



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 06/25/2014 12:10 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 06/25/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 06/25/2014 01:19 PM
First Team Leader Assigned: [REDACTED] Date/Time 06/25/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 06/25/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	2 Yrs 5 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address:
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: E-mail
Narrative: TFACTS: Yes

Family Case ID: [REDACTED]

There is history on [REDACTED] in Family Case ID [REDACTED] as a minor/Alleged Child Victim that is not reflected below. There is also history on [REDACTED] in Family Case ID [REDACTED] as minor/Alleged Child Victim that is not reflected below.

Open Court Custody/FSS/FCIP No

Closed Court Custody Yes ([REDACTED]) / 10-9-07 to 9-10-09

Open CPS - No



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

Substantiated 2-13-14/ # [REDACTED] DEI/ [REDACTED]

Child Death No

Screened out No

History (not listed above): None

County: [REDACTED]

Notification: Email

School/ Daycare: Unknown

Native American Descent: None

Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] (4 months) lived with her parents [REDACTED] [REDACTED] [REDACTED] is not in DCS custody. It is believed that the parents do not have any other children, and there are no other household members.

Today [REDACTED] was taken to [REDACTED] [REDACTED] with CPR in progress and she died in the emergency room. It is unknown if [REDACTED] presented with any injuries or signs of trauma. It is unknown at this time if an autopsy will be performed. The parents are not present at the hospital, so their explanation about what happened is unknown. The [REDACTED] [REDACTED] [REDACTED] have been involved and indicated that the parents have been detained at the home. Police have not indicated if there were any concerns about the home environment. It is unknown if police have been involved with the parents previously.

[REDACTED] has a history of substance abuse including cocaine use. It is unknown when [REDACTED] last used any substances. The pregnancy was complicated by late prenatal care. [REDACTED] was in the NICU at birth possibly due to prenatal drug exposure issues. [REDACTED] was discharged from the NICU on 3/5/14. The family had prior DCS involvement while [REDACTED] was in the NICU.

Special Needs or Disabilities: None

Child's current location/is the child safe at this time: At [REDACTED] [REDACTED]

Perpetrator's location at this time: Both parents are detained at the home.

Any other safety concerns for the child(ren) or worker who may respond: Unknown

NOTE: TFACTS lists the child's name as [REDACTED]

*****Extended Referral ID #: [REDACTED]

Date of referral: 6/25/2014

Reporter's name and contact number: [REDACTED]

Victim(s) name: [REDACTED]

New information that needs to be included in the original referral:

[REDACTED] name was misspelled on the original report as [REDACTED] (correct spelling is [REDACTED]) The parents are not detained/arrested. The parents are on their way to the hospital at this time.

CM who took the new information: [REDACTED] [REDACTED]

Date/Time of the extended referral: 6/25/2014 at 12:23 PM



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

Note: Child's name has been changed to reflect the correct spelling.

Per SDM: Investigative Track - P1 - Child Death

[Redacted], on 6/25/14 @ 12:48pm

[Redacted] Group via Email:
[Redacted]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 2 Yrs 5 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 21 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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/25/2014

Assignment Date: 01/05/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN		CSEM	
1	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			05/29/2015
2	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			05/29/2015
3	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			09/12/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegations of Neglect Death will be unsubstantiated as there was no manner or cause of death per autopsy. Allegations of PHA will be substantiated as there were 4 healed rib fractures per autopsy and the parents-[REDACTED] and [REDACTED] had no explanation for fractures and they were the sole caretakers for [REDACTED]

D. Case Workers

Case Worker: [REDACTED]

Date: 05/29/2015

Team Leader: [REDACTED]

Date: 06/02/2015

E. Investigation Summary

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

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

Child Interview 06/25/2014 3:00 pm

CPSI observed the child at [REDACTED] CPSI observed markings on child's nose, right arm and middle of stomach (on and near naval). The markings on the nose and arm were possibly from lividity. The mark on the



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]

stomach appeared blue in color, about the size of an adult thumb, with no clear distinct shape. Autopsy was scheduled for 6/26/14 at 9:00 am. Pictures were taken and will be placed in hard file.

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

7/7: CARE team meeting held this date. [REDACTED] [REDACTED] in attendance. Per IC notes: [REDACTED] [REDACTED] [REDACTED] - Child death and parents don't have an explanation. Healing rib fractures were found at the hospital. The family has a DCS and drug use history. Both parents were in foster care as youth. The parents brought the baby back to the doctor 1 day after discharge and the child wasn't seen again until Grandmother/Foster Mom brought the child in late May. The baby was fine; no concerns noted at the May [REDACTED] visit. [REDACTED] had attempted several times to contact the parents to reschedule doctor appointments prior to the child being seen in May. The baby was in NICU after birth due to meningitis, but [REDACTED] said that meningitis didn't kill the baby. The family is MIA again. Attend preliminary meeting at ME's office and ask the detective if they have anything new."

7/3: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] met with medical examiner on this date.

Autopsy did not

reveal cause of death. ACV had four completely healed rib fractures that are not possible to date. These fractures did not come

from CPR at time of death. Detectives raised questions regarding petechia in the child's eyes. ME stated this could be from CPR.

Petechia can also be caused by suffocation (hands around neck cutting of air supply), but not smothering (covering child's mouth/nose). Detective stated that there are multiple witnesses who state they have seen the mother and father hold the baby's

mouth shut when she would cry or put a blanket over her face. There are also reports of the child coughing up blood the weekend

prior her death. ME stated there was a small hematoma (bruise) on the top of the child's head, probably from a bump to the head,

this is incidental, no relation to death. Detectives state that the parents repeatedly denied any type of injury, fall, accident to child.

Detectives asked about marks on the right side of the child's neck. ME stated it could be from clothing or skin fall, most likely not

ligature marks. Detective pointed out bruise on child's belly button/stomach. ME stated most likely superficial bruise or decomp.

There was no blood or trauma inside the child's body. The baby's temperature was 94 degrees upon arrival to the hospital. The

body's temperature drops approximately 1-2 degrees every hour after death. Detective reports that the maternal grandmother took

the child to [REDACTED] and she was diagnosed with bronchitis and a heart murmur (end of May). The parents state that they took

the child to [REDACTED] to follow up and the child was fine. Detectives reported that they were told that the child coughed up blood,

one time in June one time the Sunday before her death. ME states there is no obvious signs of death. There was nothing found in

the child's stomach. Detectives/ME will schedule a follow up meeting in approximately 1 month, after toxicology reports are back.

Autopsy dated 4-28-15 reveals no cause nor manner of death could be determined.

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

6/25/2014 2:30 pm

[REDACTED] [REDACTED] received referral on 6/25/14 with allegations of Neglect Death to minor child [REDACTED]



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

[REDACTED] by an Unknown Participant. [REDACTED] responded to [REDACTED] on this date. [REDACTED] was met by [REDACTED] and [REDACTED] was informed that [REDACTED] was in the process of interviewing the mother, [REDACTED], and [REDACTED] was told not to interrupt as she was almost through. [REDACTED] was informed by [REDACTED] that there was some possible bruising to the child, but it cannot be determined at this time if the marks are bruises or lividity. [REDACTED] spoke briefly with [REDACTED] at the hospital, after the interviews. [REDACTED] informed that both mother and father had been interviewed, and there were some red flags. [REDACTED] informed that the parents' stories were inconsistent with each other, in that the mother stated that they were not in the motel room yesterday, and the father stated that they were at the motel room. Also, the father left the scene before ambulances arrived and drove down the road before coming back because he felt that it would look bad. [REDACTED] accompanied Law enforcement and parents to the motel room ([REDACTED]) which the parents and child were staying. [REDACTED] agreed to a reenactment of the incident. However, [REDACTED] had reservations. Both parents signed off on the consent form and [REDACTED] and Law Enforcement prepared to complete the reenactment. Once at the room, [REDACTED] stated that they were not comfortable completing the reenactment, stating that he has been involved with police before and things get twisted around. [REDACTED] spoke with the parents about this. Ultimately, the parents agreed to complete the reenactment, but at the same time. CPSI recorded the reenactment on State iPad. CPSI observed that the mother put the child in the car seat, on the floor, by the bed, as this is where the child slept. CPSI observed that the mother stated she fed the child earlier in the morning, and a bottle with milk left in it was observed on the night stand. The mother went to the motel lobby to pay for the room, and when she came back she picked the child up and placed her on the bed. That is when she noticed the child's lips were blue and something wasn't right. She yelled for [REDACTED] to "do something." [REDACTED] took the child and started CPR. [REDACTED] demonstrated placing his whole hand on the baby's chest and doing light compressions approximately 10 times, and blowing air into her mouth approximately three times. [REDACTED] stated he then "blacked out." [REDACTED] stated that he left and went down the street and then came back. [REDACTED] stated that she took the baby after calling 911, and performed CPR with two fingers, as instructed by 911 personnel. CPSI observed formula, gas drops, and rice cereal in the mother's diaper bag. These items were collected.

The parents minimally cooperated with Law Enforcement.

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

Collateral Contact 06/25/2014 4:30 pm

CPSI received phone call from [REDACTED] maternal grandmother ([REDACTED] foster mother). She stated that she did not feel that the parents were under the influence of anything when she arrived this morning, though they were visibly upset. She stated that she does not think that either parent would intentionally hurt the child. She stated that the baby was the parents' world. She confirmed that the parents did have a drug problem in the past, and she is concerned of them using again after this tragedy. She stated that [REDACTED] said she would call her if she felt herself slipping. CPSI thanked her and told her to contact CPSI with any further information or concerns.

