



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 07/16/2014 11:31 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 07/16/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 07/15/2014 09:51 AM
 First Team Leader Assigned: [REDACTED] Date/Time 07/15/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 07/15/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 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:

Type of Contact: I-3 Phone

Notification: None

Narrative: This child is a non-custodial child.

TFACTS: Yes

Family Case IDs: [REDACTED] [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Submitted ASMT/ 7-15-14/ # [REDACTED] ENN, LOS

Open CPS INV/ 7-14-14/ # [REDACTED] ENN/ CM [REDACTED], TL [REDACTED]



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Substantiated None

Death None prior

Screened out 5

History (not listed above):

7-19-11/ # [REDACTED] ENN, MDM, DEC/ No Services Needed

2-26-05/ # [REDACTED] DEC, SRPI/ Unsubstantiated

9-30-03/ # [REDACTED] ENN/ Unsubstantiated

4-24-03/ # [REDACTED] SRPI, MDM/ Unsubstantiated

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: None

Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states: The concern is regarding [REDACTED] (1 month). It is unknown who [REDACTED] lived with when he died. [REDACTED] mother is [REDACTED]. There are no other children reported to be living in [REDACTED] home. [REDACTED] was not in DCS custody.

This report coincides with Intakes # [REDACTED] and # [REDACTED]. In the latter intake, a possible neglect death was referenced, but it was not coded as a neglect death because there was not enough information available, surrounding the death.

Today, it was learned that [REDACTED] died two weeks ago (unknown date). DCS has an open case with [REDACTED] and her home was observed today. There are concerns about [REDACTED] home environment that are being addressed in the open assessment case. There is no electricity or water and there was a recent fire in the home. However, the fatality did not occur at [REDACTED] home. The address where the fatality occurred is unknown. It is unknown who [REDACTED] was with at the time of the death and the circumstances surrounding the death are unknown. The cause for the death could have been SIDS. An autopsy is pending. The [REDACTED] Police Department is investigating.

It is unknown if there was any history of abuse or neglect in the home. It is unknown if anyone in the home had a history with police. Although cue questions were asked, there is no further information available from the referent at this time.

Special Needs or Disabilities: None

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

Perpetrator's location at this time: Unknown; [REDACTED] is at her home.

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

NOTE: Intake [REDACTED] (Submitted status) references that, "[REDACTED] is the mother of at least five children all under the age of 16 in [REDACTED]." Also, there were reportedly multiple families living in the home.

NOTE: Intake [REDACTED] (case [REDACTED] states that, "It is reported [REDACTED] youngest child, an infant (age & gender unknown), died a couple of weeks ago, maybe on 6/30/14. It is believed the infant died in someone else's home but while in his parents' care. The referent had no knowledge of the circumstances under which the infant died, but the referent believes "it was sudden." The funeral took place this last week, exact date unknown. It is believed there was an autopsy. The cause of death is unknown. It is unknown if this was reported to DCS." It was noted that the allegation of Child Death was not added to intake due to lack of information surrounding the child's death. Once field response is met, they can gather more information and call in a new intake if needed.



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County group emailed notification of this report.

Per SDM: Investigative Track / P1, Child Death, [REDACTED], TL on 7-16-14 @ 12:35 pm

Notified Child Death Group via email: [REDACTED]

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



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 11 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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:

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: 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: 07/16/2014

Assignment Date: 07/15/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 09/03/2014
2	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 09/03/2014
3	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 09/03/2014
4	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 09/03/2014
5	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 09/03/2014
6	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 09/03/2014
7	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 09/03/2014
8	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 09/03/2014
9	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 09/03/2014
10	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 09/03/2014



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]

Table with 9 columns: #, Children's Name, DOB, SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB, SSN, Classification, Severe Abuse, Classified By, Classified Date. Row 11: Neglect Death, Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, 09/03/2014.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: allegations substantiated/ perpetrator substantiated for environmental neglect
allegations unsubstantiated/ perpetrator unsubstantiated for neglect death

D. Case Workers

Case Worker: [REDACTED]

Date: 09/03/2014

Team Leader: [REDACTED]

