



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/24/2014 09:01 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/24/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 05/24/2014 10:37 AM
 First Team Leader Assigned: [REDACTED] Date/Time 05/24/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 05/24/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	2 Yrs 2 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Relative

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:

Search shows that the [REDACTED] is the mother [REDACTED] which is the same
 DOB for [REDACTED]

Family Case ID's: # [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS Yes

[REDACTED] / INV # [REDACTED] / DEC * DEI / alleged perpetrator [REDACTED] / Unsubstantiated



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(DEC) * Substantiated (DEI) / [REDACTED] [REDACTED] [REDACTED]

Substantiated Yes

[REDACTED] / Open INV # [REDACTED] / DEI / alleged perpetrator: [REDACTED] [REDACTED] /

Death No

Screened out No

History (not listed above):

01-23-2012 / # [REDACTED] / DEI * DEC / ACV: [REDACTED] * [REDACTED] / perpetrator: [REDACTED]

[REDACTED] / No Services Needed

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: None Given

Reporter's name/relationship: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Reporter states: [REDACTED] (1 month old) was not in DCS custody

[REDACTED] (1 month old) lived in [REDACTED] with his sister [REDACTED] (2 years old), his brother [REDACTED] (10 years old), and their parents [REDACTED] [REDACTED]

According to [REDACTED] this morning (05-24-2014) around 4:00 a.m. she found [REDACTED] in his bassinet and she observed blood around the infant's nose. According to 911 Dispatch, 911 received a call at 5:05 a.m. this morning (05-24-2014). The reporter does not know who called 911. The reporter is not certain if the Mother's timeframe is correct due to the time difference from when she reported finding the infant and 911 being called. The Mother called the current DCS [REDACTED] [REDACTED] at 5:55 a.m. this morning (05-24-2014) and notified [REDACTED] that [REDACTED] had passed away.

[REDACTED] was in full cardiac arrest when Emergency Medical Services (EMS) arrived at the home. When EMS arrived, EMS personnel observed [REDACTED] (the father) performing Cardiopulmonary Resuscitation (CPR) on [REDACTED] was transported to [REDACTED] [REDACTED] was pronounced dead at the hospital, but the reporter does not have the time of death. DCS personnel went to [REDACTED] before [REDACTED] body was taken to [REDACTED] in [REDACTED] for an autopsy.

The parents are en route to the [REDACTED] [REDACTED] DCS office to provide formal statements to DCS and Law Enforcement. DCS will talk to the parents and will then go meet face-to-face with [REDACTED] and [REDACTED]

[REDACTED] and [REDACTED] are currently in [REDACTED] [REDACTED] at the home of their maternal grandmother (name and address unknown). [REDACTED] spent the night with his grandmother last night, but [REDACTED] was at home with the parents. The reporter does not have any reports at this time that [REDACTED] and [REDACTED] are not safe at this time, but DCS will be meeting with [REDACTED] and [REDACTED] to ensure they are safe. The reporter does not have any other safety concerns for the children at this time.

To the reporter's knowledge, neither the adults nor the children have any special needs or disabilities.



**Tennessee Department of Children's Services
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The reporter is not aware of any hazards or safety concerns in the home for a DCS Case Manager who may respond.

The [REDACTED] DCS Office of Child Safety on-call [REDACTED] is already aware of this incident and referral.

Per SDM: Investigative Track / Priority 1
[REDACTED] @ 10:19 a.m. on 5/24/14

[REDACTED] was notified about the current referral. The On-Call worker is already aware and is en route to meet with the family, and this referral will be assigned to the county without a paging notification. A copy of this referral was sent to the "[REDACTED]" notification group.



**Tennessee Department of Children's Services
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Participant(s)

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED]

Age: [REDACTED]

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: [REDACTED]

Contact Comments: [REDACTED]

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 2 Yrs 2 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

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:** 30 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: [REDACTED] **Race:** White **Age:** 4 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: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 13 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: Male

Date of Birth:

Participant ID: [REDACTED]

SSN: Race: White Age: 32 Yrs (Est)

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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/24/2014

Assignment Date: 06/11/2015

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN		CSEM	
1	[REDACTED]	[REDACTED]	Neglect Death	Participant, Unknown [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/08/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The Department of Children's Services (DCS) Office of Child Safety Child Protective Services Investigations received a referral on 5/24/2014 with an allegation of Child Neglect Death regarding noncustodial child [REDACTED] was born on [REDACTED]. There was an open Investigation for Drug Exposed Infant when this referral was received.

On 5/24/14, [REDACTED] was reportedly found unresponsive lying on his back in his crib by his mother. The father reportedly started CPR and the mother called 911. [REDACTED] was transported to [REDACTED] by ambulance. [REDACTED] was pronounced dead at 6:21am [REDACTED]. The investigation into this incident was conducted by the [REDACTED] and was later transferred to [REDACTED] DCS [REDACTED] and Child Protective Services [REDACTED]. The report to DCS listed an Unknown Perpetrator as the alleged perpetrator of Child Negle

D. Case Workers

Case Worker: [REDACTED]

Date: 11/08/2014

Team Leader: [REDACTED]

Date: 11/08/2014

E. Investigation Summary

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

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

CPSI and [REDACTED] observed [REDACTED] in a hospital room. The child was wrapped in a baby blanket, and had a diaper on. The child's eyes were closed. CPSI did not observe any marks or bruises on the child. The child had a tube down its throat. The child had started to mottle. The child was purple and red in color around the head, legs and arms. There was no color around the child's mid section. [REDACTED] took photographs of the child.



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Child Protective Service Investigation Summary
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Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

The autopsy report states that [REDACTED] death was caused by positional asphyxia and was accidental.

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

The alleged perpetrator is unknown.

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

[REDACTED] (1 month old) was not in DCS custody

[REDACTED] (1 month old) lived in [REDACTED] with his sister [REDACTED] (2 years old), his brother [REDACTED] (10 years old), and their parents [REDACTED].

According to [REDACTED] this morning (05-24-2014) around 4:00 a.m. she found [REDACTED] in his bassinet and she observed blood around the infant's nose. According to 911 Dispatch, 911 received a call at 5:05 a.m. this morning (05-24-2014). The reporter does not know who called 911. The reporter is not certain if the Mother's timeframe is correct due to the time difference from when she reported finding the infant and 911 being called. The Mother called the current DCS [REDACTED] at 5:55 a.m. this morning (05-24-2014) and notified [REDACTED] that [REDACTED] had passed away.

[REDACTED] was in full cardiac arrest when Emergency Medical Services (EMS) arrived at the home. When EMS arrived, EMS personnel observed [REDACTED] (the father) performing Cardiopulmonary Resuscitation (CPR) on [REDACTED]. [REDACTED] was transported to [REDACTED]. [REDACTED] was pronounced dead at the hospital, but the reporter does not have the time of death. DCS personnel went to [REDACTED] before [REDACTED] body was taken to [REDACTED] in [REDACTED] for an autopsy.

The parents are en route to the [REDACTED] DCS office to provide formal statements to DCS and Law Enforcement. DCS will talk to the parents and will then go meet face-to-face with [REDACTED] and [REDACTED].

[REDACTED] and [REDACTED] are currently in [REDACTED] at the home of their maternal grandmother (name and address unknown). [REDACTED] spent the night with his grandmother last night, but [REDACTED] was at home with the parents. The reporter does not have any reports at this time that [REDACTED] and [REDACTED] are not safe at this time, but DCS will be meeting with [REDACTED] and [REDACTED] to ensure they are safe. The reporter does not have any other safety concerns for the children at this time.

To the reporter's knowledge, neither the adults nor the children have any special needs or disabilities.

The reporter is not aware of any hazards or safety concerns in the home for a DCS Case Manager who may respond.

The [REDACTED] DCS Office of Child Safety on-call [REDACTED] is already aware of this incident and referral.

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

The Department of Children's Services (DCS) Office of Child Safety Child Protective Services Investigations received a referral on 5/24/2014 with an allegation of Child Neglect Death regarding noncustodial child [REDACTED] was born on [REDACTED]. There was an open Investigation for Drug Exposed Infant when this



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]

referral was received.

On 5/24/14, [REDACTED] was reportedly found unresponsive lying on his back in his crib by his mother. The father reportedly started CPR and the mother called 911. [REDACTED] was transported to [REDACTED] by ambulance.

[REDACTED] was pronounced dead at 6:21am [REDACTED]

The investigation into this incident was conducted by the [REDACTED] and was later transferred to [REDACTED] DCS [REDACTED] and Child Protective Services [REDACTED]

The report to DCS listed an Unknown Perpetrator as the alleged perpetrator of Child Neglect Death. Interviews were conducted of both parents.

The autopsy report concluded that [REDACTED] died of positional asphyxia and the manner of death was listed as accident. The case has been presented to the Child Protective Investigative Team and has been classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/31/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/31/2015
 Completed date: 07/31/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/31/2015 02:06 PM Entered By: [REDACTED]
 Child Death Closing Summary

The Department of Children's Services (DCS) Office of Child Safety Child Protective Services Investigations received a referral on 5/24/2014 with an allegation of Child Neglect Death regarding noncustodial child [REDACTED] was born on [REDACTED]. There was an open Investigation for Drug Exposed Infant when this referral was received.

On 5/24/14, [REDACTED] was reportedly found unresponsive lying on his back in his crib by his mother. The father reportedly started CPR and the mother called 911. [REDACTED] was transported to [REDACTED] by ambulance. [REDACTED] was pronounced dead at 6:21am [REDACTED].

The investigation into this incident was conducted by the [REDACTED] and was later transferred to [REDACTED] DCS [REDACTED] and Child Protective Services [REDACTED].

The report to DCS listed an Unknown Perpetrator as the alleged perpetrator of Child Neglect Death. Interviews were conducted of both parents, [REDACTED] and [REDACTED]. Details of interviews which occurred on 5/24/14:

At 11:10am, [REDACTED] began the interview with [REDACTED] reports that the baby's name was [REDACTED] whose date of birth is [REDACTED]. CPSI asked [REDACTED] to walk her through everything that happened the previous day. [REDACTED] reports that [REDACTED] woke up about 7:30am yesterday at which time she fed him. She reports that [REDACTED] eats every 3.5 to 4 hours and takes about 5-6 ounces of formula at every feeding. [REDACTED] reports that [REDACTED] was always very alert and a happy baby. She reports that the only time he ever cried was when he was hungry. [REDACTED] reports that she never expected this to happen. She reports that she laid [REDACTED] back down at 8:30 am yesterday. [REDACTED] stated that at 9:45am they went to the doctor but that [REDACTED] was not seen by the doctor because she had her dates mixed up and his appointment was actually supposed to be next Friday. [REDACTED] reports that around 10:30-11:00am, [REDACTED] was fed again and at around noon, they went to her mother's house at [REDACTED] in [REDACTED]. She reports that her mother is [REDACTED] states that they only stayed there for a few minutes before going back home. [REDACTED] reports that all day yesterday, [REDACTED] ate every 3.5 to 4 hours. She reports that last week at the doctor, he weighed 8 pounds and 1 ounce. She reports that she believes his last doctor's appointment was on May 12th, 2014. She reports that [REDACTED] saw [REDACTED] and everything was fine. [REDACTED] reports that the last time she fed [REDACTED] last night was between 11:30pm and midnight. She reports that after feeding [REDACTED] she put him down for the night. CPSI asked about the family's sleeping arrangements last night.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

