



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 12/13/2014 11:30 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 12/13/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 12/15/2014 12:23 PM
 First Team Leader Assigned: [REDACTED] Date/Time 12/15/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 12/15/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	Neglect Death	Yes	[REDACTED]	Birth Mother
[REDACTED]	1 Yr	Neglect Death	Yes	[REDACTED]	Birth Father

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: Letter

Narrative: TFACTS was down due to maintenance issues and a complete history and intake number could not be obtained at the time of the report. This report was initially taken by [REDACTED] CM 2 on (12-13-14) at (11:30 a.m.) and will be entered into TFACTS once access has been restored. Intake re-enter into TFACTS by [REDACTED] CM 3 @ 9:57pm on 12-13-14

****The child is not in DCS custody

TFACTS: No History Found Based on Information Given

Family Case ID: No

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No



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

Open CPS: No

Death: No

Substantiated: No

Screened out: No

History (not listed above): No

County: [REDACTED]

Notification: Letter

School/ Daycare: Unknown

Native American Descent: No

Directions: None Given

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

Reporter states: ****The child is not in DCS custody

TFACTS was down at the time of the report. History could not be searched to determine if the child is in state custody.

[REDACTED] (age 1 month) resides with his parents, [REDACTED] and [REDACTED] in [REDACTED]. Also in the home are three unknown siblings, estimated ages 10, 8, and 1.

[REDACTED] was in [REDACTED] and [REDACTED] physical custody at the time of the occurrence. All participants were present in the home at the time of the occurrence.

[REDACTED] stated that last night (12/12/2014) she was sleeping on an air mattress with her husband [REDACTED] and child, [REDACTED] in the living room of their home in [REDACTED]. The referent states a bed was located in the bedroom, but the family was watching television on the air-mattress and fell asleep. When [REDACTED] woke up, she found [REDACTED] lying on the floor, face down, next to the bed. [REDACTED] was unresponsive. [REDACTED] attempted CPR but was unable to resuscitate [REDACTED]. [REDACTED] proceeded to contact 911 emergency services in [REDACTED] and [REDACTED]. Sheriff's Department responded to the home. [REDACTED] was transported to [REDACTED] Medical Center at approximately 9:30 A.M. today, 12-13-2014. [REDACTED] was pronounced dead at approximately 9:40 A.M. on December 13, 2014 by the [REDACTED] Medical Center Emergency Room Attending Physician, name unknown. No injuries were found to be on [REDACTED] person by the referent or Attending Physician.

[REDACTED] original statement was collected; however, she has not been extensively interviewed by law enforcement. The autopsy was not yet complete at the time of report, therefore the cause of death is unknown. Referent speculates cause of death to be accidental asphyxiation based on the initial report given by [REDACTED] and [REDACTED]. Original statements from all family members will be compared to forensic analysis when available. After the comparison is made, extensive interviewing among all family members will commence. No other instances of child abuse or neglect are believed to have previously occurred in the home. Domestic disputes are reported to have previously taken place in the home; however, to the referent's knowledge, none of the children were involved. No family member has special needs or disabilities. [REDACTED] was born three weeks premature. [REDACTED] had limited pre-natal care and no post birthing care as reported by Dr. [REDACTED] with [REDACTED] in [REDACTED].

Per SDM: Investigation/P1 - [REDACTED] CM 3 on 12-13-14 at 12:25 P.M.

[REDACTED] paged at 12:31 P.M.

12-13-14 12:31:24 PM [REDACTED]

12-13-14 12:32:08 PM [REDACTED]

Received



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

Email notification sent to [REDACTED] Regional
Administrator, [REDACTED] group.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 28 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

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: HOME

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:** 27 Yrs

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: Unknown Participant [REDACTED], Unknown

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

1 Yr 10 Mos (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED], Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

8 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED], Unknown

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age: 10 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/13/2014

Assignment Date: 12/15/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			07/06/2015
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	*Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			10/22/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: After discussing the case with the CPIT Team it was determined that the Ms. [REDACTED] was neglectful in co-sleeping with her son. Ms. [REDACTED] stated that she woke up and fed him and that she holding him when she fell asleep. Ms. [REDACTED] left the bassinet for [REDACTED] at her friend's home the night before. The team determined that Mr. [REDACTED] would not be substantiated due to the fact that Mr. [REDACTED] was asleep during the morning feeding and changing. Mr. [REDACTED] stated that he did not wake up until Ms. [REDACTED] started yelling.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/06/2015

Team Leader: [REDACTED]

Date: 07/07/2015

E. Investigation Summary

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

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

[REDACTED] was pronounced deceased on 12/13/2014 at 9:40am.

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



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

Case Name : ██████████

Investigation ID: ██████████

The autopsy states that ██████████ died of positional asphyxia. The report states that the autopsy revealed no significant natural disease. The report states that the postmortem heart blood analysis revealed no alcohol, drugs of abuse or prescription medications. Vitreous fluid and viral and bacterial cultures were negative for any abnormalities. The body radiographs were negative for acute or remote bony trauma. Analysis of the postmortem blood and bile were negative for an inborn error of metabolism.