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

7/3: [REDACTED] met with medical examiner on this date.

Autopsy did not

reveal cause of death. ACV had four completely healed rib fractures that are not possible to date. These fractures did not

come from CPR at time of death. Detectives raised questions regarding petechia in the child's eyes. ME stated this could be from CPR.

Petechia can also be caused by suffocation (hands around neck cutting of air supply), but not smothering (covering child's mouth/nose). Detective stated that there are multiple witnesses who state they have seen the mother and father hold the baby's



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

mouth shut when she would cry or put a blanket over her face. There are also reports of the child coughing up blood the weekend prior her death. ME stated there was a small hematoma (bruise) on the top of the child's head, probably from a bump to the head, this is incidental, no relation to death. Detectives state that the parents repeatedly denied any type of injury, fall, accident to child. Detectives asked about marks on the right side of the child's neck. ME stated it could be from clothing or skin fall, most likely not ligature marks. Detective pointed out bruise on child's belly button/stomach. ME stated most likely superficial bruise or decomp. There was no blood or trauma inside the child's body. The baby's temperature was 94 degrees upon arrival to the hospital. The body's temperature drops approximately 1-2 degrees every hour after death. Detective reports that the maternal grandmother took the child to [REDACTED] and she was diagnosed with bronchitis and a heart murmur (end of May). The parents state that they took the child to [REDACTED] to follow up and the child was fine. Detectives reported that they were told that the child coughed up blood, one time in June one time the Sunday before her death. ME states there is no obvious signs of death. There was nothing found in the child's stomach. Detectives/ME will schedule a follow up meeting in approximately 1 month, after toxicology reports are back.

Per autopsy, manner and cause of death undetermined.
 There was no history given for healed rib fractures.

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:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for 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:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for 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:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for 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:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for 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:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for 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:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for 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:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/19/2015	Contact Method:	
Contact Time:	05:00 PM	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 02:03 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for 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: 08/19/2015

Contact Method:

Contact Time: 05:00 PM

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 02:03 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been approved for 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: 08/18/2015

Contact Method: Correspondence

Contact Time: 03:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2015

Completed date: 08/18/2015

Completed By: [REDACTED]

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

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2015 03:31 PM Entered By: [REDACTED]

Daily notice classification pursuant to 37-105 sent to Juvenile Court, Law Enforcement and DA as applicable.



**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: 08/18/2015 Contact Method:
 Contact Time: 03:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/18/2015
 Completed date: 08/18/2015 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: 08/18/2015 04:18 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) received the referral on June 25th, 2014 and Child Protective Services Investigator [REDACTED] received the referral as a response priority 1 regarding Neglect Death. The alleged perpetrator is listed as Unknown, and the victim is listed as [REDACTED] Child pronounced deceased on 6/25/14.

A TFACTS history check was completed and the following was found:

- o 02/13/2014: Allegations of DEI, ACV [REDACTED], AP [REDACTED] (mother), Classified ASPS (Child positive for THC at time of birth)
- o There is extensive history for the mother [REDACTED], and father [REDACTED] as minor children. Both parents were in foster care as minors.

[REDACTED] responded to [REDACTED] on 6/25/14. [REDACTED] was met by [REDACTED] [REDACTED] was informed that [REDACTED] was in the process of interviewing the mother, [REDACTED] was told not to interrupt as she was almost through. [REDACTED] was informed by [REDACTED] that there was some possible bruising to the child, but it cannot be determined at this time if the marks are bruises or lividity. [REDACTED] spoke briefly with [REDACTED] at the hospital, after the interviews. [REDACTED] was informed by Youth Services that both mother and father had been interviewed, and there were some red flags. [REDACTED] was informed that the parents' stories were inconsistent with each other, in that the mother stated that they were not in the motel room yesterday and the father stated that they were at the motel room. Also, the father left the scene before the ambulance arrived and drove down the road before coming back because he felt that it would look bad.

The investigation into this incident was conducted by [REDACTED]

[REDACTED] spoke briefly with [REDACTED] at the hospital, after the interviews. [REDACTED] informed that both mother and father had been interviewed, and there were some red flags. [REDACTED] informed that the parents' stories were inconsistent with each other, in that the mother stated that they were not in the motel room yesterday, and the father stated that they were at the motel room. Also, the father left the scene before ambulances arrived and drove down the road before coming back because he felt that it would look bad. [REDACTED] accompanied Law enforcement and parents to the motel room [REDACTED] which the parents and child were staying. [REDACTED] agreed to a reenactment of the incident. However, [REDACTED] had reservations. Both parents signed off on the consent form and [REDACTED] and Law Enforcement prepared to complete the reenactment. Once at the room, [REDACTED] stated that they were not comfortable completing the reenactment, stating that he has been involved with



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

police before and things get twisted around. [REDACTED] spoke with the parents about this. Ultimately, the parents agreed to complete the reenactment, but at the same time. CPSI recorded the reenactment on State iPad. CPSI observed that the mother put the child in the car seat, on the floor, by the bed, as this is where the child slept. CPSI observed that the mother stated she fed the child earlier in the morning, and a bottle with milk left in it was observed on the night stand. The mother went to the motel lobby to pay for the room, and when she came back she picked the child up and placed her on the bed. That is when she noticed the child's lips were blue and something wasn't right. She yelled for [REDACTED] to "do something." [REDACTED] took the child and started CPR. [REDACTED] demonstrated placing his whole hand on the baby's chest and doing light compressions approximately 10 times, and blowing air into her mouth approximately three times. [REDACTED] stated he then "blacked out." [REDACTED] stated that he left and went down the street and then came back. [REDACTED] stated that she took the baby after calling 911, and performed CPR with two fingers, as instructed by 911 personnel. CPSI observed formula, gas drops, and rice cereal in the mother's diaper bag. These items were collected by ID and taken to evidence locker, along with car seat and blanket. CPSI observed the child at [REDACTED]. CPSI observed markings on child's nose, right arm and middle of stomach (on and near naval). The markings on the nose and arm were possibly from lividity. The mark on the stomach appeared blue in color, about the size of an adult thumb, with no clear distinct shape. Autopsy was scheduled for 6/26/14 at 9:00 am. After Law Enforcement left the scene, CPSI met privately with the parents and maternal grandmother, [REDACTED]. CPSI asked the parents if they would be willing to take a drug screen. Both admitted that they would fail for marijuana. Both declined to take one at this time, as they were not feeling up to doing anything else. CPSI asked if they would come to CPSI office tomorrow and take a drug screen and they stated that they would. CPSI thanked them.

CPSI unable to get in contact with parents after the initial interviews

7/2/14: CARE team meeting held this date. [REDACTED] in attendance. Per IC notes: [REDACTED]. [REDACTED] Child death and parents don't have an explanation. Healing rib fractures were found at the hospital. The family has a DCS and drug use history. Both parents were in foster care as youth. The parents brought the baby back to the doctor 1 day after discharge and the child wasn't seen again until Grandmother/Foster Mom brought the child in late May. The baby was fine; no concerns noted at the May [REDACTED] visit. [REDACTED] had attempted several times to contact the parents to reschedule doctor appointments prior to the child being seen in May. The baby was in NICU after birth due to meningitis, but [REDACTED] said that meningitis didn't kill the baby."

Medical Examiner (ME) meeting was held on 7/3/14. ME stated that there were healing rib fractures noted in autopsy. No other evidence of trauma was found. A second ME meeting will be scheduled in approximately a month, when toxicology reports are back.

Second ME meeting held on 9/5/14. ME stated no trauma found during autopsy and toxicology reports were negative. ME states cause of death is undetermined.

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

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

DCS policy Work Aid 1 (A) defines the following criteria for Physical Abuse:

1. Any non-accidental injury or trauma that could cause injury inflicted by a parent, caretaker, relative or any other person who is responsible for the care, supervision or treatment of the child. Physical abuse also includes, but is not limited to:
 - a. A parent or caretaker's failure to protect a child from another person who perpetrated physical abuse on a child;
 - b. Injuries, marks and/or bruising that go beyond temporary redness or are in excess of age appropriate corporal punishment. (e. g., a bruise, broken bone, burn, cut);
 - c. Violent behavior by the parent or caretaker that demonstrates a disregard for the presence of a child and could reasonably result in serious injury (e. g. domestic violence). Striking (hitting, kicking, punching, slapping, etc.) a child in such a way that would result in internal injury. Munchausen by Proxy Syndrome could be considered physical abuse or psychological abuse.

The case was presented to the [REDACTED] Child Protective Investigation Team on 9/23/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Death.

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

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

CPSI met with [REDACTED] on 9/25/14. There is nothing to show the child died from trauma at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Autopsy is still pending and CPSI will include in case when it is received.

CPIT team member [REDACTED] reports the father eventually refused to consent to a polygraph and the alleged "letter of confession" was never found. [REDACTED] states the mother's statements evolved from "I believe to I know he smothered" my child. [REDACTED] agreed to unsubstantiate the Child Death and substantiate Physical Abuse(PHA) due to the healed rib fractures with no history given for those.

* CPIT RE-STAFFING on 5-28-15 with the following classification decisions-Substantiated for PHA of [REDACTED] by mother, [REDACTED] and father, [REDACTED] as the deceased child had healed rib fractures and there was no explanation for the fractures given and due to the age of the deceased child. The mother and father were the only caretakers for the deceased child.



