05/06/2014

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: 05/06/2014 03:03 PM      Entered By: [REDACTED]

The case was reviewed with IC [REDACTED] on this date. A [REDACTED] referral will be made for the family. The autopsy must be received, the case presented to CPIT and then closed. Inv was advised to ensure that [REDACTED] is working with the family to address grief and loss.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/06/2014

Completed date: 05/06/2014

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: 05/06/2014 03:00 PM      Entered By: [REDACTED]

No additional information was provided during the admin review. Autopsy results are needed in this case and the case must also be presented to the members of CPIT



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 12/12/2014

Completed date: 12/12/2014

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: 12/12/2014 10:44 AM

Entered By: [REDACTED]

[REDACTED] [REDACTED] obtained full legal custody of [REDACTED] [REDACTED] on 04/08/2014 through [REDACTED] County Circuit Court. Court order located in CPS file.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/02/2014

Contact Method:

Contact Time: 10:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/06/2014

Completed date: 05/06/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/06/2014 02:58 PM Entered By: [REDACTED]

LI [REDACTED] and Inv [REDACTED] discussed the case with IC [REDACTED] on this date. Inv [REDACTED] will complete her tasks as outlined in the CFIM. Autopsy results are needed in this case.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/31/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/06/2014

Completed date: 05/06/2014

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: 05/06/2014 02:56 PM Entered By: [REDACTED]

LI [REDACTED] and Inv. [REDACTED] staffed the case on this date as LI [REDACTED] has been out on medical leave from 2/10/14 through 3/17/14...during this time frame supervision of the case was provided by IC [REDACTED] and other LI's within the region. Inv. [REDACTED] had an open referral on the ACV [REDACTED] [REDACTED] for a near death (investigation [REDACTED] at the time of the child's passing. The two instances were not believed to be related. There was a CFTM held on 3/14/14 which was covered by LI [REDACTED] [REDACTED] [REDACTED]. Another CFTM was set for 3/28/14 but the mother and her partner did not keep the appointment. Inv. [REDACTED] will complete her action steps as outlined during the CFTM. Discussed the possibility of rolling the case to FSS for follow up at the end of the CPS case.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/28/2014	Contact Method:	Attempted Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/15/2014
Completed date:	07/15/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/15/2014 01:03 PM      Entered By: [REDACTED]

CPSI [REDACTED] traveled to [REDACTED] on 03/28/2014 and attempted to meet with [REDACTED] and [REDACTED]. There was no answer at the door. CPSI [REDACTED] left a card on the front door.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/28/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/15/2014

Completed date: 07/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/15/2014 01:01 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] did not show up for the scheduled CFTM at the [REDACTED] County DCS office on 03/28/2014 at 10am. [REDACTED] was present for the informal meeting.

CPSI [REDACTED] attempted to contact [REDACTED] and [REDACTED] via telephone several times with no answer. CPSI [REDACTED] had also made attempts to contact [REDACTED] on 03/27/2014 to remind the family of the meeting date and time.

CPSI [REDACTED] spoke with [REDACTED] who reported that [REDACTED] funeral was awful because she was already starting to decay and it could be smelled. [REDACTED] reported that [REDACTED] insisted that the funeral be held at a later date causing this. [REDACTED] said that he is

planning to file for full custody of [REDACTED] and will be using [REDACTED] to represent him in this matter. [REDACTED] said that [REDACTED] has not been letting him see [REDACTED] like she normally does. [REDACTED] said that he feels that it would be in [REDACTED] best interest to be in his full

custody as [REDACTED] is not attending school regularly with [REDACTED]

[REDACTED] said that [REDACTED] should be at school on this date.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/28/2014	Contact Method:	Phone Call
Contact Time:	08:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/12/2014
Completed date:	12/12/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

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

OCSI [REDACTED] spoke with [REDACTED] with [REDACTED] on 03/28/2014. [REDACTED] reported that he has made multiple attempts to contact and locate the family and has been unsuccessful. OCSI [REDACTED] explained that she would attempt to contact the family to get them in contact together so that the tests could be completed.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/26/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/12/2014

Completed date: 12/12/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

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

OCSI [REDACTED] met with [REDACTED] [REDACTED] and [REDACTED] to complete a death review on this date. OCSI received all medical records from [REDACTED] Center, [REDACTED] Hospital, [REDACTED] Pediatrics, and [REDACTED] Health Care on this date as well.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/18/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/12/2014

