



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

Case # 2014.160

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	09/27/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	09/27/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████		Relationship to Victim:	maternal aunt		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						
Describe (in detail) circumstances surrounding death/near death:						
<p>On September 27, 2014, at 1:42 pm, Investigator ██████████ received a call from ██████████ the nurse at ██████████ Children's Hospital stating, ██████████ was taken off the ventilator at approximately 1:00 pm on September 27, 2014. At 5:17 pm, Investigator ██████████ received call from ██████████ the nurse at ██████████ Children's Hospital stating, ██████████ expired at 5:07 pm. The infant's body was released to the medical examiner. Autopsy report is pending.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	██████████		Telephone #	██████████		
Street Address:	██████████		City/State/Zip:	██████████		
Describe (in detail) interview with family:						
<p>CPSI ██████████ met with the mother at ██████████ regarding the allegations. The mother stated that at approximately 5pm she dropped the children off at her great grandmother's house located at ██████████. The mother stated that her aunt ██████████ cares for the children while she is working. The mother stated that at 7:41pm she received a call from the AP stating she needed to come home. The mother stated that she asked the AP what was going on. The mother stated that the AP did not give her an answer. The mother stated she arrived to scene at 7:52pm. The mother stated that upon arrival she observed EMS, and law enforcement on the scene. The mother stated that she attempted to go into the house, but was stopped by law enforcement. According to the mother, the AP stated that she was asleep in the guest bedroom. The mother stated the AP stated that she woke up to use restroom and went into the living room. The mother stated the AP stated she was unaware the infant was asleep in the bed with her. The mother stated that the AP stated her maternal aunt ██████████ went to check on the infant and found the infant unresponsive jammed between the mattress and the wall. The mother stated that she was informed by the AP ██████████ brought the infant in to the living room were ██████████ administered CPR on the infant. The mother stated that the AP stated she called 911. The mother stated that the infant was not breathing when she arrived on the scene. The mother stated the infant was transported to ██████████ and later air lifted to ██████████ hospital.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
<p>CPSI met with Dr ██████████ regarding the infant's injuries. According to Dr ██████████ the infant was admitted to ██████████ Children's hospital on August 19, 2014. The medical findings include a skull fracture, cerebral anoxic injury, elevated liver enzymes, elevated amylase and lipase, fewretinal hemorrhages. The infant is critically ill and, at this time, the medical findings are much more severe than what would be expected from a simple fall. During the interview, Dr ██████████ expressed concerns that a child this age would be found in this condition, and a skull fracture is not consistent with this history.</p> <p>On September 27, 2014, at 1:42 pm, Investigator ██████████ received a call from ██████████ the nurse at ██████████ Children's Hospital stating, ██████████ was taken off the ventilator at approximately 1:00 pm on September 27, 2014. At 5:17 pm, Investigator ██████████ received call from ██████████ the nurse at ██████████ Children's Hospital stating, ██████████ expired at 5:07 pm. The infant's body was released to the medical examiner. Autopsy report is pending.</p>						

Intake #: [REDACTED] Investigation #: [REDACTED] Date of Report: **Case # 2014-160** 09/22/2014

Describe disposition of body (Death):

Name of Medical Examiner/Coroner: Was autopsy requested?  No  Yes

Did CPS open an investigation on this Death/Near Death?  No  Yes

Was there DCS involvement at the time of Death/Near Death?  No  Yes

Type: Case #:

Describe law enforcement or court involvement, if applicable:  
Investigator [REDACTED] is currently investigation the incident and will contact CPSI [REDACTED] with the incident report.

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

Safety plan was implemented stating the alleged perpetrator's [REDACTED], and [REDACTED] will have no contact with the infant [REDACTED], and [REDACTED]. The safety plan further states the hospital will restrict the alleged prepertator visits with the infant during the investigation. The maternal grandmother Mrs. [REDACTED] will ensure [REDACTED] has no contact with the alleged prepertator's during the investigation. The mother has agreed to comply with the department to ensure her children are safe and protected at all times.

Name: [REDACTED]	Age: 2
Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
01/27/2003	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	AUPU
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

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

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice.  No  Yes

**Email to: [REDACTED]**  
**within forty-eight (48) hours of notification**  
**Include subject line (in RED): CHILD DEATH [secure email] or**  
**CHILD NEAR DEATH [secure email]**

Intake #:	██████████	Investigation #:	██████████	Date of Referral	Case # 2014-160

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

*Distribution: Child's Case File*

CS-0635, Rev. 08/13

RDA 2993

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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 08/21/2014 11:40 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 08/21/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned: 08/21/2014 12:46 PM  
 First Team Leader Assigned: [REDACTED] Date/Time: 08/21/2014 12:00 AM  
 First Case Manager: [REDACTED] Date/Time: 08/21/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	Physical Abuse	Yes	[REDACTED]	Aunt

Preliminary Near Death: [REDACTED]

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: This is a non-custody child.

**TFACTS:**

Family Case [REDACTED]

[REDACTED] is an Associated Family Case that is not reflected in the history below

Open Court Custody/FSS/FCIP No

Closed Court Custody Yes [REDACTED], 1-9-06 to 11-6-06 ([REDACTED] grandson)

Open CPS - No

Substantiated No





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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**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: 18 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 23 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 1 Yr

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:** 2 Yrs 10 Mos

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 08/21/2014

Assignment Date: 08/21/2014

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			
1	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			12/19/2014
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			12/29/2014
3	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			12/29/2014
4	[REDACTED]	[REDACTED]	Neglect Death	unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]		unknown	[REDACTED]			12/29/2014

Preliminary Near Death: [REDACTED]

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: CPSI [REDACTED] recommends a CFTM be held in DCS office. On 09/05/14 Child and Family Team Meeting was held in the DCS to determine the best interest for the children involved. During the CFTM it was determined the children [REDACTED] and [REDACTED] be placed with the maternal great aunt and uncle until the investigation is complete. Petition was filed with [REDACTED] County courts placing the children with the maternal great aunt and uncle Mr. and Mrs. [REDACTED]

**D. Case Workers**

Case Worker: [REDACTED]

Date: 12/29/2014

Team Leader: [REDACTED]

Date: 12/29/2014

**E. Investigation Summary**

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



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

Case Name: [REDACTED]

Investigation ID: [REDACTED]

**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:**

During the investigation, the investigator interviewed [REDACTED] (4), and [REDACTED] (2). CPSI [REDACTED] observed the children properly dressed in neat and clean clothing. CPSI [REDACTED] did not observe any visible marks or bruises on the children during the observation. [REDACTED] stated that she feels safe in the home with her mother. The child did not disclose any abuse or neglect in the home. CPSI observed the children's height and weight which it appeared appropriate.

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

It was reported, [REDACTED] is critically ill. It is unknown whether [REDACTED] will survive. [REDACTED] has a skull fracture and an anoxic brain injury from being deprived of oxygen. The medical staff has stated that these injuries are not consistent with the story given by [REDACTED]. [REDACTED] is currently in the intensive care unit in room [REDACTED].