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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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:	08/18/2015	Contact Method:	
Contact Time:	09:45 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 02:02 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: 07/11/2015 Contact Method:

Contact Time: 01:30 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/11/2015

Completed date: 07/11/2015 Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type: Letter A - Notice of Indication to Perpetrator

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

Narrative Type: Original Entry Date/Time: 07/11/2015 01:43 PM Entered By: [REDACTED]

The Substantiated Perpetrator Letter A and attachment was completed and due process is initiated.



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: 07/10/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/11/2015

Completed date: 07/11/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2015 01:00 PM Entered By: [REDACTED]

Legal Severe Abuse Staffing held

In attendance: [REDACTED]
[REDACTED] Review had no recommendations as there are no surviving siblings and agreed with classification decision.



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: 05/29/2015 Contact Method:
 Contact Time: 01:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/31/2015
 Completed date: 05/31/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/31/2015 10:35 PM Entered By: [REDACTED]

MSSW Review

LI provided autopsy statement and CPIT decision during this staffing. There were no other recommendations since there were no surviving siblings in the home and DCS lost with the parents [REDACTED] [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 07/11/2015 12:53 PM Entered By: [REDACTED]

"lost contact with the parents" is the correct statement.



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: 05/28/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/31/2015
 Completed date: 05/31/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/31/2015 10:29 PM Entered By: [REDACTED]

LI will prepare case for closure as investigation is complete.



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: 05/28/2015

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/31/2015

Completed date: 05/31/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/31/2015 10:26 PM Entered By: [REDACTED]

CPIT Staffing held and team agreed with DCS classification: Neglect Death-AUPU for APs [REDACTED] (father) and [REDACTED] (mother) due to autopsy report of undetermined manner and cause of death and all other interviews conducted. Allegations of Physical Abuse will be substantiated for APs [REDACTED] (father) and [REDACTED] (mother) as the deceased child did have healing rib fractures that were unexplained by [REDACTED] and [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: 05/05/2015

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/05/2015

Completed date: 05/05/2015

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: 05/05/2015 02:31 PM Entered By: [REDACTED]

[REDACTED] received autopsy report on this date. Per report, Cause of Death and Manner of Death "Could no be determined." CM uploaded document to TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/28/2015 Contact Method:
 Contact Time: 03:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/28/2015
 Completed date: 04/28/2015 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: 04/28/2015 04:01 PM Entered By: [REDACTED]

LI reviewed medical records from [REDACTED] [REDACTED] Emergency Room visit on 5-28-14 which listed the diagnosis of URI and the grandmother brought the child to this visit. Emergency Room visit on the day of death, 6-25-14 with no cause of death listed. A postpartum skeletal survey was conducted and multiple healing fractures involving the right 5th through 8th ribs were found.



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: 04/28/2015

Contact Method: Correspondence

Contact Time: 03:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/28/2015

Completed date: 04/28/2015

Completed By: [REDACTED]

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

Contact Type(s): Notification of Classification

Contact Sub Type: Letter A - Notice of Indication to Perpetrator

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

Narrative Type: Original Entry Date/Time: 04/28/2015 04:40 PM Entered By: [REDACTED]

Notice of Classification sent pursuant to TCA-37-105 to Juvenile Court, Law Enforcement, and District Attorney's Office, per local protocol.

The Substantiated Perpetrator Letter A and attachment was completed and due process is initiated.

Narrative Type: Created In Error Entry Date/Time: 05/31/2015 10:20 PM Entered By: [REDACTED]

This event did not occur on this date-LI was in error



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/27/2015 Contact Method: Phone Call
 Contact Time: 09:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/27/2015
 Completed date: 04/27/2015 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: 04/27/2015 04:14 PM Entered By: [REDACTED]

CPIT team member [REDACTED] called and gave LI an update on her investigation. [REDACTED] states the father is in jail and initially agreed to submit to a polygraph but refused to consent on the day of scheduled polygraph. [REDACTED] states the alleged letter of "confession" was never found and feels the letter was unintentionally thrown out. [REDACTED] states the mother's based upon her investigation. [REDACTED] states the healing rib fractures, the mechanism is still unknown. [REDACTED] advised [REDACTED] the department will likely substantiate both parents and [REDACTED] agreed to the classification since they were the primary caretakers at the time of death and there is no explanation for the rib fractures.

Narrative Type: Addendum 1 Entry Date/Time: 04/28/2015 04:22 PM Entered By: [REDACTED]

Correction to the above case recording

[REDACTED] states the mother's statement have evolved from "i believe to I know he smothered" my child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/16/2015 Contact Method:
 Contact Time: 09:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/28/2015
 Completed date: 04/28/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/28/2015 04:20 PM Entered By: [REDACTED]

Still have not received autopsy nor LE information. LI reviewed case and submitted case for closure as they are no investigative tasks being complete. LI will be recommending substantiation of PHA allegations due to healing rib fractures and death under suspicious circumstances. CPIT still 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: 04/10/2015

Contact Method: Correspondence

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/10/2015

Completed date: 04/10/2015

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: 04/10/2015 01:07 PM Entered By: [REDACTED]

LI requested update and copy of subsequent interviews with the parents from [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: 03/10/2015 Contact Method:
 Contact Time: 09:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/28/2015
 Completed date: 04/28/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/28/2015 04:17 PM Entered By: [REDACTED]
 Still no autopsy nor contact with LE- [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: 01/30/2015 Contact Method:
 Contact Time: 06:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/28/2015
 Completed date: 04/28/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/28/2015 04:15 PM Entered By: [REDACTED]
 LI received notification from [REDACTED] reporting she had no new information nor autopsy per LE-[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: 01/30/2015

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/23/2015

Completed date: 02/23/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 03:45 PM Entered By: [REDACTED]

[REDACTED] received phone call from [REDACTED] on this date. [REDACTED] stated that the alleged not had not been found yet, but she is currently searching for it. She stated that due to the inconsistent statements of the parents, the criminal backgrounds of the parents, and the alleged note, the investigation is ongoing. It is possible that the autopsy will not be released until the criminal investigation is complete. SI thanked her.



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: 01/22/2015

Contact Method:

Contact Time: 03:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/23/2015

Completed date: 02/23/2015

Completed By: [REDACTED]

Purpose(s): 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: 02/23/2015 03:41 PM Entered By: [REDACTED]

[REDACTED] [REDACTED] emailed Medical Examiner's office on this date, inquiring about status of autopsy. CPSI informed that autopsy was not complete, but request was on 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: 01/05/2015

Contact Method:

Contact Time: 02:28 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/23/2015

Completed date: 02/23/2015

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: 02/23/2015 03:40 PM Entered By: [REDACTED]

[REDACTED] [REDACTED] emailed [REDACTED] [REDACTED] requesting the letter the mother allegedly received from the father. CPSI received no response.



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: 12:28 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/23/2015

Completed date: 02/23/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 03:39 PM Entered By: [REDACTED]

[REDACTED] received email from [REDACTED] stating that there were no updates to the case 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:	12/19/2014	Contact Method:	Correspondence
Contact Time:	11:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/19/2014
Completed date:	12/19/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/19/2014 12:19 PM Entered By: [REDACTED]

CPSI sent email to Medical Examiner's office requesting update on status of the autopsy report.

CPSI emailed [REDACTED] [REDACTED] requesting update on the case, to see if she had interviewed the mother with regards to the screened out 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:	12/11/2014	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/28/2015
Completed date:	04/28/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/28/2015 04:11 PM Entered By: [REDACTED]

Case Conference
 CPSI will continue to complete investigation by obtaining autopsy and perpetrator's interview from LE [REDACTED] [REDACTED] and LI will retain the actual case record



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: 12/09/2014

Contact Method:

Contact Time: 12:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/09/2014

Completed date: 12/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2014 12:42 PM Entered By: [REDACTED]

CPSI emailed request for autopsy to Medical Examiner for 2nd time on this date.



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:	11/17/2014	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/20/2014
Completed date:	11/20/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/20/2014 10:34 AM Entered By: [REDACTED]

CPSI conducted background check using [REDACTED] Active Inmate website and verified that [REDACTED] was incarcerated (documentation in file). CPSI contacted [REDACTED] and informed her of the new referral. [REDACTED] advised CPSI NOT to talk to [REDACTED]. She stated that she would conduct interview and would let CPSI know what was said. CPSI thanked her.