██████ reports that ████████ was in the bassinet. At this point, ████████ broke down crying. CPSI offered ████████ more tissue and gave her an opportunity to compose herself. CPSI asked ████████ if anything was in the bassinet with ████████ reports that nothing was in the bassinet with him. ████████ reports that she sleeps on the couch and the bassinet is nearby. She states that during the night, ████████ did not make any noises or sounds of distress. She reports that at about 4:30am, she woke up and went to check on ████████ reports that at this time, ████████ was in his bassinet lying flat on his back. She reports that she noticed he was not breathing as soon as she got up. She reports that she changed his diaper and could not get him to wake up or respond. She reports that ████████ felt warm and was not cold at this time. A ████████ report that she saw blood in ████████ nose but that it was not running down his face. ████████ reports that she woke her husband up and was panicking. She reports that the baby was put back in the bassinet and her husband started CPR while she called 911. She reports that her husband told her that ████████ was starting to feel cool to the touch while he was doing CPR. ████████ reports that 911 told her what to do. She reports that the ambulance missed their house so she ran down the road after them to get them. ████████ reports that ████████ is almost 3 and ████████ is almost 10. She reports that ████████ was home when this happened but ████████ was at his mamaw's house. ████████ reports that she does not smoke in the house and steps outside to do so. She reports that she has a prescription for subutex and takes two 8mg strips per day. She reports that ████████ on ████████ prescribes them to her. ████████ reports that everything has been great since ████████ came home from the hospital. She reports that he was a good baby. ████████ reports that he was in the NICU because he was positive for THC. ████████ reports that when she called 911, she was first connected with ████████ Dispatch and they transferred her to ████████. ████████ reports that she changed the baby's pee diaper before she called 911. ████████ reports that she will sit on the couch and hold ████████ but every time he goes to sleep, she puts him in his bassinet. ████████ reports that she smoked THC a week ago. She reports that it was one joint. ████████ reports that she could not eat and was very stressed out. She reports that is the reason she also used THC during her pregnancy. ████████ reports that she uses THC as a nerve medicine because she does not want to take pills and it helps her appetite. ████████ reports that about 3 years ago, she abused Roxys with no prescription. She reports that she bought them off the street and was taking 3-4 pills a day. ████████ was asked about the blood on the baby's onesie and she reports that she did not know it was there until it was pointed out to her at the hospital. She reports that there was a little bit smeared on the onesie. ████████ reports that when ████████ was in the bassinet, his blanket was wrapped around his waist and covered his waist and legs. She reports that his arms were outside the blanket. ████████ was drug screened and tested positive for suboxone and THC.

During the mother's interview, she appeared very distraught. She was crying and tearful the entire time and kept repeating that she just couldn't believe this has happened. The mother showed appropriate emotion given the situation. CPSI was mindful of the mother's feelings and emotional well-being during the interview. The mother was very cooperative with both CPSI and ████████.

At 11:45am, ████████ interviewed ████████ in the conference room at the ████████ DCS office. CPSI once again expressed her sympathy over the current situation and explained that she just wanted to get a clear picture of everything that has occurred. CPSI asked ████████ about his day yesterday. ████████ reports that he worked yesterday and got home about 1:30pm. ████████ reports that he is employed by ████████ and ████████ out of ████████. ████████ reports that he has been out of town all week working. ████████ reports that he talked to ████████ every day and that she never mentioned any problems with ████████ and that everything was fine. ████████ reports that when he arrived home from work yesterday at 1:30pm, ████████ and the kids were at home. ████████ reports that he was already asleep when ████████ put ████████ down for the night. He reports that he went to bed sometime between 9:30pm and 10:00pm. ████████ reports that ████████ sleeps in a bassinet and nothing is in there except for his blanket. ████████ reports that last night he slept on one of the couches alone and that ████████ and ████████ slept on the other couch. ████████ reports that ████████ woke him up between 4:30am and 5:00am. He reports that he believes it was closer to 4:30am. He reports that ████████ was not breathing. ████████ reports that ████████ was put back in the bassinet and he began CPR while ████████ called 911. He reports that ████████ stayed on the line with 911 until the ambulance arrived at their home. ████████ reports that ████████ called 911 immediately after she woke him up. He reports that ████████ got through to 911 and then lost them but they called her back. ████████ reports that he is not prescribed any medications but that he uses THC every day. He reports that he smokes 4-5 joints every day and that is equal to about 5 grams. ████████ reports that on Thursday night, he was working in ████████. He reports that his back was hurting and he took a pain pill for the pain that his buddy gave him. ████████ reports that he thinks it was a hydrocodone. ████████ reports that before he had kids, he used pain pills. He reports that he and ████████ have been married for almost 12 years. He reports that he used Roxys at the same time ████████ used them but he stopped after ████████ was born. ████████ reports that there was a little bit of blood on ████████ nose this morning and a small blood smear on his onesie. ████████ reports that when he went to sleep last night, ████████ had ████████ and was sitting on the couch watching TV. ████████ reports that he has always been against ████████ sleeping with them and has made sure that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/31/2015 Contact Method:
 Contact Time: 10:20 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 08/20/2015
 Completed date: 08/20/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/31/2015 Contact Method:
 Contact Time: 10:20 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 08/20/2015
 Completed date: 08/20/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/31/2015

Contact Method:

Contact Time: 10:20 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 08/20/2015

Completed date: 08/20/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/20/2015 01:53 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/11/2015

Contact Method:

Contact Time: 10:18 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/11/2015

Completed date: 06/11/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/11/2015 09:19 AM Entered By: [REDACTED]

The [REDACTED] investigation has been presented for closure. Child Protective Services Investigator [REDACTED] [REDACTED] has completed investigative tasks. The autopsy report concluded that [REDACTED] died of positional asphyxia and the manner of death was listed as accident. The case has been presented to the Child Protective Investigative Team and has been classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated. The case has been transferred to Child Protective Services Investigator [REDACTED] [REDACTED] due to [REDACTED] [REDACTED] being out on Extended leave.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/11/2015 Contact Method: Face To Face
 Contact Time: 09:08 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/01/2015
 Completed date: 04/01/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2015 12:53 PM Entered By: [REDACTED]

3/11/15 9:08am

Child Protective Services Investigator [REDACTED] arrived at the home of [REDACTED] and [REDACTED] in [REDACTED] at the above date and time. [REDACTED] was allowed into the home by [REDACTED] gave [REDACTED] a hug when she entered the home. [REDACTED] explained to [REDACTED] that [REDACTED] case is still open and that she is just here to check on the family and see if they need anything. [REDACTED] became very upset and cried for approximately 20 minutes. [REDACTED] reports that she does not understand why the case is still open because the judge told her in court that it was being closed. She reports that she even has the papers from the courthouse saying the case is being closed. [REDACTED] reports that she also has a copy of [REDACTED] autopsy which says that his death was an accident. [REDACTED] reports that she feels harassed and tortured by DCS. [REDACTED] stated that [REDACTED] knows nothing bad is going on in her home. [REDACTED] assured [REDACTED] that she knows both [REDACTED] and [REDACTED] are being well cared for. [REDACTED] reports that she would like to speak to somebody in charge. [REDACTED] explained that she would send [REDACTED] a text message with her supervisor's contact information. [REDACTED] reports that they are all doing good and would like to be able to move on. She reports that [REDACTED] is at her mother's house because he stayed the night there last night. She reports that he is still being homeschooled [REDACTED] also observed [REDACTED] sleeping while in the home. CPSI did not observe anything in the home at this time that would be cause for concern.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/05/2015

Contact Method:

Contact Time: 02:13 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/21/2015

Completed date: 01/21/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/21/2015 09:44 AM Entered By: [REDACTED]

Background Checks:

The mother has no criminal history. The father does have past charges (the record is marked as juvenile) including setting fire to personal property or land, VOP, and Violation of Child Restraint. These charges are from 1999.

Neither parent is listed on the National Sex Offender Registry.

Neither parent is listed on the TN Department of Health Abuse Registry.

Neither parent is listed on the TN Felony Offender Registry.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/05/2015

Contact Method:

Contact Time: 10:28 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/05/2015

Completed date: 01/05/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/05/2015 09:37 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] requested and received medical records from [REDACTED] in [REDACTED] where [REDACTED] was seen twice for primary care. These records have been added to the file and will be scanned into the documents section.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/05/2015

Contact Method: Correspondence

Contact Time: 09:58 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/05/2015

Completed date: 01/05/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/05/2015 09:00 AM Entered By: [REDACTED]

A copy of the EMS worker's statement from the day of [REDACTED] death is included in the file along with a copy of the EMS call log. There is also a statement from [REDACTED] [REDACTED] who actually drove the ambulance to [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/04/2014

Contact Method:

Contact Time: 10:47 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/04/2014

Completed date: 11/04/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2014 09:50 AM Entered By: [REDACTED]

The [REDACTED] investigation will be presented for closure. Child Protective Services [REDACTED] [REDACTED] has completed investigative tasks. The autopsy report concluded that [REDACTED] died of positional asphyxia and the manner of death was listed as accident. The case has been presented to the Child Protective Investigative Team and has been classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/28/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/04/2014

Completed date: 11/04/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2014 04:51 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] [REDACTED] has uploaded into TFACTS [REDACTED] Medical Records, [REDACTED] Medical Records, The Autopsy Report for [REDACTED] and the Notice of Child Death for [REDACTED].
 A hard copy of all the items has been included in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/20/2014

Contact Method:

Contact Time: 10:32 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/20/2014

Completed date: 10/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/20/2014 09:33 AM Entered By: [REDACTED]

The closing Fast 2.0 was entered into Redcap at the above date and time with a result of no identified need for services.

Narrative Type: Addendum 1 Entry Date/Time: 01/05/2015 09:11 AM Entered By: [REDACTED]

The closing Safety assessment was also entered at this time with a result of Safe.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/20/2014

Contact Method:

Contact Time: 10:21 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/20/2014

Completed date: 10/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/20/2014 09:22 AM Entered By: [REDACTED]

The Department of Children's Services (DCS) Office of Child Safety Child Protective Services Investigations received a referral on 5/24/2014 with an allegation of Child Neglect Death regarding noncustodial child [REDACTED]. [REDACTED] was born on [REDACTED]. There was an open Investigation for Drug Exposed Infant when this referral was received.

On 5/24/14, [REDACTED] was reportedly found unresponsive lying on his back in his crib by his mother. The father reportedly started CPR and the mother called 911. [REDACTED] was transported to [REDACTED] by ambulance. [REDACTED] was pronounced dead at 6:21am [REDACTED].

The investigation into this incident was conducted by the [REDACTED] and was later transferred to [REDACTED] DCS [REDACTED] and Child Protective Services [REDACTED].

The report to DCS listed an Unknown Perpetrator as the alleged perpetrator of Child Neglect Death. Interviews were conducted of both parents.

The autopsy report concluded that [REDACTED] died of positional asphyxia and the manner of death was listed as accident. The case has been presented to the Child Protective Investigative Team and has been classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated.

Narrative Type: Addendum 2 Entry Date/Time: 01/05/2015 09:57 AM Entered By: [REDACTED]

The cause of death was ruled as accidental and the alleged perpetrator is listed as unknown. The CPIT team did not feel that there was enough evidence to substantiate either parent for Neglect Death nor did they feel that there was enough evidence to charge anyone in [REDACTED] death. Both parents have been cooperative with the investigation.