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

Ms. [REDACTED] stated that she placed the infant on her chest and they went to sleep. Ms. [REDACTED] stated that the infant woke up around 8am on 08/19/14. Ms. [REDACTED] stated that [REDACTED] fed the infant while [REDACTED] went to work. Ms. [REDACTED] stated that she had no contact with the infant on 08/19/14. Ms. [REDACTED] stated that on 08/19/14, [REDACTED] was the primary caretaker while [REDACTED] was at work. Ms. [REDACTED] stated that she asleep most of the day. Ms. [REDACTED] stated at 7:00pm she heard [REDACTED] and [REDACTED] yelling for someone to call 911 because the baby was not breathing. Ms. [REDACTED] stated [REDACTED] called 911 and she called the mother at work advising to come home because something was wrong with [REDACTED]. Ms. [REDACTED] stated that she was told by [REDACTED] and [REDACTED] the infant was found jammed between the wall and the bed. Ms. [REDACTED] stated that she did not witness the incident nor did she have any contact with the infant at the time of the incident.

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

[REDACTED] and [REDACTED] are not in states custody. [REDACTED] was transferred [REDACTED] on 8-19-14 from the local hospital (unknown). [REDACTED] was unresponsive.

[REDACTED] stated that she had left [REDACTED] with [REDACTED] while she was at work. [REDACTED] and [REDACTED] were at [REDACTED] great-grandmother, [REDACTED], house in [REDACTED] county. [REDACTED] stated that she took [REDACTED] into her room and they were sleeping on the bed together. [REDACTED] got up to go to the bathroom. When she returned from the bathroom, [REDACTED] had somehow gotten between the bed and the wall and she was not breathing. [REDACTED] took [REDACTED] into [REDACTED] room and they called the police. The police came and took pictures. [REDACTED] was brought to the local hospital (unknown) and then transferred to [REDACTED] on 8-19-14.

[REDACTED] is critically ill. It is unknown whether [REDACTED] will survive. [REDACTED] has a skull fracture and an anoxic brain injury from being deprived of oxygen. The medical staff has stated that these injuries are not consistent with the story given by [REDACTED]. [REDACTED] is currently in the intensive care unit in room [REDACTED].

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

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

During the investigation there was enough evidence to support the allegations, the maternal great aunt



**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]

admitted to leaving the child without proper supervision when the incident occurred. The maternal great aunt was arrested and charged with neglect.

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] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/29/2015

Contact Method:

Contact Time: 02:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2015

Completed date: 01/29/2015

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: 01/29/2015 02:23 PM      Entered By: [REDACTED]

Case being reviewed for closure.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/15/2015	Contact Method:
Contact Time: 02:00 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/15/2015
Completed date: 01/23/2015	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: 01/15/2015 02:11 PM      Entered By: [REDACTED]

[REDACTED]:

The Department of Children's Services received a referral on August 22, 2014 with an allegation of Physical abuse regarding noncustodial child [REDACTED]. The report to DCS listed Ms. [REDACTED] as the alleged perpetrator of Physical abuse. Numerous interviews were conducted of all adults in the family home, relatives, law enforcement, and medical professionals.

**Interview with the mother ([REDACTED])**

The mother reported on August 18, 2014 she dropped the children off with her aunt Ms. [REDACTED] while she went to work. The mother reported her aunt Ms [REDACTED] cares for her children when she is working.

The mother reported the infant was seen by her pediatrician on August 18, 2015 for a cough and runny nose. The mother reported the infant to be in good health prior to dropping the child off.

The mother stated that on August 19, 2014 she received a call from her sister Ms. [REDACTED] stating that she needed to come home because something was wrong with [REDACTED].

The mother stated upon arrival to the scene she was informed the infant was found jammed between the wall and the bed unresponsive. The mother stated that EMS was called to the scene. The infant was transported to [REDACTED] General and later air lifted to [REDACTED] Hospital.

**Interview with AP ([REDACTED])**

Ms. [REDACTED] reported the children were dropped off by the mother on August 18, 2014 at 11:00pm. Ms. [REDACTED] reported she was asleep when [REDACTED] (maternal great aunt) placed the infant in the bed with her. Ms. [REDACTED] reported the infant appeared to be in good health.

Ms. [REDACTED] reported August 19, 2014 she was not feeling good and left the infant in the care of their maternal great aunt Ms. [REDACTED].

Ms. [REDACTED] stated at approximately 6:00pm she was awoken by screaming coming from the living room. Ms. [REDACTED] reported she went into the living room to find out what was wrong. Ms. [REDACTED] stated she observed [REDACTED] the maternal great aunt performing CPR on [REDACTED].

Ms. [REDACTED] reported she was told the infant was found jammed between the wall and the bed unresponsive.

Ms. [REDACTED] stated she called 911 and immediately contacted the infant's mother advising her something was



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

wrong with [REDACTED]

Ms. [REDACTED] reported the mother arrived on the scene at the same time as EMS and law enforcement.

Ms. [REDACTED] reported the infant was taken to [REDACTED] General Hospital and later air lifted to [REDACTED] Children's Hospital.

Interview with AP [REDACTED] (maternal great aunt)

Ms. [REDACTED] reported the mother dropped the infant off August 18, 2014 at 11:00pm. Ms. [REDACTED] admitted to being the primary caretaker when the mother is working. Ms. [REDACTED] reported the infant was in good health. Ms. [REDACTED] reported that she placed the infant in the bed with Ms. [REDACTED] and went to bed.

Ms. [REDACTED] reported on August 19, 2014 she left for work leaving the infant in the care of [REDACTED]. Ms. [REDACTED] reported she returned home at 3:00pm, went to take a shower and started doing some work on the computer. Ms. [REDACTED] stated at 6:00pm [REDACTED] ran into the living room screaming the infant was not breathing.

Ms. [REDACTED] reported she was told by [REDACTED] the infant was found jammed between the wall and the bed unresponsive.

Ms. [REDACTED] reported that she performed CPR on the infant until EMS arrived. Ms. [REDACTED] reported EMS started performing CPR on the infant but was unsuccessful. Ms. [REDACTED] stated the infant was transported to [REDACTED] General Hospital and later air lifted to [REDACTED] Children Hospital.

Interview with AP [REDACTED]

Ms. [REDACTED] reported the mother dropped the children off August 18, 2014. Ms. [REDACTED] admitted to caring for the infant August 19, 2014. Ms. [REDACTED] stated that the infant was a little irritated and crying. Ms. [REDACTED] reported she thought the infant was teething so she gave her some oral. Ms. [REDACTED] stated at 1:00pm she feed the infant and put her down for a nap.