CPSI relayed information to [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: 11/14/2014 Contact Method:
 Contact Time: 11:17 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/20/2014
 Completed date: 11/20/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/20/2014 10:32 AM Entered By: [REDACTED]

[REDACTED] received the following screened out referral on this date:

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody Yes-Case ID# [REDACTED] 10-9-2007 to 9-10-2009

Open: [REDACTED] / Neglect Death / 6-25-2014 / Allegation Unsubstantiated, Perpetrator Unsubstantiated-9-12-2014/ [REDACTED]

Substantiated: [REDACTED] DEI / [REDACTED] Substantiated/ 5-23-2014

Death: [REDACTED] / Neglect Death / Unknown/ Allegation Unsubstantiated, Perpetrator Unsubstantiated/ Case is currently open

Number of Screen Outs: 0

History (not listed above): Yes additional history was found

Begin: 5-26-2008 / INV / [REDACTED] SEE / Unable to complete / 7-20-2008

Begin: 4-17-2008 / INV / [REDACTED] / SEE / Unsubstantiated / 6-16-2008

Begin: 11-17-2007 / INV / [REDACTED] / LOS / Unsubstantiated; Administrative Closure / 2-1-2008

Begin: 3-30-2007 / INV / [REDACTED] / SRSA / Unsubstantiated / 6-20-2007

Begin: 5-3-2005 / INV / [REDACTED] / ENN / Unsubstantiated / 7-21-2005

County: [REDACTED]

Notification: Email

School/ Daycare: N/A

Native American Descent: Unknown

Directions: None provided

Reporter's name/relationship: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Reporter states: Baby girl [REDACTED] was born to [REDACTED]. [REDACTED] is currently incarcerated at the [REDACTED]. [REDACTED] requested to see mental health personnel. Baby girl is now deceased and passed away on 5-25-2014 (baby was four months old when she passed). [REDACTED] states that she received a letter from the child's father (name unknown) stating that he was responsible for the child's death and that he should have killed [REDACTED] also. It is unknown when [REDACTED] received the letter.

[REDACTED] stated that the father said he was going to turn himself in to the detective. [REDACTED] states that the father is still under investigation with police.

[REDACTED] states that she was present when the incident happened. It is believed that the baby was not in DCS custody and was in the custody of her parents when she died. [REDACTED] reports a long history of domestic abuse between her and the baby's father. It is unknown how the baby died.

[REDACTED] is currently incarcerated on theft charges. It is unknown if DCS has been notified of this information.

This is all the information the reporter has at this time. It was noted that when [REDACTED] attempted to go into detail about the incidents that occurred the reporter stopped her and informed [REDACTED] that a report would be made to DCS and someone would come talk to her.

Special Needs or Disabilities: Unknown

Child's current location/is the child safe at this time: Deceased

Perpetrator's location at this time: Unknown

Any other safety concerns for the child(ren) or worker who may respond: None reported

Domestic Violence present in the home: Yes with the parents

Per SDM: Investigative Track, P1-[REDACTED] on 11-14-2014 at 10:13 AM

Screen Out. Has been referred to the local case manager who is presently involved with the family. An email was sent to [REDACTED] and [REDACTED]. 11/14/14 @ 11:05am by [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: 11/07/2014

Contact Method:

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/07/2014

Completed date: 11/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/07/2014 01:50 PM Entered By: [REDACTED]

CPSI contacted medical examiner's office to check on status of autopsy report. CPSI informed that the autopsy was not yet complete. They do have CPSI request on file and will send a copy once it is complete.



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: 10/24/2014 Contact Method:
 Contact Time: 04:09 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/24/2014
 Completed date: 10/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 04:09 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) received the referral on June 25th, 2014 and Child Protective Services Investigator [REDACTED] received the referral as a response priority 1 regarding Neglect Death. The alleged perpetrator is listed as Unknown, and the victim is listed as [REDACTED]. Child pronounced deceased on 6/25/14.

A TFACTS history check was completed and the following was found:

- o 02/13/2014: Allegations of DEI, ACV [REDACTED], AP [REDACTED] (mother), Classified ASPS (Child positive for THC at time of birth)
- o There is extensive history for the mother [REDACTED], and father [REDACTED] as minor children. Both parents were in foster care as minors.

[REDACTED] responded to [REDACTED] on 6/25/14. [REDACTED] was met by [REDACTED]. [REDACTED] was informed that [REDACTED] was in the process of interviewing the mother, [REDACTED] was told not to interrupt as she was almost through. [REDACTED] was informed by [REDACTED] that there was some possible bruising to the child, but it cannot be determined at this time if the marks are bruises or lividity. [REDACTED] spoke briefly with [REDACTED] at the hospital, after the interviews. [REDACTED] was informed by Youth Services that both mother and father had been interviewed, and there were some red flags. [REDACTED] was informed that the parents' stories were inconsistent with each other, in that the mother stated that they were not in the motel room yesterday and the father stated that they were at the motel room. Also, the father left the scene before the ambulance arrived and drove down the road before coming back because he felt that it would look bad.

The investigation into this incident was conducted by [REDACTED]

[REDACTED] spoke briefly with [REDACTED] at the hospital, after the interviews. [REDACTED] informed that both mother and father had been interviewed, and there were some red flags. [REDACTED] informed that the parents' stories were inconsistent with each other, in that the mother stated that they were not in the motel room yesterday, and the father stated that they were at the motel room. Also, the father left the scene before ambulances arrived and drove down the road before coming back because he felt that it would look bad. [REDACTED] accompanied Law enforcement and parents to the motel room [REDACTED] which the parents and child were staying. [REDACTED] agreed to a reenactment of the incident. However, [REDACTED] had reservations. Both parents signed off on the consent form and [REDACTED] and Law Enforcement prepared to complete the reenactment. Once at the room, [REDACTED] stated that they were not comfortable completing the reenactment, stating that he has been involved with



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

police before and things get twisted around. [REDACTED] spoke with the parents about this. Ultimately, the parents agreed to complete the reenactment, but at the same time. CPSI recorded the reenactment on State iPad. CPSI observed that the mother put the child in the car seat, on the floor, by the bed, as this is where the child slept. CPSI observed that the mother stated she fed the child earlier in the morning, and a bottle with milk left in it was observed on the night stand. The mother went to the motel lobby to pay for the room, and when she came back she picked the child up and placed her on the bed. That is when she noticed the child's lips were blue and something wasn't right. She yelled for [REDACTED] to "do something." [REDACTED] took the child and started CPR. [REDACTED] demonstrated placing his whole hand on the baby's chest and doing light compressions approximately 10 times, and blowing air into her mouth approximately three times. [REDACTED] stated he then "blacked out." [REDACTED] stated that he left and went down the street and then came back. [REDACTED] stated that she took the baby after calling 911, and performed CPR with two fingers, as instructed by 911 personnel. CPSI observed formula, gas drops, and rice cereal in the mother's diaper bag. These items were collected by ID and taken to evidence locker, along with car seat and blanket. CPSI observed the child at [REDACTED]. CPSI observed markings on child's nose, right arm and middle of stomach (on and near naval). The markings on the nose and arm were possibly from lividity. The mark on the stomach appeared blue in color, about the size of an adult thumb, with no clear distinct shape. Autopsy was scheduled for 6/26/14 at 9:00 am. After Law Enforcement left the scene, CPSI met privately with the parents and maternal grandmother, [REDACTED]. CPSI asked the parents if they would be willing to take a drug screen. Both admitted that they would fail for marijuana. Both declined to take one at this time, as they were not feeling up to doing anything else. CPSI asked if they would come to CPSI office tomorrow and take a drug screen and they stated that they would. CPSI thanked them.

CPSI unable to get in contact with parents after the initial interviews

7/2/14: CARE team meeting held this date. [REDACTED] in attendance. Per IC notes: [REDACTED] Child death and parents don't have an explanation. Healing rib fractures were found at the hospital. The family has a DCS and drug use history. Both parents were in foster care as youth. The parents brought the baby back to the doctor 1 day after discharge and the child wasn't seen again until Grandmother/Foster Mom brought the child in late May. The baby was fine; no concerns noted at the May [REDACTED] visit. [REDACTED] had attempted several times to contact the parents to reschedule doctor appointments prior to the child being seen in May. The baby was in NICU after birth due to meningitis, but [REDACTED] said that meningitis didn't kill the baby."

Medical Examiner (ME) meeting was held on 7/3/14. ME stated that there were healing rib fractures noted in autopsy. No other evidence of trauma was found. A second ME meeting will be scheduled in approximately a month, when toxicology reports are back.

Second ME meeting held on 9/5/14. ME stated no trauma found during autopsy and toxicology reports were negative. ME states cause of death is undetermined.

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] Child Protective Investigation Team on 9/23/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

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

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

CPSI met with [REDACTED] on 9/25/14. There is nothing to show the child died from trauma at this time. Autopsy is still pending and CPSI will include in case when it is received.

Narrative Type: Addendum 2 Entry Date/Time: 07/11/2015 01:20 PM Entered By: [REDACTED]

* CPIT RE-STAFFING on 5-28-15 with the following classification decisions-Substantiated for PHA of [REDACTED] by mother, [REDACTED] and father, [REDACTED] as the deceased child had healed rib fractures and there was no explanation for the fractures given and due to the age of the deceased child. The mother and father were the only caretakers for the deceased child.



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: 07/11/2015 01:14 PM Entered By: [REDACTED]

* CPIT team member [REDACTED] reports the father eventually refused to consent to a polygraph and the alleged "letter of confession" was never found. [REDACTED] states the mother's statements evolved from "I believe to I know he smothered" my child. [REDACTED] agreed to unsubstantiated the neglect death and substantiate PHA due to the healed rib fractures with no history given for those.

* Case re-staffed at CPIT on



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:	10/17/2014	Contact Method:	Attempted Phone Call
Contact Time:	04:56 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/17/2014
Completed date:	10/17/2014	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: 10/17/2014 05:09 PM Entered By: [REDACTED]

CPSI attempted to contact [REDACTED] [REDACTED] via phone. A woman, who sounded like [REDACTED] [REDACTED] answered the phone. CPSI asked for [REDACTED] and the woman asked who was calling. CPSI told her it was [REDACTED] with DCS, and the woman hung up the phone. CPSI attempted to call back at 4:59 and a message stating "phone number not valid" was received. CPSI attempted to call the number again, to ensure an error was not made in dialing. CPSI received the same message. CPSI unable to contact or leave message for the family at this time. CPSI does not have an updated address to send grief counseling information to, and the parents are not cooperative with DCS 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: 10/17/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/17/2014 05:10 PM Entered By: [REDACTED]

CPSI faxed request for autopsy and records to the medical examiner's office on this date.



