



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 04/21/2014 09:02 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 04/21/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 04/21/2014 10:40 AM
 First Team Leader Assigned: [REDACTED] Date/Time 04/21/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 04/21/2014 12:00 AM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: None
 Narrative: The child is not in custody.
 TFACTS: Yes, one possible case listed
 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 0

History (not listed above): Yes - One possible history (No DOB on case to confirm)
8-2-06 - [REDACTED] - [REDACTED] - Allegation Unsubstantiated / Perpetrator Unsubstantiated, AP is [REDACTED]
(Uncle) to ACV [REDACTED]

County: [REDACTED]
Notification: None
School/ Daycare: None provided
Native American Descent: No
Directions: None provided

Reporters Name/ Relationship: [REDACTED]

Reporter states: The children [REDACTED] (4), [REDACTED] (2), and [REDACTED] (18 days) live with mother, [REDACTED] and father, [REDACTED].

Early on 4-21-14 (Monday), the [REDACTED] Police responded to a report of an infant death ([REDACTED]). According to the report, [REDACTED] was unresponsive and cold to the touch when medics/EMS (Emergency Medical Services) arrived at the home. [REDACTED] was performing CPR (Cardiopulmonary Resuscitation) on [REDACTED] when medics arrived at the home. Upon arrival, the medics took over CPR. The detectives (unknown information) responded to the home and stated that the event took place in an upstairs bedroom. [REDACTED] was sleeping with all three children in her bed. It is unknown if [REDACTED] was in the bed with [REDACTED] and the children when the incident took place.

[REDACTED] states that she was awakened by [REDACTED] who wanted juice. [REDACTED] got up and found [REDACTED] lifeless. She ([REDACTED]) says that she immediately ran down stairs and called 911. The event occurred between 1 am and 2:30 am (4-21-14). [REDACTED] was reported to be deceased at 2:30 am, by EMS staff/medical personnel at the home.

[REDACTED] originally told the officers that she was going to put [REDACTED] in her crib, but it was full of clothes, so she put [REDACTED] in her ([REDACTED]) bed with the other children. [REDACTED] may have rolled over on [REDACTED] but it is uncertain at this time. The bed was full of covers and cushions and there were plenty of bed linens and places where [REDACTED] could have become wrapped up or suffocated. The home environment was cluttered, but not to the point of environmental neglect according to officers.

Officers (unknown) filled out a "[REDACTED] form" (police report, unknown number) and local CPS staff was notified this morning of the event. There is no known CPS history with the family and there are no other allegations of harm.

An autopsy will be performed on [REDACTED] but the date is unknown.

It is unknown where the other two children or parents are at this time.

Special Needs or Disabilities: none
Child's current location/is the child safe at this time: deceased
Perpetrator's location at this time: home
Any other safety concerns for the child(ren) or worker who may respond: none

This is all the information reported at this time.

[REDACTED] group emailed.
Per [REDACTED] Investigative Track/ P1, [REDACTED], TL on 4-21-14 @ 10:36 am

Notified Child Death Group: [REDACTED]
RA [REDACTED] was also 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:** **Age:** 2 Yrs 6 Mos (Est)
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:** Black/African **Age:** 6 Mos
Address: [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:**DCS History Search Results:****DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 33 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 4 Yrs (Est)

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:

Race:

Age: [REDACTED]

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:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/21/2014

Assignment Date: 04/21/2014

Street Address:

City/State/Zip:

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	Participant [REDACTED] Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/19/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 06/19/2014

Team Leader: [REDACTED]

Date: 06/19/2014

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:

[REDACTED] Police responded to a report of an infant death ([REDACTED]). According to the report, [REDACTED] was unresponsive and cold to the touch when medics/EMS (Emergency Medical Services) arrived at the home. [REDACTED] was performing CPR (Cardiopulmonary Resuscitation) on [REDACTED] when medics arrived at the home. Upon arrival, the medics took over CPR. The mother ([REDACTED]) was sleeping with all three children in her bed. [REDACTED] stated that she was awakened by [REDACTED] who wanted juice. [REDACTED] got up and found [REDACTED] lifeless. She ([REDACTED]) says that she immediately ran down stairs and called 911. The event occurred between 1 am and 2:30 am (4-21-14). [REDACTED] was reported to be deceased at 2:30 am, by EMS staff/medical personnel.