Completed date: 12/12/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/12/2014 10:27 AM      Entered By: [REDACTED]

OCSI [REDACTED] made telephone contact with [REDACTED] with [REDACTED] on 03/18/2014 and referred [REDACTED] and [REDACTED] for hair follicle drug screens. OCSI informed the family that this referral was made. OCSI provided [REDACTED] with contact information for the family.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 03/17/2014 Contact Method: Face To Face  
 Contact Time: 10:30 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 07/15/2014  
 Completed date: 07/15/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/15/2014 01:00 PM Entered By: [REDACTED]

[REDACTED] was forensically interviewed at the [REDACTED] Center in [REDACTED] TN by [REDACTED] on 03/17/2014. [REDACTED] was brought to the interview by his father, [REDACTED] CPSI [REDACTED] observed the FI. [REDACTED] made no disclosures of abuse or neglect during this FI. [REDACTED] reported that he does help care for [REDACTED] [REDACTED] reported that the longest he has been left alone with [REDACTED] has been for 15 minutes. [REDACTED] concept and knowledge of time was established and it was determined that he has a clear and correct concept of time by indicating that there are 60 minutes in an hour and 60 seconds in a minute. [REDACTED] said that drugs are medicines that you are not supposed to take but drugs can be anything that someone should not use. [REDACTED] denied having knowledge of anyone in his family using drugs and stated that [REDACTED] takes medicine for his head. [REDACTED] said that his sister, [REDACTED] was attacked by their pitbull, [REDACTED] [REDACTED] said that [REDACTED] used to sleep at [REDACTED] feet and he did not know why the dog attacked his sister. [REDACTED] said that he was not home when the dog attacked his sister and he was not there when his sister went away. [REDACTED] reported that he stays with his dad a lot so he isn't always at his mom's and doesn't know what goes on when he is not there.

Please see CPS file for a full FI report.

[REDACTED] was referred for counseling through the [REDACTED] on this date



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/14/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/15/2014

Completed date: 07/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/15/2014 12:59 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] did not show up to the DCS office as agreed on this date to bring proof of prescriptions to CPSI  
 [REDACTED] CPSI [REDACTED] made several attempts to contact them via telephone with no success.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/14/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/18/2014

Completed date: 03/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/18/2014 02:13 PM Entered By: [REDACTED] [REDACTED]

A CFTM was held on this date. Please refer to the CFTM tab for details of the summary and the action steps.. TennCare appeal rights were discussed at this meeting.

Narrative Type: Addendum 1 Entry Date/Time: 12/12/2014 10:23 AM Entered By: [REDACTED]

CFTM Outcome:

[REDACTED] and [REDACTED] will complete hair follicle drug screens. [REDACTED] will complete a forensic interview on 03/17/2014 at 10:30am. He will be brought to the interview by [REDACTED] [REDACTED]. A referral to [REDACTED] will be made and the parents will participate in in-home services to address A&D issues and grief counseling. An informal CFTM will be held on 03/28/2014 at 10am.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2014

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/15/2014

Completed date: 07/15/2014

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: 07/15/2014 12:58 PM      Entered By: [REDACTED]

The Family Risk Level and need for services has moved to moderate at this time due to the recent death of the ACV (unrelated to allegations in current case) and the caretakers have failed a UDS and are unable/unwilling to provide current/valid prescriptions for the substances in which they have tested positive.

The family reports that they do not think that they need any services and are doing fine with the death of the 6 year old child. The mother reports that she just wants to talk to her boyfriend, [REDACTED] and no one else. The family is very closed off with DCS and does not ask questions or seek advice. The mother reports that she has always cared for her children without the help of anyone else.