Ms. [REDACTED] reported at approximately 5:50pm she went to check on the infant. Ms. [REDACTED] stated she observed the infant jammed between the wall and the bed. Ms. [REDACTED] reported when she went to pick up the infant she noticed the infant was not breathing. Ms. [REDACTED] stated that she started screaming and ran into the living room.

Ms. [REDACTED] reported [REDACTED] took the infant out of her arms and started CPR. Ms. [REDACTED] stated that EMS and law enforcement was called to the scene. Ms. [REDACTED] stated that the infant was taken to [REDACTED] General and later air lifted to [REDACTED] Hospital.

The investigation into this incident was conducted by The Office of Child Safety Investigator [REDACTED] Police Detective [REDACTED], and Investigations Unit Lead Investigator [REDACTED].

As part of the investigation, Ms. [REDACTED] was interview at [REDACTED] Children Hospital. Ms. [REDACTED] reported [REDACTED] had no history of medical problems or health issues. [REDACTED] most recent medical exam was August 18, 2014 at [REDACTED]. The infant was seen for congestion and cough. The following plan was implemented for the infant frequent intake of oral fluids. The mother was educated that if any new or worsening symptoms occur they should return immediately. The following medication was prescribed for the infant Palgic 4 mg/5 ml by oral route 4 times per day for 5 days. According to the mother, the infant had no further medical issues since her last visit at [REDACTED]. The infant was admitted to [REDACTED] Children's Hospital on August 20, 2014. The medical findings include a skull fracture, cerebral anoxic injury, elevated liver enzymes, elevated amylase and lipase, few retinal hemorrhages. As a result of the infants injuries the infant was placed on a ventilator. During this time there was limited brain activity. On September 27, 2014 the infant was taken off ventilator and later expired. [REDACTED] police department later charged the maternal great aunt Ms. [REDACTED] with child neglect. Ms. [REDACTED] admitted to leaving the infant unattended while she went to store. During the time the infant sustained severe life threatening injuries

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

always treated as severe child abuse.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 1/13/2015. Team members were in agreement that there was sufficient evidence to substantiate the allegation of Child Neglect Death against the maternal great aunt Ms. [REDACTED].

There is a preponderance of evidence to substantiate the allegation of Child Neglect Death.

Narrative Type: Addendum 1    Entry Date/Time: 02/02/2015 10:03 AM    Entered By: [REDACTED]

Summary of Investigation on [REDACTED]:

[REDACTED] was seen at Pediatric Academy on August 18, 2014 for a cold and runny nose. The infants prescribed medication to treat the symptoms. The mother and witnesses reported seeing the infant on August 18, 2014 in good health prior to placing the infant in the care of [REDACTED] (maternal great aunt), [REDACTED] (maternal aunt), and [REDACTED] (maternal great aunt). On August 19, 2014, the infant suffered life threatening injuries while in the care of [REDACTED] the maternal great aunt. During the investigation, Dr. [REDACTED] with [REDACTED] Children's Hospital reported the injuries the infant sustained were consistence to the events that occurred August 19, 2014 while in the care of relatives ruling the mother out as a perpetrator. The infant later expired as a result of the injuries sustained on August 19, 2014.

Ms. [REDACTED] the maternal great aunt admitted to leaving the infant unattended on August 19, 2014 for an extended period of time while she went to the store. Due to the preponderance of evidence obtain during Law Enforcement investigation the maternal great aunt Ms. [REDACTED] was arrested and charged with neglect.

Based on the Department of Child Services investigation the maternal great aunt Ms. [REDACTED] was indicated for neglect death.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/13/2015	Contact Method: Face To Face
Contact Time: 12:00 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/15/2015
Completed date: 01/15/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 01/15/2015 12:47 PM      Entered By: [REDACTED]

On 1/13/15 Child Protective Investigative Team meeting was held at the CAC in [REDACTED] TN. CPSI [REDACTED] presented the following case for review.

Case name: [REDACTED]  
 Victim: [REDACTED] (victim)  
 Allegation: neglect death

Investigator [REDACTED] went over the referral that prompted Office of Child Safety involvement. CPSI [REDACTED] stated that the department received a P-1 referral with the allegations of physical abuse against [REDACTED] (victim). CPSI [REDACTED] stated that all parties involved were interviewed during the investigation. During the investigation, the family stated that [REDACTED] was the last person seen with the infant. During the AP's interview with law enforcement she admitted to leaving the infant unattended while she went to the store. The infant was later discovered between the wall and the bed unresponsive. The infant was transported to local hospital and later air lifted to [REDACTED] Hospital. The infant remained on a ventilator. On September 27, 2014 the infant was taken off the ventilator and later expired. The department received the autopsy report which stated that the infant's cause of death was undetermined. Based on the information provided by the medical examiner, CPSI [REDACTED] is requesting the allegations be substantiated based on the evidence gathered by the Office of Child Safety and [REDACTED] P.D.

During the Child Protective Investigative Team meeting it was determined by all parties involved that based on the autopsy report and the evidence supporting the allegations this case will be classified as Allegation substantiated Perpetrator substantiated on the maternal great aunt Ms. [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/12/2015 Contact Method: Correspondence  
 Contact Time: 04:30 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/12/2015  
 Completed date: 01/12/2015 Completed By: [REDACTED]  
 Purpose(s): 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: 01/12/2015 04:21 PM Entered By: [REDACTED]

On 01/12/15 CPSI sent an indication letter to the AP advising the department has indicated [REDACTED] for neglect death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/19/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 30
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):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/19/2014 02:22 PM      Entered By: [REDACTED]

CPSI [REDACTED] received the autopsy report for [REDACTED] the cause of death was undetermined. CPSI [REDACTED] attached a copy of the report into TFACTS case file for review. CPSI [REDACTED] will present this case to CPIT in January for review and closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/16/2014

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: 12/19/2014

Completed date: 12/19/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/19/2014 02:18 PM Entered By: [REDACTED]

On 12/16/14, CPSI [REDACTED] arrived to the family's home located in [REDACTED] TN in attempt to make contact with the mother and the child. CPSI [REDACTED] knocked several times on the front door but did not receive an answer. CPSI [REDACTED] left a note for the mother to contact the department as soon as possible.