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

Dr. [REDACTED] Medical Examiner conducted an autopsy on the child which related the organ weights and body measurements were within normal range. Toxicology was negative. The cause and manner of death could not be determined. Dr. [REDACTED] stated that death by roll-over asphyxiation could not be excluded.



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

Case Name : ██████████

Investigation ID: ██████████

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

██████████ related she went to bed with her three children, all of them in her bed. She was awakened by her two year old who wanted something to drink. When she woke, she noticed her three week old baby was cold to the touch and unresponsive. She ran downstairs and called for help. EMS responded and tried to resuscitate her baby. She stated she drank a margarita the night prior and admitted to smoking a joint prior to Detective and DCS personnel arriving the following morning. ██████████ submitted to a random drug screen which indicated positive for marijuana.

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

██████████ was interviewed and related she was awakened by ██████████ who was yelling and distraught over her unresponsive baby. ██████████ stated she loved ██████████ like family and she is very heart broken over the babys death. She does not believe ██████████ is responsible for the babys death. ██████████ was interviewed and related she thinks of ██████████ as a sister and loves her very much and does not believe she is responsible for the babys death. She is very upset about the Babys death, but she is trying to be strong and supportive for ██████████ ██████████ was interviewed and related she is ██████████ daughter and ██████████ sister. Her family considers ██████████ and her children as their family. ██████████ was called after the baby died and took the older two children (██████████ and ██████████) to her home while the family dealt with the death. ██████████ does not believe ██████████ would ever hurt any of her children.

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

Autopsy report revealed cause of death could not be determined, manner of death could not be determined, circumstances of death indicates infant was in unsafe sleeping environment (co-sleeping). Significant finding at autopsy include normal organ weights and body measurements, no congenital anomalies, and no traumatic injuries. Microscopic examination is noncontributory. No ethanol or drugs of abuse are detected on postmortem toxicology analysis.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/19/2014	Contact Method:	Phone Call
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/19/2014
Completed date:	06/19/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/19/2014 08:08 AM Entered By: [REDACTED]

[REDACTED] contacted Investigator and related she has completed her parenting class.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/18/2014 Contact Method:
 Contact Time: 05:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/19/2014
 Completed date: 06/19/2014 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: 06/19/2014 09:23 AM Entered By: [REDACTED]

Investigator [REDACTED] received case on 21 Apr 2014 with allegation of Neglect Death. The child victim is [REDACTED] and the alleged perpetrator is unidentified. Detective [REDACTED] interviewed the mother who related she went to bed with her three children, all of them in her bed. She was awakened by her two year old who wanted something to drink. When she woke, she noticed her three week old baby was cold to the touch and unresponsive. She ran downstairs and called for help. EMS responded and tried to resuscitate her baby. She stated she drank a margarita the night prior and admitted to smoking a joint prior to Detective and DCS personnel arriving the following morning. [REDACTED] submitted to a random drug screen which indicated positive for marijuana. [REDACTED] was referred to an A & D assessment and has followed up with treatment. She was referred to grief counseling and has actively participated in the program. She was referred to parenting classes and successfully completed the course. She has consented to and provided clean drug screens throughout the investigation. Investigator interviewed the Medical Examiner, Dr. [REDACTED] who conducted the autopsy on the child. Dr. [REDACTED] related the organ weights and body measurements were within in normal range. Toxicology was negative. The cause and manner of death could not be determined. Dr. [REDACTED] stated that death by roll-over asphyxiation could not be excluded. Investigator observed the home and found there was one bed queen sized bed, one single bed, and a bassinet in the bedroom the family used. The home was otherwise safe and adequate for the residents. At the conclusion of the investigation Investigator observed there were three beds for the family to sleep separately in. Investigator had no concerns for the safety or well-being of the children. Investigator is closing the case as AUPU due to Case closed and family referred to services available in the community.

The 740 was completed. A copy of the 740 was sent to the Judge. A copy of the 740 was sent to the DA.