Date: 09/10/2014

E. Investigation Summary

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

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

CPSI went to [REDACTED] and looked for [REDACTED] CPSI saw trailers that were [REDACTED] CPSI knocked on trailer [REDACTED] with no answer. CPSI knocked on trailer [REDACTED] and a child answered the door. CPSI asked to speak with [REDACTED]. Ms. [REDACTED] came to the door. CPSI asked if Ms. [REDACTED] children were here. Ms. [REDACTED] stated that they are along with Ms. [REDACTED]. Ms. [REDACTED] stated that they are only staying here a few days. Ms. [REDACTED] stated that she is on section 8 housing and cannot keep them longer than a few days. Ms. [REDACTED] came to the door and CPSI introduced herself. CPSI asked Ms. [REDACTED] if she could see the children. CPSI was introduced to [REDACTED]. CPSI observed the [REDACTED] playing Minecraft on the TV. All children appeared well, healthy and happy. CPSI observed the girls doing cartwheels in the grass and blowing bubbles. CPSI asked Ms. [REDACTED] how the children are doing. Ms. [REDACTED] stated that they are handling it differently. Ms. [REDACTED] stated that some will talk and some won't talk at all. CPSI offered Ms. [REDACTED] grief counseling services. Ms. [REDACTED] stated that she is already trying to get the children in with [REDACTED].

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

Autopsy reported cause of death as SIDS

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

. Ms. [REDACTED] stated law enforcement was at their home last night regarding a welfare check. She provided the names of her children and did confirm she had an infant that passed away a few weeks ago. She reported the infant's name to be [REDACTED] and stated the death occurred in [REDACTED] at a trailer park by [REDACTED].



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and Classification Decision of Child Abuse/Neglect Referral

Case Name : ██████████

Investigation ID: ██████████

River. She stated the autopsy was pending and ██████████ police did respond. Ms. ██████████ stated she took her other children ██████████ to a family friend's house last night and they would be residing with her (██████████ in ██████████ County) until they could get their home repaired. She stated their home burned November 2013 and confirmed they were also without running water in the home. Ms. ██████████ did state they obtained water from a friend's house and the electricity they had running was connected to a generator. She acknowledged the officers that were at their home last night had informed them it was a fire hazard. She stated she sent her children to a friend's house and an electrician was presently working on the home as we spoke.

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

According to the ██████████ Police Department report # ██████████, dated 6/30/14, the police were dispatched to ██████████ on a CPR in progress on a month old child. Upon arrival, police officer ██████████ found ██████████ (mother) administering CPR on her son ██████████ in the bathroom floor of the residence. Ms. ██████████ stated she had put the child down for bed at 12:00am on 6/30/14 and awoke at approximately 3:00am the same date to breast feed the child. She awoke at 10:59am to find the child not breathing and began CPR. Officer ██████████ notified the medical examiner, Dr. ██████████ and Detective ██████████ responded to the scene and took over the investigation. Det. ██████████ interviewed the mother, ██████████, father, ██████████ and resident ██████████ and had them write out statements and also give a recorded interview. At 12:05pm, ██████████ County EMS transported the child to the forensic center. Bedding covers and the mother's shirt were taken as evidence. Detective ██████████ also had the parties transported to the ██████████ Police Department for an audio/video interview. According to the hand written statements, Ms. ██████████ stated she woke up at 3:00am to feed the baby and laid him back down. When she awoke she found him blue and started CPR until the police arrived. Mr. ██████████ stated he was awakened by Ms. ██████████ and he ran to the bathroom with her. When Ms. ██████████ was alerted she called 911. An autopsy was completed on 8/1/14 and the cause of death was reported to be sudden unexplained death in an infant. There were no signs of trauma, physical abuse, injury by alcohol or drugs, infections, tumors or significant malnutrition found.

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

The case was presented to ██████████ County Child Protective Investigative Team on 9/10/14. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death. Although the alleged perpetrator was reported to be unknown, it appears the mother, father and Ms. ██████████ had corroborating statements regarding the events that led to the child's death. It does not appear that neglect played a factor. There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death. The case will be closed and classified as allegations unsubstantiated/ perpetrator unsubstantiated.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/04/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/04/2014

Completed date: 11/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2014 09:49 AM Entered By: [REDACTED]

Case has been reviewed for closure approval. All investigative tasks have been completed, and all administrative reviews have been completed. Closure approved by LI [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: 09/10/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/10/2014

