



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/18/2014 05:16 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/18/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 05/19/2014 09:29 AM
 First Team Leader Assigned: [REDACTED] Date/Time 05/17/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 05/17/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	None
[REDACTED]	Deceased	Drug Exposed Infant	No	[REDACTED]	Birth Father
[REDACTED]	Deceased	Lack of Supervision	No	[REDACTED]	Birth Father

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: None

Narrative: ***** The CHILD IS NOT IN CUSTODY*****

TFACTS: No history found for [REDACTED] [REDACTED] History search for [REDACTED] [REDACTED] yielded multiple results with the same name. It is unknown if they are the same as the [REDACTED] [REDACTED] in this report.

History for [REDACTED] [REDACTED] and [REDACTED] [REDACTED]



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

Family Case IDs: [REDACTED] [REDACTED]

Open Court Custody/FSS/FCIP Yes, # [REDACTED] FSW [REDACTED] [REDACTED]

Closed Court Custody No

Open CPS - No

Substantiated 12/04/2012 - Inv#: [REDACTED] DEI, DEC - [REDACTED] [REDACTED] [REDACTED]

Death No

Screened out No

History for [REDACTED] [REDACTED] and/or [REDACTED] [REDACTED] (not listed above):

08/27/2013 Inv #: [REDACTED] DEI - Unsubstantiated

09/26/2012 Asmt #: [REDACTED] DEC - No Services Needed (AVC [REDACTED] and AP [REDACTED] are not listed in this case)

08/15/2012 -- Asmt #: [REDACTED] LOS, DEC - No Services Needed

07/24/2004 -- Inv #: [REDACTED] - LOS Unsubstantiated ([REDACTED] listed as Other Involved Adult)

TFACTS: History for [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED] History found for [REDACTED] [REDACTED] under alternate spelling [REDACTED] [REDACTED]

Family Case IDs: [REDACTED] [REDACTED] [REDACTED] [REDACTED] appears as an OIA in this case)

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated No

Death No

Screened out 2

History (not listed above):

02/25/2008 - Inv#: [REDACTED] - PHA- Unsubstantiated

02/12/2007 - Inv#: [REDACTED] - Substantial Risk Physical Injury, DEC, ENN - Unsubstantiated

02/12/2007 - Inv#: [REDACTED] - Substantial Risk Physical Injury, ENN, Unsubstantiated

01/22/2007 Inv#: [REDACTED] LOS, PHA Unable to complete/ Unsubstantiated

10/16/2006 - Inv#: [REDACTED] ENN Unsubstantiated

07/17/2006 - Inv#: [REDACTED] ENN, DEC Unsubstantiated

04/27/2006 - Inv#: [REDACTED] LOS Unsubstantiated

10/27/2005 - Inv#: [REDACTED] SEE, ENN Unsubstantiated

07/08/2005 - Inv#: [REDACTED] ENN, DEC Unsubstantiated

02/18/2005 - Inv#: [REDACTED] - Substantial Risk Physical Injury, ENN Unsubstantiated

County: [REDACTED]

Notification: None

School/ Daycare: N/A

Native American Descent: no

Directions: None given

Note: Address and applicable phone numbers are listed under the oldest child victim, [REDACTED]

Reporter's name/relationship: [REDACTED]

Reporter states: The child is not in custody.

[REDACTED] [REDACTED] (deceased) resided with his Mother [REDACTED] [REDACTED] and Maternal Grandmother name unknown. [REDACTED] is [REDACTED] father. It is unknown if [REDACTED] was involved with [REDACTED]



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It is reported [redacted] was kicked out of her mother's house." [redacted] and [redacted] spent the night at [redacted] [redacted]. This address is reported to be [redacted] friends, [redacted] and [redacted] [redacted] (14) and [redacted] (12), are [redacted] children. [redacted] and [redacted] were all present in the home last night and this morning.

It is reported [redacted] was intoxicated last night at the home. It is unknown at this time what she was drinking and for how long. It is reported [redacted] was in [redacted] care while [redacted] was drinking. It is unknown if [redacted] and [redacted] were also drinking last night. There was no bed for [redacted] to sleep on and [redacted] suggested [redacted] sleep in his car carrier, [redacted] had with her. It is reported [redacted] didn't want to do that. It is unknown where [redacted] and [redacted] slept last night. It is reported [redacted] noticed the bump on [redacted] head when [redacted] brought [redacted] downstairs this morning. [redacted] reported to [redacted] and [redacted] that a vacuum cleaner fell on [redacted] head. This injury has been described as red; shape and specific location of [redacted] injury are not known at this time. It is reported that [redacted] did not have any injuries last night before he went to bed. [redacted] was rushed to [redacted] Hospital between 10:30-11:00 a.m. on May 18, 2014. Once at the hospital, it was reported [redacted] provided a different explanation for the injury. The specifics of that explanation are unknown at this time. It is unknown if [redacted] died in route to the hospital or at the hospital. It is unknown if the injuries are consistent with the explanation provided by [redacted] It is also unknown if an autopsy has been performed at this time.

It is reported [redacted] is at the hospital at this time. It is believed there was a need for an interpreter for [redacted] or his family. [redacted] was arrested at the hospital today due to an outstanding warrant for failure to appear in court. [redacted] missed a court date for driving under the influence (DUI). The offense is believed to have occurred in March 2014. It is believed the DUI is the only time [redacted] has been involved with Law Enforcement. It is unknown if there has been any prior DCS involvement with this family.

Detectives from Youth Services Division are at the scene working the case. It is reported they are taking pictures and conducting interviews. It is believed [redacted] and all other involved adults have been interviewed at this time. The Incident number for this case is: [redacted] No further information is known or reported at this time.

Special Needs or Disabilities: Unknown
Child's current location/is the child safe at this time: deceased.
Perpetrator's location at this time: [redacted] was arrested.
Any other safety concerns for the child or worker who may respond: no

Per SDM: Investigation P1. [redacted] CM 3 @ 7:57pm on 5-18-14

Recipients	Time Issued	Response Received	Devices	Responses	
[redacted]	05-18-14 08:04:19 PM CDT	---	+	[redacted]	Left Message
	05-18-14 08:04:19 PM CDT	---		[redacted]	
Email Sent	05-18-14 08:09:19 PM CDT	05-18-14 08:10:02 PM CDT	+	[redacted]	Received

[redacted]

Also notified RA, [redacted] [redacted]



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 15 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 13 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race: White

Age: Deceased

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 34 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: UNKNOWN

Contact Comments: if that is not correct [REDACTED]

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: 05/18/2014

Assignment Date: 05/17/2014

Street Address:

City/State/Zip:

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 3 rows of allegations.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated as there is no evidence at this time to support the allegations of Drug Exposed Infant, Lack of Supervision and Abuse Death against [Redacted] at this time. On 5/18/14 Ms. [Redacted] did go out with a friend, [Redacted] left her child to be cared for by [Redacted] It was reported by all parties that the child was fine and healthy when the mother left and returned back to Ms. [Redacted] home. Ms. [Redacted] is currently under the care of [Redacted] at [Redacted] for drug abuse treatment. The results from the autopsy did not show any signs of external or internal injuries and the cause and manner of the death could not be determined. Ms. [Redacted] is currently residing with her mother and the family of the child also lives with her. She is currently employed at [Redacted] and has weekly supervised visits with her children.

D. Case Workers

Case Worker: [Redacted]

Date: 10/21/2014

Team Leader: [Redacted]

Date: 10/22/2014

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.



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

Case Name : ██████████

Investigation ID: ██████████

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

The child was pronounced dead on 5/18/14.