Closing Family Composition:

[REDACTED] Birth Mother
 [REDACTED] - Brother (4)
 [REDACTED] Sister (2)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/12/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/12/2014

Completed date: 06/12/2014

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: 06/12/2014 04:59 PM Entered By: [REDACTED]

Investigator conducted a home/face to face visit to follow-up with the family. [REDACTED], [REDACTED], and [REDACTED] were present during the visit. Investigator spoke with [REDACTED] who related everything is going well with her counseling sessions. She added she went back to work this past Monday and she is happy to be back at work. Investigator spoke with [REDACTED] about his video games. Investigator observed both children to be appropriately dressed and happy and content in their environment. [REDACTED] consented to a drug screen which resulted in negative for all drugs tested.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/11/2014

Contact Method:

Contact Time: 11:54 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/11/2014

Completed date: 06/11/2014

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: 06/11/2014 11:56 AM Entered By: [REDACTED]

Case Conference

LI [REDACTED] conducted a case conference on this date with Investigator [REDACTED]. CPSI has obtained the autopsy. Next Steps: follow up with family, random drug screen,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/06/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/19/2014
Completed date:	06/19/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/19/2014 08:28 AM Entered By: [REDACTED]

Investigator received a copy of the autopsy report. The report stated as follows:

Cause of Death: Could not be determined
Manner of Death: Could not be determined
Circumstances of Death: Infant in unsafe sleeping environment (co-sleeping)

Significant finding at autopsy include normal organ weights and body measutements, no congenital anomalies, and no traumatic injuries.

Microscopic examination is noncontributory.

No ethanol or drugs of abuse are detected on postmortem toxicology analysis.

A copy of the report is in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/29/2014

Contact Method:

Contact Time: 06:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/29/2014

Completed date: 05/29/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/29/2014 06:48 PM Entered By: [REDACTED]

Investigator spoke with [REDACTED] who related the Vistaril she was prescribed has been making her lethargic. She stated she spoke to her [REDACTED] counselor, [REDACTED] yesterday (5/28/14) who informed her she would look into contacting the doctor who prescribed it and look into alternative medication. [REDACTED] related she spoke to the [REDACTED] nurse [REDACTED] who told [REDACTED] to stop taking the Vistaril.



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:	05/29/2014	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/29/2014
Completed date:	05/29/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/29/2014 06:39 PM Entered By: [REDACTED]

Investigator spoke with [REDACTED] facilitator, [REDACTED] who related [REDACTED] has not seemed like herself during the last two classes. She stated [REDACTED] was less attentive and appeared sleepy. Investigator informed Ms [REDACTED] he would contact [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/21/2014 Contact Method: Face To Face
 Contact Time: 04:20 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 05/21/2014
 Completed date: 05/21/2014 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: 05/21/2014 05:34 PM Entered By: [REDACTED]

Investigator [REDACTED] made a home visit/face to face visit to initiate the investigation. Investigator went to [REDACTED] to meet with the mother [REDACTED]. Ms. [REDACTED] consented to a drug screen which revealed negative for all substances tested. Ms. [REDACTED] showed Investigator that she had acquired two toddler beds for her children when they return home. Investigator informed Ms. [REDACTED] that her children could return to her custody this date under the following circumstances: Ms. [REDACTED] is to continue to remain drug free. She is to continue to cooperate with DCS to include consenting to future drug screens. She is to continue attending her A and D counseling, Parenting classes, and Grief counseling classes. She is to follow all recommendations made by these services. She is to ensure her children are not exposed to drugs or people using drugs. She is to ensure her children sleep alone in their own beds with no adults co sleeping with the children. She is to ensure her children have adult supervision at all times.

Investigator went to [REDACTED] to visit with the children, [REDACTED] and [REDACTED], [REDACTED] [REDACTED], and [REDACTED] were present. The children were playing and having fun. Investigator informed [REDACTED] and [REDACTED] that the children would be able to return to their mother this date. [REDACTED] and [REDACTED] were pleased with this information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/21/2014	Contact Method:	
Contact Time:	11:43 AM	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):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/21/2014 12:32 PM Entered By: [REDACTED]

Investigator spoke with [REDACTED] of [REDACTED] is the counselor who has been providing Grief Counseling to [REDACTED]. [REDACTED] related [REDACTED] has completed 4 of 8 sessions. She has been early to every session and has not missed an appointment. [REDACTED] has shown a strong level of commitment toward her healing and has been open and sharing. She has displayed she is accountable for her actions and [REDACTED] has no issues with [REDACTED] therapeutic process.



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: 05/20/2014

Contact Method:

Contact Time: 03:20 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): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2014 03:24 PM Entered By: [REDACTED]

Investigator spoke with [REDACTED], [REDACTED] facilitator, [REDACTED] who related Ms. [REDACTED] has attended four or eight parenting classes. She has shown up early for every class and actively participates in the sessions. She is making significant progress toward the completion of established goals. Ms. [REDACTED] is very pleased with Ms. [REDACTED] attitude and participation in class.