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: 10/17/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 04:10 PM Entered By: [REDACTED]

[REDACTED] faxed request for autopsy to ME on this date.



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: 10/17/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/17/2014 05:11 PM Entered By: [REDACTED]

Case presented at Investigative/MSW review on this date. [REDACTED] in attendance, with CPSI. Next steps: Await autopsy result and try to contact parents to provide grief counseling.



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

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/22/2014 02:29 PM Entered By: [REDACTED]

MSSW REVIEW

[REDACTED]

CPSI HAS CONFERRED WITH LE AND THERE IS STILL AN ONGOING CRIMINAL INVESTIGATION NOT RELATED TO THIS CASE BUT THERE STILL IS NO CONCLUSIVE EVIDENCE TO SUPPORT ALLEGATIONS OF NEGLECT DEATH. HOWEVER, THERE IS EVIDENCE TO SUPPORT PHYSICAL ABUSE AS THE DECEASED CHILD PER AUTOPSY ID HAVE SEVERAL HEALING RIB FRACTURES WITH NO HISTORY.

RECOMMENDATIONS:

- OFFER GRIEF COUNSELING
- ADD PHA ALLEGATIONS TO CASE



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: 10/09/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/09/2014

Completed date: 10/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/09/2014 11:26 AM Entered By: [REDACTED]

[REDACTED] reviewed the child fatality case. Autopsy and CPIT are still pending. [REDACTED] gave case file back to [REDACTED] to make corrections to documentation and complete additional tasks.



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:	09/25/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	09/30/2014
Completed date:	09/30/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/30/2014 11:48 AM Entered By: [REDACTED]

[REDACTED] met with [REDACTED] with [REDACTED] CPSI and Detective discussed case. At this time, there is no determined cause of death and thus prosecution cannot take place for neglect death. However, there are concerns regarding the rib fractures which were healing. [REDACTED] is waiting on records from [REDACTED] to see if a chest Xray was performed during ER visit that MGM took child to. If so, a timeline may be able to be established and CPSI could possibly substantiate the parents for PHA. Per Detective, mother's story has changed as to disposition of child when found. In initial interview, mother stated that child was clothed and wrapped in a blanket in her carseat. However, during a recent interview, the mother stated that the child was wearing only a diaper. There are reports from witnesses that the mother stated that the child was turning blue the night before she died, but mother is wavering in that statement to police. Mother and father were recently involved in a domestic incident, and mother was injured. Father was incarcerated for this. CPSI obtained medical records from detective, from [REDACTED] and [REDACTED] CPSI will place in file.

CPSI awaiting autopsy results, then will present at CPIT.

Narrative Type: Addendum 1 Entry Date/Time: 10/17/2014 05:10 PM Entered By: [REDACTED]

Per [REDACTED] autopsy had not yet been received



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: 09/23/2014 Contact Method:
 Contact Time: 05:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/23/2014
 Completed date: 09/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 05:35 PM Entered By: [REDACTED]

CPS Investigation complete as unsubstantiated for neglect death as there is no evidence to support his allegations pending CPIT staffing

Narrative Type: Addendum 2 Entry Date/Time: 04/28/2015 04:30 PM Entered By: [REDACTED]

PHA allegations will be added due to healing rib fractures found during autopsy and there is no explanation for these injuries and both parents were primary caretakers.

Narrative Type: Addendum 1 Entry Date/Time: 04/28/2015 04:26 PM Entered By: [REDACTED]

All required face to face visits waived as there were no surviving siblings.



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: 09/23/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/09/2014

Completed date: 10/09/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/09/2014 04:46 PM Entered By: [REDACTED]

CPIT meeting held on this date. Case reset due to autopsy report not being completed as of this date.



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: 09/20/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2014 11:02 AM Entered By: [REDACTED]

CPSI completed FFA and closing SDM on this date, and copies are attached to the file. Due to no other siblings residing in the home, the SDM is SAFE. CPSI did not complete FAST as there are no other siblings in the home and services not offered due to parents being unable to locate/uncooperative.



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: 09/19/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2014 11:01 AM Entered By: [REDACTED]

Case presented at MSW review. Next steps: present at CPIT and prepare for case 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: 09/19/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 03:11 PM Entered By: [REDACTED]

MSW Reviews with [REDACTED] [REDACTED]

Recommendations: CPIT next week and submit case for review by [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: 09/18/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 09/20/2014 10:58 AM

Entered By: [REDACTED]

CPIT set for 9/23/14.



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: 09/12/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/20/2014 11:00 AM Entered By: [REDACTED]

Due to child being deceased, no ACV contact for this month.



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: 09/12/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 03:09 PM Entered By: [REDACTED]

Case Conference

Permanency-ACV deceased and there are no surviving siblings

Safety-Child/Community-N/A

Service Planning-complete investigation timely-2nd meeting with ME's office revealed no cause of death. Meet with LE and go review each other's notes

Well-Being-N/A



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: 09/12/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2014 10:56 AM Entered By: [REDACTED]

CLASSIFICATION DETAIL 9/12/14

This case will be closed AUPU, due to ME not finding a cause of death of child and no trauma to child and negative toxicology reports.



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: 09/05/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2014 10:55 AM Entered By: [REDACTED]

CPSI and [REDACTED] attended 2nd ME meeting on this date. Present were [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] stated no trauma found during autopsy and toxicology reports were negative. ME states cause of death is undetermined.



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: 08/27/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/08/2014

Completed date: 09/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/08/2014 04:53 PM Entered By: [REDACTED]

Investigations Coordinator [REDACTED] met with Lead Investigator [REDACTED] and [REDACTED] to discuss the case and provide feedback from [REDACTED]. The baby was asleep in the car seat and when the mother picked the baby up, she noticed the baby's lips were blue. Case will be reviewed again on 9/19 at the MSW Review.



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: 08/25/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2014 10:52 AM Entered By: [REDACTED]

CPSI received email from [REDACTED] stating that the ME meeting is scheduled for 9/2/14 at 1:00 pm.

CPSI received email on 9/2/14 stating that the meeting was rescheduled for 9/5/14 at 1:00 pm.



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: Attempted Phone Call

Contact Time: 03:17 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/21/2014

Completed date: 08/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2014 03:20 PM Entered By: [REDACTED]

CPSI attempted to contact [REDACTED] [REDACTED] via phone on this date. CPSI left [REDACTED] [REDACTED] a message, asking her to return CPSI phone call and for an update on the case.

Note: CPSI has not contacted parents due to active investigation with LE; CPSI has not received updated information from LE at this time. CPSI waiting to hear from LE regarding status of second ME meeting and regarding possible cause of 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: 08/19/2014

Contact Method: Phone Call

Contact Time: 03:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 03:55 PM Entered By: [REDACTED]

CPSI received call from [REDACTED] [REDACTED] stated that [REDACTED] and [REDACTED] are doing well. She last saw them yesterday. She doesn't believe they have been using drugs. She stated that she believes that they had a few drinks after [REDACTED] passed, but they haven't used drugs. She stated that they are both working at [REDACTED] [REDACTED] in [REDACTED]. They have recently moved into an apartment in [REDACTED] but she is unsure of the address. She stated taht both look a lot better than they have in a long time. [REDACTED] informed CPSI that [REDACTED] was a foster child in her home for 9 months starting at age 14, but they kept in contact ever since. [REDACTED] has always lived in [REDACTED]. CPSI thanked her.



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: 08/15/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 03:49 PM Entered By: [REDACTED]

CPSI emailed [REDACTED] asking for updates on the status of her case. CPSI informed that Detective would be scheduling second ME meeting next week. CPSI emailed back availability for next 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: 08/09/2014 Contact Method: Attempted Phone Call
 Contact Time: 03:43 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/19/2014
 Completed date: 08/19/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Service Planning
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 03:44 PM Entered By: [REDACTED]
 CPSI attempted to contact [REDACTED] former foster mother, [REDACTED] CPSI left voicemail.



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: 08/01/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/20/2014 11:00 AM Entered By: [REDACTED]

Due to child being deceased, no ACV contact for this month.



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: 07/07/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/20/2014 10:59 AM Entered By: [REDACTED]

ME Meeting held this date. Due to child being deceased and no other children in the home, ACV face to face not completed for this month.