There is not a preponderance of evidence to substantiate 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]

Narrative Type: Addendum 1 Entry Date/Time: 01/05/2015 09:53 AM Entered By: [REDACTED]

Details of interviews which occurred on 5/24/14:

At 11:10am, [REDACTED] began the interview with [REDACTED] reports that the baby's name was [REDACTED] whose date of birth is [REDACTED]. CPSI asked [REDACTED] to walk her through everything that happened the previous day. [REDACTED] reports that [REDACTED] woke up about 7:30am yesterday at which time she fed him. She reports that [REDACTED] eats every 3.5 to 4 hours and takes about 5-6 ounces of formula at every feeding. [REDACTED] reports that [REDACTED] was always very alert and a happy baby. She reports that the only time he ever cried was when he was hungry. [REDACTED] reports that she never expected this to happen. She reports that she laid [REDACTED] back down at 8:30 am yesterday. [REDACTED] stated that at 9:45am they went to the doctor but that [REDACTED] was not seen by the doctor because she had her dates mixed up and his appointment was actually supposed to be next Friday. [REDACTED] reports that around 10:30-11:00am, [REDACTED] was fed again and at around noon, they went to her mother's house at [REDACTED] in [REDACTED]. She reports that her mother is [REDACTED] states that they only stayed there for a few minutes before going back home. [REDACTED] reports that all day yesterday, [REDACTED] ate every 3.5 to 4 hours. She reports that last week at the doctor, he weighed 8 pounds and 1 ounce. She reports that she believes his last doctor's appointment was on May 12th, 2014. She reports that [REDACTED] saw [REDACTED] and everything was fine. [REDACTED] reports that the last time she fed [REDACTED] last night was between 11:30pm and midnight. She reports that after feeding [REDACTED] she put him down for the night. CPSI asked about the family's sleeping arrangements last night. [REDACTED] reports that [REDACTED] was in the bassinet. At this point, [REDACTED] broke down crying. CPSI offered [REDACTED] more tissue and gave her an opportunity to compose herself. CPSI asked [REDACTED] if anything was in the bassinet with [REDACTED] reports that nothing was in the bassinet with him. [REDACTED] reports that she sleeps on the couch and the bassinet is nearby. She states that during the night, [REDACTED] did not make any noises or sounds of distress. She reports that at about 4:30am, she woke up and went to check on [REDACTED] reports that at this time, [REDACTED] was in his bassinet lying flat on his back. She reports that she noticed he was not breathing as soon as she got up. She reports that she changed his diaper and could not get him to wake up or respond. She reports that [REDACTED] felt warm and was not cold at this time. A [REDACTED] report that she saw blood in [REDACTED] nose but that it was not running down his face. [REDACTED] reports that she woke her husband up and was panicking. She reports that the baby was put back in the bassinet and her husband started CPR while she called 911. She reports that her husband told her that [REDACTED] was starting to feel cool to the touch while he was doing CPR. [REDACTED] reports that 911 told her what to do. She reports that the ambulance missed their house so she ran down the road after them to get them. [REDACTED] reports that [REDACTED] is almost 3 and [REDACTED] is almost 10. She reports that [REDACTED] was home when this happened but [REDACTED] was at his mamaw's house. [REDACTED] reports that she does not smoke in the house and steps outside to do so. She reports that she has a prescription for subutex and takes two 8mg strips per day. She reports that [REDACTED] on [REDACTED] prescribes them to her. [REDACTED] reports that everything has been great since [REDACTED] came home from the hospital. She reports that he was a good baby. [REDACTED] reports that he was in the NICU because he was positive for THC. [REDACTED] reports that when she called 911, she was first connected with [REDACTED] Dispatch and they transferred her to [REDACTED] reports that she changed the baby's pee diaper before she called 911. [REDACTED] reports that she will sit on the couch and hold [REDACTED] but every time he goes to sleep, she puts him in his bassinet. [REDACTED] reports that she smoked THC a week ago. She reports that it was one joint. [REDACTED] reports that she could not eat and was very stressed out. She reports that is the reason she also used THC during her pregnancy. [REDACTED] reports that she uses THC as a nerve medicine because she does not want to take pills and it helps her appetite. [REDACTED] reports that about 3 years ago, she abused Roxys with no prescription. She reports that she bought them off the street and was taking 3-4 pills a day. [REDACTED] was asked about the blood on the baby's onesie and she reports that she did not know it was there until it was pointed out to her at the hospital. She reports that there was a little bit smeared on the onesie. [REDACTED] reports that when [REDACTED] was in the bassinet, his blanket was wrapped around his waist and covered his waist and legs. She reports that his arms were outside the blanket. [REDACTED] was drug screened and tested positive for suboxone and THC.

During the mother's interview, she appeared very distraught. She was crying and tearful the entire time and kept repeating that she just couldn't believe this has happened. The mother showed appropriate emotion given the situation. CPSI was mindful of the mother's feelings and emotional well-being during the interview. The mother was very cooperative with both CPSI and [REDACTED]

At 11:45am [REDACTED] interviewed [REDACTED] in the conference room at the [REDACTED] DCS office. CPSI once again expressed her sympathy over the current situation and explained that she just wanted to get a clear picture of everything that has occurred. CPSI asked [REDACTED] about his day yesterday. [REDACTED] reports that he worked yesterday and got home about 1:30pm. [REDACTED] reports that he is employed by [REDACTED] and [REDACTED] out of [REDACTED] reports that he has been out of town all week working. [REDACTED] reports that he talked to [REDACTED] every day and that she never mentioned any problems with [REDACTED] and that everything was fine. [REDACTED] reports that when he arrived home from work yesterday at 1:30pm, [REDACTED] and the kids were at home. [REDACTED] reports that he was already asleep when [REDACTED] put



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] down for the night. He reports that he went to bed sometime between 9:30pm and 10:00pm. [REDACTED] reports that [REDACTED] sleeps in a bassinet and nothing is in there except for his blanket. [REDACTED] reports that last night he slept on one of the couches alone and that [REDACTED] and [REDACTED] slept on the other couch. [REDACTED] reports that [REDACTED] woke him up between 4:30am and 5:00am. He reports that he believes it was closer to 4:30am. He reports that [REDACTED] was not breathing. [REDACTED] reports that [REDACTED] was put back in the bassinet and he began CPR while [REDACTED] called 911. He reports that [REDACTED] stayed on the line with 911 until the ambulance arrived at their home. [REDACTED] reports that [REDACTED] called 911 immediately after she woke him up. He reports that [REDACTED] got through to 911 and then lost them but they called her back. [REDACTED] reports that he is not prescribed any medications but that he uses THC every day. He reports that he smokes 4-5 joints every day and that is equal to about 5 grams. [REDACTED] reports that on Thursday night, he was working in [REDACTED]. He reports that his back was hurting and he took a pain pill for the pain that his buddy gave him. [REDACTED] reports that he thinks it was a hydrocodone. [REDACTED] reports that before he had kids, he used pain pills. He reports that he and [REDACTED] have been married for almost 12 years. He reports that he used Roxys at the same time [REDACTED] used them but he stopped after [REDACTED] was born. [REDACTED] reports that there was a little bit of blood on [REDACTED] nose this morning and a small blood smear on his onesie. [REDACTED] reports that when he went to sleep last night, [REDACTED] had [REDACTED] and was sitting on the couch watching TV. [REDACTED] reports that he has always been against [REDACTED] sleeping with them and has made sure that [REDACTED] never slept with [REDACTED]. [REDACTED] reports that he is not sure if [REDACTED] changed [REDACTED] diaper this morning. [REDACTED] reports that he believes that [REDACTED] might have called her mom first this morning. This was confirmed when [REDACTED] checked [REDACTED] call log on her phone. A call was made to her mother at 4:59am and the 911 call came in at 5:02am. [REDACTED] reports that this morning, the baby was not "warm warm" but was not cold. [REDACTED] did consent to a drug screen and was positive for Amphetamines and THC. [REDACTED] reports that he does not know what kind of pill he took Thursday night. He reports that he also has headache pills in his work truck that he sometimes takes. [REDACTED] was not as emotional as [REDACTED] however he still expressed his disbelief over the situation. CPSI found his demeanor during the interview to be an appropriate reaction to the situation.

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 was presented to the [REDACTED] [REDACTED] Child Protective Investigation Team on 10/20/14. Team members were in agreement that there was not sufficient evidence to substantiate 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]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/20/2014

Contact Method:

Contact Time: 09:43 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/20/2014

Completed date: 10/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/20/2014 09:05 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] received a copy of the autopsy report for [REDACTED]. The report states that [REDACTED] died of Positional Asphyxia and stated that the manner of death is accident.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2014

Contact Method:

Contact Time: 10:54 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/28/2014

Completed date: 10/28/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2014 07:51 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] received the result from [REDACTED] Alcohol and Drug Assessment and Mental Health Assessment from Covenant Counseling with the following recommendations:

It is the recommendation of this therapist for [REDACTED] to comply with alcohol and drug education treatment to have an opportunity to address the marijuana use in his history. Treatment will focus on changing deeply imbedded behaviors and habits to prevent relapse. In addition to alcohol and drug treatment client should also comply with individual counseling to address emotional concerns in regards to the death of his infant son. Counseling should focus on sadness and grief related issues in response to the family's loss. Treatment for these mental health issues could benefit the client in making decision and caring for his child and reduce the risk of relapse.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 10/13/2014

Completed date: 10/13/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Court Hearing, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/13/2014 06:56 AM Entered By: [REDACTED]

On 9/16/2014 [REDACTED] [REDACTED] Juvenile Court: this case was heard by [REDACTED] Present for the hearing was Child Protective Service Investigator [REDACTED], DCS [REDACTED] and [REDACTED]. [REDACTED] [REDACTED] determined that because the parents have completed all the steps outlined in their Non Custodial Permanency Plan, there is no longer a need for [REDACTED] to continue weekly drug screens or for this case to be further reviewed in court. [REDACTED] will continue to await the results of [REDACTED] autopsy and then present to CPIT prior to closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2014

Contact Method: Face To Face

Contact Time: 07:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/15/2014

Completed date: 09/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2014 08:57 PM Entered By: [REDACTED]

9/4/14 7:00pm

[REDACTED] [REDACTED] completed Drug Screens with [REDACTED] and [REDACTED] at the above date and time. [REDACTED] was positive only for her prescription suboxone. [REDACTED] was negative on his urine drug screen. [REDACTED] reports that his mental health and A&D Assessments were completed about a month ago. CPSI stated that she would try to obtain those records. [REDACTED] was sleeping on the couch and [REDACTED] was playing a handheld video game. Both children were clean and appeared to be well-cared for at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/21/2014	Contact Method:	Face To Face
Contact Time:	06:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/25/2014
Completed date:	08/25/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/25/2014 12:13 PM Entered By: [REDACTED]

[REDACTED] arrived at the family home at the above date and time. [REDACTED] and [REDACTED] were present at the home. [REDACTED] reported that [REDACTED] was still not home from work. [REDACTED] was coloring in a "My Little Pony" coloring book when CPSI arrived and showed CPSI her colored pencils. [REDACTED] was able to name most of them by the correct color. [REDACTED] reports that her favorite color is pink. [REDACTED] reports that she has not had her suboxone this week. She reports that there were some bills that had to be paid and the bills always come first. She reports that she has done okay without the prescription but is going to try to go back to the doctor tomorrow. [REDACTED] consented to a urine drug screen and was negative for all screened substances. The home was clean and [REDACTED] had cooked dinner which was on the table when CPSI arrived. CPSI did not note any visible signs of concern at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/07/2014

Contact Method: Face To Face

Contact Time: 06:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/25/2014

Completed date: 08/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/25/2014 12:07 PM Entered By: [REDACTED]