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

On 8/19/14 CM contacted ██████████ the maternal grandmother of the ACV, regarding the allegations. CM asked to explain her interaction with the child and what she observed from being around her daughter with the child. She stated ██████████ and the child came to live with her the Thursday before the child passed away. She stated they were previously living with the child's father. She stated she works 2nd shift and around 8:30am on Saturday 5/17/14, ██████████ was up with the child. CM asked how was child doing and she stated he was little fussy, but overall he was fine. She stated he was still taking his medicine for thrush. She said ██████████ told her that she was going out with her friend ██████████ and she mentioned someone had a flat tire and she was going to meet the child's father to get some money and diapers. She stated she kept calling ██████████ because she figured she was coming back home later that evening. She stated she called ██████████ and she stated she was bringing ██████████ home, but she never did. CM asked if she had any concerns with the ██████████ parenting skills and she stated no. CM asked if she gets to spend time with ██████████ other children and she stated yes, but she does not see ██████████ who lives in ██████████. CM asked if she has any concerns about ██████████ drug use and she stated no. She stated ██████████ is still going to ██████████ for treatment. CM asked if ██████████ has past history of drug abuse and she stated yes. CM asked if she had any concerns for the child being with his mother prior to his death and she stated no. She stated ██████████ is doing better and is currently looking for a job.

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

On 5/19/14 CM interviewed ██████████ at the ██████████ in ██████████. Ms. ██████████ is the mother of the deceased child ██████████ who passed away on May 18, 2014. The father of the ACV is ██████████ who resides in ██████████. Ms. ██████████ is also the mother of ██████████ and ██████████ who are in the temporary custody of the maternal grandfather ██████████. ██████████ is in the temporary custody of ██████████ and ██████████. Ms. ██████████ stated she was staying with her mother ██████████ at ██████████. A month ago her mother kicked her, the child, and ██████████ out the home. She stated they stayed at the ██████████ in ██████████ but had to leave because they could not afford to stay there any longer. She stated they then moved in with ██████████ cousin. CM asked if she was using drugs at this time and she stated no. She stated she no longer wanted to stay there due to the bugs and asked her mom if she could move back home. She stated her allowed her come back home on contingent that she remains drug free. CM asked if her mom kicked her out the home last weekend and she stated no. She stated her friend ██████████ picked her up around 10am on 5/17/14. She stated she then had a panic attack and ██████████ took her to ██████████ to get treated. She stated she was prescribed Xanax and had her prescription filled at ██████████. CM asked if she is on any other medication and she stated suboxone and this is prescribed by ██████████ at ██████████ Hospital. CM asked what her drug of choice is and she stated opiates. After that they went back to ██████████ house and later dropped ██████████ daughter ██████████ off at the skating ring around 7pm. She stated when they returned home from the skating ring, they got ready to go out to a club called ██████████ on ██████████. CM asked who was watching her child and she stated she left him with ██████████ a roommate of ██████████. She stated the baby was fine before she left and they were up playing with him. She stated they returned home around 2am. CM asked who was driving that night and stated ██████████. CM asked if she was intoxicated and she stated she maybe had 2 beers and that was mixed with her prescription. She stated she was under the influence, but was almost sober by the time they got home. She stated when they got home, the baby woke up shortly afterwards. She made him a bottle and they played some. CM asked where did the child sleep at and she stated on the couch with ██████████. CM asked if she noticed any marks on the child at this time and she stated no. CM asked if there was argument between her and ██████████ about where the child should sleep at she stated no. She stated ██████████ did suggest she keep the baby downstairs and he sleep in his carrier and she said no because that would be uncomfortable and he would wake up to eat. Full report in case recording.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

On 8/5/14 CM interviewed [REDACTED] [REDACTED] the daughter of [REDACTED] [REDACTED] who was the home where the child stayed on the night of 5/17/14. She is currently in the 7th grade at [REDACTED] [REDACTED] [REDACTED] CM did explain the purpose of the interview to child and the concerns at this time. She stated on the alleged night of the incident, [REDACTED] came over that day with the baby. CM asked how was the baby doing and she stated he was fine and did not have any marks on him. She said she went skating that night and when she came back, the baby was in his car seat awake. She said [REDACTED] a roommate at the time, was with the baby and was playing with him. She stated after she finished eating, she took the baby upstairs with her to play with him. CM asked if the child ever fell or hit his head on anything and she said no. She stated she did not see the red mark on his face until the next morning. She stated the baby had fell asleep in her bed, by the time her mom and [REDACTED] came home. She said [REDACTED] came in her room to get the baby and she fixed him a bottle. She stated he never came back downstairs until the next morning. CM asked you brought the child downstairs and she stated she thinks [REDACTED] did. CM asked if they stayed the night and she stated yes and they slept in the other room. She said there was an air mattress in there, but she is not sure if they used it. CM asked if she heard him crying during the night and she said no. She said the next morning the child was lying on the couch and she asked [REDACTED] about the red mark on his face. She said [REDACTED] told her that a vacuum fell on the child. She stated she does not think this happened or caused the injury on his face. She said she touched the baby and he was cold. She stated her mom asked what happened and does [REDACTED] want her to call 911 or take the child to the hospital. She stated [REDACTED] then started to perform CPR on the child. She stated as [REDACTED] was doing this, he did make a noise. CM asked if the child was alive when they left for the hospital and she said she does not know. CM asked by playing with the child and interacting with him, did he appear to be a healthy child and she stated yes.

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

This case is closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated as there is no evidence at this time to support the allegations of Drug Exposed Infant, Lack of Supervision and Abuse Death against [REDACTED] [REDACTED] at this time. On 5/18/14 Ms. [REDACTED] did go out with a friend, [REDACTED] [REDACTED] left her child to be cared for by [REDACTED] [REDACTED]. It was reported by all parties that the child was fine and healthy when the mother left and returned back to Ms. [REDACTED] home. Ms. [REDACTED] is currently under the care of [REDACTED] [REDACTED] at [REDACTED] for drug abuse treatment. The results from the autopsy did not show any signs of external or internal injuries and the cause and manner of the death could not be determined. Ms. [REDACTED] is currently residing with her mother and the family of the child also lives with her. She is currently employed at [REDACTED] and has weekly supervised visits with her children.

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]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/21/2015

Contact Method:

Contact Time: 11:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/21/2015

Completed date: 05/21/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/21/2015 11:08 AM Entered By: [REDACTED]

CM entered the autopsy report and medical records into TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/06/2015

Contact Method: Correspondence

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/21/2015

Completed date: 05/21/2015

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: 05/21/2015 01:09 PM Entered By: [REDACTED]

After reviewing this case due to a CPIT Disagreement, Regional Investigations Director [REDACTED] upheld the allegation of AUPU. It does not meet the statute. The classification of Allegation Unfounded/Perpetrator Unfounded stands as validated by the forensic medical evidence did not indicate any red marks nor did it indicate any suspicion of foul play. CPIT members notified by written correspondence addressed to the CAC Coordinator.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/25/2015 Contact Method:
 Contact Time: 09:37 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/25/2015
 Completed date: 02/25/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/25/2015 09:38 AM Entered By: [REDACTED]

Timeline for [REDACTED] Investigation Case

4/16/14 CM [REDACTED] [REDACTED]
 Assessment/ Allegations-LOS /ACV [REDACTED] [REDACTED] /AP [REDACTED] [REDACTED] Classifications SRA

4/22/14

CM [REDACTED]-Initial ACV-child was healthy and well

4/22/14-CM [REDACTED]-drug screened AP [REDACTED] [REDACTED]-positive for Alprazolam/Suboxone (had prescription)

5/17/14

Ms. [REDACTED] was picked up by her friend [REDACTED] [REDACTED] around 10am. Ms. [REDACTED] stated she then had a panic attack and [REDACTED] took her to [REDACTED] [REDACTED] to get treated. She stated she was prescribed Xanax and had her prescription filled at Krogers. CM asked if she is on any other medication and she stated suboxone and this is prescribed by [REDACTED] [REDACTED] at [REDACTED] [REDACTED]

Ms. [REDACTED] and Ms. [REDACTED] went out the evening and came back to Ms. [REDACTED] home around 2:30am-3am. The ACV was being cared for by [REDACTED] non-relative, and a roommate of Ms. [REDACTED]. Ms. [REDACTED] stated the child was fine and healthy when she had the previous night while [REDACTED] and [REDACTED] went out.