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:	07/03/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/07/2014
Completed date:	07/07/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/07/2014 09:54 AM Entered By: [REDACTED]

[REDACTED] met with medical examiner on this date. Autopsy did not reveal cause of death. ACV had four completely healed rib fractures that are not possible to date. These fractures did not come from CPR at time of death. Detectives raised questions regarding petechia in the child's eyes. ME stated this could be from CPR. Petechia can also be caused by suffocation (hands around neck cutting of air supply), but not smothering (covering child's mouth/nose). Detective stated that there are multiple witnesses who state they have seen the mother and father hold the baby's mouth shut when she would cry or put a blanket over her face. There are also reports of the child coughing up blood the weekend prior her death. ME stated there was a small hematoma (bruise) on the top of the child's head, probably from a bump to the head, this is incidental, no relation to death. Detectives state that the parents repeatedly denied any type of injury, fall, accident to child. Detectives asked about marks on the right side of the child's neck. ME stated it could be from clothing or skin fall, most likely not ligature marks. Detective pointed out bruise on child's belly button/stomach. ME stated most likely superficial bruise or decomp. There was no blood or trauma inside the child's body. The baby's temperature was 94 degrees upon arrival to the hospital. The body's temperature drops approximately 1-2 degrees every hour after death. Detective reports that the maternal grandmother took the child to [REDACTED] and she was diagnosed with bronchitis and a heart murmur (end of May). The parents state that they took the child to [REDACTED] to follow up and the child was fine. Detectives reported that they were told that the child coughed up blood, one time in June one time the Sunday before her death. ME states there is no obvious signs of death. There was nothing found in the child's stomach. Detectives/ME will schedule a follow up meeting in approximately 1 month, after toxicology reports are back.

Detective informed CPSI that several witnesses admitted they should have called DCS and think the parents killed the child. Detective stated that parents were using heroin. Father seen on motel camera leaving the room with a grocery bag approximately 1 minute after 911 call placed.



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: 07/02/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/14/2014

Completed date: 07/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/14/2014 12:47 PM Entered By: [REDACTED]

Case Conference

Child Fatality case with no surviving siblings. Meeting with ME's is 7-3-14 at 1 pm.. Continue investigation despite barriers-
parents uncooperative and LE issues



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: 07/02/2014

Contact Method: Face To Face

Contact Time: 09:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/07/2014

Completed date: 07/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2014 11:19 AM Entered By: [REDACTED]

CARE team meeting held this date. CPSI and [REDACTED] in attendance. Per IC notes: [REDACTED] Child death and parents don't have an explanation. Healing rib fractures were found at the hospital. The family has a DCS and drug use history. Both parents were in foster care as youth. The parents brought the baby back to the doctor 1 day after discharge and the child wasn't seen again until Grandmother/Foster Mom brought the child in late May. The baby was fine; no concerns noted at the May [REDACTED] visit. [REDACTED] had attempted several times to contact the parents to reschedule doctor appointments prior to the child being seen in May. The baby was in NICU after birth due to meningitis, but [REDACTED] said that meningitis didn't kill the baby. The family is MIA again. Attend preliminary meeting at ME's office and ask the detective if they have anything new."



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: 06/27/2014

Contact Method:

Contact Time: 09:10 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

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): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/27/2014 09:10 AM Entered By: [REDACTED]

Parents did not come to DCS office yesterday for scheduled meeting/drug screen, as they stated they would.



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:	06/27/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	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):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/27/2014 09:11 AM Entered By: [REDACTED]

CPSI received email from [REDACTED] [REDACTED]. She stated that the cause of death is still pending at this time. There were "Four healing (unsure what stage yet) lateral rib fractures" found on the child. Medical examiner meeting will be scheduled for next week.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/26/2014	Contact Method:	
Contact Time:	03:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/26/2014
Completed date:	06/26/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/26/2014 04:10 PM Entered By: [REDACTED]

Criminal Background Check 6/26/14

[REDACTED] conducted [REDACTED] Criminal Background Check (via County Clerk website) on [REDACTED] and found the following offenses for which he was found guilty: 2/11, Contriubuting Del. of a Minor; 10/12: Synthetic Cannabinoids; 3/13 Vandalism and order of protection violation; 8/13 Possession with intent Schedule VI (Felony, indicted); 11/13 Possession with intent (felony, lesser charge); 11/13 Possession/Casula Exchange

[REDACTED] conducted [REDACTED] Criminal Background Check (via County Clerk website) on [REDACTED] and found the following offenses for which she was found guilty: 9/12 Theft; 11/12 Asl, Domestic Bodily injury (no disposition); 6/14 Theft (no disposition) Background check results attached to 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: 06/26/2014

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/26/2014

Completed date: 06/26/2014

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: 06/26/2014 04:08 PM Entered By: [REDACTED]

6/26/2014 3:00 pm

CPSI contacted [REDACTED] via phone and asked if he and [REDACTED] would be willing to take a drug screen today. [REDACTED] stated that

he and [REDACTED] are no longer at the motel and are at a friend's home. They are willing to come to DCS office, but it may take about an hour and a half. CPSI informed them that CPSI would be at the office until at least five, and asked them to please come today. He stated that they would. CPSI thanked him.



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: 06/26/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 04:11 PM Entered By: [REDACTED]

Initial Safety Assessment 6/26/14

This CPSI completed the Initial Safety Assessment and the child is Conditionally Safe; however, Child is deceased and there are no siblings. Copy attached to 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: 06/26/2014

Contact Method: Phone Call

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 04:16 PM Entered By: [REDACTED]

CPSI spoke with [REDACTED], [REDACTED], [REDACTED], [REDACTED] stated that the grandmother (mother's foster mother) had not seen the child since May 29th, when she took [REDACTED] to the doctor to get her shots. The grandmother had also taken the child to the [REDACTED] on 5/28/14, and there were concerns from the grandmother that things were going poorly with the family and she did not know why DCS had closed their case. He stated that the mother never took the child to the doctor and the only reason [REDACTED] was up to date on shots was because the grandmother took the child to the doctor. He stated that there were complications to the pregnancy, to include: substance use (THC and cocaine), late prenatal care, chlamydia and UTI.



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: 06/26/2014 Contact Method:
 Contact Time: 02:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/26/2014
 Completed date: 06/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 04:05 PM Entered By: [REDACTED]

Referral History

The Department of Children's Services received the referral on June 25th, 2014 and Child Protective Services Investigator [REDACTED] received the referral as a response priority 1 regarding Neglect Death. The alleged perpetrator is listed as Unknown, and the victim is listed as [REDACTED]. The referral states: [REDACTED] (4 months) lived with her parents, [REDACTED] and [REDACTED] is not in DCS custody. It is believed that the parents do not have any other children, and there are no other household members. Today [REDACTED] was taken to [REDACTED] with CPR in progress and she died in the emergency room. It is unknown if [REDACTED] presented with any injuries or signs of trauma. It is unknown at this time if an autopsy will be performed. The parents are not present at the hospital, so their explanation about what happened is unknown. The [REDACTED] [REDACTED] have been involved and indicated that the parents have been detained at the home. Police have not indicated if there were any concerns about the home environment. It is unknown if police have been involved with the parents previously. [REDACTED] has a history of substance abuse including cocaine use. It is unknown when [REDACTED] last used any substances. The pregnancy was complicated by late prenatal care. [REDACTED] was in the NICU at birth possibly due to prenatal drug exposure issues. [REDACTED] was discharged from the NICU on 3/5/14. The family had prior DCS involvement while [REDACTED] was in the NICU.

*****Extended Referral ID #: [REDACTED]

New information that needs to be included in the original referral: [REDACTED] name was misspelled on the original report as [REDACTED] (correct spelling is [REDACTED] The parents are not detained/arrested. The parents are on their way to the hospital at this time."

A TFACTS history check was completed and the following was found:

02/13/2014: Allegations of DEI, ACV [REDACTED], AP [REDACTED] (mother), Classified ASPS (Child positive for THC at time of birth

Family Composition

[REDACTED], Deceased 6/25/14
 [REDACTED] (alleged father) [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

No current address-family most recently staying at the [REDACTED]

This family isn't of Native American Heritage

Narrative Type: Created In Error Entry Date/Time: 06/26/2014 04:07 PM Entered By: [REDACTED]

Wrong date entered-referral received 6/25/14



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: 06/26/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/30/2014

Completed date: 09/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/30/2014 11:59 AM Entered By: [REDACTED]

Notice of Child Death/Near Death Form (form number CS-0635) sent to IC and LI on this date. IC forwarded notification to the Child Fatality Notification Team.



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: 06/25/2014 Contact Method: Phone Call
 Contact Time: 04:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/26/2014
 Completed date: 06/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 04:10 PM Entered By: [REDACTED]

Collateral Contact 06/25/2014 4:30 pm

CPSI received phone call from [REDACTED] maternal grandmother ([REDACTED] foster mother). She stated that she did not feel that the parents were under the influence of anything when she arrived this morning, though they were visibly upset. She stated that she does not think that either parent would intentionally hurt the child. She stated that the baby was the parents' world. She confirmed that the parents did have a drug problem in the past, and she is concerned of them using again after this tragedy. She stated that [REDACTED] said she would call her if she felt herself slipping. CPSI thanked her and told her to contact CPSI with any further information or concerns.

Narrative Type: Addendum 1 Entry Date/Time: 09/30/2014 11:51 AM Entered By: [REDACTED]

Maternal grandmother's full name is [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: 06/25/2014

Contact Method:

Contact Time: 03:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2015

Completed date: 08/18/2015

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: 08/18/2015 03:15 PM Entered By: [REDACTED]

Daily notice of referral pursuant to 37-105 sent to Juvenile Court, Law Enforcement and DA.



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: 06/25/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/26/2014 04:09 PM Entered By: [REDACTED]

06/25/2014 3:00 pm

CPSI observed the child at [REDACTED] [REDACTED] CPSI observed markings on child's nose, right arm and middle of stomach (on and near naval). The markings on the nose and arm were possibly from lividity. The mark on the stomach appeared blue in color, about the size of an adult thumb, with no clear distinct shape. Autopsy was scheduled for 6/26/14 at 9:00 am. Pictures were taken and will be placed in hard file.