Completed date: 09/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/10/2014 01:44 PM Entered By: [REDACTED]

LI reviewed recommended classifications. Assigned investigator has recommended a Substantiated classification for all ENN allegations, and Unsubstantiate the Neglect Death allegation. The death classification was presented to, and accepted by the CPIT panel on today's date. LI concurs with all classifications. LI will prepare the Formal File Review letters and Attachment As., to be sent to both alleged perpetrators via certified mail, and copies forwarded to DCS Chief Legal Counsel [REDACTED]. Notification of Classification will also be sent to [REDACTED] Co. Juvenile Court and the District Attorney's Office via 740 forms.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

Case Recording Details

Recording ID: ██████████	Status: Completed
Contact Date: 09/10/2014	Contact Method:
Contact Time: 02:00 PM	Contact Duration: Less than 02 Hour
Entered By: ██████████	Recorded For:
Location: DCS Office	Created Date: 09/17/2014
Completed date: 09/17/2014	Completed By: ██████████
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/17/2014 05:36 PM Entered By: ██████████

The Department of Children's Services Office of Child Safety received a referral on 7/16/14 with an allegation of Child Neglect death on ██████████. The alleged perpetrator was reported to be unknown. This was a delayed report as this Investigator learned of the details through a prior referral dated 7/14/14(intake # ██████████). According to the ██████████ Police Department report ██████████, dated 6/30/14, the police were dispatched to ██████████ a CPR in progress on a month old child. Upon arrival, police officer ██████████ found ██████████ (mother) administering CPR on her son ██████████ in the bathroom floor of the residence. Ms. ██████████ stated she had put the child down for bed at 12:00am on 6/30/14 and awoke at approximately 3:00am the same date to breast feed the child. She awoke at 10:59am to find the child not breathing and began CPR. Officer ██████████ notified the medical examiner, Dr. ██████████ and Detective ██████████ responded to the scene and took over the investigation. Det. ██████████ interviewed the mother, ██████████, father, ██████████ and resident ██████████ and had them write out statements and also give a recorded interview. At 12:05pm, ██████████ County EMS transported the child to the forensic center. Bedding covers and the mother's shirt were taken as evidence. Detective ██████████ also had the parties transported to the ██████████ Police Department for an audio/video interview. According to the hand written statements, Ms. ██████████ stated she woke up at 3:00am to feed the baby and laid him back down. When she awoke she found him blue and started CPR until the police arrived. Mr. ██████████ stated he was awakened by Ms. ██████████ and he ran to the bathroom with her. When Ms. ██████████ was alerted she called 911. An autopsy was completed on 8/1/14 and the cause of death was reported to be sudden unexplained death in an infant. There were no signs of trauma, physical abuse, injury by alcohol or drugs, infections, tumors or significant malnutrition found.

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 ██████████ County Child Protective Investigative Team on 9/10/14. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

Although the alleged perpetrator was reported to be unknown, it appears the mother, father and Ms. ██████████ had corroborating statements regarding the events that led to the child's death. It does not appear that neglect played a factor. There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death. The case will be



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

closed and classified as allegations unsubstantiated/ perpetrator unsubstantiated.

Narrative Type: Addendum 1 Entry Date/Time: 09/17/2014 05:51 PM Entered By: [REDACTED].

In regards to the linked case id# [REDACTED] the allegations of environmental neglect will be classified as allegations substantiated/ perpetrator substantiated.

The family was residing in a home that had burned recently. Extension cords were observed stapled to the ceiling and were supplied by a generator. There was no working plumbing in the home. The home was found to be a fire hazard. An assessment p-1 was received on 7/15/14 (id# [REDACTED] at 2:22pm a day after this Investigator received the present referral. There was no immediate response made on id# [REDACTED] by the assessment on call and was later administratively closed(see police report and circumstances surrounding in case record). When this Investigator arrived to meet response time on 7/16/14 the children were gone. Both Ms. [REDACTED] and Mr. [REDACTED] admitted to residing in the home and had knowledge of the fire hazard the home entailed. The family has since moved to [REDACTED] County and are receiving case management services through [REDACTED]. Case recommended 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: 09/10/2014

Contact Method: Face To Face

Contact Time: 09:25 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/22/2014

Completed date: 09/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 02:58 PM Entered By: [REDACTED]