Ms. [REDACTED] stated she and child went upstairs and they played around some more and she fed again and they went to sleep between 330-4am.

5/18/14

Ms. [REDACTED] stated she woke up around 10am and the baby was still sleep. Ms. [REDACTED] stated she went to rub his head to see what the mark was he did not respond. She stated she then rubbed his shoulders and he still did not respond. She then put her finger under his nose and she could not tell if he was breathing or not. She stated she then started to perform infant CPR on him. 11:37am the child and mother arrived to [REDACTED]

12:00pm [REDACTED] was pronounced dead

5:16pm report made the department with allegations of Abuse Death, Lack of Supervision, Drug Exposed Infant

8:18pm CPSI [REDACTED] [REDACTED] was notified

5/19/14

CPSI [REDACTED] interviewed [REDACTED] [REDACTED] at the [REDACTED] regarding the events that led up to the passing of the child

8/5/14 CPSI [REDACTED] interviewed [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

10/20/14 CPSI received the autopsy report for the ACV [REDACTED] and the cause and manner of death is Undetermined. The full report will be placed in the case file.

10/30/14 CPIT Team disagreed with DCS classification decision of AUPU for Neglect Death. Team felt there were too many "red flags" and the mother was the only caretaker at the time of death of a healthy child.

11/12/14 request for case file by [REDACTED] [REDACTED] [REDACTED]

2/19/14 CPSI made a copy of the file

2/23/15 well being check on mother

2/25/15 Resubmitted case for closure



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/23/2015	Contact Method:	Phone Call
Contact Time:	01:45 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/23/2015
Completed date:	02/23/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/23/2015 02:53 PM Entered By: [REDACTED]

On 2/23/15 CM contacted Ms. [REDACTED] to ask follow up questions regarding the investigation. CM did obtain information needed for the case file. CM did ask if she remained in the car for a period of time before bringing the child into the hospital and she stated no. She stated when they arrived to the hospital, they immediately went inside. CM asked if she was under the influence when she arrived to the hospital and she stated no. She did disclosed that after she was informed that the doctors could not do anything further for her son, she did breakdown crying and went outside the hospital where her family was. She stated while outside she did take some Xanax pills. CM asked if she was recently hospitalized for drug treatment and she stated yes and relapsed and took some Xanax pills. She stated it was after the holidays and she had finally read her son's autopsy report and she fell into a depression stated. CM asked when did this happened and she said around January 18. She stated she was admitted to [REDACTED] Drug Treatment inpatient program. She stated she is currently at the [REDACTED] [REDACTED] [REDACTED] partial hospitalization treatment program and she is currently taking Suboxone.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2015

Contact Method:

Contact Time: 01:32 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/23/2015

Completed date: 02/23/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 01:33 PM Entered By: [REDACTED]

On 2/23/15 This CPSI completed the Initial Safety Assessment and the child is Safe. Copy attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2015

Contact Method:

Contact Time: 01:07 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/23/2015

Completed date: 02/23/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/23/2015 01:09 PM Entered By: [REDACTED]

The Family Composition:

[REDACTED] family friend
Children: [REDACTED]

[REDACTED]-roommate of [REDACTED]

[REDACTED]
mother: [REDACTED]

father: [REDACTED]

Children: [REDACTED] father: [REDACTED]
[REDACTED] and [REDACTED] father: [REDACTED]
[REDACTED] and [REDACTED] father: [REDACTED]

[REDACTED] and [REDACTED] are in the custody of [REDACTED]
[REDACTED] is in the custody of [REDACTED] and [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2015

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/23/2015

Completed date: 02/23/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 01:06 PM Entered By: [REDACTED]

On 2/23/15 CM contacted the [REDACTED] [REDACTED] [REDACTED] and with [REDACTED] [REDACTED] who investigated the case. CM asked about comments that were mentioned during the Child Death Review meeting regarding the mother being intoxicated and remaining in the car for hours before entering the hospital. [REDACTED] stated that statement is not in her report and she does not know where it came from. CM did leave a message for [REDACTED] [REDACTED] for a return call for further questioning regarding the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/10/2015	Contact Method:	Phone Call
Contact Time:	02:34 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/19/2015
Completed date:	02/19/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/19/2015 03:42 PM Entered By: [REDACTED]

On 2/10/15 CM contacted [REDACTED] the father of [REDACTED] to follow up regarding the allegations. CM asked if [REDACTED] has had any contact with the children he has custody of and he stated yes. He stated she has unsupervised visits with all 3 of them. He stated they last seen their mother last weekend and he will bring them to see her in [REDACTED]. CM asked if [REDACTED] is still living with her mother [REDACTED] and he stated no and she lives with [REDACTED] now. CM asked if he has any concerns that [REDACTED] is using drugs and he stated to the best of his knowledge she is clean and doing good. He stated he has talked to her repeatedly about doing good and staying on the right path.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/30/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/06/2014

Completed date: 11/06/2014

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: 11/06/2014 07:00 PM Entered By: [REDACTED]

CPIT STAFFING

CPIT Team disagreed with DCS classification decision of AUPU for Neglect Death. Team felt there were too many "red flags" and the mother was the only caretaker at the time of death of an healthy child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/21/2014	Contact Method:	
Contact Time:	02:13 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/21/2014
Completed date:	10/21/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/21/2014 02:15 PM Entered By: [REDACTED]

DCS Policy defines Drug exposed infant/child as an infant/child who has been exposed to a drug or chemical substance (e.g. alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, meth, heroin, inhalants or any other illegal substances), as verified by a positive drug screen. An infant/child who has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning which includes drugs or chemical substances administered to or given to children; children exposed to or living within close physical proximity to where drugs or chemical substances are manufactured. Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances impairs the parents/caretakers ability to meet child-care responsibilities.

DCS Policy defines Lack of supervision as a failure to provide adequate supervision, by a parent or other caretaker, who is able to do so (a child who has been placed in a situation that requires actions beyond the child's maturity, physical, and/or, mental ability; or a caregiver inadequately supervises the child; any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender).

DCS Policy defines Child death/near death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report; any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child; any child death that is the result of the caretaker's failure to meet childcare responsibilities. Near death is a serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by any medical personnel or first emergency responder with the report of abuse supported by examination or medical information.

Purpose of content:
Case closure summary

Content:

CPSI [REDACTED] received this case on 5/18/14 with allegations of Drug Exposed Infant, Lack of Supervision, and Abuse Death on minor child [REDACTED] against [REDACTED] alleged perpetrator.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

This case is closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated as there is no evidence at this time to support the allegations of Drug Exposed Infant, Lack of Supervision and Abuse Death against [REDACTED] at this time. On 5/18/14 Ms. [REDACTED] did go out with a friend, [REDACTED] left her child to be cared for by [REDACTED]. It was reported by all parties that the child was fine and healthy when the mother left and returned back to Ms. [REDACTED] home. Ms. [REDACTED] is currently under the care of [REDACTED] at [REDACTED] for drug abuse treatment. The results from the autopsy did not show any signs of external or internal injuries and the cause and manner of the death could not be determined. Ms. [REDACTED] is currently residing with her mother and the family of the child also lives with her. She is currently employed at [REDACTED] and has weekly supervised visits with her children.

[REDACTED] is assigned to the case.

Plan
Case will be submitted for closure

Narrative Type: Addendum 1 Entry Date/Time: 10/24/2014 03:07 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Child Protective Services received a referral on 5/18/2014 with an allegation of Child Neglect Death regarding non-custodial child [REDACTED]

5/18/2014, the child was unresponsive at the home of [REDACTED] at [REDACTED]. The family transported the child to [REDACTED] [REDACTED] was pronounced deceased at 12: 00 pm on 5/18/14.

The investigation into this incident was conducted by [REDACTED] and [REDACTED] with DCS.

As part of the investigation, all parties and individuals that had any contact with the child was interviewed. There were no disclosures that the child was neglected or abused and appeared to be healthy and well prior to going to bed early that morning. It does not appear that [REDACTED] was unhealthy or posed any medical issues or concerns on 5/17/14.