CPSI [REDACTED] will send a certified letter out to the mother's home in affords to make contact with the mother and the child and implement services as needed.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/04/2014 Contact Method: Attempted Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 12/08/2014  
 Completed date: 12/08/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

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

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

CPSI [REDACTED] was at [REDACTED], TN the home of the maternal grandmother. CPSI [REDACTED] knocked several times but did not get an answer. CPSI left a card in the family's door for the mother to contact the investigator. This is the second attempt to make contact with the family. The investigator went to the mother's home and knocked several times did not receive an answer.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/04/2014 Contact Method: Attempted Face To Face  
 Contact Time: 01:30 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 12/08/2014  
 Completed date: 12/08/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/08/2014 12:27 PM Entered By: [REDACTED]

CPSI [REDACTED] was at [REDACTED], TN the home of the mother Ms. [REDACTED] CPSI [REDACTED] knocked several times but did not get an answer. CPSI left a card in the family's door for the mother to contact the investigator. This is the second attempt to make contact with the family. The investigator will make another attempt at the maternal grandmother's home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/06/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

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): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/07/2014 03:43 PM Entered By: [REDACTED]

During the court hearing, it was determined the following children [REDACTED], and [REDACTED] will return to the mother's custody. DCS will dismiss our petition based on Investigator [REDACTED] findings. [REDACTED] County law enforcement stated no charges will be filed against the mother Ms. [REDACTED]. It was determined once the autopsy report is available if additional charges need to be filed against Ms. [REDACTED] the department reserve the right to reintroduce our petition against the mother.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/09/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/14/2014

Completed date: 10/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/14/2014 02:04 PM Entered By: [REDACTED]

This case has been staffed with IC [REDACTED]. The other children are safe and the mother and father are not perpetrators in this case. Polygraphs on suspects/perps are being as well that the autopsy and other medical reports. Inv [REDACTED] is waived from any further face to face contacts with the other children involved.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/07/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/03/2015

Completed date: 02/03/2015

Completed By: [REDACTED]

Purpose(s): 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: 02/03/2015 12:59 PM      Entered By: [REDACTED]

Forensic interview: [REDACTED]

Law Enforcement: [REDACTED]

DCS: [REDACTED]

Interviewer: [REDACTED]

On October 7, 2014 forensic interview was held at the CAC in [REDACTED] to determine if additional information could be obtained on how the infant sustained the injuries. During the forensic interview the child did not disclose.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/02/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/03/2014 01:37 PM      Entered By: [REDACTED]

On 10/02/14 [REDACTED] case was heard in court. This case was continued to November 6, 2014 at 1:30pm pending law enforcement and TBI polygraph testing on all parties involved. Placement for the children will remain the same until the merits hearing November 6, 2014.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/02/2014	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/03/2014
Completed date:	10/03/2014	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: 10/03/2014 01:41 PM      Entered By: [REDACTED]  
 Forensic interview was scheduled for [REDACTED] for Tuesday October 7, 2014 at 9:30am



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/29/2014

Contact Method:

Contact Time: 09:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/29/2014

Completed date: 09/29/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/29/2014 09:56 AM      Entered By: [REDACTED]

Administrative review conducted on this date with Inv [REDACTED] and IC [REDACTED] Add the allegation of abuse death with unknown perp.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/27/2014

Contact Method:

Contact Time: 05:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/27/2014

Completed date: 09/27/2014

Completed By: [REDACTED]

Purpose(s): 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: 09/27/2014 08:47 PM Entered By: [REDACTED]

On September 27, 2014, at 1:42 pm, Investigator [REDACTED] received a call from [REDACTED] the nurse at [REDACTED] Children's Hospital stating, [REDACTED] was taken off the ventilator at approximately 1:00 pm on September 27, 2014. At 5:17 pm, Investigator [REDACTED] received call from [REDACTED] the nurse at [REDACTED] Children's Hospital stating, [REDACTED] expired at 5:07 pm. The infant's body was released to the medical examiner for an autopsy.

Investigator [REDACTED] reported the infant's death to Central intake on September 27, 2014 at 5:25 pm. Ms. [REDACTED] took the report and documented the infant's death.



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

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/23/2014 Contact Method:  
 Contact Time: 10:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office 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): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 02:22 PM Entered By: [REDACTED]

Next court hearing [REDACTED] is scheduled for October 2, 2014 at 2:00pm. The mother has obtained legal counsel.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/19/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

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): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/23/2014 02:20 PM Entered By: [REDACTED]

On 09/19/14 CPSI [REDACTED] was at [REDACTED] hospital located at [REDACTED]. CPSI [REDACTED] observed the infant [REDACTED] laying in the hospital bed with a clean diaper and t-shirt. CPSI [REDACTED] observed tubes and other medical equipment attached to the infant. The infant's condition was still the same. The infant condition is critical and she was unresponsive during the visit. The infant nurse stated that the infant condition has not changed. CPSI [REDACTED] did not meet with the mother because she was not at the hospital during the observation. According to the infant's nurse, the mother appears appropriate. The nurse stated that she did not observe any safe hazards.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2014

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

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): Other Child Living in the Home Interview/Observation,Other Persons Living in Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 02:13 PM Entered By: [REDACTED]

On 09/16/14 CPSI [REDACTED] observed [REDACTED] at the maternal grandmother's house located at [REDACTED], TN. CPSI [REDACTED] observed the child properly dressed in pajamas which were neat and clean. CPSI [REDACTED] did not observe any visible marks or bruises on the child during the observation. The child appeared healthy and happy. The maternal grandmother stated that the child is adjusting well. The maternal grandmother stated that the child has a cold and she has been giving him cold medicine for his cold. The maternal grandmother stated that the child is getting better. The maternal grandmother stated that the child has asthma and she had to give him his breathing treatments yesterday.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 09/23/2014

Completed date: 09/23/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 02:07 PM Entered By: [REDACTED]

On 09/12/14, CPSI [REDACTED] observed [REDACTED] (4), and [REDACTED] (1 month) at the [REDACTED] County court properly dressed in clean clothing. CPSI [REDACTED] did not observe any visible marks or bruises on the children during the observation. CPSI [REDACTED] observed the children's height and weight which it appeared appropriate. During the observation, [REDACTED] appeared to have a loving relationship with her father. The courts awarded temporary custody of the child to her father pending the mother's criminal investigation. [REDACTED] was observed with the maternal great aunt. CPSI [REDACTED] did not observe any signs of neglect or abuse. Mrs. [REDACTED] stated that the infant is doing well.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2014

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

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): Other Child Living in the Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 02:03 PM Entered By: [REDACTED]

On 09/04/14, CPSI [REDACTED] observed [REDACTED] (4), and [REDACTED] (1 month) at the [REDACTED] County court properly dressed in clean clothing. CPSI [REDACTED] did not observe any visible marks or bruises on the children during the observation. CPSI [REDACTED] observed the children's height and weight which it appeared appropriate. CPSI [REDACTED] did not observe any signs of neglect or abuse during the observation. [REDACTED] appeared healthy and happy. The infant appears to be bonding with the maternal great aunt.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/04/2014 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Court 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): Other Child Living in the Home Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 02:00 PM Entered By: [REDACTED]

On 09/04/14, CPSI [REDACTED] observed [REDACTED] at the [REDACTED] County court properly dressed in clean clothing. CPSI [REDACTED] did not observe any visible marks or bruises on the child during the observation. CPSI [REDACTED] observed the child's height and weight which it appeared appropriate. CPSI [REDACTED] did not observe any signs of neglect or abuse during the observation. The child appeared healthy and happy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/03/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/15/2014

Completed date: 09/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing,Notation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/15/2014 04:10 PM Entered By: [REDACTED]

CFTM was held on 09/02/14 for the [REDACTED] children. During the CFTM, it was determined the children will be placed with the maternal great aunt Mrs. [REDACTED] pending the criminal investigation on the mother Ms. [REDACTED].