Case presented this date to the Child Protective Investigative Team. Discussion included the interviews conducted by Detective [REDACTED] with the mother, father and owner of the residence ([REDACTED]) where the incident occurred- copies of the interviews were distributed to case members for review. Investigator [REDACTED] reported the cause of death (as reported by the Medical Examiner, [REDACTED]), as Sudden unexplained death in an infant. Reported Narrative of findings as: at time of autopsy there were no signs of trauma, physical abuse, injury by alcohol or drugs, infections, tumors or significant malnutrition. The autopsy report was distributed for review. Team members present for review were the following: Assistant District Attorney, [REDACTED], [REDACTED], Lead Investigator [REDACTED], Juvenile Court Representative, [REDACTED], mental health representative, [REDACTED] medical representative [REDACTED]. It was reported by Assistant District Attorney [REDACTED] that Detective [REDACTED] had spoken with her prior to today's meeting that he would be unable to attend and also discussed his findings (reported unfounded by [REDACTED] Police Department). Team members were in agreement with allegations unsubstantiated/ perpetrator unsubstantiated and Child Protective Investigative team members' signatures were obtained for the form.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/04/2014

Completed date: 09/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2014 12:45 PM Entered By: [REDACTED]

LI reviewed submitted SDM assessment. Assigned investigator had initially submitted a "safe" assessment. LI returned it to investigator to change to "conditionally safe", given the environmental issues and the family's CPS history. LI approved the re-submitted assessment.



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: 09/03/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/04/2014

Completed date: 09/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2014 12:43 PM Entered By: [REDACTED]

LI met with Safety Analyst [REDACTED] to discuss the Neglect Death part of this investigation. Discussed the barriers involved in the CPS history with this family. LI also discussed the problems involved with this and the closed out Assessment case that came in at the same time. This family does have a significant history with the Department. It looks like the Neglect Death allegation will be Unsubstantiated, but will Substantiate the ENN 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: Created In Error
 Contact Date: 09/03/2014 Contact Method:
 Contact Time: 12:35 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/19/2014
 Completed date: 09/19/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2014 12:27 PM Entered By: [REDACTED]

LI reviewed submitted SDM assessment. Investigator has submitted a "conditionally safe" assessment. Approved by LI [REDACTED]

Narrative Type: Created In Error Entry Date/Time: 09/19/2014 12:29 PM Entered By: [REDACTED]

Incorrectly used the wrong date. Accurate Administrative review note already entered.



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:	09/02/2014	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/03/2014
Completed date:	09/03/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/03/2014 02:27 PM Entered By: [REDACTED]

Investigator [REDACTED] telephoned Det. [REDACTED] this date. He advised the autopsy was complete and the cause of death was reported to be SIDS. He advised there would be no criminal charges and his investigation would be closed. Received faxed copy of autopsy report from [REDACTED] 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:	08/15/2014	Contact Method:	
Contact Time:	02:45 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/22/2014
Completed date:	08/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/22/2014 11:42 AM Entered By: [REDACTED]

Phone call received from [REDACTED] at [REDACTED] this date. Mr. [REDACTED] reported the family had been cooperative with their program and had attended all sessions as scheduled up until the reported injury of Mr. [REDACTED] and their transportation issue. He stated they were doing well. Mr. [REDACTED] thought due to their missed appointments he would need to medically discharge them from the outpatient treatment. Inv. [REDACTED] informed Mr. [REDACTED] services would be placed in the home to deal with the family's issues. He agreed and thought the family would benefit as well. No other concerns reported.



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:	
Contact Time:	12:30 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/22/2014
Completed date:	08/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/22/2014 11:38 AM Entered By: [REDACTED]

Phone call received on the above date from Ms. [REDACTED] {She and the children are still residing with [REDACTED] at [REDACTED]. Their home on [REDACTED] has not been fully repaired yet.} Ms. [REDACTED] reported [REDACTED] had fallen down some stairs and had to be taken to the emergency room a few days prior to this date. She was concerned because today would be their 3rd missed appointment at [REDACTED] due to his injury. She stated she does not drive and [REDACTED] was their only means of transportation. She had discussed this issue with [REDACTED], their counselor at [REDACTED] and he informed them they may have to be medically discharged from the outpatient treatment. Ms. [REDACTED] was calling for this investigator's help as she did not want to seem as if she were not cooperating with what she needed to do for their family and for the case. Ms. [REDACTED] also advised she and [REDACTED] were trying to rent a trailer across the street from [REDACTED]. She reported the children had been attending school daily and had not missed. She stated she and the family had an appointment on Monday 18th to attend grief counseling. She reported they were able to obtain Tn. Care transportation for this visit. Services discussed with family and a referral to [REDACTED] would be made so services could be rendered in the home. Family in agreement with assistance.