 

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case will be presented to the [REDACTED] Child Protective Investigation Team.

The results from the autopsy did not show any signs of external or internal injuries and the cause and manner of the death could not be determined.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/20/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/21/2014
Completed date:	10/21/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/21/2014 02:08 PM Entered By: [REDACTED]

On 10/20/14 CM received the autopsy report for the ACV [REDACTED] [REDACTED] and the cause and manner of death is Undetermined. The full report will be placed in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/17/2014 Contact Method:
 Contact Time: 09:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/22/2014
 Completed date: 10/22/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/22/2014 02:45 PM Entered By: [REDACTED]

MSSW REVIEW

IC: [REDACTED] MSSW [REDACTED] and [REDACTED]

LOS and Neglect Death allegations

Investigation complete as the father of deceased child ahs been interviewed. The mother did not regain custody of ther other children based upon the investigaiton.

Barriers: lack of cooperation from CPIT team member-LE

Recommendations:

--Request meeting with LE

--close case



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/02/2014

Contact Method: Face To Face

Contact Time: 02:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 01:18 PM Entered By: [REDACTED]

On 10/2/14 CM met with [REDACTED] [REDACTED] at her family home to conduct a well being interview. CM asked how has she been doing and she stated good. She stated she is currently employed at [REDACTED] and works on 3rd shift. She stated she is still in the drug treatment program at [REDACTED] CM asked about the mark on his face and she stated it was still there at the funeral. She stated she does not know what happened to cause the mark. CM asked what medications is she currently taking and she said Prozac for anxiety, Suboxone for her drug treatment and Ambien for a sleep aid. CM asked if she was using drugs the night she went out with [REDACTED] and she stated she only took the medication that was prescribed to her. CM asked if she has any contact with [REDACTED] and she stated no. CM did drug screen her and she was positive for Buprenorphine which is her suboxone.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/02/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2014 01:19 PM Entered By: [REDACTED]

On 10/2/14 CM interviewed [REDACTED] [REDACTED] with the assistance of [REDACTED] [REDACTED] at the family home regarding the death of his son. CM did explain the purpose of the interview and the concerns. Mr. [REDACTED] is also the father of [REDACTED] [REDACTED] who resides in [REDACTED]. CM asked prior to 5/18/14 when was the last time he had seen his soon and he stated the day before on his birthday. He stated the baby was doing fine and he did not have any marks on him. CM asked if he ever went to [REDACTED] home and he stated no. He stated a family friend of [REDACTED] cousin told him that the baby fell and hit his head or that he was dropped on his head. CM asked if he has a history of drug use and he stated no. CM asked if he had any concerns for the child while being with his mother and he stated no. He stated she took good care of him. CM asked where was he at when he got the call about his son and he said he was at his cousin's house.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/29/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/29/2014

Completed date: 09/29/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/29/2014 01:41 PM Entered By: [REDACTED]

On 9/29/14 CM was contacted by [REDACTED] [REDACTED] and she stated that [REDACTED] [REDACTED] is scheduled to work today and CM has rescheduled the interview for 10/2/14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/23/2014 Contact Method:
 Contact Time: 11:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/14/2014
 Completed date: 10/14/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/14/2014 05:49 PM Entered By: [REDACTED]

Case Conference
 Permanency-single parent household
 Safety-Child/Community-no surviving siblings
 Service Planning-Father of deceased ACV scheduled to be interviewed 9-29-14 and mother continues treatment
 Well-Being-well children



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2014

Contact Method:

Contact Time: 12:46 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 12:47 PM Entered By: [REDACTED]

The case is scheduled to be staffed at CPIT on 9/23/14 and it will be reset due to the results of the autopsy pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2014

Contact Method: Correspondence

Contact Time: 11:23 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/29/2014

Completed date: 09/29/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/29/2014 01:28 PM Entered By: [REDACTED]

On 9/22/14 CM emailed the previous CM [REDACTED] who worked with the family in [REDACTED]. Mr. [REDACTED] reported that his case was closed in July and custody of [REDACTED] and [REDACTED] with the paternal grandfather [REDACTED]. Ms. [REDACTED] other child [REDACTED] is currently in the custody of [REDACTED] and [REDACTED] in [REDACTED]. He reported there was a court proceeding in [REDACTED] County court back in April 2014, as the [REDACTED] are petitioning to adopt. CM asked if Ms. [REDACTED] has contact with [REDACTED] and he stated no and that the [REDACTED] attorney back in April put in a no contact order. He stated he attempted to get therapeutic visits and they were denied.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/22/2014 Contact Method:
 Contact Time: 11:17 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/22/2014
 Completed date: 09/22/2014 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 11:19 AM Entered By: [REDACTED]

Family composition

[REDACTED] mother DOB [REDACTED]
 [REDACTED] father DOB [REDACTED]

Children

[REDACTED]
 [REDACTED]

The maternal grandfather [REDACTED] has temp custody

[REDACTED]
 Is currently with [REDACTED] and [REDACTED] who has partial guardianship of the child

[REDACTED] DOB [REDACTED] (family friend)

Children

[REDACTED]
 [REDACTED]

does not live in the home

DCS History for [REDACTED]

3/28/12

ACV [REDACTED]

Allegations-LOS/DEC

AP: [REDACTED]

Classification-NSN

9/21/12



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

ACV [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Allegations-DEI/DEC
AP- [REDACTED] [REDACTED]
Classification-ASPS

8/12/13
ACV [REDACTED] [REDACTED]
Allegations-DEI
AP- [REDACTED] [REDACTED]
Classification-AUPU

4/17/14
ACV [REDACTED] [REDACTED]
Allegation-LOS
AP- [REDACTED] [REDACTED]
Classification-SRA

5/18/14
ACV [REDACTED] [REDACTED]
Allegations-DEI, LOS, AD
AP- [REDACTED] [REDACTED]
Classification-pending autopsy



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2014

Contact Method:

Contact Time: 11:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 11:09 AM Entered By: [REDACTED]

This CPSI completed the Closing Safety Assessment and the child is Conditionally Safe. Copy attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2014

Contact Method:

Contact Time: 11:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 11:10 AM Entered By: [REDACTED]

On 9/22/14 CM received a response from [REDACTED] regarding the status on his investigation. He reported, "I'll print the pictures off today and send them down.....I do not have a case summary yet...I still need to interview the father of the child along with obtaining information on some of the drugs she was prescribed and possibly taking....Bottom line is mom goes out partying with her friend the night before and consumes approximately 5 to 6 Xanax possibly more along with taking her prescribed medication, "suboxin". Mom is unclear about the events after arriving home and there is no explanation for the mark to his head...According to [REDACTED] its not a bruise nor lividity but its obvious something caused the mark. I think this is further evidence of moms level of intoxication and lack of care for the child."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/22/2014	Contact Method:	Phone Call
Contact Time:	11:02 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/22/2014
Completed date:	09/22/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/22/2014 12:45 PM Entered By: [REDACTED]

On 9/22/14 CM contacted the referent regarding the allegations and the concerns at the time of the referral. She stated she relieved a previous officer who was at the home at the time. CM asked if she ever observed the mother and if she appeared under the influence and she reported the mother was at the hospital and she did not make contact with her. She stated she stayed at the home until the detectives came to do the walk through. CM asked if she has any knowledge as to why the mother was arrested and if it was due to her being under the influence and she stated she believes the arrest was for an outstanding warrant. She stated she gathered the mother of the child and her friend went out partying the night before. CM asked if anyone in the home appeared to be under the influence and she stated no. She stated the mother's friend was upset and emotional talking about the child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2014

Contact Method:

Contact Time: 10:44 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 10:46 AM Entered By: [REDACTED]

This CPSI completed or requested a criminal background check using [REDACTED] Criminal County Clerk on [REDACTED] [REDACTED] and it was positive/background history. Background check results attached to file.