8/7/14 6:15pm

[REDACTED] [REDACTED] arrived at the home of [REDACTED] and [REDACTED] at the above date and time. Both [REDACTED] and [REDACTED] consented to urine drug screens at this time and were negative for all screened substances. [REDACTED] was present and was eating watermelon while CPSI was in the home. [REDACTED] reported that [REDACTED] was at his grandmother's house. CPSI did not observe any visible safety hazards in the home. It was clean and appears appropriate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/02/2014

Contact Method:

Contact Time: 10:40 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/02/2014

Completed date: 08/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/02/2014 09:48 AM Entered By: [REDACTED]

LI reviewed the [REDACTED] case with [REDACTED]. The children, [REDACTED] and [REDACTED] continue to reside in the home with their parents, [REDACTED] and [REDACTED]. The children appear to be doing well. [REDACTED] has completed her alcohol/drug assessment and Mental Health Assessment. The mother continues to attend a suboxone clinic and is receiving in home grief counseling. A PSG was approved for [REDACTED] to complete alcohol/drug assessment and mental health assessment in home. [REDACTED] most recent drug screens have been clean. [REDACTED] continues to drug screen the parents on a weekly basis. The next court date is set for August 12th, 2014. The case remains open and autopsy results are pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/29/2014

Contact Method: Correspondence

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/11/2014

Completed date: 08/11/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2014 11:25 AM Entered By: [REDACTED]

7/29/14 10:15am

[REDACTED] sent an email to the fiscal unit inquiring about services for [REDACTED] that had been approved on 7/17/14. In the email, CPSI explained that the family has not yet heard from the service provider. Fiscal contacted the service provider who reported that they will complete the assessments as soon as possible.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/24/2014	Contact Method:	Face To Face
Contact Time:	06:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/11/2014
Completed date:	08/11/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Other Child Living in the Home Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/11/2014 11:24 AM Entered By: [REDACTED]

7/24/14 6:00pm

[REDACTED] arrived at the home of [REDACTED] and [REDACTED] in [REDACTED] at the above date and time. [REDACTED] and [REDACTED] were also home. Both children were clean and dressed appropriately for the current weather conditions. The children appear to be very well cared for. CPSI also noted that the home was clean. [REDACTED] had just finished cooking dinner and [REDACTED] arrived home from work at the same time CPSI arrived at the home. [REDACTED] reports that he got to ride a mechanical bull at the rodeo last weekend. He reports that he also might get to go fishing with his papaw in [REDACTED] [REDACTED] was taking a nap on the couch. [REDACTED] consented to a urine drug screen and was negative for all screened substances. [REDACTED] also consented to a urine drug screen and was also negative for all screened substances. [REDACTED] and [REDACTED] report that they are thinking about taking the kids back to the aquarium in [REDACTED] again because right now, [REDACTED] residents can get in for ten dollars a person. [REDACTED] reports that he has not yet heard from the in home provider that is supposed to do his A&D and Mental Health Assessments. [REDACTED] will follow up on this.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/15/2014

Contact Method: Face To Face

Contact Time: 07:40 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/11/2014

Completed date: 08/11/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview, Other Child Living in the Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2014 11:22 AM Entered By: [REDACTED]

7/15/14 7:40PM

[REDACTED] met with [REDACTED] and [REDACTED] at their home in [REDACTED] at the above date and time. Both parents were drug screened and were negative for all screened substances. [REDACTED] reports that he was picked for jury duty. [REDACTED] reports that she is going once a month to the suboxone clinic and it takes \$500 a month for her doctor visit and prescription. CPSI did complete a pill county and it was accurate at this time.

CPSI observed both [REDACTED] and [REDACTED] at this time and found the children to be clean and well cared for. CPSI did not observe any visible signs of concern at this time. [REDACTED] and [REDACTED] were playing outside when CPSI arrived.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/20/2014 Contact Method: Correspondence
 Contact Time: 02:45 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/27/2014
 Completed date: 06/27/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/27/2014 07:22 AM Entered By: [REDACTED]

6/20/14 2:45pm

CPSI visited the home of [REDACTED] at the above date and time. [REDACTED] was at work. [REDACTED] consented to a urine drug screen and was positive for BUP and THC. She reports that she hopes the THC is out of her system by next week. [REDACTED] reports that [REDACTED] is working in [REDACTED] this week black topping a [REDACTED] [REDACTED]. She reports that both the kids are camping with her mother.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/12/2014 Contact Method: Face To Face
 Contact Time: 06:35 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/22/2014
 Completed date: 06/22/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/22/2014 11:54 AM Entered By: [REDACTED]

6/12/14 6:35pm

CPSI arrived at the home of [REDACTED] and [REDACTED] at the above date and time and was invited into the home by [REDACTED]. [REDACTED] was also present. [REDACTED] was clean and well-groomed. She appears very bonded to both of her parents. She appears to be of a healthy size and weight for her age. [REDACTED] showed CPSI her purse which she used to hold several items including tools she uses to dig in the dirt. CPSI did not note any visible signs of concern at this time.

[REDACTED] reports that she called about IOP and has appointments scheduled for this week. She reports that she will be at [REDACTED] on Monday from 9:30am-3:30pm, Tuesday from 12:30pm-3:30pm, Wednesday from 12:30pm-3:30pm, and Thursday from 12:30pm-3:30pm. [REDACTED] reports that it takes an hour and a half to get there. She did provide CPSI with her prescription Subutex which is prescribed in 8mg tablets. She is supposed to take two a day and it was filled with a quantity of 56 tablets. She had 41 left at this time so she had not taken as much as she is prescribed. She could have taken up to 18 pills but had only taken 15. She did consent to a drug screen and was positive for the subutex and also THC. She reports that she goes back to the doctor on 7/2/14.

[REDACTED] reports that it has been a busy week at work. He reports that with his work schedule, there is no way he can do IOP 4 days a week. He reports that he has to work to support his family. [REDACTED] did sign a TN Care eligibility form for CPSI. He did consent to a drug screen and was positive for THC.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/03/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 06/22/2014

Completed date: 06/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/22/2014 11:52 AM Entered By: [REDACTED]

6/3/14 9:00am

[REDACTED] and [REDACTED] appeared in [REDACTED] Court at the above date and time. The parents waived the P/C and Adjudicatory hearings. A review was set for August 12, 2014.

Both parents came directly over to the DCS office and consented to urine drug screens after the court hearing. [REDACTED] was positive for her prescription suboxone and THC. [REDACTED] was positive for THC.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/29/2014	Contact Method:	Face To Face
Contact Time:	04:45 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/22/2014
Completed date:	06/22/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/22/2014 11:51 AM Entered By: [REDACTED]

5/29/14 4:45pm

CPSI visited the home of [REDACTED] and [REDACTED] at the above date and time to complete a weekly drug screen. [REDACTED] was positive for her prescription BUP and THC on a UDS. [REDACTED] was positive for THC. [REDACTED] was very quiet. [REDACTED] showed CPSI several pictures of [REDACTED] and cried almost the whole time that CPSI was in the home. She reports that the burial and service were yesterday and that she does not feel like the funeral home did a good job. [REDACTED] reports that the name of the congestion and headache medicine is called Rexall(?). CPSI reminded the family of court on Tuesday and told them if they needed anything to please let her know. [REDACTED] and [REDACTED] were at the grandmother's home at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2014

Contact Method: Attempted Phone Call

Contact Time: 02:44 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/22/2014

Completed date: 06/22/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/22/2014 11:50 AM Entered By: [REDACTED]

5/27/14 2:44pm

CPSI called [REDACTED] at the above date and time. CPSI left [REDACTED] a message about the court date on June 3, 2014 at 9:00am



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2014

Contact Method: Phone Call

Contact Time: 11:40 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/22/2014

Completed date: 06/22/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/22/2014 11:49 AM Entered By: [REDACTED]

5/27/14 11:40am

[REDACTED] received notification from [REDACTED] [REDACTED] with the [REDACTED] that the autopsy for [REDACTED] was completed on Saturday but the results are pending. He reported that at this time there are no preliminary findings but hopes to hear something by the end of the week.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/24/2014

Contact Method:

Contact Time: 10:37 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/05/2015

Completed date: 01/05/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/05/2015 09:08 AM Entered By: [REDACTED]

The initial safety assessment for the [REDACTED] case was entered at the above date and time with a result of Conditionally Safe.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/24/2014	Contact Method:	
Contact Time:	10:15 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	10/28/2014
Completed date:	10/28/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2014 07:45 AM Entered By: [REDACTED]

CASE ASSIGNMENT
Date: 5/24/14
Time: 10:15am

This case was assigned to Child Protective Services Investigator [REDACTED] by Lead Investigator [REDACTED]. This case was assigned as a P1.

DCS Case History: TFACTS:

Search shows that the [REDACTED] is the mother of [REDACTED] DOB: [REDACTED] which is the same DOB for [REDACTED]

Family Case ID's: # [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS Yes

[REDACTED] INV # [REDACTED] / DEC * DEI / alleged perpetrator: [REDACTED] / Unsubstantiated (DEC) * Substantiated (DEI) / [REDACTED]

Substantiated Yes

[REDACTED] / Open INV # [REDACTED] / DEI / alleged perpetrator: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Death No

Screened out No



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

History (not listed above):

01-23-2012 / # [REDACTED] / DEI * DEC / ACV [REDACTED] * [REDACTED] / perpetrator: [REDACTED] / No Services Needed

Name of family: [REDACTED]

Address: [REDACTED]

Family Composition:

[REDACTED] mother
 [REDACTED] father
 [REDACTED] child
 [REDACTED] -child
 [REDACTED] -child, acv

At the conclusion of this case, a 740 will be submitted to the supervisor to be reviewed and signed, and then submitted to the Juvenile Court on a weekly basis as requested by the court.

Referral:

[REDACTED] (1 month old) was not in DCS custody

[REDACTED] (1 month old) lived in [REDACTED] with his sister [REDACTED] (2 years old), his brother [REDACTED] (10 years old), and their parents [REDACTED].

According to [REDACTED], this morning (05-24-2014) around 4:00 a.m. she found [REDACTED] in his bassinet and she observed blood around the infant's nose. According to 911 Dispatch, 911 received a call at 5:05 a.m. this morning (05-24-2014). The reporter does not know who called 911. The reporter is not certain if the Mother's timeframe is correct due to the time difference from when she reported finding the infant and 911 being called. The Mother called the current DCS [REDACTED] at 5:55 a.m. this morning (05-24-2014) and notified [REDACTED] that [REDACTED] had passed away.

[REDACTED] was in full cardiac arrest when Emergency Medical Services (EMS) arrived at the home. When EMS arrived, EMS personnel observed [REDACTED] (the father) performing Cardiopulmonary Resuscitation (CPR) on [REDACTED] was transported to [REDACTED] [REDACTED] was pronounced dead at the hospital, but the reporter does not have the time of death. DCS personnel went to [REDACTED] before [REDACTED] body was taken to [REDACTED] in [REDACTED] for an autopsy.

The parents are en route to the [REDACTED] DCS office to provide formal statements to DCS and Law Enforcement. DCS will talk to the parents and will then go meet face-to-face with [REDACTED] and [REDACTED].

[REDACTED] and [REDACTED] are currently in [REDACTED] at the home of their maternal grandmother (name and address unknown). [REDACTED] spent the night with his grandmother last night, but [REDACTED] was at home with the parents. The reporter does not have any reports at this time that [REDACTED] and [REDACTED] are not safe at this time, but DCS will be meeting with [REDACTED] and [REDACTED] to ensure they are safe. The reporter does not have any other safety concerns for the children at this time.

To the reporter's knowledge, neither the adults nor the children have any special needs or disabilities.