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:	05/15/2014	Contact Method:	Phone Call
Contact Time:	02:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/15/2014
Completed date:	05/15/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact, Medical Exam		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/15/2014 03:34 PM Entered By: [REDACTED]

Investigator spoke with Dr. [REDACTED] ([REDACTED]) who related he has completed the autopsy and is currently working on the report. He gave the following information as his preliminary findings: The organ weights and body measurements were within in normal range. Toxicology was negative. The cause and manner of death could not be determined. Dr. [REDACTED] stated that death by roll-over asphyxiation could not be excluded.



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: 05/14/2014

Contact Method:

Contact Time: 09:00 AM

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): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2014 02:28 PM Entered By: [REDACTED]

Investigator received a Progress report from [REDACTED]. The report states that Ms. [REDACTED] is enrolled in their [REDACTED] (IOP) and attends sessions daily, Monday through Friday. The report further relates that Ms. [REDACTED] has not missed a session since her admission. Ms. [REDACTED] continues to be an active participant in the sessions.



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:	05/08/2014	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/08/2014
Completed date:	05/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/08/2014 01:43 PM Entered By: [REDACTED]

Investigator spoke with [REDACTED] who related she has attended the following services to date:

4/30/2014	[REDACTED]	Counselling Session; Parenting Class; [REDACTED]	A and D assessment
5/1/2014	[REDACTED]		A and D counselling
5/2/2014	[REDACTED]		A and D counselling
5/3/2014	[REDACTED]		A and D counselling
5/5/2014	[REDACTED]		A and D counselling
5/6/2014	[REDACTED]		A and D counselling
5/7/2014	[REDACTED]	A and D counseling; [REDACTED]	Grief Counseling; Parenting Class
5/8/2014	[REDACTED]		Grief Counselling



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:	05/07/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/08/2014
Completed date:	05/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/08/2014 01:41 PM Entered By: [REDACTED]

Investigator received a letter from [REDACTED] relating that [REDACTED] was entered into their [REDACTED] (IOP) on 4/30/2014 and that she was scheduled to attend IOP daily, Monday thru Friday from 9 12 pm. The letter related [REDACTED] has attended three sessions since admission and appears to be making use of the group environment for support and guidance. Upon completion of the IOP [REDACTED] will be expected to attend the aftercare program, [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/07/2014 Contact Method:
 Contact Time: 09:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/20/2014
 Completed date: 05/20/2014 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: 05/20/2014 02:28 PM Entered By: [REDACTED]

Investigator received a Progress report from [REDACTED]. The report states that Ms. [REDACTED] is enrolled in their [REDACTED] (IOP) and attends sessions daily, Monday through Friday. The report further relates that Ms. [REDACTED] has not missed a session since her admission. Ms. [REDACTED] appears to be making use of the group environment for support and guidance.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2014

Contact Method:

Contact Time: 08:58 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/30/2014

Completed date: 04/30/2014

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: 04/30/2014 09:05 AM Entered By: [REDACTED]

Case Conference

Lead Investigator [REDACTED] conducted a case conference on this date with CPSI [REDACTED]. CPSI was assigned to this case as a P1 Neglect Death. The victim is [REDACTED] and the alleged perp is unknown. CPSI went to the residence to meet response on the case. CPSI was unable to see the victim due to being deceased. CPSI interviewed the mother and she tested positive for marijuana. She admitted to using prior to the worker and detective showing up. She used after the baby was deceased. CPSI reported that the mother admits to the children sleeping in the bed with her. CPSI observed the sibling and voiced no concerns. CPSI reported that the mother is being cooperative. She is currently in parenting classes, grief counseling, and completed an A&D assessment. CPSI completed a safety plan for the sibling. LI spoke with legal and IC for approval on the safety plan and discussed the situation.

Next Steps: random drug screen, follow up with mom, follow up with services, complete affidavit,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/29/2014	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/19/2014
Completed date:	06/19/2014	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: 06/19/2014 09:20 AM Entered By: [REDACTED]

Investigator [REDACTED] completed the initial Safety Assessment. There are current immediate harm factors and interventions. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child(ren).