On 09/03/14 prelim hearing was conducted at the Juvenile court and it was determined [REDACTED] will be placed with the maternal great aunt Mrs. [REDACTED] [REDACTED] will be placed with her biological father Mr. [REDACTED] pending the mother's criminal investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/28/2014 Contact Method:  
 Contact Time: 01:00 PM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 08/28/2014  
 Completed date: 08/28/2014 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: 08/28/2014 01:06 PM Entered By: [REDACTED]

[REDACTED]  
 CPSI forward the custody documents to the social worker at [REDACTED] General Hospital for the newborn ([REDACTED]). The infant is scheduled for discharge 08/28/14 into the care of her maternal great aunt Mrs. [REDACTED]. The hospital staff will notify the investigator once the infant is picked up.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/28/2014 Contact Method: Face To Face  
 Contact Time: 11:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/28/2014  
 Completed date: 08/28/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Court Hearing,Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2014 01:02 PM Entered By: [REDACTED]

On 08/28/14 Affidavit in support of emergency removal was completed and signed by Judge [REDACTED] with the [REDACTED] County Courts. Hearing is scheduled for September 4, 2014 at 1:30pm. CPSI notified the mother and the father of [REDACTED] about the CFTM scheduled for Tuesday September 2, 2014 at 10:00am and the court hearing scheduled for September 4, 2014 at 1:30pm.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/28/2014	Contact Method: Phone Call
Contact Time: 09:00 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/28/2014
Completed date: 08/28/2014	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: 08/28/2014 01:01 PM      Entered By: [REDACTED]  
 [REDACTED] (father of [REDACTED])

CPSI spoke with [REDACTED] the father to [REDACTED] regarding the safety and wellbeing of the child. CPSI stated the nature of DCS call. Mr. [REDACTED] stated that he believes he signed the birth certificate but is not sure. Mr. [REDACTED] stated that he did complete a DNA test and it was ruled that he is the child's father. Mr. [REDACTED] stated that he does pay child support for the child. Mr. [REDACTED] stated the last time he saw the child was three months ago. Mr. [REDACTED] stated that the child's mother will not allow him to see the child. Mr. [REDACTED] stated that he love his daughter and is willing to cooperate with the department. Mr. [REDACTED] stated that he is currently residing with his cousin Ms. [REDACTED] and her three children. Mr. [REDACTED] stated that he home is available to the child if needed. CPSI concluded the interview by advising Mr. [REDACTED] the date and time of the CFTM, and the court hearing. Mr. [REDACTED] stated that he will be attending both events.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/28/2014

Completed date: 08/28/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation, Notation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original

Entry Date/Time: 08/28/2014 12:54 PM

Entered By: [REDACTED]

[REDACTED]

CPSI [REDACTED] completed a home study at the Mrs. [REDACTED] home located at [REDACTED] TN to ensure the home was appropriate for the children. CPSI observed a 3 bedroom 2 full bath fully furnished home with working utilities. CPSI observed food in the refrigerator and cabinets. CPSI did not observe any signs of neglect or abuse during the home study.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/28/2014

Completed date: 08/28/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/28/2014 01:00 PM Entered By: [REDACTED]

[REDACTED] (4)

CPSI observed [REDACTED] (4) properly dressed in school uniform which was neat and clean. CPSI observed the child's height and weight which it appeared appropriate. CPSI did not observe any visible marks or bruises on the child during the observation. The child stated that she feels safe in the home with Mr. and Mrs. [REDACTED]. The child stated that she had a good day at school. The child appeared to be very happy as she played with her dolls. CPSI did not observe any safety hazards regarding the placement. The child appears to have bonded with the [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/27/2014 Contact Method:  
 Contact Time: 10:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/28/2014  
 Completed date: 08/28/2014 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: 08/28/2014 12:52 PM Entered By: [REDACTED]

LI [REDACTED] staffed this case with legal and the results were as follows CPSI will completed a expedite home study with the maternal great aunt Mrs. [REDACTED] placing [REDACTED] (4 days old), and [REDACTED] (4) with Mrs. [REDACTED] until DCS and Law enforcement investigation is complete



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/27/2014 Contact Method:  
 Contact Time: 09:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/27/2014  
 Completed date: 08/27/2014 Completed By: [REDACTED]  
 Purpose(s): 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: 08/27/2014 09:19 AM Entered By: [REDACTED]

On 08/27/14 CPSI staffed this case with LI [REDACTED] and the results were as follows. LI [REDACTED] will staff this case with DCS legal to determine if the child needs to be removed from the alleged perpetrator's custody until the investigation is complete.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/25/2014 Contact Method:  
 Contact Time: 03:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/25/2014  
 Completed date: 08/25/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/25/2014 04:25 PM Entered By: [REDACTED]

SDM initial completed 08/25/14  
 Referent Letter completed 08/25/14  
 Form 635 completed sent to Central office 08/22/14  
 Medical records requested and received on 08/25/14  
 Police reports requested and received on 08/22/14  
 Photo of the scene requested and received on 08/22/14  
 Interview with Alleged perpetrators 08/22/14  
 Safety Plan implemented 08/21/14  
 Observation of the children 08/21/14  
 Background checks requested 08/25/14  
 Staffed with TL and TC 08/22/14



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/25/2014 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/27/2014  
 Completed date: 08/27/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/27/2014 09:14 AM Entered By: [REDACTED]

[REDACTED]

CPSI requested a welfare check on [REDACTED] (4). Law enforcement Investigator [REDACTED] arrived to the home locate at [REDACTED], TN. Law enforcement reported that the child appeared safe. Law enforcement did not observe any visible marks or bruises on the child during the observation. The child was in the care of her mother alleged perpetrator [REDACTED]. The mother has legal custody of the child but, the child has been in the physical custody of the maternal great aunt Ms. [REDACTED].