Note: CPSI only saw front of child, and child was wearing a diaper and had medical pads on her body as well.



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: 06/25/2014 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/26/2014
 Completed date: 06/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 04:06 PM Entered By: [REDACTED]

6/25/2014 2:30 pm

[REDACTED] received referral on 6/25/14 with allegations of Neglect Death to minor child [REDACTED] by an Unknown Participant. [REDACTED] responded to [REDACTED] on this date. [REDACTED] was met by [REDACTED] [REDACTED] was informed that [REDACTED] was in the process of interviewing the mother [REDACTED] and [REDACTED] was told not to interrupt as she was almost through. [REDACTED] was informed by [REDACTED] that there was some possible bruising to the child, but it cannot be determined at this time if the marks are bruises or lividity. [REDACTED] spoke briefly with [REDACTED] at the hospital, after the interviews. [REDACTED] informed that both mother and father had been interviewed, and there were some red flags. [REDACTED] informed that the parents' stories were inconsistent with each other, in that the mother stated that they were not in the motel room yesterday, and the father stated that they were at the motel room. Also, the father left the scene before ambulances arrived and drove down the road before coming back because he felt that it would look bad. [REDACTED] accompanied Law enforcement and parents to the motel room [REDACTED] which the parents and child were staying. [REDACTED] agreed to a reenactment of the incident. However, [REDACTED] had reservations. Both parents signed off on the consent form and [REDACTED] and Law Enforcement prepared to complete the reenactment. Once at the room, [REDACTED] stated that they were not comfortable completing the reenactment, stating that he has been involved with police before and things get twisted around. [REDACTED] spoke with the parents about this. Ultimately, the parents agreed to complete the reenactment, but at the same time. CPSI recorded the reenactment on State iPad. CPSI observed that the mother put the child in the car seat, on the floor, by the bed, as this is where the child slept. CPSI observed that the mother stated she fed the child earlier in the morning, and a bottle with milk left in it was observed on the night stand. The mother went to the motel lobby to pay for the room, and when she came back she picked the child up and placed her on the bed. That is when she noticed the child's lips were blue and something wasn't right. She yelled for [REDACTED] to "do something." [REDACTED] took the child and started CPR [REDACTED] demonstrated placing his whole hand on the baby's chest and doing light compressions approximately 10 times, and blowing air into her mouth approximately three times). [REDACTED] stated he then "blacked out." [REDACTED] stated that he left and went down the street and then came back. [REDACTED] stated that she took the baby after calling 911, and performed CPR with two fingers, as instructed by 911 personnel. [REDACTED] observed formula, gas drops, and rice cereal in the mother's diaper bag. These items were collected by ID and taken to evidence locker, along with car seat and blanket. CPSI observed the child at [REDACTED] CPSI observed markings on child's nose, right arm and middle of stomach (on and near naval). The markings on the nose and arm were



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

possibly from lividity. The mark on the stomach appeared blue in color, about the size of an adult thumb, with no clear distinct shape. Autopsy was scheduled for 6/26/14 at 9:00 am.

After Law Enforcement left the scene, CPSI met privately with the parents and maternal grandmother, [REDACTED] CPSI asked the parents if they would be willing to take a drug screen. Both admitted that they would fail for marijuana. Both declined to take one at this time, as they were not feeling up to doing anything else. CPSI asked if they would come to CPSI office tomorrow and take a drug screen and they stated that they would. CPSI thanked them.

Forms Signed

This CPSI explained the Native American Heritage Veto Verification, Client Rights Handbook, Notification of Equal Access, HIPPA Notice of Privacy Practices and Release of Information forms to the family. The forms were signed and a copy of the Client Rights, Notification of Equal Access, and HIPPA were provided to the family. Originals attached to 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: 06/25/2014

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 04:10 PM Entered By: [REDACTED]

Referent Contact 06/25/2014 230 pm

The referent was contacted and informed of investigation. The Referent Notification Letter was not requested and therefore not mailed out.

Narrative Type: Addendum 1 Entry Date/Time: 10/09/2014 04:42 PM Entered By: [REDACTED]

Referent letter requested via email and sent via CARAT system



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

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
Contact Date: 06/25/2014 Contact Method: Face To Face
Contact Time: 02:00 PM Contact Duration: Less than 30
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 06/26/2014
Completed date: 06/26/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Parent/Caretaker Interview
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 04:07 PM Entered By: [REDACTED]

Referral History

The Department of Children's Services received the referral on June 25th, 2014 and Child Protective Services Investigator [REDACTED] received the referral as a response priority 1 regarding Neglect Death. The alleged perpetrator is listed as Unknown, and the victim is listed as [REDACTED]. The referral states: [REDACTED] (4 months) lived with her parents, [REDACTED] and [REDACTED] is not in DCS custody. It is believed that the parents do not have any other children, and there are no other household members. Today [REDACTED] was taken to [REDACTED] with CPR in progress and she died in the emergency room. It is unknown if [REDACTED] presented with any injuries or signs of trauma. It is unknown at this time if an autopsy will be performed. The parents are not present at the hospital, so their explanation about what happened is unknown. The [REDACTED] [REDACTED] have been involved and indicated that the parents have been detained at the home. Police have not indicated if there were any concerns about the home environment. It is unknown if police have been involved with the parents previously. [REDACTED] has a history of substance abuse including cocaine use. It is unknown when [REDACTED] last used any substances. The pregnancy was complicated by late prenatal care. [REDACTED] was in the NICU at birth possibly due to prenatal drug exposure issues. [REDACTED] was discharged from the NICU on 3/5/14. The family had prior DCS involvement while [REDACTED] was in the NICU.

*****Extended Referral ID #: [REDACTED]

New information that needs to be included in the original referral: [REDACTED] name was misspelled on the original report as [REDACTED] (correct spelling is [REDACTED]) The parents are not detained/arrested. The parents are on their way to the hospital at this time."

A TFACTS history check was completed and the following was found:

02/13/2014: Allegations of DEI, ACV [REDACTED], AP [REDACTED] (mother), Classified ASPS (Child positive for THC at time of birth)

Family Composition

[REDACTED] Deceased 6/25/14



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] (alleged [REDACTED])
No current address-family most recently staying at the [REDACTED]

This family isn't of Native American Heritage

Narrative Type: Created In Error Entry Date/Time: 10/09/2014 04:42 PM Entered By: [REDACTED]

Case summary, not parent interview

Narrative Type: Addendum 1 Entry Date/Time: 10/09/2014 04:41 PM Entered By [REDACTED]

Case summary, not parent interview



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: 06/25/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 04:12 PM Entered By: [REDACTED]

CPIT Convened 6/25/14

CPIT convened per county protocol. [REDACTED] from [REDACTED] assigned to case.



**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: 06/25/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/30/2014

Completed date: 09/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/30/2014 11:56 AM Entered By: [REDACTED]

Referral History

The Department of Children's Services received the referral on June 25th, 2014 and Child Protective Services Investigator [REDACTED] received the referral as a response priority 1 regarding Neglect Death. The alleged perpetrator is listed as Unknown, and the victim is listed as [REDACTED]. The referral states: [REDACTED] (4 months) lived with her parents, [REDACTED] and [REDACTED] is not in DCS custody. It is believed that the parents do not have any other children, and there are no other household members. Today [REDACTED] was taken to [REDACTED] with CPR in progress and she died in the emergency room. It is unknown if [REDACTED] presented with any injuries or signs of trauma. It is unknown at this time if an autopsy will be performed. The parents are not present at the hospital, so their explanation about what happened is unknown. The [REDACTED] [REDACTED] have been involved and indicated that the parents have been detained at the home. Police have not indicated if there were any concerns about the home environment. It is unknown if police have been involved with the parents previously. [REDACTED] has a history of substance abuse including cocaine use. It is unknown when [REDACTED] last used any substances. The pregnancy was complicated by late prenatal care. [REDACTED] was in the NICU at birth possibly due to prenatal drug exposure issues. [REDACTED] was discharged from the NICU on 3/5/14. The family had prior DCS involvement while [REDACTED] was in the NICU.

*****Extended Referral ID #: [REDACTED]

New information that needs to be included in the original referral: [REDACTED] name was misspelled on the original report as [REDACTED] (correct spelling is [REDACTED] The parents are not detained/arrested. The parents are on their way to the hospital at this time."

A TFACTS history check was completed and the following was found:

02/13/2014: Allegations of DEI, ACV [REDACTED], AP [REDACTED] (mother), Classified ASPS (Child positive for THC at time of birth

Family Composition

[REDACTED], Deceased 6/25/14

[REDACTED] (alleged father) [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

No current address-family most recently staying at the [REDACTED]

This family isn't of Native American Heritage

Narrative Type: Addendum 1 Entry Date/Time: 10/09/2014 04:43 PM Entered By: [REDACTED]

Previous case ID# [REDACTED] was closed ASPS; The family initially agreed to services but DCS was unable to locate family after NCPP was completed in April 2014.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 05/28/2014
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

05/28/2014 - _____ - Family - On _____ (19) gave birth to a baby girl at _____. _____ reports that _____ is the father of the infant. _____ reported that she is still in state's custody. _____ has had DCS involvement since she was a child. _____ reports that she is married to her former foster father, _____. Upon admission to the hospital _____ was positive for marijuana. The infant was given a meconium, the results are currently pending. There are currently no signs of withdrawals. The infant is also being tested for HIV. The infant was born at thirty-six weeks and is currently in the NICU. On December 2, 2013 during a triage visit due to abnormal pain _____ was positive for cocaine. _____ was positive for marijuana on December 30, 2013 during triage visit for contraction.