The safety intervention is: Intervention or direct services by worker as part of a safety plan. Use of family, neighbors, and other individuals in the community as safety resources. Use of community agencies or services as immediate safety resources. Children were placed with family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/28/2014

Contact Method:

Contact Time: 08:29 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/28/2014

Completed date: 04/28/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/28/2014 08:59 AM Entered By: [REDACTED]

[REDACTED] contacted Investigator and provided a new phone number she can be reached at. This is her new primary number:
 [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/25/2014	Contact Method:	
Contact Time:	03:05 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/27/2014
Completed date:	04/27/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/27/2014 02:00 AM Entered By: [REDACTED]

[REDACTED] called and informed Investigator that she has a doctors appointment in 29 Apr 2014 and that she would be leaving the children with a sitter during her appointment. She identified the sitter as [REDACTED]. Investigator informed Ms. [REDACTED] that would be acceptable.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/23/2014	Contact Method:	Phone Call
Contact Time:	02:40 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/25/2014
Completed date:	04/25/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/25/2014 10:01 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] who related she scheduled an appointment (4/25/14 at 11 am) with [REDACTED] for an A & D assessment.

She also scheduled an appointment (4/23/14 at 6pm) through the [REDACTED] for Parenting Classes. She added the Parenting Classes will continue for 8 weeks and her next appointment is on 30 Apr 2014 at 6 pm.

Ms. [REDACTED] also scheduled an appointment (4/30/14 at 1:30 pm) through [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/21/2014	Contact Method:	
Contact Time:	08:45 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/27/2014
Completed date:	04/27/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/27/2014 02:10 AM Entered By: [REDACTED]

Investigator attempted to contact [REDACTED] birth father, to determine his desires for [REDACTED] placement. A male answered the phone, but denied being [REDACTED]. Investigator questioned [REDACTED] regarding the phone number and she related it was him who answered the phone and that is his typical response when he does not know who the caller is. Investigator informed her that Investigator identified himself on the phone to the male suspected of being [REDACTED] again stated that was his typical behavior on the phone and added he even does it to her. Investigator again attempted to call [REDACTED] and leave a voicemail message, but the mailbox was full. Investigator requested [REDACTED] to contact [REDACTED] and attempt to get him to call Investigator. [REDACTED] did not call Investigator. Investigator made attempts to notify the birth father, but he failed to cooperate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/21/2014 Contact Method:
 Contact Time: 03:59 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/22/2014
 Completed date: 04/22/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/22/2014 02:38 PM Entered By: [REDACTED]

Investigator [REDACTED] forwarded a request to conduct a records check on [REDACTED] to the [REDACTED] Sheriff's Office
 [REDACTED] The results of the records revealed no record on file for [REDACTED].

Investigator completed checks on [REDACTED] at the following websites:

TN Sex Offender - negative
 National Sex Offender - negative
 TN Felony Offender - negative
 Out of State Probation Registry - negative
 TN Meth Offender - negative
 Abuse Registry - negative



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/21/2014

Contact Method: Face To Face

Contact Time: 10:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/21/2014

Completed date: 04/21/2014

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/21/2014 03:17 PM Entered By: [REDACTED]

Investigator spoke with the referent who related no additional information not already listed in the intake referral.

Narrative Type: Addendum 1 Entry Date/Time: 05/05/2014 10:38 AM Entered By: [REDACTED]

Notification of the referral was mailed to the referent on 22 Apr 2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/21/2014

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: 04/21/2014

Completed date: 04/21/2014

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: 04/21/2014 05:28 PM Entered By: [REDACTED]

Investigator hand delivered the referral to Detective [REDACTED] in order to convene the Child Protective Investigative Team (CPIT). Det. [REDACTED] was assigned to this investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/21/2014 Contact Method: Face To Face
 Contact Time: 10:15 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/21/2014
 Completed date: 04/21/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Other Child Living in the Home
 Interview/Observation,Other Persons Living in Home Interview/Observation,Parent/Caretaker
 Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/21/2014 03:22 PM Entered By: [REDACTED]

NOTE: The Alleged Child Victim could not be interviewed due to her death.

Investigator [REDACTED] made a home visit/face to face visit to initiate the investigation.

Detective [REDACTED] DCS Investigator [REDACTED] DCS Investigator [REDACTED] (birth mother) [REDACTED] were present during this visit at [REDACTED]

In order to engage the family, Investigator explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. Investigator also provided the family with a brochure describing the Multiple Response Approach. Investigator explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. Investigator obtained signed acknowledgements of such and copies have been placed into the file.