Next Steps: CPSI will staff this case with LI [REDACTED] to determine what steps need to be taken to ensure the safety and wellbeing of 4 year old [REDACTED] during the investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/25/2014	Contact Method:	Phone Call
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/15/2015
Completed date:	01/15/2015	Completed By:	[REDACTED]
Purpose(s):	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: 01/15/2015 01:06 PM      Entered By: [REDACTED]

Ms. [REDACTED]  
 Maternal grandmother  
 CPSI [REDACTED] spoke with the maternal grandmother regarding the safety and wellbeing of the children. The maternal grandmother stated that she feels her daughter is a good mother. The grandmother stated that she feels that her daughter can provide for her children. The maternal grandmother stated that she has not witness any signs of neglect or abuse and has no safety concerns in regards to the mother and if she had some concerns she would have stepped in and taken the children. CPSI [REDACTED] concluded the interview by thanking her for her time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 01/15/2015

Completed date: 01/15/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/15/2015 01:03 PM      Entered By: [REDACTED]

Ms. [REDACTED]

Paternal grandmother

CPSI [REDACTED] spoke with the paternal grandmother regarding the safety and wellbeing of the children. The paternal grandmother stated that she feels the mother is a good mother. The grandmother stated that she feels that Ms. [REDACTED] can provide for her children. The paternal grandmother stated that she has not witness any signs of neglect or abuse and has no safety concerns in regards to the mother. CPSI [REDACTED] concluded the interview by thanking her for her time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/22/2014 Contact Method: Face To Face  
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/25/2014  
 Completed date: 08/25/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Other Child Living in the Home Interview/Observation  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/25/2014 04:18 PM Entered By: [REDACTED]

[REDACTED]

CPSI observed [REDACTED] (2) properly dressed in black shorts and white t-shirt which was neat and clean. CPSI did not observe any visible bruises on the child during the observation. CPSI observed the child's height and weight which it appeared appropriate. CPSI did not observe any signs of neglect or abuse during the observation. The child appeared healthy and happy. The maternal grandmother appears to have a loving relationship with the child. The maternal grandmother stated that she will ensure that the child is safe and protective at all times while in her home.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/22/2014 Contact Method: Face To Face  
 Contact Time: 02:30 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/25/2014  
 Completed date: 08/25/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/25/2014 04:20 PM Entered By: [REDACTED]

[REDACTED]

CPSI arrived to [REDACTED], TN the home of the maternal grandmother Ms. [REDACTED]. CPSI stated the nature of DCS visit. CPSI observed the grandmother's behavior which she appeared pleasant and cooperative during the observation. CPSI observed a 2 bedroom 1 full bath fully furnished home with working utilities. CPSI observed food in the refrigerator and cabinets. CPSI did not observe any signs of neglect and abuse. The maternal grandmother stated that she is aware of the situation and will do everything that is required by the department to ensure the safety and wellbeing of the child. Ms. [REDACTED] stated that she understands the severity of the situation and will ensure the following relatives [REDACTED], and [REDACTED] have no contact with [REDACTED] (2) during the investigation. The maternal grandmother agreed to have a complete medical exam on [REDACTED] by Monday August 25, 2014 at [REDACTED] office located in [REDACTED] TN. The maternal grandmother stated that her son [REDACTED] resides in the home with her. The grandmother provided the investigator with her information to complete a back ground check on her and her son. CPSI concluded the interview by gathering additional information on the family for the case file.



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/22/2014 Contact Method: Face To Face  
 Contact Time: 01:30 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/25/2014  
 Completed date: 08/25/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/25/2014 03:10 PM Entered By: [REDACTED]

[REDACTED]

CPSI met with [REDACTED] regarding the safety and wellbeing of the children. CPSI stated the nature of DCS visit. CPSI observed [REDACTED] behavior which she appeared pleasant and cooperative during the interview. CPSI asked Ms. [REDACTED] if she had any contact with the infant while she was in the care of her aunt. Ms. [REDACTED] stated yes. Ms. [REDACTED] stated on 08/18/14, the mother dropped the children off while she went to work. Ms. [REDACTED] stated that she was asleep when the children arrived. Ms. [REDACTED] stated that [REDACTED] placed the infant the bed with her on 08/18/14. Ms. [REDACTED] stated that she placed the infant on her chest and they went to sleep. Ms. [REDACTED] stated that the infant woke up around 8am on 08/19/14. Ms. [REDACTED] stated that [REDACTED] fed the infant while [REDACTED] went to work. Ms. [REDACTED] stated that she had no contact with the infant on 08/19/14. Ms. [REDACTED] stated that on 08/19/1, [REDACTED] was the primary caretaker while [REDACTED] was at work. Ms. [REDACTED] stated that she asleep most of the day. Ms. [REDACTED] stated at 7:00pm she heard [REDACTED] and [REDACTED] yelling for someone to call 911 because the baby was not breathing. Ms. [REDACTED] stated [REDACTED] called 911 and she called the mother at work advising to come home because something was wrong with [REDACTED]. Ms. [REDACTED] stated that she was told by [REDACTED] and [REDACTED] the infant was found jammed between the wall and the bed. Ms. [REDACTED] stated that she did not witness the incident nor did she have any contact with the infant at the time of the incident. Ms. [REDACTED] stated that the infant was fine the last time she saw her. Ms. [REDACTED] stated that she did not observe any injuries on the infant during her visit. CPSI asked Ms. [REDACTED] did she hear the infant crying while she was in the home Ms. [REDACTED] stated no. CPSI concluded the interview by gathering additional information on Ms. [REDACTED] for the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 1 Entry Date/Time: 03/30/2015 12:50 PM Entered By: [REDACTED]

During the interview with Ms. [REDACTED] investigator [REDACTED] identified Ms. [REDACTED] as the maternal aunt to victim [REDACTED] and the biological mother to [REDACTED] (5) and [REDACTED] (7mo). Ms. [REDACTED] was residing in the family home with the victim at [REDACTED] TN.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/25/2014

Completed date: 08/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/25/2014 02:26 PM Entered By: [REDACTED]

[REDACTED]  
Social worker

[REDACTED] Childrens Hospital

CPSI spoke with the reporter regarding the safety and wellbeing of the child. CPSI stated the nature of DCS call. CPSI asked the reporter about the incident that occurred that prompted DCS involvement. It was reported the child [REDACTED] was transferred to [REDACTED] on 8-19-14 from [REDACTED] Hospital. It was reported [REDACTED] was unresponsive upon arrival. The reporter stated that the mother stated that she had left [REDACTED] with [REDACTED] while she was at work. [REDACTED] and [REDACTED] was at [REDACTED] great-grandmother, [REDACTED], house in [REDACTED] County. [REDACTED] stated that she took [REDACTED] into her room and they were sleeping on the bed together. [REDACTED] got up to go to the bathroom. When she returned from the bathroom, [REDACTED] had somehow gotten between the bed and the wall and she was not breathing. [REDACTED] took [REDACTED] into [REDACTED] room and they called the police.