The reporter is not aware of any hazards or safety concerns in the home for a DCS Case Manager who may respond.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/24/2014 Contact Method:
 Contact Time: 08:10 AM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/24/2014
 Completed date: 05/24/2014 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: 05/24/2014 10:42 AM Entered By: [REDACTED]

8:10 am

[REDACTED] informed [REDACTED] via text of a child death in [REDACTED] on an open DEI case to [REDACTED] on this date.

8:14 am

[REDACTED] called and talked to [REDACTED] who informed me that she had been working with the family regarding a DEI referral that was assigned on [REDACTED] due to the mother, [REDACTED] and infant [REDACTED] having positive urine drug screens at birth for THC. The mother had a prescription for Subutex and has a history of IV drug use but not during the pregnancy. [REDACTED] reported that the mother had just completed her A/D assessment with [REDACTED] and was recommended Intensive Outpatient Treatment. [REDACTED] had spoken to the mother on 5/23/14 about the recommendations. The mother reported that she had taken the infant, [REDACTED] for his well child check up on 5/23/14. [REDACTED] reported that the mother had started calling her at 5:55 am this morning to inform her that [REDACTED] had passed away this morning. [REDACTED] reported that she was in route to [REDACTED] where the infant was and [REDACTED] was meeting her there. [REDACTED] reported that she has already convened CPIT with [REDACTED] and he informed her that he had taken pictures of the scene and obtained a blanket with what is believed to be blood from the infant on the blanket. [REDACTED] reported that [REDACTED] informed her that the father was performing CPR on the infant when EMS arrived. The mother was reported not to be at the residence when LE arrived on the scene. The mother did report to [REDACTED] via phone that she found the infant unresponsive when she went to change his diaper this morning. The mother reported that she found blood coming out of the baby's nose when she found him. [REDACTED] informed [REDACTED] that I would be emailing her a Child Death Form that she will need to complete once she has obtained all information surrounding the infant's death. [REDACTED] advised [REDACTED] to build a time line with the parents regarding the infant's schedule yesterday and even the day before. [REDACTED] advised to find out times of feedings, diaper changes, naps, where the infant was found, was the infant in the bed with the parents, siblings, etc, what was the position of the infant's body when found, how does the parents lay the infant down for bed or naps, the last time that the infant was observed to be awake, if there were medications in the home within reach of any of the children, and who all had contact with the infant over the past couple of days. [REDACTED] asked if she could give the parents a drug screen and [REDACTED] advised that she could but to ensure that the parents are given time with the infant before questioning and to complete questioning prior to administering the screens due to drugs being the allegation in the open case.

[REDACTED] reported that the mother reported that the two siblings were currently with the maternal



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

grandmother at the maternal grandmother's house and are reported to be safe at this time. [REDACTED] advised to contact [REDACTED] back once parents have been interviewed.

8:16 am

[REDACTED] did review TFACTS History and found that all documentation had been entered up to date regarding the open case investigation ID [REDACTED]. [REDACTED] has documented safe sleep. All investigative tasks appears to have been completed this far. The case has been classified within 30 days. The mother, [REDACTED] is being substantiated for DEI on the infant, [REDACTED] and the allegation of DEC against the mother, [REDACTED] on the other two children, [REDACTED] (10) and [REDACTED] (2) is classified as AUPU.

8:55 am

[REDACTED] was contacted by [REDACTED] to inform me that [REDACTED] would be assigned the referral regarding the infant death due to policy.

Several conversations were held with [REDACTED] regarding policy and death of infant.

9:35 am

[REDACTED] called and talked to [REDACTED] regarding investigative tasks that needs to be completed, such as entering all dictation within 5-days, completing the SDM, and that I would be completing the Death Form and emailing it to appropriate DCS/OCS personnel.

9:44 am

[REDACTED] called [REDACTED] to inform me that she was leaving [REDACTED] and the parents were meeting her and [REDACTED] at the [REDACTED] DCS office. [REDACTED] reported that [REDACTED] had informed her of policy and that [REDACTED] would be relieving her once she introduces [REDACTED] to the family. [REDACTED] reported that she did conduct a face to face on the deceased infant prior to the infant being transported to [REDACTED] in [REDACTED] for an autopsy. [REDACTED] reported that [REDACTED] did take pictures of the infant at [REDACTED] [REDACTED] asked for [REDACTED] time of death and she stated that she didn't know but would find out and let me know [REDACTED] reported that prior to be contacted by [REDACTED] about policy that she and [REDACTED] had met with the parents. [REDACTED] reported that she and [REDACTED] engaged the parents and expressed their sympathies for their loss. [REDACTED] reported that the mother reported that she fed [REDACTED] his formula which is Good Start formula at approximately 11:30 pm, burped him, and laid him down on his back in the bassinet and he was awake. The mother reported that [REDACTED] eats every 3 1/2 to 4 hours and eats 5 to 6 ounces. The mother reported that the infant was swaddled in his blanket but "not tightly" and that the blanket did not cover his arms but was more towards the bottom of his body. The mother reported that she woke up at 4:00 am to check on the infant and observed blood around his nose. [REDACTED] asked how the blood from the infant got on the blanket if the blanket wasn't near the infant's face and investigator reported that she would find out or have [REDACTED] ask which was agreed. [REDACTED] asked [REDACTED] why the mother wasn't at the house and [REDACTED] reported that the mother reported that the ambulance passed up their house and she "was running down the holler" to flag the ambulance down. [REDACTED] also reported that the mother informed her that she did take [REDACTED] to his well child appointment yesterday but was informed by the staff that she had the appointment wrong as [REDACTED] appointment was scheduled for 5/30/14 so [REDACTED] was not seen by medical staff on 5/23/14. [REDACTED] reported that [REDACTED] and medical staff at [REDACTED] reported observing no apparent signs of physical trauma or abuse to cause the infant's death at this time. [REDACTED] asked [REDACTED] if the mother or father reported that the infant had been sick and [REDACTED] reported that the parents denied any runny nose, congestion, or sickness of any kind. The mother reported that [REDACTED] was a "happy" baby and had not acted differently. [REDACTED] reported that [REDACTED] had concerns with home having an "extreme" odor of cigarette smoke. [REDACTED] also reported that he observed the 2-year old on the couch sleeping under a blanket that appeared to have been burned several times with cigarettes or hot ash. [REDACTED] reported that the times she was at the home that she did smell cigarette smoke but nothing excessive. [REDACTED] reported that the father, [REDACTED] was asleep on the large couch in the living room and that the mother and 2-year old were asleep on the smaller couch as the mother was on one end and the 2-year old was on the other end of the couch and the bassinet was beside of the couch. The 10-year old [REDACTED] spent the night at the maternal grandmother, [REDACTED] house last night located at [REDACTED]. [REDACTED] reported that the grandmother did arrive at the residence this morning to pick up the 2-year old. [REDACTED] inquired about the referral being made and [REDACTED] reported that the hospital or LE was going to call it in. [REDACTED] reported that 911 was called at approximately 5:05 am. [REDACTED] advised that the 911 dispatch call log be obtained along with all medical records which [REDACTED] would need to obtain.

9:54 am

[REDACTED] did call central intake on this date and time to make the referral of the child death due no referral being made



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

at the time. Intake ID [REDACTED]

10:44 am

[REDACTED] called and talked with [REDACTED] who was with [REDACTED] at the [REDACTED] DCS office waiting on the parent's arrival. [REDACTED] reported that she had obtained a copy of the 911 dispatch transcript and the calls were as follows:

5:02 am-911 called by the mother, one month old baby not breathing

5:08 am-infant in cardiac arrest

5:14 am-CPR in progress

5:21 am- EMS arrived

5:24 am-[REDACTED] paged

5:27 am-LE arrived

5:31 am-transporting to [REDACTED]

[REDACTED] was also given the time of death at [REDACTED] which was 6:21 am [REDACTED] confirmed with [REDACTED] that the responding officer did take pictures of the scene at the residence including the bassinet. [REDACTED] asked if the bassinet had excessive bedding, pillows, blankets, toys, etc. and [REDACTED] reported that he didn't observe that. [REDACTED] advised [REDACTED] that the mother reported waking up at 4:00 am and finding the infant with blood around his nose and asked the question why 911 wasn't called until an hour later. [REDACTED] reported that she would find out while building the time line. [REDACTED] reported that [REDACTED] reported that he believes that the mother may have fallen asleep on the couch with the infant on the couch because of where the blood stains were discovered on the blanket. [REDACTED] reports not having suspicions of foul play at this time. [REDACTED] advised to obtain all medical records from the pediatrician, [REDACTED] records, etc. [REDACTED] did obtain the release of information from [REDACTED] and is faxing to [REDACTED] as they have agreed to go ahead and fax the medical records from today. [REDACTED] reported that [REDACTED] informed her that the mother had reported to the responding officer that she had changed the infant's diaper prior to LE and EMS arriving but didn't give a reason as to why she did that. [REDACTED] advised to call back to staff after drug screening the parents and obtaining full statements. [REDACTED] advised that upon talking to the siblings to ask about where they all sleep at home, has any one ever hurt them or if they have seen any one hurt their baby brother, and also due to the all of the burns found on the couch and blanket to find out if mommy or daddy fall asleep when smoking. It is unknown at this time if the father smokes cigarettes but [REDACTED] has observed the mother smoking previously. [REDACTED] advised that I will be completing the Death Report and will forward her a copy of it.

12:01 pm

[REDACTED] contacted [REDACTED] to inform me that the medical records from [REDACTED] had just been received via fax. According to medical records received via fax from [REDACTED] on this date the time of death was 6:21 am [REDACTED] Upon arrival there was no heart rate, no spontaneous respiration, the infant was cool and modeled, infant was given three rounds of Epinephrine and a dose of Bicarbonate with continuous CPR with no response. The infant's rectal temperature of 89.8.

12:06 pm ET

[REDACTED] completed the Near Death Report and emailed to all appropriate DCS and Office of Child Safety Personnel.

12:15 pm ET

[REDACTED] called [REDACTED] to staff after she and [REDACTED] completed a formal interview with the parents [REDACTED] and [REDACTED] at the [REDACTED] DCS office.

The mother reported that she and [REDACTED] woke up yesterday morning at approximately 7:30 am and she fed him 5 to 6 ounces as she does at every feeding every 3 1/2 to 4 hours, that she laid [REDACTED] back down on his back in the bassinet at approximately 8:30 am, that she fed him again between 10:30 and 11:00 am, that she and all children went to the maternal grandmother's house around noon, stayed for a few minutes, and then went back home. The mother reported that [REDACTED] continued to be fed and the last time was between 11:30 pm and midnight. The mother reported that she laid [REDACTED] back down in his bassinet on his back, denied that anything was in his crib other than the infant and his blanket. The mother reported that the blanket covered [REDACTED] waist and legs and that the blanket was nowhere near his arms, face, or head. The mother reported that [REDACTED] is a happy baby and only cries when he is



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

hungry and doesn't even cry when his diaper is dirty. The mother reported that she, her husband, and 2-year old slept on the couches in the living room last night and the bassinet was in the living room near the couch she was sleeping on. The mother reported that she woke up at approximately 4:30 am to check on [REDACTED] and found him lying on his back in the bassinet and noticed that he wasn't breathing, he wasn't cold but not warm and noticed blood in his nose but not running. The mother reported that she changed his diaper was wet and tried to wake him and when she noticed he wasn't responding she woke her husband up, handed the baby to him, called her mother, [REDACTED] and then called 911. The mother reported that she was initially connected with [REDACTED] and then transferred to [REDACTED] Dispatch. The mother and father both reported that dispatch stayed on the phone with them talking them thru what to do regarding CPR which the father performed on the infant in his bassinet.