On February 3, 2014 _____ was seen for one prenatal visit. _____ did not receive regular prenatal care; she did not begin until she was thirty weeks. _____ reported that he fiancée was in jail for drug charges, she did not have transportation or support so she never sought prenatal care.

The husband _____ has a lengthy criminal record and is HIV positive. _____ reported that _____ forced her to do drugs and to marry him when she turned 18. _____ stated that _____ had sex with her against her will and he potentially exposed _____ to HIV. _____ is currently negative. _____ came to visit _____ and stated that she was his wife, but he was turned away. _____ reports that _____ is the father of the infant. The fiancé, _____ has history of drug use also and was arrested this past summer on drugs charges. _____ is unemployed and does not have transportation. _____ reported that once discharged she and _____ intend to go to the former foster mother, _____ home. _____ is reported to be the ex-wife of _____. The reporter is concerned about _____ safety with the two men and the infant's safety with being around the men and the drug exposure. _____ will potentially be discharged from the hospital tomorrow; she is currently in 4 East room 411. The infant is currently in the NICU and will potentially be discharged sometime next week.

09/20/2014 - _____ - Family - The Department of Children's Services received the referral on June 25th, 2014 and Child Protective Services Investigator _____ received the referral as a response priority 1 regarding Neglect Death. The alleged perpetrator is listed as Unknown, and the victim is listed as _____. The referral states: _____ (4 months) lived with her parents, _____ and _____. _____ is not in DCS custody. It is believed that the parents do not have any other children, and there are no other household members. Today _____ was taken to _____ with CPR in progress and she died in the emergency room. It is unknown if _____ presented with any injuries or signs of trauma. It is unknown at this time if an autopsy will be performed. The parents are not present at the hospital, so their explanation about what happened is unknown. The _____ have been involved and indicated that the parents have been detained at the home. Police have not indicated if there were any concerns about the home environment. It is unknown if police have been involved with the parents previously. _____ has a history of substance abuse including cocaine use. It is unknown when _____ last used any substances. The pregnancy was complicated by late prenatal care. _____ was in the NICU at birth possibly due to prenatal drug exposure issues. _____ was discharged from the NICU on 3/5/14. The family had prior DCS involvement while _____ was in the NICU.

*****Extended Referral ID #: _____

New information that needs to be included in the original referral: _____ name was misspelled on the original report as _____ (correct spelling is _____). The parents are not detained/arrested. The parents are on their way to the hospital at this time."

B. Family Story:

05/28/2014 - [REDACTED] - Family - [REDACTED] meconium was positive for marijuana. [REDACTED] admitted to having a drug problem with cocaine in the past and smoked marijuana during her pregnancy for nausea. [REDACTED] completed an A&D assessment on 3/4/2014 and it recommended intensive outpatient 5 days per week. [REDACTED] is enroll in GED classes two day per week and reported she attends as many drug classes as possible. [REDACTED] provided CM with an attendance log, which is placed in the file. There were concerns of domestic violence between the mother and father, [REDACTED] due to verbal abuse witnessed by [REDACTED] for newborns. The family was referred for domestic violence counseling.

09/20/2014 - [REDACTED] - Family - Family Composition
 [REDACTED] Deceased 6/25/14
 [REDACTED] (alleged father) [REDACTED]
 No current address-family most recently staying at the [REDACTED]

This family isn't of Native American Heritage.

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

05/28/2014 - [REDACTED] - Family - [REDACTED] and [REDACTED] desire to be great parents to [REDACTED] former foster care mother is [REDACTED] and she is an influential support system. [REDACTED] has reported to be in good health.

09/20/2014 - [REDACTED] - Family - Parents have support in [REDACTED] foster mother

B. Family Significant Needs/Risks/Concerns:

05/28/2014 - [REDACTED] - Family - [REDACTED] will complete the alcohol and drug treatment program.

[REDACTED] and [REDACTED] will take domestic violence classes.

09/20/2014 - [REDACTED] - Family - Child death; Circumstances surrounding the death are suspicious. However, the cause of death is undetermined per ME and no signs of trauma were found during autopsy

III. Person Information:

A. Children:

04/28/2015 [REDACTED] - [REDACTED] - [REDACTED] and deceased on 6-25-14

B. Adults:

04/28/2015 - [REDACTED] - Family - Mother: [REDACTED]
 Alleged Father: [REDACTED]
 Former Foster Mother to [REDACTED]

C. Family Together History:

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[REDACTED]	04/29/2005 12:00 AM	CPS	[REDACTED]
[REDACTED]	03/30/2007 06:16 PM	CPS	[REDACTED]

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[REDACTED]	04/17/2008 06:17 PM	CPS	[REDACTED]
[REDACTED]	11/17/2007 04:24 AM	CPS	[REDACTED]
[REDACTED]	05/27/2008 10:12 AM	CPS	[REDACTED]
[REDACTED]		CPS	[REDACTED]
[REDACTED]		CPS	[REDACTED]

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
10/15/2008	Court Order	Voluntary Surrender		[REDACTED]	
10/12/2003	Court Order	Death Certificate		[REDACTED]	
10/12/2003	Court Order	Death Certificate		[REDACTED]	
10/15/2008	Court Order	Voluntary Surrender		[REDACTED]	
	Hearing	Foster Care Review Board		[REDACTED]	
	Hearing	Other Court Hearing		[REDACTED]	
	Hearing	Other Court Hearing		[REDACTED]	
	Hearing	Other Court Hearing		[REDACTED]	
	Hearing	Foster Care Review Board		[REDACTED]	
	Hearing	Other Court Hearing		[REDACTED]	
	Hearing	Other Court Hearing		[REDACTED]	
	Hearing	Other Court Hearing		[REDACTED]	
04/23/2008	Court Order	Custody Removal (Initial)	[REDACTED]	[REDACTED]	

04/28/2015 - [REDACTED] - Family - There is extensive DCS history for both parents as minors and the deceased child was drug exposed that was unsubstantiated. The parents did not participate in services for the drug exposed incident
 The mother's criminal history 4 charges and the most recent is Assault, Dom Bod Inju from 11-21-12 and this case is still open. [REDACTED] has also, incurred a new charge and is currently incarcerated
 The father's criminal history is soe4mwhat lengthy but no recent charges.

IV. Assessment of Safety:

05/23/2014 - [REDACTED] - Safety - [REDACTED]
 [REDACTED] - Minor child, [REDACTED] DOB [REDACTED] and birth mother [REDACTED] tested positive for marijuana upon delivery.

09/20/2014 - [REDACTED] - Safety - [REDACTED]
 [REDACTED] - Child death; the circumstances surrounding the death are suspicious, however the cause of death is undetermined per ME and therefore will be closed AUPU. No other children in the home.

06/26/2014 - [REDACTED] - Safety - [REDACTED]
 [REDACTED] - Referral on 6/25/14 states: [REDACTED] (4 months) lived with her parents, [REDACTED] and [REDACTED]. [REDACTED] is not in DCS custody. It is believed that the parents do not have any other children, and there are no other household members. Today [REDACTED] was taken to [REDACTED] [REDACTED] with CPR in progress and she died in the emergency room. It is unknown if [REDACTED] presented with any injuries or signs of trauma. It is unknown at this time if an autopsy will be performed. The parents are not present at the hospital, so their explanation about what happened is unknown. The [REDACTED] [REDACTED] have been involved and indicated that the parents have been detained at the home. Police have not indicated if there were any concerns about the home environment. It is unknown if police have been involved with the parents previously. [REDACTED] has a history of substance abuse including cocaine use. It is unknown when [REDACTED] last used any substances. The pregnancy was complicated by late prenatal care. [REDACTED] was in the NICU at birth possibly due to prenatal drug exposure issues. [REDACTED] was discharged from the NICU on 3/5/14. The family had prior DCS involvement while [REDACTED] was in the NICU.

*****Extended Referral ID #: [REDACTED]

New information that needs to be included in the original referral: [REDACTED] name was misspelled on the original report as [REDACTED] (correct spelling is [REDACTED]). The parents are not detained/arrested. The parents are on their way to the hospital at this time."

05/23/2014 - [REDACTED] - Safety - [REDACTED]
 [REDACTED] -

V. Assessment of Well Being:

05/28/2014 - [REDACTED] [REDACTED] - Family - There are no immediate concerns for the families health.

09/20/2014 - [REDACTED] [REDACTED] - Child is deceased

VI. Assessment of Permanence:

05/28/2014 [REDACTED] [REDACTED] - Family - Currently the family recently moved from their residence and their whereabouts are unknown.

09/20/2014 - [REDACTED] [REDACTED] - Family - Child is deceased; no other children in the home.

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Inactive Service / Intake	Approved	Department of Children Services	04/17/2007	11/27/2007
[REDACTED]	Inactive Service / Intake	Approved	Department of Children Services	11/27/2007	01/31/2008

 Worker's Signature

 Date

 Supervisor's Signature

 Date



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 6/25/14 12:10 PM

Date of Assessment: 6/25/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): Child deceased-no siblings

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____