The reporter stated that [REDACTED] is critically ill. It is unknown whether [REDACTED] will survive. [REDACTED] has a skull fracture and an anoxic brain injury from being deprived of oxygen. The medical staff has stated that these injuries are not consistent with the story given by the mother.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/22/2014 Contact Method: Face To Face  
 Contact Time: 12:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/25/2014  
 Completed date: 08/25/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community,Service Planning,Well Being,Permanency  
 Contact Type(s): Alleged Perpetrator Interview,Other Persons Living in Home Interview/Observation  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/25/2014 02:17 PM Entered By: [REDACTED]

[REDACTED]

Section IV: Interview with other members: CPSI met with [REDACTED] regarding the safety and wellbeing of the children. CPSI stated the nature of DCS visit. CPSI observed the aunt's behavior which she appeared nervous and concerned about the allegations. CPSI asked Ms. [REDACTED] if she had contact with the infant on 08/19/14. Ms. [REDACTED] stated yes. Ms. [REDACTED] stated that the mother dropped the infant off on 08/18/14 at 10:00pm. Ms. [REDACTED] stated that the infant was asleep when the mother dropped the children off. Ms. [REDACTED] stated that her sister [REDACTED] took the infant out of the car seat and placed her in the bed with [REDACTED]. Ms. [REDACTED] stated that the infant appeared fine. Ms. [REDACTED] stated that on 08/19/14 the infant woke up about 8am. Ms. [REDACTED] stated that the infant was crying so she gave her some oral gel because she assumed she was teething. Ms. [REDACTED] stated she fed the infant and the infant went back to sleep. Ms. [REDACTED] stated that the infant woke up about noon she fed her and played with her. Ms. [REDACTED] stated she seemed fine. Ms. [REDACTED] stated about 6 pm the infant fussing so she gave her some more oral gel and [REDACTED] placed the infant on her stomach in the middle of a twin size bed. According to [REDACTED] she went to check on the infant 30 minutes later and found the infant jammed between the wall and the bed unresponsive. Ms. [REDACTED] stated that she grabbed the infant and took her to [REDACTED] who was in the living room on the computer. Ms. [REDACTED] stated that [REDACTED] immediately started CPR on the infant while she called 911. Ms. [REDACTED] stated that EMS and Law Enforcement arrived several minutes later and tried to revive the child. Ms. [REDACTED] stated that [REDACTED] called the mother and told her she needed to come to the house because something was wrong with [REDACTED]. Ms. [REDACTED] stated that the mother arrived 5 minutes later. Ms. [REDACTED] stated that the infant was taken to [REDACTED] hospital and later transported to [REDACTED] Children Hospital. Ms. [REDACTED] stated that the only adults who had access to the infant were [REDACTED], and [REDACTED]. Ms. [REDACTED] stated that she did care for the infant on 08/19/14 while Mary was at work. Ms. [REDACTED] stated that she was the last person to care for the infant, and was the one who found the infant unresponsive. CPSI concluded the interview by gathering additional information on the family.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 1    Entry Date/Time: 03/30/2015 12:50 PM    Entered By: [REDACTED]

During the interview with Ms. [REDACTED] Investigator [REDACTED] identified Ms. [REDACTED] as the maternal great aunt to the children [REDACTED] (5), [REDACTED] (7mo), [REDACTED] (2), and victim [REDACTED] reside in the home with the maternal great grandmother Ms. [REDACTED], and the maternal aunt Ms. [REDACTED] at [REDACTED], TN [REDACTED].



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/22/2014	Contact Method: Face To Face
Contact Time: 11:00 AM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 08/25/2014
Completed date: 08/25/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Other Persons Living in Home Interview/Observation	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/25/2014 09:47 AM      Entered By: [REDACTED]

[REDACTED]

Section IV: Interview with other members: CPSI met with [REDACTED] regarding the safety and well being of the children, CPSI stated the nature of DCS visit. CPSI observed [REDACTED] behavior which she appeared nervous and concerned about the allegations. CPSI [REDACTED] asked Ms. [REDACTED] about the incident that occurred that prompted DCS involvement. According to [REDACTED] the mother dropped the children off on Monday August 18 at 10:00pm. Ms. [REDACTED] stated that she is the caregiver for the children while the mother works. Ms. [REDACTED] stated that both children had a cold but, appeared healthy. Ms. [REDACTED] stated that there were no safety concerns when the children arrived. Ms. [REDACTED] stated that she place the infant in the bed with [REDACTED] and went to bed. Ms. [REDACTED] stated she checked on the infant the next morning prior to going to work at [REDACTED] County High school. Ms. [REDACTED] stated that the infant was still asleep when she left for work. Ms. [REDACTED] stated that she left the infant in the care of her sister Ms. [REDACTED]. Ms. [REDACTED] stated she returned from work later that day. Ms. [REDACTED] stated the infant was fine. Ms. [REDACTED] stated she feed the infant and placed her on her stomach in the middle of the twin size bed. Ms. [REDACTED] stated that her sister [REDACTED] was sitting on the edge of the bed. Ms. [REDACTED] stated that she went into the living room and started working on the computer. Ms. [REDACTED] stated at approximately 7:00pm her sister [REDACTED] brought the infant into the living room stating call 911 the infant was unresponsive. Ms. [REDACTED] stated she immediately started CPR on the infant. Ms. [REDACTED] stated her sister called 911. Ms. [REDACTED] stated that EMS arrived several minutes later and took the infant from her and started working on the infant. Ms. [REDACTED] stated that [REDACTED] contacted the mother at work and advised her she needed to come home immediately. Ms. [REDACTED] stated that the mother arrived 5 minutes later. Ms. [REDACTED] stated that the infant was transported to [REDACTED] hospital and later air lifted to [REDACTED] Ms. [REDACTED] stated that her sister [REDACTED] stated that she found the infant jammed between the wall and the bed unresponsive. Ms. [REDACTED] stated that it is unknown how long the infant was jammed between the wall and the bed. According to Ms. [REDACTED] no one heard the infant crying. Ms. [REDACTED] stated that



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] (2) was asleep on the sofa in the living when the incident took place. Ms. [REDACTED] stated that no one else had access to the infant. CPSI concluded the interview with [REDACTED] by gathering additional information on all adults that was in the home at the time of the incident.

Narrative Type: Addendum 1    Entry Date/Time: 03/30/2015 12:49 PM    Entered By: [REDACTED]

During the interview with Ms [REDACTED] Investigator [REDACTED] identified Ms [REDACTED] as the maternal great aunt to the children [REDACTED] (5), [REDACTED] (7mo), [REDACTED] (2), and victim [REDACTED] reside in the home with the maternal great grandmother Ms. [REDACTED], and the maternal aunt Ms. [REDACTED], TN [REDACTED]



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/21/2014 Contact Method:  
 Contact Time: 03:30 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/25/2014  
 Completed date: 08/25/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/25/2014 03:41 PM Entered By: [REDACTED]  
 Opening Summary: [REDACTED] (4months)