Offense Date:3/28/2014

Charged Offense:DUI

Disposition:Guilty

Case Status:RETURN-CLOSED



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/22/2014	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/22/2014
Completed date:	09/22/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/22/2014 11:14 AM Entered By: [REDACTED]

On 9/22/14 CM contacted [REDACTED] [REDACTED] to follow up with her and to give her an update with the case. She stated she is currently still residing with her mother and the father of the child [REDACTED] [REDACTED] is currently living with them as well. She stated they are both working and she just got hired at [REDACTED] CM asked if she visits with her other children and she stated yes and her father or mother supervises the visits. CM asked if she still in treatment at [REDACTED] and she stated yes. CM did inform her that the results from the autopsy are still pending at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2014

Contact Method: Correspondence

Contact Time: 09:18 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/29/2014

Completed date: 09/29/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/29/2014 01:38 PM Entered By: [REDACTED]

On 9/22/14 CM emailed [REDACTED] [REDACTED] regarding the results of the autopsy and the results are still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method:

Contact Time: 02:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 10:47 AM Entered By: [REDACTED]

On 9/18/14 CM emailed [REDACTED] to set up a meeting to discuss the case and the findings. CM will follow up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/08/2014

Completed date: 09/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/08/2014 04:40 PM Entered By: [REDACTED]

Investigations Coordinator [REDACTED] reviewed this death case and provided feedback to Investigator [REDACTED] to make corrections and to complete additional tasks. IC [REDACTED] met with Lead Investigator [REDACTED] and CPSI [REDACTED] to discuss the case. The mother observed a red mark in the baby's face and when she touched it, the baby didn't respond. Case will be reviewed again on 9/19 at the [REDACTED] Review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/19/2014

Contact Method: Correspondence

Contact Time: 02:54 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 01:26 PM Entered By: [REDACTED]

On 8/19/14 CM emailed [REDACTED] to check on the status of his investigation and to obtain pictures of the ACV and to get a copy of his supplement report. He did respond and stated he will send them down with [REDACTED] CM informed him that she is currently on medical leave and he said he would drop them. CM has yet to receive the pictures of the victim.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/19/2014	Contact Method:	Phone Call
Contact Time:	11:28 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/19/2014
Completed date:	08/19/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/19/2014 02:34 PM Entered By: [REDACTED]

On 8/19/14 CM contacted [REDACTED] [REDACTED] the maternal grandmother of the ACV, regarding the allegations. CM asked to explain her interaction with the child and what she observed from being around her daughter with the child. She stated [REDACTED] and the child came to live with her the Thursday before the child passed away. She stated they were previously living with the child's father. She stated she works 2nd shift and around 8:30am on Saturday 5/17/14, [REDACTED] was up with the child. CM asked how was child doing and she stated he was little fussy, but overall he was fine. She stated he was still taking his medicine for thrush. She said [REDACTED] told her that she was going out with her friend [REDACTED] and she mentioned someone had a flat tire and she was going to meet the child's father to get some money and diapers. She stated she kept calling [REDACTED] because she figured she was coming back home later that evening. She stated she called [REDACTED] and she stated she was bringing [REDACTED] home, but she never did. CM asked if she had any concerns with the [REDACTED] parenting skills and she stated no. CM asked if she gets to spend time with [REDACTED] other children and she stated yes, but she does not see [REDACTED] who lives in [REDACTED] CM asked if she has any concerns about [REDACTED] drug use and she stated no. She stated [REDACTED] is still going to [REDACTED] for treatment. CM asked if [REDACTED] has past history of drug abuse and she stated yes. CM asked if she had any concerns for the child being with his mother prior to his death and she stated no. She stated [REDACTED] is doing better and is currently looking for a job.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/05/2014	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	08/19/2014
Completed date:	08/19/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/19/2014 03:26 PM Entered By: [REDACTED]

On 8/5/14 CM interviewed [REDACTED] the friend of [REDACTED] regarding the weekend she had last had contact with the child. CM asked if [REDACTED] is still living in the home and she stated no. CM asked her to explain the events that took place on 5/17-18/2014. She stated she picked [REDACTED] up from her mom's house and took her visit a friend at the hospital. CM asked which hospital and she stated she cannot recall at this time. She stated she is not sure if [REDACTED] was actually treated herself, but after they left the hospital she took her to Krogers to fill a prescription. She stated later that night her and [REDACTED] went out and when they got back he was fine and up playing. CM asked if she witnessed any marks on his face and she stated no. She stated the next morning she went downstairs, not sure if [REDACTED] called her come downstairs or not. CM asked if she seen the child when she went downstairs and she stated yes and she thought he was asleep on the couch and that is when she noticed the mark on his face. She said [REDACTED] mentioned that it did not look like he was breathing and [REDACTED] started performing CPR on him. She stated she is not sure when [REDACTED] came downstairs. CM explained in the hospital report it mentioned the child being in a cloth basket and she stated she has no knowledge of that. CM asked she recalls [REDACTED] being belligerent at the hospital and she stated no, she said [REDACTED] was clearly upset and was crying. She stated she does not know why the police would arrest her for a failure to appear on the day she loss her child. CM asked if [REDACTED] has been to her home since being released from jail and she stated no.

Narrative Type: Addendum 1 Entry Date/Time: 09/22/2014 02:00 PM Entered By: [REDACTED]

On 8/5/14 CM did observe Ms. [REDACTED] son [REDACTED] who is mentally challenge in the home. The child did not speak and was walking around the home listening to music. The child did go upstairs and remained there until the interviews were complete.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/05/2014	Contact Method: Face To Face
Contact Time: 02:46 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Other Caretaker Home	Created Date: 08/19/2014
Completed date: 08/19/2014	Completed By: [REDACTED]
Purpose(s): Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/19/2014 03:22 PM Entered By: [REDACTED]

On 8/5/14 CM interviewed [REDACTED] [REDACTED] the daughter of [REDACTED] [REDACTED] who was the home where the child stayed on the night of 5/17/14. She is currently in the 7th grade at [REDACTED]. CM did explain the purpose of the interview to child and the concerns at this time. She stated on the alleged night of the incident, [REDACTED] came over that day with the baby. CM asked how was the baby doing and she stated he was fine and did not have any marks on him. She said she went skating that night and when she came back, the baby was in his car seat awake. She said [REDACTED] a roommate at the time, was with the baby and was playing with him. She stated after she finished eating, she took the baby upstairs with her to play with him. CM asked if the child ever fell or hit his head on anything and she said no. She stated she did not see the red mark on his face until the next morning. She stated the baby had fell asleep in her bed, by the time her mom and [REDACTED] came home. She said [REDACTED] came in her room to get the baby and she fixed him a bottle. She stated he never came back downstairs until the next morning. CM asked you brought the child downstairs and she stated she thinks [REDACTED] did. CM asked if they stayed the night and she stated yes and they slept in the other room. She said there was an air mattress in there, but she is not sure if they used it. CM asked if she heard him crying during the night and she said no. She said the next morning the child was lying on the couch and she asked [REDACTED] about the red mark on his face. She said [REDACTED] told her that a vacuum fell on the child. She stated she does not think this happened or caused the injury on his face. She said she touched the baby and he was cold. She stated her mom asked what happened and does [REDACTED] want her to call 911 or take the child to the hospital. She stated [REDACTED] then started to perform CPR on the child. She stated as [REDACTED] was doing this, he did make a noise. CM asked if the child was alive when they left for the hospital and she said she does not know. CM asked by playing with the child and interacting with him, did he appear to be a healthy child and she stated yes.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/04/2014	Contact Method:	Phone Call
Contact Time:	02:51 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/04/2014
Completed date:	08/04/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/04/2014 03:09 PM Entered By: [REDACTED]