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:	07/18/2014	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/22/2014
Completed date:	07/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/22/2014 08:21 AM Entered By: [REDACTED]

The following is a copied entry from Inv. [REDACTED] regarding additional information surrounding the child death of [REDACTED]:

Investigator [REDACTED] met with Det. [REDACTED] at the [REDACTED] Police Department to get more information on the child death case. Det. [REDACTED] gave this worker a copy of the written statements from Ms. [REDACTED] Mr. [REDACTED] and Ms. [REDACTED]. Det. [REDACTED] stated the child passed away on 6-30-14 at the home of [REDACTED]. Det. [REDACTED] stated when he and the police arrived the child was "blue in color" and the coroner's office pronounced the child dead and the child went straight to the medical examiner's office.

Det. [REDACTED] stated they are currently waiting on the Autopsy and toxicology report from the Medical Examiner. Det. [REDACTED] stated the mother reported she had feed the baby around 3:00 am, placed him on the air mattress with her and around 11:00 am the mother reportedly woke up and found the baby "turning blue". Det. [REDACTED] stated the mother or father started CPR while 911 was called. Det. [REDACTED] stated the baby did not have the red spots in his eyes that would be consistent with suffocation, so he was waiting on the autopsy/toxicology report. Det. [REDACTED] stated he would not be surprised if the baby is positive for some type of drug. Det. [REDACTED] thinks the mother is on drugs.

Det. [REDACTED] stated if this worker needed a copy of the video recording from the parent's statements, just to let him know.



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:	07/16/2014	Contact Method:	Face To Face
Contact Time:	07:00 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	07/22/2014
Completed date:	07/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/22/2014 08:12 AM Entered By: [REDACTED]

A courtesy request was made to [REDACTED] County as the children were reportedly with a family friend at the time of the initial response. The following is a copied notation from [REDACTED], Inv. [REDACTED] County:

Date: 7/16/2014

Time: 7:00pm

Type of Contact: Parent Interview/ Sibling Interview

Location of Contact: Family Home

Primary person(s) to be interviewed and relationship: [REDACTED] [birth mother], [REDACTED] [sister], [REDACTED] [sister], [REDACTED] [brother], [REDACTED] [sister]

Other persons present at the contact and relationship: [REDACTED] [maternal aunt], [REDACTED] [step father]

Content and Observations:

CPSI [REDACTED] went to [REDACTED]. The location that the GPS marked was a hay field. CPSI checked the nearby houses for addresses. The house before [REDACTED] was [REDACTED], and the home afterwards was [REDACTED]. CPSI stopped to ask a gentleman where house [REDACTED] was. The man stated that he doesn't know of a [REDACTED]. CPSI asked if he knew Ms. [REDACTED] or Ms. [REDACTED]. The gentleman replied that he did not. CPSI thanked him.

7:45pm

CPSI went to [REDACTED]. The location that the GPS marked as [REDACTED] was a bunch of trees on the side of a curvy road. The closest mailbox read [REDACTED].

8:05pm

CPSI went to [REDACTED]. The home identified as [REDACTED] had a [REDACTED] address. The mailbox had [REDACTED] as the name. CPSI knocked on the home but there was no answer. CPSI looked at the power meter and it was not running. The address of the house after was [REDACTED], and the address before was [REDACTED]. CPSI knocked on the door of [REDACTED]. CPSI noticed the for sale sign and the realtor padlock on the door. There was no answer.

8:10pm

CPSI called [REDACTED] Co. Dispatch. The dispatcher informed CPSI that [REDACTED] off of [REDACTED]. The dispatcher stated that it's a [REDACTED] and used to be [REDACTED].