The mother did submit to a drug screen and tested positive for BUP and THC. The mother reported having a prescription for Suboxone and is prescribed to take 2 8mg strips a day, her medication was not available at the time of this report to conduct a count of the strips, and admitted to smoking THC, last time she smoked was a week ago. The mother denied smoking THC around her children and denied smoking cigarettes inside the house. The mother denied co-sleeping with the infant since bringing him home from the hospital.

The father, [REDACTED] was engaged and interviewed and reported that he works for [REDACTED] and was out of town all week and didn't arrive back home until yesterday at 1:30 pm. The father reported that he talked to the mother daily and she reported no concerns with [REDACTED] or any of the children. The father reported that neither or nor [REDACTED] have ever co-slept with the infant that [REDACTED] is always in his bassinet. The father reported that he went to bed on the couch last night between 8:30 pm and 9:00 pm and the his wife and kids were home. He said that his wife woke him up in a panic this morning around 4:30 am and handed him [REDACTED] saying he wasn't breathing. The father reported that [REDACTED] did call 911 and they assisted with talking him thru CPR. The father reported that [REDACTED] bassinet has no excessive bedding, pillows, toys, etc. The father reported that he has been in [REDACTED] all week working. The father did admit to smoking THC, four to five joints a day, the last time he smoked was on 5/23/14 but denied smoking inside the house or around the children. The father admitted to taking a pain pill from a co-worker on Thursday and believed it was a Hydrocodone for back pain. The father did submit to a drug screen and was positive for THC, Amp, and Bup with a faint line for Oxy. The father denies taking Suboxone but stated that the pill his co-worker gave him may not have been a Hydrocodone. The father denies Amp use but stated that he takes over the counter headache, sinus, and allergy medication.

[REDACTED] reports that the parents doesn't appear to be under the influence and are acting appropriate considering the situation.

[REDACTED] advised [REDACTED] to go on out to conduct a face to face and interview on [REDACTED] siblings, [REDACTED] and [REDACTED] and to call to staff once she has interviewed the children.

2:00 pm

[REDACTED] called [REDACTED] to staff after she had made contact with the two siblings, [REDACTED] age 10 and [REDACTED] age 2. [REDACTED] reported that [REDACTED] didn't really talk to her and wasn't verbal enough to answer questions but didn't appear to have any developmental delays. [REDACTED] reported that [REDACTED] had no visible marks or bruises and appeared to be very bonded with her parents.

[REDACTED] reported that she talked to 10-year old [REDACTED] who appeared to be "broken hearted". [REDACTED] reported that [REDACTED] had already been informed by family about his baby brother and [REDACTED] reported to [REDACTED] that he had written [REDACTED] a note telling him how much he will miss him. [REDACTED] did build rapport and allowed [REDACTED] to talk freely before asking him any questions. [REDACTED] asked [REDACTED] where everyone sleeps at his home and he said that he has his own room with his own bed that he sleeps in, that his mom, dad, and sister usually all sleep on the couch but they do have beds. [REDACTED] reported that his mommy does sleep with his brother, [REDACTED] on the couch sometimes but sometimes [REDACTED] sleeps in his bassinet. [REDACTED] reported that he spent the night with his mamaw last night and he likes to stay with her sometimes. [REDACTED] was about drugs and he reported that he knows what "bad stuff is like pills and stuff" and denied ever seeing his parents or any one do those drugs. [REDACTED] reported that his mom and dad smoke cigarettes outside and was able to determine that they were cigarettes and not marijuana. [REDACTED] went back to talking about [REDACTED] and reported that when [REDACTED] got older that he would have gotten to share a bedroom with him. [REDACTED] reported that [REDACTED] stated that he felt safe at home with his parents, that his mom and dad took good care of them, and made sure that they had plenty to eat. [REDACTED] reported that she observed [REDACTED] to be clean and healthy with no visible marks or bruises, and that she observed him to be bonded with his parents as he and his sister stayed with their parents.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] reported that she did conduct a strip count of the mother, [REDACTED] medication (Suboxone) and that she actually had more strips in that she hadn't taken the medication as often as prescribed. The mother denied ever giving her husband any of her medication and reported that she keeps her medication in her purse and out of reach of the children. The mother and father both again denied ever smoking THC inside the house and reported that they would go outside where the children couldn't see them.

[REDACTED] both talked about the issues that could arise for the two minor child and the parents if the children were not allowed to be with their parents. [REDACTED] agreed that there was a concern due to DCS already providing services for the family and yet the mother still continued to smoke marijuana. The father hadn't been engaged during the open investigation due to his work schedule as he is often gone throughout the week. [REDACTED] did observe a copy of the father's most recent pay stub and he is working approximately 70-hours a week. Both parents are meeting the children's needs and are functioning. [REDACTED] informed [REDACTED] that I would call [REDACTED] to staff the case to develop a plan.

2:08 pm

[REDACTED] did contact [REDACTED] to staff this case. [REDACTED] expressed the needs of the family and there is concern that an infant just passed away with cause of death being unknown but no underlying factors that would lead medical staff and LE to believe that the infant died of abuse or neglect at this time. An autopsy will not be performed until Sunday or Monday of this week. [REDACTED] did discuss back and forth the issues of the parents drug use but that according to what is being reported from the field investigator who has been with the family for several hours is not reporting an immediate harm factor for the siblings.

2:49 pm

This case was staffed completely with [REDACTED] on this date and it was determined that an IPA would not be filed at this time due the parents not being under the influence, no evidence at this time that the death of [REDACTED] was a result of abuse or neglect, and it would be in the siblings best interest to be with their parents at this point and time as the family has experienced a terrible loss. An NCPP will be developed with a family followed up with a court order/petition to control parental conduct with [REDACTED] Juvenile Court.

3:05 pm

[REDACTED] called [REDACTED] back to inform her that an NCPP was to be developed with the family and entered into TFACTS on this date and that [REDACTED] would review and approve. The plan is to state that the mother just completed an A/D assessment on 5/19/14 with [REDACTED] with recommendations of Intensive Outpatient Treatment and that she must follow the recommendations and complete treatment, that the father must complete an A/D assessment and follow any and all recommendations of the assessment. The parents will submit to weekly drug screens and maintain weekly contact with [REDACTED]. The mother must make her medication available for a count weekly. If the father is on medications he will also make his medication available for a pill count. There is question about the over the counter medication that the father was taking that caused him to test positive for Amp which the father reports is a headache, sinus, allergy medication that he bought at a store, not pharmacy in [REDACTED] and that medication was in his work truck located in [REDACTED]. Due to the situation the father can call [REDACTED] when he goes back to work to give her the name of the medication. Allergy/Sinus medication can test positive for Amp's. [REDACTED] will make a referral to [REDACTED] in-home services to provide grief counseling for the parents and siblings. [REDACTED] reported that she has already discussed the grief counseling services and the family has agreed to accept services. If the siblings need more intensive therapy then adjustments can be made as to what type counseling the siblings may need. [REDACTED] advised for [REDACTED] to talk to the father about submitting to another screen at another facility since he is stating that he hasn't taken any Suboxone other than the pill he took for pain could have been a Suboxone. [REDACTED] advised to look at the screen the father submitted to earlier to see if a line ever came in showing that he may be negative when she gets back to the DCS office to type up the plan. [REDACTED] also advised that [REDACTED] discuss with the family privately that if they test positive at any time in court that the judge may bench order the children into custody and if they are to test positive during this case that OCS may look at placing the children out of the home which is something we don't want to do but that we have to ensure the safety of all children.

[REDACTED] reported that the parents and children have a lot of family support and all family members are gathered together at the maternal grandmother's home at this time. [REDACTED] reported that the family are very supportive of each other.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] also advised to [REDACTED] [REDACTED] to request the mother's records from the Suboxone Clinic this week and to check with the pharmacy to check the database to ensure that the mother isn't having more than one prescription filled at a time this week as well.

[REDACTED] [REDACTED] went ahead and completed a handwritten NCPP while at the home with the family and had them to sign and informed the family that she would be back with another copy to sign and one for them to keep. The family was in agreement.

5:39 pm

[REDACTED] [REDACTED] contacted [REDACTED] to inform me that the NCPP had been entered into TFACTS and had been routed to [REDACTED] for approval. [REDACTED] did review the NCPP and all safety concerns and needs were addressed in the plan. [REDACTED] [REDACTED] to view the father's drug screen that he had taken earlier and under BUP (Suboxone) there was a line showing that the father was not positive for Bup. [REDACTED] advised that no second screen would be needed at this time and to inform the father. Sometimes with the drug screens it takes time for all lines to develop.

[REDACTED] approved the plan and asked that [REDACTED] [REDACTED] scan me the signature page, that I would sign and scan back to her on Tuesday. [REDACTED] [REDACTED] reported that she completed the [REDACTED] in-home services referral on this date and did fax the referral.

[REDACTED] asked if the family had health insurance and [REDACTED] [REDACTED] reported that the mother and children have TnCare but the father doesn't. [REDACTED] advised to complete a PSG request today and request that [REDACTED] be the provider to complete the father's mental health and A/D assessments as they will be the provider working with the family. [REDACTED] [REDACTED] reported that she would complete this request today. [REDACTED] [REDACTED] completed the initial safety assessment on this date and [REDACTED] did approve on this date [REDACTED] [REDACTED] will be completing the legal referral on this date and will copy myself [REDACTED] [REDACTED] [REDACTED]

[REDACTED] requested that [REDACTED] [REDACTED] contact [REDACTED] once she has met with the family again. [REDACTED] did talk with [REDACTED] [REDACTED] and [REDACTED] several times throughout the day to ensure that they were ok due to the nature of this case. [REDACTED] asked that they call me if they needed to talk or have further questions.

The two siblings, [REDACTED] and [REDACTED] are safe at this time.

[REDACTED] [REDACTED] completed the legal referral this evening and [REDACTED] did review. The referral was emailed to myself, [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/24/2014

Contact Method: Phone Call

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/05/2015

Completed date: 01/05/2015

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/05/2015 08:52 AM Entered By: [REDACTED]

Referent contact was made at the above date and time. The referent had no other information to add to the referral.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/24/2014

Contact Method: Phone Call

Contact Time: 07:56 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/05/2015

Completed date: 01/05/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/05/2015 09:18 AM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) Enter Your Name did convene the Child Protective Investigative Team (CPIT) on 5/24/2014 at 7:56am. [REDACTED] received a phone call from [REDACTED] with the [REDACTED] at the above date and time. He advised [REDACTED] that he had been to the scene and had collected evidence from the scene. HE advised [REDACTED] that he would meet her at [REDACTED]. [REDACTED] did alert the [REDACTED] by phone. [REDACTED] further advised that he will assist CPSI in conducting any perpetrator interviews or related collateral interviews.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 05/24/2014 Contact Method: Face To Face
 Contact Time: 07:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 01/05/2015
 Completed date: 01/05/2015 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: 01/05/2015 08:48 AM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) Enter Your Name did convene the Child Protective Investigative Team (CPIT) on 5/24/2014 at 7:30am. [REDACTED] did convene CPIT in person with [REDACTED] with the [REDACTED] at [REDACTED] [REDACTED] did alert the [REDACTED] by phone. [REDACTED] further advised that he will assist CPSI in conducting any perpetrator interviews or related collateral interviews.