On 8/4/14 CM contacted [REDACTED] [REDACTED] the mother of the deceased child to follow up with her regarding the case. At this time the results of the autopsy is still pending. She stated she is currently living with her mom and is doing better. She has been on job interviews and has another on Tuesday. CM asked about the current medications she is currently taking and she stated she is only on the suboxone. She stated she attends monthly meeting with [REDACTED] and support groups at [REDACTED] [REDACTED] CM asked when was the last time she seen her children and she stated it was today and she seen them off to school. She did inform the CM that she is currently on probation for reckless driving and is randomly drug screened. CM asked if she is currently using any drugs and she stated no.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/04/2014	Contact Method:	Phone Call
Contact Time:	01:08 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/04/2014
Completed date:	08/04/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/04/2014 01:13 PM Entered By: [REDACTED]

On 8/4/14 CM was contacted by [REDACTED] [REDACTED] regarding the card the CM left in the home. CM did explain why the children needed to be interviewed and stated that is fine. CM will follow up with a interview for the children in the home regarding the investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/04/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/04/2014 11:40 AM Entered By: [REDACTED]

On 8/4/14 CM attempted to make a home visit at the home of [REDACTED] [REDACTED] and no one answered the door. CM has contacted [REDACTED] to obtain the initial interviews he had with the families.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/24/2014	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/24/2014
Completed date:	07/24/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/24/2014 01:31 PM Entered By: [REDACTED]

CM contacted [REDACTED] [REDACTED] regarding the autopsy for the child and she stated she will inform the CM when she obtains a copy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/23/2014

Contact Method: Correspondence

Contact Time: 05:26 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/29/2014

Completed date: 09/29/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/29/2014 01:37 PM Entered By: [REDACTED]

On 7/23/14 CM emailed [REDACTED] [REDACTED] regarding the results of the autopsy and the results are still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/23/2014

Contact Method: Correspondence

Contact Time: 05:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 01:22 PM Entered By: [REDACTED]

On 7/23/14 CM emailed [REDACTED] to check on the status of interviews with the [REDACTED] family and the autopsy report. He did not respond back.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/08/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

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): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/15/2014 10:44 AM Entered By: [REDACTED]

Case Conference
 child Fatality Case-no findings per preliminary autopsy. Mother receiving suboxone treatment. Interview all [REDACTED] members at the scene of the death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method: Correspondence

Contact Time: 01:28 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 01:20 PM Entered By: [REDACTED]

On 7/2/14 [REDACTED] responded to the CM email and stated he does not have the results of the autopsy and his summary report is not complete.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method: Correspondence

Contact Time: 12:46 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 01:08 PM Entered By: [REDACTED]

On 7/2/14 CM emailed [REDACTED] [REDACTED] to check on the status of the autopsy and for his initial interviews with the mother and collaterals.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/17/2014	Contact Method:	Phone Call
Contact Time:	03:56 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/17/2014
Completed date:	06/17/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/17/2014 04:02 PM Entered By: [REDACTED]

On 6/17/14 CM was contacted by [REDACTED] [REDACTED] the mother of the deceased child. CM asked how she has been doing and she stated good and taking things day by day. She stated they have already had the funeral for [REDACTED] CM asked where is she currently staying and she stated with her mother. She stated she is seeing a grief counseling at [REDACTED] and continuing her drug treatment program at [REDACTED]. She stated she did check herself into [REDACTED] Hospital for 8 days. CM asked if she has a contact number for [REDACTED] or [REDACTED] and she stated no. She stated she will try to get it and contact the CM.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/17/2014 Contact Method:
 Contact Time: 09:07 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/17/2014
 Completed date: 06/17/2014 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/17/2014 09:07 AM Entered By: [REDACTED]
 "Daily notice of referral, pursuant to 37-105, sent to Juvenile Court, Law Enforcement as applicable per local protocol."

The family has no history of Native American heritage in their family and all documentation was signed on 5/19/14

The parent/custodian signed the Release of Protected Health Information form on this date on 5/19/14

The parent/custodian signed and received a copy of the Client's Right Handbook on 5/19/14

CPIT convened on 6/16/14 per local CPIT Protocol.

On 2/6/14 the referent notification letter was sent out.

TFACTS: Yes

Family Case IDs: [REDACTED] [REDACTED]

Open Court Custody/FSS/FCIP Yes, # [REDACTED] FSW [REDACTED] [REDACTED]

Closed Court Custody No

Open CPS - No

Substantiated 12/04/2012 - Inv#: [REDACTED] DEI, DEC - [REDACTED] [REDACTED] [REDACTED]

Death No

Screened out No

History for [REDACTED] and/or [REDACTED] [REDACTED] (not listed above):

08/27/2013 Inv #: [REDACTED] DEI - Unsubstantiated

09/26/2012 Asmt #: [REDACTED] DEC - No Services Needed (AVC [REDACTED] and AP [REDACTED] are not listed in this case)

08/15/2012 -- Asmt #: [REDACTED] LOS, DEC - No Services Needed

07/24/2004 -- Inv #: [REDACTED] -LOS Unsubstantiated [REDACTED] listed as Other Involved Adult)

Household composition:

[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 2 Entry Date/Time: 02/23/2015 01:28 PM Entered By: [REDACTED]
CPIT was convened on 5/18/14.

Narrative Type: Addendum 1 Entry Date/Time: 02/23/2015 01:27 PM Entered By: [REDACTED]
Correction:

There was not a referent notification letter sent out due to the referent not requesting one at the time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/27/2014

Completed date: 05/27/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/27/2014 05:40 PM Entered By: [REDACTED]

On 5/27/14 CM met with the medical examiner and [REDACTED] and [REDACTED] regarding the case. At this time the cause of death is unknown until all labs are tested.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/21/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/03/2014
 Completed date: 06/03/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2014 04:07 PM Entered By: [REDACTED]

Case Conference

Permanency: mother does not have custody of any of her kids

Safety-Child/Community: safe as the mother does not have custody of any children

Service Planning: LI will contact detective's supervisor

Well-Being: Child Fatality Case



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/20/2014

Contact Method:

Contact Time: 02:57 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/20/2014

Completed date: 05/20/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2014 03:01 PM Entered By: [REDACTED]

On 5/20/14 CM requested medical records from [REDACTED] [REDACTED] [REDACTED] [REDACTED] Hospital, and [REDACTED] [REDACTED] [REDACTED] for the investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/19/2014

Contact Method: Phone Call

Contact Time: 08:50 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/02/2014

Completed date: 06/02/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/02/2014 11:54 AM Entered By: [REDACTED]

On 5/19/14 CM contacted the maternal grandfather [REDACTED] [REDACTED] regarding the current investigation. Mr. [REDACTED] of aware of the death the child. CM asked if he has information on the whereabouts for the other children of [REDACTED] [REDACTED]. He stated he has temporary custody of [REDACTED] [REDACTED] and [REDACTED] [REDACTED]. He stated he has had them for about 2 years and the custody order is out of [REDACTED] [REDACTED]. CM did confirm that all the children were with him and not with their mother at the time of the incident. He stated her other child [REDACTED] [REDACTED] is in the temporary custody of [REDACTED] [REDACTED] and [REDACTED] [REDACTED]. CM was able to reach [REDACTED] [REDACTED] and confirmed that [REDACTED] [REDACTED] was in his care and was not with her mother at the time of the incident.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/19/2014	Contact Method: Face To Face
Contact Time: 07:52 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Detention/Jail	Created Date: 05/20/2014
Completed date: 05/20/2014	Completed By: [REDACTED]
Purpose(s): Well Being	
Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview	
Contact Sub Type:	