[REDACTED] and [REDACTED] were asked to bring their prescriptions to the DCS office by the close of business on this date (3/5/14) and did not show up. CPS attempted to contact the family with no success. The family did not call CPS.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 03/05/2014 Contact Method: Face To Face  
 Contact Time: 03:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/15/2014  
 Completed date: 07/15/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/15/2014 12:57 PM Entered By: [REDACTED]

CPSI [REDACTED] met with [REDACTED] and [REDACTED] at the [REDACTED] County DCS office on 03/05/2014. CPSI [REDACTED] discussed the allegations of drug use and lack of supervision in the new reports received with [REDACTED] and [REDACTED] and [REDACTED] agreed to complete urine drug screens on this date. [REDACTED] stated that [REDACTED] was in the care of [REDACTED] father during [REDACTED] funeral. [REDACTED] was at the funeral and came with his dad. [REDACTED] and [REDACTED] denied the allegations against them. [REDACTED] consented to a urine drug screen on this date and tested positive for Amphetamine, Opiates, and Oxycodone. [REDACTED] reported that she took 1 Oxycodone/Lortab on 03/04/2014 at approximately 11am and she took 1 Percocet at 8 or 9p on 03/04/2014. [REDACTED] reported that she has prescriptions for both of these drugs from [REDACTED] ER and Dr. [REDACTED] her gynecologist. [REDACTED] said that the only reason she thought she would be testing positive for Amphetamine was because she also took Sudafed on 03/04/2014. [REDACTED] consented to a UDS on this date and tested positive for Oxycodone. [REDACTED] has a prescription for Roxycodone prescribed by Dr. [REDACTED] in [REDACTED]

[REDACTED] was present at the DCS office with her mother and father on this date. CPSI [REDACTED] observed [REDACTED] walking and interacting with her parents appropriately. No safety concerns were observed in regards to [REDACTED] on this date.

Narrative Type: Addendum 1 Entry Date/Time: 11/21/2014 09:34 AM Entered By: [REDACTED]

CPSI [REDACTED] provided and discussed the Clients Rights Handbook, Privacy Policy, MRS brochure, Release of Information to DCS, Native American Heritage Veto, and Equal Access to Programs forms with [REDACTED] on this date and she signed all paperwork accordingly.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/24/2014 Contact Method: Face To Face  
 Contact Time: 01:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 07/15/2014  
 Completed date: 07/15/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/15/2014 12:56 PM Entered By: [REDACTED]

CPSI [REDACTED] and [REDACTED] Detective [REDACTED] [REDACTED] traveled to [REDACTED] Healthcare in attempts to meet with [REDACTED] [REDACTED] [REDACTED] was not at the office and was reported to be on leave with her family. CPS and LE spoke with [REDACTED] a payroll employee for [REDACTED] [REDACTED] who was able to pull notes and time cards for [REDACTED] [REDACTED] reported that [REDACTED] submitted time cards in February but that there was some time not accounted for. There was no information in the reports to support that [REDACTED] had any concerns for anyone or anything in the home. The questions about the time card were turned over to the Tennessee Bureau of Investigation (TennCare Fraud) Department. This was investigated as the mother reported that Ms. [REDACTED] had not been in the home for 2 weeks prior to the child's death. This was investigated and cleared through the TBI with no concerns. The time cards for [REDACTED] and the work hours were consistent. There were several days since the child's discharge from the hospital that [REDACTED] was not in the home. [REDACTED] Healthcare attempted to send another nurse to the home but the family refused assistance from anyone but Ms. [REDACTED] [REDACTED] was not in the home due to being recertified in CPR.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/21/2014

Contact Method:

Contact Time: 06:52 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/14/2014

Completed date: 03/14/2014

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: 03/14/2014 01:32 PM Entered By: [REDACTED]

CPS Investigation id# [REDACTED] was assigned to CPSI [REDACTED] on 02/21/2014 and assigned a PI priority response code. Allegations are Neglect Death. ACV is [REDACTED] (6). AP is unknown. CPS intake report reads as follows:

[REDACTED] states: [REDACTED] (6) [REDACTED] (10) and [REDACTED] (1) live with their Mother [REDACTED] and [REDACTED] paramour).

Today at 3:13 pm, [REDACTED] Police were notified that [REDACTED] was having seizures. The mother called Emergency Medical Services (EMS). The mother performed CPR on [REDACTED] until EMS arrived at the home. Captain [REDACTED] was the first to respond to the home. Officer [REDACTED] Officer [REDACTED] Detective [REDACTED] and Detective [REDACTED] also responded to the home.

[REDACTED] was transported to [REDACTED] Hospital. [REDACTED] expired this evening once she arrived at the hospital. [REDACTED] was with a neighbor at the time of the incident. [REDACTED] location is unknown at this time. It is unknown if there are any other issues in the household.