8:30pm



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

CPSI went to [REDACTED] and looked for trailer [REDACTED]. CPSI saw trailers that were [REDACTED] and [REDACTED]. CPSI knocked on trailer [REDACTED] with no answer. CPSI knocked on trailer [REDACTED] and a child answered the door. CPSI asked to speak with [REDACTED]. Ms. [REDACTED] came to the door. CPSI asked if Ms. [REDACTED] children were here. Ms. [REDACTED] stated that they are along with Ms. [REDACTED]. Ms. [REDACTED] stated that they are only staying here a few days. Ms. [REDACTED] stated that she is on section 8 housing and cannot keep them longer than a few days. Ms. [REDACTED] came to the door and CPSI introduced herself. CPSI asked Ms. [REDACTED] if she could see the children. CPSI was introduced to [REDACTED] and [REDACTED]. CPSI observed the [REDACTED] playing Minecraft on the TV. All children appeared well, healthy and happy. CPSI observed the girls doing cartwheels in the grass and blowing bubbles. CPSI asked Ms. [REDACTED] how the children are doing. Ms. [REDACTED] stated that they are handling it differently. Ms. [REDACTED] stated that some will talk and some won't talk at all. CPSI offered Ms. [REDACTED] grief counseling services. Ms. [REDACTED] stated that she is already trying to get the children in with [REDACTED]. Ms. [REDACTED] stated that she has a counselor already. Ms. [REDACTED] stated that they have cried together. Ms. [REDACTED] stated that they are all upset because they don't know why it happened. CPSI asked Ms. [REDACTED] where she is going to be living. Ms. [REDACTED] stated that they are staying here for a few days and then maybe her aunt. Ms. [REDACTED] stated that her sisters are trying to get her a place of her own. Ms. [REDACTED] stated that she's applied for section 8 housing but she has to do 20 hours of community services first. CPSI asked Ms. [REDACTED] for a phone number that she could be reached at. Ms. [REDACTED] stated that her phone is [REDACTED]. CPSI asked who the gentleman was. Ms. [REDACTED] stated that his name is [REDACTED] and they have gotten back together. Ms. [REDACTED] stated that he is [REDACTED] father. CPSI watched the girls ride their bikes together and play with the puppy in their yard. CPSI spoke with Ms. [REDACTED]. Ms. [REDACTED] stated that the autopsy results have not come back yet. Ms. [REDACTED] stated that they are wondering what happened to the baby. Ms. [REDACTED] stated that they buried him on July 3rd and he died 6/30/2014. Ms. [REDACTED] stated that Ms. [REDACTED] was breast feeding the baby so they are not sure what happened to him. CPSI thanked Ms. [REDACTED] and Ms. [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: 07/16/2014

Contact Method:

Contact Time: 05:13 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/22/2014

Completed date: 07/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/22/2014 08:01 AM Entered By: [REDACTED].

Investigator [REDACTED] contacted on call IC on call [REDACTED] and advised of the child fatality. [REDACTED] advised she would contact the [REDACTED] County on call LI to obtain a courtesy from them to check on the other children that were living in the home. This Inv obtained email notification the children were residing in [REDACTED] and the mother advised the on call Investigator they were planning to move there.

Dictation regarding other children will be entered once 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: 07/16/2014 Contact Method:
 Contact Time: 11:31 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/22/2014
 Completed date: 07/22/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/22/2014 07:56 AM Entered By: [REDACTED]

Report made this date regarding the child death of [REDACTED]. The following was reported:

Reporter states: The concern is regarding [REDACTED] (1 month). It is unknown who [REDACTED] lived with when he died. [REDACTED] mother is [REDACTED]. There are no other children reported to be living in [REDACTED] home. [REDACTED] was not in DCS custody.

This report coincides with Intakes # [REDACTED] and # [REDACTED]. In the latter intake, a possible neglect death was referenced, but it was not coded as a neglect death because there was not enough information available, surrounding the death.

Today, it was learned that [REDACTED] died two weeks ago (unknown date). DCS has an open case with [REDACTED] and her home was observed today. There are concerns about [REDACTED] home environment that are being addressed in the open assessment case. There is no electricity or water and there was a recent fire in the home. However, the fatality did not occur at [REDACTED] home. The address where the fatality occurred is unknown. It is unknown who [REDACTED] was with at the time of the death and the circumstances surrounding the death are unknown. The cause for the death could have been SIDS. An autopsy is pending. The [REDACTED] Police Department is investigating.