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

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

On 5/19/14 CM interviewed [REDACTED] at the [REDACTED] in [REDACTED]. Ms. [REDACTED] is the mother of the deceased child [REDACTED] who passed away on May 18, 2014. The father of the ACV is [REDACTED] who resides in [REDACTED]. Ms. [REDACTED] is also the mother of [REDACTED] and [REDACTED] who are in the temporary custody of the maternal grandfather [REDACTED]. [REDACTED] is in the temporary custody of [REDACTED] and [REDACTED]. Ms. [REDACTED] stated she was staying with her mother [REDACTED] at [REDACTED]. A month ago her mother kicked her, the child, and [REDACTED] out the home. She stated they stayed at the [REDACTED] in [REDACTED] but had to leave because they could not afford to stay there any longer. She stated they then moved in with [REDACTED] cousin. CM asked if she was using drugs at this time and she stated no. She stated she no longer wanted to stay there due to the bugs and asked her mom if she could move back home. She stated her allowed her come back home on contingent that she remains drug free. CM asked if her mom kicked her out the home last weekend and she stated no. She stated her friend [REDACTED] picked her up around 10am on 5/17/14. She stated she then had a panic attack and [REDACTED] took her to [REDACTED] to get treated. She stated she was prescribed Xanax and had her prescription filled at [REDACTED]. CM asked if she is on any other medication and she stated suboxone and this is prescribed by [REDACTED] at [REDACTED]. CM asked what her drug of choice is and she stated opiates. After that they went back to [REDACTED] house and later dropped [REDACTED] daughter [REDACTED] off at the skating ring around 7pm. She stated when they returned home from the skating ring, they got ready to go out to a club called [REDACTED] on [REDACTED]. CM asked who was watching her child and she stated she left him with [REDACTED] a roommate of [REDACTED]. She stated the baby was fine before she left and they were up playing with him. She stated they returned home around 2am. CM asked who was driving that night and stated [REDACTED]. CM asked if she was intoxicated and she stated she maybe had 2 beers and that was mixed with her prescription. She stated she was under the influence, but was almost sober by the time they got home. She stated when they got home, the baby woke up shortly afterwards. She made him a bottle and they played some. CM asked where did the child sleep at and she stated on the couch with [REDACTED]. CM asked if she noticed any marks on the child at this time and she stated no. CM asked if there was argument between her and [REDACTED] about where the child should sleep at she stated no. She stated [REDACTED] did suggest she keep the baby downstairs and he sleep in his carrier and she said no because that would be uncomfortable and he would wake up to eat. She stated they went upstairs and they played around some more and she fed again and they went to sleep between 330-4am. CM asked where did they sleep and she stated on the floor. She stated she woke up around 10am and the baby was still sleep. She stated she noticed a red mark on his face coming from the top of his head down to his nose. CM asked if she made statements that a vacuum



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

cleaner fell on the child and she stated she recalls hearing those comments, but that is not true. She stated there was a vacuum in the room, but it was across the room. She stated she went to rub his head to see what the mark was he did not respond. She stated she then rubbed his shoulders and he still did not respond. She then put her finger under his nose and she could not tell if he was breathing or not. She stated she then started to perform infant CPR on him. She stated she ran across the hall and told [REDACTED] to call 911. She stated [REDACTED] said they will just take him to [REDACTED] Hospital which is about 10 minutes away. She stated she was still doing CPR on the child while in the car. CM asked if the child was alive when they reached the hospital and she stated she does not know. She stated she called the child's father when they got to the hospital. CM asked who the child's PCP is and she stated [REDACTED] at [REDACTED] CM asked if she has ever completed a drug treatment program and she stated no.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/19/2014	Contact Method: Phone Call
Contact Time: 03:13 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/02/2014
Completed date: 06/02/2014	Completed By: [REDACTED]
Purpose(s): Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/02/2014 10:36 AM Entered By: [REDACTED]

On 5/19/14 CM contacted [REDACTED] family friend of [REDACTED] regarding the neglect death of ACV [REDACTED] Ms. [REDACTED] stated she lives at [REDACTED] with her 2 children [REDACTED] and [REDACTED] and [REDACTED]. She has another child [REDACTED] who resides with her father during she school week and will come to visit on the weekends. CM did explain the purpose of the call and the concerns at this time. Ms. [REDACTED] did mention she was previously interviewed by detectives on the day of the incident. She stated [REDACTED] called her on 5/17/14 and stated her mom kicked her out the house. She stated she went to pick her up and took her see a friend at the hospital. She stated they then left and went back to her house to get her daughter to take her skating. She stated they came back home to get ready to go out with friends. CM asked if she picked her daughter up and she stated no and a friend did. CM asked who was caring for the child while her and [REDACTED] went out and she stated [REDACTED] and her daughter [REDACTED]. CM asked how was the child when they left for the evening and she stated he was fine. She stated when they left he was sleeping in his car seat. She stated they came back home around 2:30am-3am and the baby was awake. She stated they played with him and [REDACTED] changed him. CM asked if [REDACTED] was intoxicated and she stated she had a few drinks, but could not say if she was under the influence. CM asked if there was an argument between her and [REDACTED] and she stated no. She stated she told [REDACTED] to leave the baby in the car seat with her and [REDACTED] refused and took the child upstairs. She stated the next morning [REDACTED] and the child came downstairs and [REDACTED] noticed the red mark on his face. CM asked if there were other marks on the child and she stated no. She stated she was still upstairs when they went downstairs. She stated it looked like a scratch and it was not bleeding. She stated [REDACTED] mentioned the child was not breathing and she started to perform CPR. She stated instead of calling the ambulance, she, her boyfriend and [REDACTED] took the baby to [REDACTED]. She stated [REDACTED] was still doing CPR in the car. CM asked if the child was alive when they reached the hospital and she said she is not sure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/19/2014

Contact Method:

Contact Time:

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/21/2015

Completed date: 05/21/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/21/2015 10:53 AM Entered By: [REDACTED]

CPSI [REDACTED] completed the Notice of Child Death/Near Death form and submitted it to LI [REDACTED]. The form was reviewed and approved by IC [REDACTED] on 5/23/14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/18/2014	Contact Method:	Phone Call
Contact Time:	08:18 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/20/2014
Completed date:	06/02/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/20/2014 03:10 PM Entered By: [REDACTED]

On 5/18/14 CM contacted [REDACTED] a family friend, regarding the death of [REDACTED] Ms. [REDACTED] stated she lives with her roommate [REDACTED] and her 2 children in [REDACTED]. She stated [REDACTED] is [REDACTED] friend and that is how she knows her. CM asked if [REDACTED] was home now and she stated no. CM asked if she has any contact information for [REDACTED] and she stated no. CM asked if [REDACTED] other children were with her at the time of the death of [REDACTED] and she stated no. CM asked if she has any information on the death of the child and she stated no. She stated the child was fine and healthy when she had the previous night while [REDACTED] and [REDACTED] went out.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/18/2014 Contact Method:
Contact Time: 06:00 PM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: Created Date: 05/20/2014
Completed date: 05/20/2014 Completed By: [REDACTED]
Purpose(s): Well Being
Contact Type(s): Case Summary
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2014 02:07 PM Entered By: [REDACTED]

The Department of Children's Services received the referral on 5/18/14 and this CPSI received the referral on 5/18/14 as a response priority P1 regarding Abuse Death, LOS, DEI.

Narrative Type: Addendum 2 Entry Date/Time: 02/19/2015 03:44 PM Entered By: [REDACTED]

"Daily notice of referral, pursuant to 37-105, sent to Juvenile Court, Law Enforcement as applicable per local protocol."

Narrative Type: Addendum 1 Entry Date/Time: 09/22/2014 11:16 AM Entered By: [REDACTED]

Reporter states: The child is not in custody.

[REDACTED] (deceased) resided with his Mother [REDACTED] and Maternal Grandmother name unknown. [REDACTED] is [REDACTED] father. It is unknown if [REDACTED] was involved with [REDACTED]

It is reported "[REDACTED] was kicked out of her mother's house." [REDACTED] and [REDACTED] spent the night at [REDACTED]. This address is reported to be [REDACTED] friends, [REDACTED] and [REDACTED] (14) and [REDACTED] (12), are [REDACTED] children. [REDACTED] and [REDACTED] were all present in the home last night and this morning.