Interview with the mother

[REDACTED] was interviewed by Detective [REDACTED] and related essentially as follows: She went to bed last night with her three children, all of them in her bed. She was awakened by her two year old who wanted something to drink. When she woke, she noticed her three week old baby was cold to the touch and unresponsive. She ran downstairs and called for help. EMS responded and tried to resuscitate her baby. She stated she drank a margarita the night prior and admitted to smoking a joint prior to Detective and DCS personnel arriving this morning. Ms. [REDACTED] submitted to a random drug screen which indicated positive for marijuana.

Interview with the child

DCS Investigator [REDACTED] DCS Investigator [REDACTED], and [REDACTED] were present



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

during this visit at [REDACTED]

[REDACTED] (2) was not interviewed due to her age. She was observed and found to be appropriately dressed. Investigator noted nothing of concern with regard to safety and well-being.

[REDACTED] (4) interviewed in private at 11:00 AM, 21 Apr 2014 by DCS Investigator [REDACTED] at [REDACTED]. [REDACTED] was very shy and difficult to engage, but he did state that he sleeps in bed with his mother and sister. He was appropriately dressed and investigator noted nothing of concern with regard to safety and well-being.

The family identified [REDACTED]) and [REDACTED]) as a support.

Interview with other household members

[REDACTED] was interviewed and related essentially as follows: She lives in the home with her daughter [REDACTED]) and [REDACTED] s husband [REDACTED] and their son [REDACTED]. Also living in the home are [REDACTED] and her three children. Late last night [REDACTED] was awakened by [REDACTED] who was yelling and distraught over her unresponsive baby. [REDACTED] related [REDACTED] was not related to them, but they looked at her as family. [REDACTED] stated she loved [REDACTED] like family and she is very heart broken over the babys death.

[REDACTED] was interviewed and related essentially as follows: She lives in her mothers house with her husband and son and [REDACTED] and her three children. She thinks of [REDACTED] as a sister and loves her very much. She is very upset about the babys death, but she is trying to be strong and supportive for [REDACTED]

[REDACTED] was interviewed and related essentially as follows: She is [REDACTED] daughter and [REDACTED] sister. Her family considers [REDACTED] and her children as their family. [REDACTED] was called after the baby died and took the older two children [REDACTED]) to her home while the family dealt with the 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: 04/21/2014 Contact Method:
 Contact Time: 09:10 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,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2014 03:15 PM Entered By: [REDACTED]

Investigator [REDACTED] was assigned this case on 21 Apr 2014 at 9:10 AM alleging Neglect Death. The alleged perpetrator is unknown and the victim is [REDACTED]. It was assigned as a P1, Investigative case. The referral was assessed and assigned by TL [REDACTED]. Response is due on 4/22/2014.

Referral Summary: Early on 4-21-14 (Monday), the [REDACTED] Police responded to a report of an infant death ([REDACTED]). According to the report, [REDACTED] was unresponsive and cold to the touch when medics/EMS (Emergency Medical Services) arrived at the home. [REDACTED] was performing CPR (Cardiopulmonary Resuscitation) on [REDACTED] when medics arrived at the home. Upon arrival, the medics took over CPR. The detectives (unknown information) responded to the home and stated that the event took place in an upstairs bedroom. [REDACTED] was sleeping with all three children in her bed. It is unknown if [REDACTED] was in the bed with [REDACTED] and the children when the incident took place. [REDACTED] states that she was awakened by [REDACTED] who wanted juice. [REDACTED] got up and found [REDACTED] lifeless. She ([REDACTED]) says that she immediately ran down stairs and called 911. The event occurred between 1 am and 2:30 am (4-21-14). [REDACTED] was reported to be deceased at 2:30 am, by EMS staff/medical personnel at the home. [REDACTED] originally told the officers that she was going to put [REDACTED] in her crib, but it was full of clothes, so she put [REDACTED] in her ([REDACTED]) bed with the other children. [REDACTED] may have rolled over on [REDACTED] but it is uncertain at this time. The bed was full of covers and cushions and there were plenty of bed linens and places where [REDACTED] could have become wrapped up or suffocated. The home environment was cluttered, but not to the point of environmental neglect according to officers. Officers (unknown) filled out a "city form" (police report, unknown number) and local CPS staff was notified this morning of the event. There is no known CPS history with the family and there are no other allegations of harm. An autopsy will be performed on [REDACTED] but the date is unknown.

Investigator verified the familys history of involvement with DCS through a search of TFACTS and no history was found:

Initial Family Composition:

[REDACTED] - Birth Mother
 [REDACTED] Deceased Female Infant
 [REDACTED] - Brother (4)
 [REDACTED] Sister (2)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Notification of referral was sent to the Judge.