It is unknown if there was any history of abuse or neglect in the home. It is unknown if anyone in the home had a history with police. Although cue questions were asked, there is no further information available from the referent at this time.

Special Needs or Disabilities: None

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

Perpetrator's location at this time: Unknown; [REDACTED] is at her home.

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

NOTE: Intake [REDACTED] (Submitted status) references that, [REDACTED] is the mother of at least five children all under the age of 16 in [REDACTED] County." Also, there were reportedly multiple families living in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

NOTE: Intake [REDACTED] (case [REDACTED] states that, "It is reported [REDACTED] youngest child, an infant (age & gender unknown), died a couple of weeks ago, maybe on 6/30/14. It is believed the infant died in someone else's home but while in his parents' care. The referent had no knowledge of the circumstances under which the infant died, but the referent believes "it was sudden." The funeral took place this last week, exact date unknown. It is believed there was an autopsy. The cause of death is unknown. It is unknown if this was reported to DCS." It was noted that the allegation of Child Death was not added to intake due to lack of information surrounding the child's death. Once field response is met, they can gather more information and call in a new intake if needed.

County group emailed notification of this report.

Per SDM: Investigative Track / P1, Child Death, [REDACTED] TL on 7-16-14 @ 12:35 pm

Notified Child Death Group via email: [REDACTED]

RA [REDACTED] was also copied on the notification 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: 07/16/2014 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/22/2014
 Completed date: 07/22/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/22/2014 07:53 AM Entered By: [REDACTED]

Inv. [REDACTED] along with Inv. [REDACTED] and law enforcement made a home visit to [REDACTED]. Upon arrival, Inv. [REDACTED] met Ms. [REDACTED] outside of the home. [REDACTED] explained the reason for the visit and the allegations that had been reported. Ms. [REDACTED] stated law enforcement was at their home last night regarding a welfare check. Ms. [REDACTED] stated she took her children [REDACTED] and [REDACTED] to a family friend's house last night and the children would be residing with her ([REDACTED] in [REDACTED] County) until they could get their home repaired. She stated their home burned November 2013 and confirmed they were also without running water in the home. Ms. [REDACTED] did state they obtained water from a friend's house and the electricity they had running was connected to a generator. She acknowledged the officers that responded to their home last night had informed them it was a fire hazard. She stated an electrician was presently working on the home as we spoke. Inv. [REDACTED] observed several men walking around the home and appeared to be working on electrical lines. Ms. [REDACTED] and the children's father, [REDACTED], who was also present, advised they were willing to do whatever was necessary to make their home safe for them as well as the children. Ms. [REDACTED] and Mr. [REDACTED] gave written consent for this Inv. To enter the home. While inside this Inv. observed extension cords stapled to the ceiling. The cords appeared to be ran from a generator at the back of the home. The home showed signs of burn and the family was residing in only 3 rooms of the house. There were 3 mattresses in the front room which made it very difficult to walk through. The bathroom had exposed wiring and the floors did not seem to be solid as they would "give" as you walked over.

{ Although there were no drug allegations made, it was suspected that drug usage may be involved between Ms. [REDACTED] and Mr. [REDACTED]. This Inv. asked about drug usage. Ms. [REDACTED] stated she is prescribed Xanax and consented to a drug screen. The screen produced positive results for benzodiazepines (Xanax) and THC. Mr. [REDACTED] stated he had recently taken morphine for a back injury. He too consented to a drug screen. {Written consent was obtained- see forms in case record}. The results were found to be positive for benzodiazepines and THC. Both admitted to smoking marijuana outside of the home with friends away from the children. Ms. [REDACTED] produced a prescription for the Xanax and this Inv. observed the details on the bottle along with a count and found it to be current. They did agree to complete an assessment with [REDACTED]. Telephone attempts were made by Mr. [REDACTED] to schedule an appointment for he and Ms. [REDACTED] while this investigator was at the home, but the phones were reporting all circuits busy.