It is reported [REDACTED] was intoxicated last night at the home. It is unknown at this time what she was drinking and for how long. It is reported [REDACTED] was in [REDACTED] care while [REDACTED] was drinking. It is unknown if [REDACTED] and [REDACTED] were also drinking last night. There was no bed for [REDACTED] to sleep on and [REDACTED] suggested [REDACTED] sleep in his car carrier, [REDACTED] had with her. It is reported [REDACTED] didn't want to do that. It is unknown where [REDACTED] and [REDACTED] slept last night. It is reported [REDACTED] noticed the bump on [REDACTED] head when [REDACTED] brought [REDACTED] downstairs this morning. [REDACTED] reported to [REDACTED] and [REDACTED] that a vacuum cleaner fell on [REDACTED] head. This injury has been described as red; shape and specific location of [REDACTED] injury are not known at this time. It is reported that [REDACTED] did not have any injuries las night before he went to bed. [REDACTED] was rushed to [REDACTED] Hospital between 10:30-11:00 a.m. on May 18, 2014. Once at the hospital, it was reported [REDACTED] provided a different explanation for the injury. The specifics of that explanation are unknown at this time. It is unknown if [REDACTED] died in route to the hospital or at the hospital. It is unknown if the injuries are consistent with the explanation provided by [REDACTED]. It is also unknown if an autopsy has been performed at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

It is reported [REDACTED] is at the hospital at this time. It is believed there was a need for an interpreter for [REDACTED] or his family. [REDACTED] was arrested at the hospital today due to an outstanding warrant for failure to appear in court. [REDACTED] missed a court date for driving under the influence (DUI). The offense is believed to have occurred in March 2014. It is believed the DUI is the only time [REDACTED] has been involved with Law Enforcement. It is unknown if there has been any prior DCS involvement with this family.

Detectives from Youth Services Division are at the scene working the case. It is reported they are taking pictures and conducting interviews. It is believed [REDACTED] and all other involved adults have been interviewed at this time. The Incident number for this case is: [REDACTED]. No further information is known or reported at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/18/2014

Contact Method: Face To Face

Contact Time: 06:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/21/2014

Completed date: 10/21/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/21/2014 03:15 PM Entered By: [REDACTED]

On 5/18/14 the ACV was pronounced deceased.

Narrative Type: Addendum 1 Entry Date/Time: 05/21/2015 10:54 AM Entered By: [REDACTED]

According to Work Aid 2- Child Protective Services Tasks by Allegations, it is not required for the DCS case manager to observe the deceased child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/18/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 01:56 PM Entered By: [REDACTED]

This CPSI completed the Initial Safety Assessment and the child is Conditionally Safe. Copy attached to file.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 4/16/14 4:27 PM

Date of Assessment: 4/24/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



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

Case # 2014.077

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	05/18/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	05/18/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Hispanic or Latino	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:		
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>██████████ (deceased) resided with his Mother ██████████ and Maternal Grandmother name unknown. ██████████ is ██████████ father. It is unknown if ██████████ was involved with ██████████</p> <p>It is reported "██████████ was kicked out of her mother's house." ██████████ and ██████████ spent the night at ██████████, ██████████. This address is reported to be ██████████ friends, ██████████ and ██████████ (14) and ██████████ (12), are ██████████ children. ██████████ and ██████████ were all present in the home last night and this morning.</p> <p>It is reported ██████████ was intoxicated last night at the home. It is unknown at this time what she was drinking and for how long. It is reported ██████████ was in ██████████ care while ██████████ was drinking. It is unknown if ██████████ and ██████████ were also drinking last night. There was no bed for ██████████ to sleep on and ██████████ suggested ██████████ sleep in his car carrier, ██████████ had with her. It is reported ██████████ didn't want to do that. It is unknown where ██████████ and ██████████ slept last night. It is reported ██████████ noticed the bump on ██████████ head when ██████████ brought ██████████ downstairs this morning. ██████████ reported to ██████████ and ██████████ that a vacuum cleaner fell on ██████████ head. This injury has been described as red; shape and specific location of ██████████ injury are not known at this time. It is reported that ██████████ did not have any injuries las night before he went to bed. ██████████ was rushed to ██████████ Hospital between 10:30-11:00 a.m. on May 18, 2014. Once at the hospital, it was reported ██████████ provided a different explanation for the injury. The specifics of that explanation are unknown at this time. It is unknown if ██████████ died in route to the hospital or at the hospital. It is unknown if the injuries are consistent with the explanation provided by ██████████ It is also unknown if an autopsy has been performed at this time.</p> <p>It is reported ██████████ is at the hospital at this time. It is believed there was a need for an interpreter for ██████████ or his family. ██████████ was arrested at the hospital today due to an outstanding warrant for failure to appear in court. ██████████ missed a court date for driving under the influence (DUI). The offense is believed to have occurred in March 2014. It is believed the DUI is the only time ██████████ has been involved with Law Enforcement. It is unknown if there has been any prior DCS involvement with this family.</p> <p>Detectives from Youth Services Division are at the scene working the case. It is reported they are taking pictures and conducting interviews. It is believed ██████████ and all other involved adults have been interviewed at this time. The incident number for this case is: ██████████ No further information is known or reported at this time.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	██████████	Telephone #	██████████			
Street Address:	██████████	City/State/Zip:	██████████			

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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Describe (in detail) interview with family:

On 5/19/14 CPSI interviewed mother, at the in Ms. is also the mother of and who are in the temporary custody of the maternal grandfather is in the temporary custody of and Ms. stated she was staying with her mother and a month ago her mother kicked her, the child, and the child's father, out the home. She stated they stayed at the in but had to leave because they could not afford to stay there any longer. She stated they then moved in with cousin. CPSI asked if she was using drugs at this time and she stated no. She stated she no longer wanted to stay there due to the bugs and asked her mom if she could move back home. She stated her mother allowed her to come back home if she remains drug free.

Ms. stated her friend picked her up around 10am on 5/17/14. She stated she then had a panic attack and took her to to get treated. She stated she was prescribed Xanax and had her prescription filled at CPSI asked if she is on any other medication and she stated suboxone and this is prescribed by at CPSI asked what her drug of choice is and she stated opiates. Ms. stated after that they went back to house and later dropped daughter off at the skating ring around 7pm. She stated when they returned home from the skating ring, they got ready to go out to a club called on

Ms. stated she left her child with a roommate of She stated the baby was fine before she left and they were up playing with him. She stated they returned home around 2am. CPSI asked who was driving that night and Ms. stated drove. Ms. stated she maybe had 2 beers and that was mixed with her prescription. She stated she was under the influence, but was almost sober by the time they got home. She stated when they got home, the baby woke up shortly afterwards. She made him a bottle and they played some. Ms. stated that the baby slept on the couch with Ms. stated that she didn't notice any marks on the child at this time. She stated they went upstairs and they played around some more and she fed him again and they went to sleep between 3:30-4:00am.

Ms. stated they slept on the floor. She stated she woke up around 10am and the baby was still sleep. She stated she noticed a red mark on his face coming from the top of his head down to his nose. CPSI asked if Ms. made statements that a vacuum cleaner fell on the child and Ms. stated she recalls hearing those comments, but that is not true. She stated there was a vacuum in the room, but it was across the room. She stated she went to rub his head to see what the mark was and he did not respond. She stated she then rubbed his shoulders and he still did not respond. She then put her finger under his nose and she could not tell if he was breathing or not. She stated she then started to perform infant CPR on him. Ms. stated she ran across the hall and told to call 911. She stated said they will just take him to which is about 10 minutes away. She stated she was still doing CPR on the child while in the car. She stated she called the child's father when they got to the hospital.

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

Describe disposition of body (Death):			
Name of Medical Examiner/Coroner:		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:		Case #:	

Describe law enforcement or court involvement, if applicable:

and were assigned to the case.

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

Ms. has 4 other children that aren't in her custody. are in the temporary custody of the maternal grandfather is in the temporary custody of and

Name: [REDACTED]	Age: 1
Name: [REDACTED]	Age: 6
Name: [REDACTED]	Age: 14
Name: [REDACTED]	Age: 10
Name: [REDACTED]	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
09/21/2012	[REDACTED]	DEC, DEI	[REDACTED]	[REDACTED]	Allegations Substantiated
04/16/2014	[REDACTED]	LOS	[REDACTED]	[REDACTED]	Open Assessment
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

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