Narrative Type: Created In Error Entry Date/Time: 01/05/2015 09:16 AM Entered By: [REDACTED]

The time and time of contact has been entered incorrectly on this recording. [REDACTED] will complete another recording to correct this.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/24/2014 Contact Method: Face To Face
 Contact Time: 05:55 AM Contact Duration: Less than 05 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 05/24/2014
 Completed date: 05/27/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Notation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/24/2014 11:41 AM Entered By: [REDACTED]

On May 24, 2014 at 5:55am, [REDACTED] received a phone call from [REDACTED] [REDACTED] left a voicemail asking CPSI to contact her asap. CPSI then received phone calls from [REDACTED] at 5:58am, 6:19am, 6:36am, 6:43am. CPSI called [REDACTED] at 7:08am, which [REDACTED] reported at this time that [REDACTED] has passed away. [REDACTED] reported that she is currently at [REDACTED] [REDACTED] reported that [REDACTED] and [REDACTED] are with maternal grandmother. CPSI advised [REDACTED] that CPSI is going to contact her supervisor and will be coming to [REDACTED]

At 7:10am, CPSI contacted [REDACTED] to advise of fatality.

At 7:38am, CPSI contacted [REDACTED] Dispatch to request for on call [REDACTED] to return call.

At 7:56am, CPSI received a phone call from [REDACTED] [REDACTED] reported that he was called out to the scene. [REDACTED] reported that he has obtained the 911 call history and will be meeting me at [REDACTED] [REDACTED] reported that he has taken a baby blanket that appears to have blood on it from the home as evidence.

At 8:03am, CPSI called [REDACTED] to advise of being in route to [REDACTED]

At 8:14am, CPSI received call from [REDACTED] instructed CPSI what to ask and look for and would be sending in email the child death report.

At 8:20am, CPSI arrived at [REDACTED] CPSI engaged with [REDACTED] [REDACTED] CPSI expressed condolences to both parents. CPSI informed the parents that [REDACTED] would be joining us, and therefore, did not want to ask any questions at this time. While CPSI and family were waiting, [REDACTED] reported that she had laid [REDACTED] down to sleep around 12:00am, in the bassinet in the living room. [REDACTED] reported that she woke up at 4:00am, to check on [REDACTED] and feed him. [REDACTED] reported that she fed [REDACTED] last night at 11:30pm, and burped him, and then laid him on his back in the bassinet. [REDACTED] reported that she had to chase down the ambulance because they missed the house. [REDACTED] reported that she had taken [REDACTED] to the doctors office yesterday, but she was informed by staff at the doctors office, that his appointment was the following Friday.

At 8:42am, CPSI engaged with [REDACTED] [REDACTED] at [REDACTED] [REDACTED] reported that the baby is going to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

At 9:00am, [REDACTED] arrived at [REDACTED] [REDACTED] had received the clothes that [REDACTED] was wearing, and there was small amounts of blood on the clothing. [REDACTED] requested to take the clothing.

At 9:04am, [REDACTED] was informed by [REDACTED] that [REDACTED] would be taking over the case per policy.
 At 9:06am, [REDACTED] engaged in a conference room at [REDACTED] so we could speak privately. [REDACTED] reported that she put [REDACTED] to bed in the basinet around 11:30pm, he was dressed in a green onesie. [REDACTED] reported that she wrapped [REDACTED] "lightly" in a baby blanket, but it was not covering his arms. [REDACTED] reported that after she laid [REDACTED] down, that he was asleep by 12am. [REDACTED] stated that she then went to bed. [REDACTED] reported that she woke up at 4am to feed him. [REDACTED] stated, "he wasn't breathing, he was laying on his back, still had blanket wrapped around him, and he had blood around his nose, I picked him up out of basinet, and gave him to [REDACTED] [REDACTED] reported that she then called 911.
 [REDACTED] reported that he is certified in CPR. [REDACTED] reported that [REDACTED] was "not cold to the touch at the time I started CPR."
 [REDACTED] reported that ems took [REDACTED] to the ambulance as soon as they arrived at the home. [REDACTED] reported that she was sleeping on the small couch in the living room at one end, and [REDACTED] was sleeping at the other end of the small couch. [REDACTED] reported that he was sleeping on the large couch in the living room. [REDACTED] reported that [REDACTED] stayed the night at maternal grandmothers home.
 [REDACTED] reported that [REDACTED] was colder by the time ems arrived. [REDACTED] reported that [REDACTED] and [REDACTED] are currently with maternal grandmother, [REDACTED] at [REDACTED] [REDACTED] contact number is [REDACTED]

CPSI and [REDACTED] observed [REDACTED] in a hospital room. The child was wrapped in a baby blanket, and had a diaper on. The child's eyes were closed. CPSI did not observe any marks or bruises on the child. The child had a tube down its throat. The child had started to mottle. The child was purple and red in color around the head, legs and arms. There was no color around the child's mid section. [REDACTED] took photographs of the child.

CPSI contacted [REDACTED] and advised of nothing else can be done at [REDACTED] and the baby is being taken to [REDACTED] however the autopsy will be awhile as Medical Examiner [REDACTED] is out of the area currently. CPSI is having the family go to the [REDACTED] office to be introduced to the other CPSI.

[REDACTED] introduced the parents to [REDACTED] at 11:05am.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/24/2014	Contact Method:	Face To Face
Contact Time:	05:55 AM	Contact Duration:	More than 5 Hours
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/24/2014
Completed date:	05/24/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/24/2014 09:16 PM Entered By: [REDACTED]

Name(s) of Child(ren) (First, Middle, and Last) and DOB:

[REDACTED]

Type of Order Sought Check all that apply:

- Petition to Control Conduct
 - Removal to DCS
 - IPA/Safety Plan/Removal to Relative
 - No Contact Order with _
 - Address:
 - Relationship to child:
- Petition in Response to Bench Order
 - Petition to Comply

Date and Time Approved by TL, TC, and attorney, identifying each:

Approved by [REDACTED]

Name of Mother (First, Middle, and Last):

[REDACTED]

Mother's Complete Address (with zip):

[REDACTED]

Name of Father (First, Middle, and, Last) - If not sure, LIST AND NUMBER all potential fathers of each child, including whether that father is legal father (on birth cert., married to mom at birth or within gestation period, or paternity order) or putative father:



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Name of Proposed Caretaker (First, Last) (If Mother or Father, just state so, leave next two paragraphs blank):
 N/A Control of Conduct

Caretaker's Relationship to Child (not to parent):
 N/A

From whose custody are we removing child(ren)? ___ Mom ___ Dad ___ Both ___ other: Custody is not being removed

Please describe with dates/indication/perpetrator all CPS/DCS history on family (be specific):.

- 12/2011: Allegations of DEC/DEI against the mother, Closed No Services Needed
 4/2014: Currently an open case alleging DEI/DEC against the mother. Baby was positive for THC
 ASPS on the DEI
 AUPU on the DEC

What are the current circumstances of this case?

DCS received a referral on [REDACTED] alleging Neglect Death. The alleged perpetrator is unknown. The ACV is [REDACTED]. The parents, [REDACTED] and [REDACTED], have two other children, [REDACTED] and [REDACTED]. CPSI [REDACTED] met response at [REDACTED] where she observed [REDACTED] before it was determined that another case worker would be assigned to work to Neglect Death referral. [REDACTED] instructed the parents to meet her and [REDACTED] at the [REDACTED] DCS office to be introduced to [REDACTED].

[REDACTED] introduced the parents to [REDACTED] at 11:05am.

At 10:35am, [REDACTED] received the 911 report from [REDACTED] from the [REDACTED]. The 911 call was made at 5:02am on 5/24/14.

At 10:53am, [REDACTED] received the records from [REDACTED] stating that the infant's time of death is 6:21am on 5/24/14.

At 11:05am, CPSI introduced herself to the parents at the same time and expressed her sympathy to both parents. CPSI also explained that she understands that this is a very difficult situation for the family and that as much time as needed can be taken to get through this conversation. [REDACTED] was very upset and CPSI offered her some tissue which [REDACTED] accepted. At this time, CPSI explained that she would like to speak to both parents separately. [REDACTED] agreed to go first and [REDACTED] waited in the lobby of the DCS office.

At 11:10am, [REDACTED] began the interview with [REDACTED]. [REDACTED] reports that the baby's name was [REDACTED] whose date of birth is [REDACTED]. CPSI asked [REDACTED] to walk her through everything that happened the previous day. [REDACTED] reports that [REDACTED] woke up about 7:30am yesterday at which time she fed him. She reports that [REDACTED] eats every 3.5 to 4 hours and takes about 5-6 ounces of formula at every feeding. [REDACTED] reports that [REDACTED] was always very alert and a happy baby. She reports that the only time he ever cried was when he was hungry. [REDACTED] reports that she never expected this to happen. She reports that she laid [REDACTED] back down at 8:30 am yesterday. [REDACTED] stated that at 9:45am they went to the doctor but that [REDACTED] was not seen by the doctor because she had her dates mixed up and his appointment was actually supposed to be next Friday. [REDACTED] reports that around 10:30-11:00am, [REDACTED] was fed again and at around noon, they went to her mother's house at [REDACTED] in [REDACTED]. She reports that her mother is [REDACTED] states that they only stayed there for a few minutes before going back home. [REDACTED] reports that all day yesterday, [REDACTED] ate every 3.5 to 4 hours. She reports that last week at the doctor, he weighed 8 pounds and 1 ounce. She reports that she believes his last doctor's appointment was on May 12th, 2014. She reports that [REDACTED] saw [REDACTED] and everything was fine. [REDACTED] reports that the last time she fed [REDACTED] last night was between 11:30pm and midnight. She reports that



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

after feeding [REDACTED] she put him down for the night. CPSI asked about the family's sleeping arrangements last night. [REDACTED] reports that [REDACTED] was in the bassinet. At this point, [REDACTED] broke down crying. CPSI offered [REDACTED] more tissue and gave her an opportunity to compose herself. CPSI asked [REDACTED] if anything was in the bassinet with [REDACTED] reports that nothing was in the bassinet with him. [REDACTED] reports that she sleeps on the couch and the bassinet is nearby. She states that during the night, [REDACTED] did not make any noises or sounds of distress. She reports that at about 4:30am, she woke up and went to check on [REDACTED] reports that at this time, [REDACTED] was in his bassinet lying flat on his back. She reports that she noticed he was not breathing as soon as she got up. She reports that she changed his diaper and could not get him to wake up or respond. She reports that [REDACTED] felt warm and was not cold at this time. A [REDACTED] report that she saw blood in [REDACTED] nose but that it was not running down his face. [REDACTED] reports that she woke her husband up and was panicking. She reports that the baby was put back in the bassinet and her husband started CPR while she called 911. She reports that her husband told her that [REDACTED] was starting to feel cool to the touch while he was doing CPR. [REDACTED] reports that 911 told her what to do. She reports that the ambulance missed their house so she ran down the road after them to get them. [REDACTED] reports that [REDACTED] is almost 3 and [REDACTED] is almost 10. She reports that [REDACTED] was home when this happened but [REDACTED] was at his mamaw's house. [REDACTED] reports that she does not smoke in the house and steps outside to do so. She reports that she has a prescription for subutex and takes two 8mg strips per day. She reports that [REDACTED] on [REDACTED] prescribes them to her. [REDACTED] reports that everything has been great since [REDACTED] came home from the hospital. She reports that he was a good baby. [REDACTED] reports that he was in the NICU because he was positive for THC. [REDACTED] reports that when she called 911, she was first connected with [REDACTED] Dispatch and they transferred her to [REDACTED] reports that she changed the baby's pee diaper before she called 911. [REDACTED] reports that she will sit on the couch and hold [REDACTED] but every time he goes to sleep, she puts him in his bassinet. [REDACTED] reports that she smoked THC a week ago. She reports that it was one joint. [REDACTED] reports that she could not eat and was very stressed out. She reports that is the reason she also used THC during her pregnancy. [REDACTED] reports that she uses THC as a nerve medicine because she does not want to take pills and it helps her appetite. [REDACTED] reports that about 3 years ago, she abused Roxys with no prescription. She reports that she bought them off the street and was taking 3-4 pills a day. [REDACTED] was asked about the blood on the baby's onesie and she reports that she did not know it was there until it was pointed out to her at the hospital. She reports that there was a little bit smeared on the onesie. [REDACTED] reports that when [REDACTED] was in the bassinet, his blanket was wrapped around his waist and covered his waist and legs. She reports that his arms were outside the blanket. [REDACTED] was drug screened and tested positive for suboxone and THC.