An Autopsy has not been completed. It is unknown when one will be performed. It is unknown who could care for the children if the caregivers are the alleged perpetrators. The parents were only briefly interviewed. The home was not viewed by the [REDACTED] but by other officers. It is unknown what the home environment is at this time or if there are any safety hazards. [REDACTED] has DCS involvement according to the [REDACTED] It is unknown if the parents have any history with the police in other counties, but none was provided with the local police.

There is reported to be an open case with DCS where [REDACTED] was bitten by a dog a couple of weeks ago.

Special Needs or Disabilities: [REDACTED] was a special needs child with numerous medical problems  
 Childs current location/is the child safe at this time: The baby is with a neighbor. It is unknown where [REDACTED] is.  
 Perpetrators location at this time: [REDACTED] and [REDACTED] were at the neighbors home when officers left the home.  
 Any other safety concerns for the children or worker who may respond: Unknown

Initial Notification of Report was made to juvenile court.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/20/2014 Contact Method: Phone Call  
 Contact Time: 04:10 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 03/14/2014  
 Completed date: 03/14/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 02:21 PM Entered By: [REDACTED]

CPSI [REDACTED] made telephone contact with [REDACTED] Police Department Detective Captain [REDACTED] on 02/20/2014. Det. [REDACTED] stated that the police department was at the home completing their investigation and the body of the child was with EMS being transported to the medical examiner's office. Det. [REDACTED] stated that so far in the investigation no abuse or neglect is suspected. [REDACTED] sent officers to the family home after receiving report of the child's death to ensure that the scene was not interrupted. Det. [REDACTED] stated that upon entry of the home the environment appeared consistent with the reports from the mother and her boyfriend concerning the events surrounding the child's death. Det. [REDACTED] stated that photos of the child were taken at [REDACTED] Hospital and these photos would be forwarded to CPSI [REDACTED]. CPSI [REDACTED] requested to hear the 911 call and Det. [REDACTED] stated that this would be provided for CPS. Det. [REDACTED] will be the assigned Detective from [REDACTED] and was also on scene along with patrol officers. Detective [REDACTED] was in the process of taking photos of the family home. The family home was described as cluttered and it was reported that at least one rat was observed in the basement of the family home. [REDACTED] was not observed at the home by LE and his whereabouts were unknown. [REDACTED] was not observed at the home by LE and her whereabouts were determined to be with paternal family members.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/20/2014

Contact Method: Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/14/2014 02:10 PM      Entered By: [REDACTED]

CPSI [REDACTED] made telephone contact with the referent in this case on 02/20/2014. No additional information was reported at this time. CPSI [REDACTED] advised of case assignment and provided her contact information to the referent.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/02/2014 Contact Method: Face To Face  
 Contact Time: 03:30 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 07/15/2014  
 Completed date: 07/15/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/15/2014 12:41 PM Entered By: [REDACTED]

CPSI [REDACTED] did not make face to face contact with the ACV on 02/20/2014 as the body had been transported to [REDACTED] for autopsy by EMS. CPS obtained photographs of the body and home environment from EMS and Det. [REDACTED]. CPSI [REDACTED] did make F2F contact with the other child currently in the home, [REDACTED] (1/half-sibling) on 02/20/2014 with no concerns. [REDACTED] could not be interviewed due to her age but she was dressed appropriately and appeared healthy with no obvious issues. Child was smiling and being held by her mother, [REDACTED] on the front porch of the when CPS made contact. It was approximately 9pm on 02/20/2014 when CPSI [REDACTED] completed a home visit and brief interviews with the parents on this date. [REDACTED] reported that they are just exhausted from the day. [REDACTED] and [REDACTED] were not emotional during the conversation with CPSI [REDACTED]. CPSI [REDACTED] asked the family what, if anything, the Department could do to assist at this time. [REDACTED] stated that they were fine and that everything would be alright. [REDACTED] further made mention of [REDACTED] health problems since birth and how she had lived longer than expected. [REDACTED] said she was just glad to have had the time she had with [REDACTED] and she will miss her and taking care of her. [REDACTED] said that she informed [REDACTED] dad, [REDACTED] who has [REDACTED] brother, [REDACTED] said that [REDACTED] is upset.

CPSI [REDACTED] attempted to contact [REDACTED] via telephone on 02/20/2014 to check on [REDACTED] and to offer assistance to the family if needed. There was no answer.