[REDACTED] (4 months old) and [REDACTED] (2) live with their mother, [REDACTED] (23), and their maternal aunt, [REDACTED] (18), in [REDACTED] TN. [REDACTED] has a child who is 4 years old, unknown. This child does not live with [REDACTED] and it is unknown who [REDACTED] child lives with. [REDACTED] and [REDACTED] are not in states custody. [REDACTED] was transferred to [REDACTED] on 8-19-14 from the local hospital (unknown). [REDACTED] was unresponsive. [REDACTED] stated that she had left [REDACTED] with [REDACTED] while she was at work. [REDACTED] and [REDACTED] was at [REDACTED] great-grandmother, [REDACTED], house in [REDACTED] County. [REDACTED] stated that she took [REDACTED] into her room and they were sleeping on the bed together. [REDACTED] got up to go to the bathroom. When she returned from the bathroom, [REDACTED] had somehow gotten between the bed and the wall and she was not breathing. [REDACTED] took [REDACTED] into [REDACTED] room and they called the police. The police came and took pictures. [REDACTED] was brought to the local hospital (unknown) and then transferred to [REDACTED] on 8-19-14. [REDACTED] is critically ill. It is unknown whether [REDACTED] will survive. [REDACTED] has a skull fracture and an anoxic brain injury from being deprived of oxygen. The medical staff has stated that these injuries are not consistent with the story given by [REDACTED] [REDACTED] is currently in the intensive care unit in room [REDACTED]

CPSI interviewed the mother, and all adults that were in the home located at [REDACTED]. CPSI observed [REDACTED] (2) at the maternal grandmother's house located at [REDACTED] TN. CPSI spoke with the referent at [REDACTED] Children's Hospital regarding the infant's condition. CPSI met with and discussed the case with the investigator [REDACTED] with the [REDACTED] P.D. CPSI requested and received the incident report and photos of the scene from investigator [REDACTED]. CPSI interview all family members associated with this case. CPSI requested and received all medical records on [REDACTED] (2), and [REDACTED] (4 months).

Safety Plan was implemented at [REDACTED] Children's hospital restricting all contact with [REDACTED] (victim) and [REDACTED] between the aunt, ([REDACTED]) great aunts ([REDACTED]) and the great grandmother ([REDACTED]) during the investigation. CPSI notified the hospital staff [REDACTED], and [REDACTED] should have no contact with the infant while the investigation is on-going. The



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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hospital staff has notified hospital security of the restricted access. The safety plan implemented with the mother and the maternal grandmother restricting the following relatives from having any contact with [REDACTED] (2) during the investigation. [REDACTED], and [REDACTED]. The safety plan further reads the mother will schedule a complete medical exam for [REDACTED] to ensure he is in good health.

The maternal grandmother scheduled a complete medical exam on [REDACTED] for August 25, 2014 at 1:30 pm with Dr [REDACTED] located in [REDACTED] TN. Background checks on all adults who had contact with the infant have been requested from the [REDACTED] police department. Home study has been completed at the maternal grandmother's home located at [REDACTED] to ensure the family is complying with the department.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/21/2014	Contact Method: Face To Face
Contact Time: 02:30 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 08/22/2014
Completed date: 08/22/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original    Entry Date/Time: 08/22/2014 10:11 AM    Entered By: [REDACTED]

CPSI [REDACTED] met with the mother at [REDACTED] regarding the allegations. The mother stated that at approximately 5pm she dropped the children off at her great grandmother's house located at [REDACTED], TN. The mother stated that her aunt [REDACTED] cares for the children while she is working. The mother stated that at 7:41pm she received a call from the AP stating she needed to come home. The mother stated that she asked the AP what was going on. The mother stated that the AP did not give her an answer. The mother stated she arrived to scene at 7:52pm. The mother stated that upon arrival she observed EMS, and law enforcement on the scene. The mother stated that she attempted to go into the house, but was stopped by law enforcement. According to the mother, the AP stated that she was asleep in the guest bedroom. The mother stated the AP stated that she woke up to use restroom and went into the living room. The mother stated the AP stated she was unaware the infant was asleep in the bed with her. The mother stated that the AP stated her maternal aunt [REDACTED] went to check on the infant and found the infant unresponsive jammed between the mattress and the wall. The mother stated that she was informed by the AP [REDACTED] brought the infant in to the living room were [REDACTED] administered CPR on the infant. The mother stated that the AP stated she called 911. The mother stated that the infant was not breathing when she arrived on the scene. The mother stated the infant was transported to [REDACTED] and later air lifted to [REDACTED] hospital.

Narrative Type: Addendum 1    Entry Date/Time: 03/30/2015 12:51 PM    Entered By: [REDACTED]

During the interview with Ms. [REDACTED] Investigator [REDACTED] identified Ms. [REDACTED] as the biological mother of [REDACTED] (2) and the victim [REDACTED] residing at [REDACTED], TN [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/21/2014 Contact Method:  
 Contact Time: 01:00 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): 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: 08/22/2014 09:27 AM Entered By: [REDACTED]

Opening Case Summary for [REDACTED]

On 08/21/2014, at 11:40 am., a P -1 referral was called into Central Intake. The referral was screened into [REDACTED] County at 3:45 pm am on 08/13/14., with allegations of Physical abuse against [REDACTED] Perpetrator. The alleged victim is [REDACTED]. The referral was assessed and assigned by LI [REDACTED] on 08/21 /14, at 12:26 p.m. to Case Manager [REDACTED] Response is due on: 08/21/2014. It is unknown at this time if the children are of Native American descent. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy. CM [REDACTED] will contact the referent within 30 days if necessary.

Referral number [REDACTED] states new allegations of Physical abuse  
 TFACTS History check was conducted upon case assignment. CPSI [REDACTED] observed in TFACTS the following: no

08/21/2014 Inv. ID [REDACTED]

Allegation: Physical abuse

AP: [REDACTED]

ACV [REDACTED]

Classification: Unknown at this time

Notice of Case Assignment (Reporter Letter) was not sent due to the reporting requesting not to receive notification.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/21/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	08/25/2014
Completed date:	08/25/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face,Medical Exam		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/25/2014 04:31 PM      Entered By: [REDACTED]

CPSI observed the infant at [REDACTED] Children's hospital on 08/21/14. CPSI observed tubes on the infant's chest. CPSI observed the infant critically ill in ICU at [REDACTED] Hospital. CPSI did not observe any visible marks or bruises on the infant however, CPSI did observe swelling due to the infant injuries. CPSI met with the infant's nurse [REDACTED] regarding the infant's progress. According to the nurse, the infant is in critical condition with little to no brain activity. CPSI advised the nurse to contact the investigator if the infant's condition changes at any time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2014

Contact Method: Face To Face

Contact Time: 12:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/25/2014

Completed date: 08/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Medical Exam

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/25/2014 04:32 PM      Entered By: [REDACTED]

[REDACTED] Children's Hospital

CPSI met with Dr [REDACTED] regarding the infant's injuries. According to Dr [REDACTED] the infant was admitted to [REDACTED] Children's hospital on August 19, 2014. The medical findings include a skull fracture, cerebral anoxic injury, elevated liver enzymes, elevated amylase and lipase, few retinal hemorrhages. The infant is critically ill and, at this time, the medical findings are much more severe than what would be expected from a simple fall. During the interview, Dr [REDACTED] expressed concerns that a child this age would be found in this condition, and a skull fracture is not consistent with this history.