Ms. [REDACTED] did confirm she had an infant that passed away a few weeks ago. She reported the infant's name to be [REDACTED] and stated the death occurred in [REDACTED] at a trailer park by [REDACTED]. She stated the autopsy was pending and [REDACTED] police did respond. She was unable to provide any other details surrounding the death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	████████████████████

Narrative Type: Addendum 2 Entry Date/Time: 10/24/2014 11:20 AM Entered By: ██████████

Clarification to interviews with Ms. ██████████ and Mr. ██████████ although the interviews were summarized, both mother and father were interviewed seperately in a private setting

Narrative Type: Addendum 1 Entry Date/Time: 09/22/2014 03:28 PM Entered By: ██████████

Demographics:

Mother: ██████████
 Father: ██████████
 Child: ██████████
 Child: ██████████
 Child: ██████████
 Child: ██████████
 Child: ██████████

Department of Children's Services History is as follows:

1. 7/21/2003 allegations of substantial risk of physical injury and medical maltreatment- unsubstantiated:
 Alleged child victim ██████████ / alleged perpetrator: ██████████, mother
2. 6/13/2004 environmental neglect- unsubstantiated:
 Alleged child victim ██████████ / alleged perpetrator ██████████, mother
3. 6/28/2005 drug exposed child and substantial risk of physical injury- unsubstantiated:
 Alleged child victims: ██████████, ██████████ / alleged perpetrator: ██████████, mother
4. 10/20/2011 environmental neglect and drug exposed child- no services needed:
 alleged child victims: ██████████ / alleged perpetrator ██████████, mother/ caretaker,
 ██████████, birth father to ██████████



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:	07/16/2014	Contact Method:	Attempted Face To Face
Contact Time:	08:45 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/22/2014
Completed date:	07/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/22/2014 08:14 AM Entered By: [REDACTED]

Inv. [REDACTED] was informed the children were presently at a friends house in [REDACTED] County due to the unsafe conditions of their home.
 Ms. [REDACTED] had taken her children there on 7/15/14 after a welfare check was made by [REDACTED] County Sheriff's Dept.



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:	07/14/2014	Contact Method:	
Contact Time:	06:43 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/21/2014
Completed date:	07/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/21/2014 01:40 PM Entered By: [REDACTED]

Referral received on the above date and time. Case was assigned to this Investigator with a p-2 response time. The following was reported:

Reporter states:

Five children (females and males) between the ages of 13-6 reside with mother, [REDACTED] and father, [REDACTED] in [REDACTED] County. There could be two other adults staying in the home at this time (names unknown).

It is reported [REDACTED] youngest child, an infant (age & gender unknown), died a couple of weeks ago, maybe on 6/30/14. It is believed the infant died in someone else's home but while in his parents' care. The referent had no knowledge of the circumstances under which the infant died, but the referent believes "it was sudden." The funeral took place this last week, exact date unknown. It is believed there was an autopsy. The cause of death is unknown. It is unknown if this was reported to DCS.

The family lives in a one room home. This home is described as a "condemned shack." It almost appears as if they are squatters of a shack that "was occupied long ago." There is trash and dirty clothes everywhere; it is dirty and cluttered. There is no power or water in the home. It is unknown how long this has been going on but it appears "it has been going on for a while." The home was last observed approximately on 7/9/2014. There are buckets of water in the tub which they appear to be using to bathe with. The toilet cannot be used. They could be using water in the buckets to flush the toilet but there was feces in the toilet. There is feces everywhere in the room and bathroom. It could be both animal and human feces. There were cockroaches, spiders, and flies in the home. The children did not appear to be clean. No bite marks or injuries were observed on the children.

It is suspected there is some sort of prescription drugs abuse going on by the parents. The family was given money recently, to help the family due to the infant's death, and the money was spent quickly but it is unknown what the money was spent on. This is third hand information. No other information is known regarding this suspicion.

It is unknown if there has been any prior DCS involvement with the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The referent is concerned for the children's safety and well-being in the home. No further information is known or reported at this time.

Special Needs or Disabilities: Unknown

Children's current location/are the children safe at this time: believed to be at home

Perpetrator's location at this time: believed to be at home

Any other safety concerns for the children or worker who may respond: feces in the home.

Per SDM: Investigative Track, P1. Override to P2. Per [REDACTED] TC : Allegation of Child Death was not added to intake due to lack of of information surrounding the child's death. Once field response is met , they can gather more information and call in a new intake if needed. [REDACTED] CM 3 @ 10:08pm on 7-14-14