During the mother's interview, she appeared very distraught. She was crying and tearful the entire time and kept repeating that she just couldn't believe this has happened. The mother showed appropriate emotion given the situation. CPSI was mindful of the mother's feelings and emotional well-being during the interview. The mother was very cooperative with both CPSI and [REDACTED]

At 11:45am, [REDACTED] interviewed [REDACTED] in the conference room at the [REDACTED] DCS office. CPSI once again expressed her sympathy over the current situation and explained that she just wanted to get a clear picture of everything that has occurred. CPSI asked [REDACTED] about his day yesterday. [REDACTED] reports that he worked yesterday and got home about 1:30pm. [REDACTED] reports that he is employed by [REDACTED] out of [REDACTED] reports that he has been out of town all week working. [REDACTED] reports that he talked to [REDACTED] every day and that she never mentioned any problems with [REDACTED] and that everything was fine. [REDACTED] reports that when he arrived home from work yesterday at 1:30pm, [REDACTED] and the kids were at home. [REDACTED] reports that he was already asleep when [REDACTED] put [REDACTED] down for the night. He reports that he went to bed sometime between 9:30pm and 10:00pm. [REDACTED] reports that [REDACTED] sleeps in a bassinet and nothing is in there except for his blanket. [REDACTED] reports that last night he slept on one of the couches alone and that [REDACTED] and [REDACTED] slept on the other couch. [REDACTED] reports that [REDACTED] woke him up between 4:30am and 5:00am. He reports that he believes it was closer to 4:30am. He reports that [REDACTED] was not breathing. [REDACTED] reports that [REDACTED] was put back in the bassinet and he began CPR while [REDACTED] called 911. He reports that [REDACTED] stayed on the line with 911 until the ambulance arrived at their home. [REDACTED] reports that [REDACTED] called 911 immediately after she woke him up. He reports that [REDACTED] got through to 911 and then lost them but they called her back. [REDACTED] reports that he is not prescribed any medications but that he uses THC every day. He reports that he smokes 4-5 joints every day and that is equal to about 5 grams. [REDACTED] reports that on Thursday night, he was working in [REDACTED]. He reports that his back was hurting and he took a pain pill for the pain that his buddy gave him. [REDACTED] reports that he thinks it was a hydrocodone. [REDACTED] reports that before he had kids, he used pain pills. He reports that he and [REDACTED] have been married for almost 12 years. He reports that he used Roxys at the same time [REDACTED] used them but he stopped after



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Case Recording Summary

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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] was born. [REDACTED] reports that there was a little bit of blood on [REDACTED] nose this morning and a small blood smear on his onesie. [REDACTED] reports that when he went to sleep last night, [REDACTED] had [REDACTED] and was sitting on the couch watching TV. [REDACTED] reports that he has always been against [REDACTED] sleeping with them and has made sure that [REDACTED] never slept with [REDACTED]. [REDACTED] reports that he is not sure if [REDACTED] changed [REDACTED] diaper this morning. [REDACTED] reports that he believes that [REDACTED] might have called her mom first this morning. This was confirmed when [REDACTED] checked [REDACTED] call log on her phone. A call was made to her mother at 4:59am and the 911 call came in at 5:02am. [REDACTED] reports that this morning, the baby was not "warm warm" but was not cold. [REDACTED] did consent to a drug screen and was positive for Amphetamines and THC. [REDACTED] reports that he does not know what kind of pill he took Thursday night. He reports that he also has headache pills in his work truck that he sometimes takes.

[REDACTED] was not as emotional as [REDACTED] however he still expressed his disbelief over the situation. CPSI found his demeanor during the interview to be an appropriate reaction to the situation.

At this time, CPSI made arrangements to meet the family at the grandmother's home on [REDACTED] [REDACTED] in order to see the other two children. CPSI asked [REDACTED] to go by her house and pick up her prescription for subutex so that it could be verified by CPSI.

At 1:43pm, CPSI arrived at [REDACTED] where [REDACTED] and [REDACTED] were currently at. CPSI was accompanied by [REDACTED] [REDACTED] CPSI spoke to [REDACTED] privately behind the house near an old Ford tractor. [REDACTED] appeared to be very upset and heartbroken over the loss of his little brother. CPSI attempted to engage [REDACTED] by asking some general questions first. [REDACTED] reports that he is 10 years old and his birthday is [REDACTED]. He reports that he is going to the lake for his birthday this year. [REDACTED] reports that he goes to [REDACTED] [REDACTED] reports that he lives with his mom, dad, [REDACTED] and that [REDACTED] did live there too. [REDACTED] appeared to be holding back tears at several times while speaking to CPSI. [REDACTED] reports that he was not home last night because he stayed all night with his mamaw. [REDACTED] reports that his mom and dad sleep on the couch. [REDACTED] reports that when he is at home, he sleeps in his bed in the bedroom closest to the living room. [REDACTED] reports that [REDACTED] usually sleeps on the couch with mom. [REDACTED] reports that [REDACTED] was going to share a room with him. When talking about this, [REDACTED] became upset. He reports that [REDACTED] had been sleeping with mom on the couch or on the bed. He reports that [REDACTED] also has a bassinet that he sleeps in sometimes too. [REDACTED] reports that he wrote [REDACTED] a note today and asked CPSI if she wanted to see. CPSI replied that she would love to see the note and [REDACTED] ran to the house to get it. When he unfolded it for CPSI to see, CPSI read the note which talked about how much [REDACTED] loves [REDACTED] and how he will never forget him. [REDACTED] reports that he is very sad. [REDACTED] reports that his mom and dad smoke outside the house. [REDACTED] reports that he knows what drugs are. CPSI asked him what drugs are and [REDACTED] stated that drugs are stuff you take that's bad for you "like pills and stuff." CPSI asked [REDACTED] if he knows anyone that uses drugs and [REDACTED] reports that he does not. He reports that he feels safe with his mom and dad and has plenty of food, running water, and electricity.

[REDACTED] appeared to be a healthy and well-cared for child. He was dressed in shorts and a t-shirt. He appears bonded with both parents.

CPSI was able to observe [REDACTED] While she is verbal, she was not able to have a detailed conversation with CPSI. The child was clean and dressed appropriately in denim capris with butterflies on them and a Hannah Montana T-shirt. Her hair had been fixed into a ponytail. She appeared to be clean and well-cared for at this time.

CPSI then asked [REDACTED] to see her subutex prescription. It had been filled on May 7th, 2014 with a quantity of 56 strips. [REDACTED] reported that she had not taken any strips today. It has been 17 days since the prescription was filled and [REDACTED] had 31 strips left. She should have only had 22 left. [REDACTED] [REDACTED] looked at the strips and reported that they are the same type. [REDACTED] reports that she does not take them unless she has to. She reports that [REDACTED] has not used any of her strips and that at home, she keeps them in her purse put up where the kids cannot get to them. CPSI once again asked [REDACTED] about sleeping with [REDACTED] on the couch and she reports that she never falls asleep with him on the couch and has never slept with him on the couch. She states that she always puts [REDACTED] in the bassinet.

[REDACTED] [REDACTED] called [REDACTED] and staffed this case with her. While waiting for [REDACTED] to call back after staffing with [REDACTED] and [REDACTED] [REDACTED] CPSI had time to observe the children with their parents. Both children appear to have a very strong bond with both parents. Both children seem to be good natured and listen to their parents instructions. Both parents seemed diligent in watching the kids while they were playing in the yard and around the house. CPSI did not become concerned by observing the parents' interactions with the children. CPSI also noted that



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

everyone on [REDACTED] [REDACTED] is family, meaning that the family has extended support through a variety of relatives. CPSI observed many family members coming to the house where the family was currently at to offer condolences and comfort to the family.

[REDACTED] called back to staff with CPSI. CPSI was instructed to find out what kind of over the counter medication [REDACTED] took for his headache. [REDACTED] reports that he believes it was for headache, sinus, and congestion. [REDACTED] reports that when he goes back to work, he will call [REDACTED] and let her know the exact name of the medication. [REDACTED] was instructed to develop a detailed NCPP with the family. CPSI was instructed to enter the NCPP into TFACTS today and come back to the home to have the family sign it today. The NCPP states that the mother completed her A&D assessment on May 19, 2014 with recommendations for IOP therapy which the mother will complete and follow all recommendations, the father will have an A&D assessment and follow any and all recommendations, the family will participate in grief counseling, CPSI will refer [REDACTED] today to provide mental Health assessments and grief counseling to the family, both parents will complete a mental health assessment and follow all recommendations, both parents will consent to weekly unannounced drug screens, and that the parents will cooperate with DCS and services.

CPSI spoke with the parents and developed the NCPP with them. She explained the services required and talked to them about the in home service provider [REDACTED]. CPSI explained that [REDACTED] would contact them to set up a time convenient for the family. CPSI also explained that this NCPP will be court ordered and that if they fail to comply with the plan, there is a possibility that the children could be placed in DCS custody or in the custody of a relative. Both parent signed the handwritten copy of the NCPP. CPSI explained that she would return in a couple hours to have the parents sign the official NCPP once it had been entered into TFACTS.

CPSI was also instructed to have law enforcement check their database to insure that the mother is not going from pharmacy to pharmacy to have her prescriptions filled. [REDACTED] reports that he will be able to check on this on Tuesday.

At this time, CPSI returned to the [REDACTED] DCS office and entered the NCPP into TFACTS. The SDM was also completed with a score of Conditionally Safe. At 6:04pm, CPSI faxed a referral to [REDACTED] for grief counseling for the family and Mental Health Assessments for the parents. CPSI was taken back to [REDACTED] by [REDACTED] where the family signed the official copy of the NCPP at 6:53pm.

Investigation reveals (List each anticipated indication/assessment as well as source for proof of each allegation, including all pertinent statements by persons interviewed):

What you are asking from the court - Please include recommendations regarding tasks that the parents will need to complete including all listed on any noncustodial permanency plan, and verify that an allegation necessitating each task has been listed in paragraph above):

The NCPP states that the mother completed her A&D assessment on May 19, 2014 with recommendations for IOP therapy which the mother will complete and follow all recommendations, the father will have an A&D assessment and follow any and all recommendations, the family will participate in grief counseling, CPSI will refer [REDACTED] today to provide mental Health assessments and grief counseling to the family, both parents will complete a mental health assessment and follow all recommendations, both parents will consent to weekly unannounced drug screens, and that the parents will cooperate with DCS and services.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: [REDACTED] 9:37 AM

Date of Assessment: 5/1/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

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.



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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): NCPP

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.



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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: _____



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Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 5/24/14 9:01 AM

Date of Assessment: 5/24/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

Section 1: Immediate Harm Factors

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Yes No

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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

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