The final anatomic diagnosis: the anterior livor mortis with blanching of the tip of the nose is due to infant (1-month old) co-sleeping with parents in bed, initially positioned on the chest of one parent and later found face down on the floor.

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

CPSI ██████████ interviewed ██████████ birth mother. Ms. ██████████ stated they are staying with her mother right now because there is no heat in her home. Ms. ██████████ stated that is why they are sleeping on an air mattress. Ms. ██████████ stated that ██████████ and ██████████ all have their own beds and sleep in their own beds. Ms. ██████████ stated that ██████████ had spent the previous night with a family member and they had taken his bassinet over there. Ms. ██████████ stated that when she picked ██████████ up, ██████████ (the family member) gave her a Christmas tree. Ms. ██████████ stated that there was not enough room in the car for the bassinet too. Ms. ██████████ stated that ██████████ slept in his car seat the whole night. Ms. ██████████ stated that he woke up around 7:00am and she fed him, changed his diaper and his clothes because he spit up. Ms. ██████████ stated that she was holding him, cradled in her arms, rubbing his belly to ease the gas in his stomach while watching TV. Ms. ██████████ stated that she woke up around 9:00am and looked for him because he wasn't in her arms. Ms. ██████████ stated that he was lying face down on the floor. Ms. ██████████ stated that he was unresponsive and she called 911. Ms. ██████████ stated that ██████████ came and they wouldn't let her go to the hospital. Ms. ██████████ stated that when they finally got to the hospital they would only let her kiss ██████████ on the forehead and say goodbye. Ms. ██████████ stated that they took his body to ██████████ and wouldn't let her go with him. Ms. ██████████ stated that is when it hit her that he was gone. Ms. ██████████ stated that she freaked out a little earlier when ██████████ pulled the dolls out of the bag and asked her to re-create what happened. Ms. ██████████ was interviewed again on 12/15/2014. Ms. ██████████ stated that he was face down on the floor. Ms. ██████████ drew CPSI a picture of the air mattress, where she was and then placed ██████████ right beside the bed on her side. Ms. ██████████ stated that he was tilted with his left side down, not flat on the floor. Ms. ██████████ stated that she saw him laying there and started saying he's gone, he's gone. Ms. ██████████ stated that she called 911 and they told her to give him CPR. Ms. ██████████ stated that he already had blood coming out of his nose. Ms. ██████████ stated that ██████████ was born in ██████████ at ██████████ Ms. ██████████ stated that the hospital did go over safe sleep with her when ██████████ was born.

CPSI ██████████ also interviewed ██████████ birth father. Mr. ██████████ stated that he was asleep on the air mattress beside her. Mr. ██████████ stated that he slept through her feeding the baby and the changings. Mr. ██████████ stated that he didn't wake until she started freaking out, saying "he's gone."

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

Maternal grandparents, ██████████ and ██████████ were interviewed on 12/15/2015. ██████████ stated that she and her husband took ██████████ (██████████ half-brother) with them to the funeral in ██████████ ██████████ stated that they left on Wednesday and returned last night at midnight. Ms. ██████████ stated that ██████████ called her that morning and it was just awful. Mr. ██████████ stated that ██████████ was well and healthy when they left on Wednesday (12/10/2014).

CPSI ██████████ interviewed ██████████ friend, on 12/15/2015. Ms. ██████████ stated that she got ██████████ on Thursday (12/11/2014). Ms. ██████████ stated that she keeps one of the children every now and then to give ██████████ a break. Ms. ██████████ stated that ██████████ brought him over with supplies formula, diapers, bassinet, clothes. Ms. ██████████ stated that ██████████ was healthy that night. Ms. ██████████ stated that he spit up his formula but other than that he was fine. Ms. ██████████ stated that she gave ██████████ a fake tree as they were getting a real one this year. Ms. ██████████ stated that the bassinet stayed at her house.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

[REDACTED] stated that the morning that [REDACTED] passed, she had gotten up to go to the bathroom and went back to the bedroom. [REDACTED] stated that doesn't remember what time it was but it was around dawn. [REDACTED] stated that she never heard [REDACTED] cry or anything. [REDACTED] stated that after she woke up she was kept in the bedroom with [REDACTED] [REDACTED] stated that she didn't see anything.

Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of abuse/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: 10/22/2015

Contact Method:

Contact Time: 10:29 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/22/2015

Completed date: 10/22/2015

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: 10/22/2015 10:31 AM Entered By: [REDACTED]

Upon review and consultation with OCS Management it is determined that there is not a preponderance of the currently collected evidence to support a substantiation. The mother's decision to co-sleep with prior education is troubling, but no other factors indicate that the actions rose to the level of neglect such as drug impairment, impact of an infrequent seizure disorder or failure to manage this disorder were found to meet the DCS definition of neglect death.

Classification changed to Allegation Unsubstantiated, Perpetrator Unsubstantiated for the child's mother [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: 10/09/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/20/2015

Completed date: 10/20/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/20/2015 04:47 PM Entered By: [REDACTED]

Date: 10/9/2015

Time: 1:00pm

Type of Contact: Notation

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship:

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] received the medical records from [REDACTED]. The records indicate that safe sleep/ co-sleeping information was given to Ms. [REDACTED] when [REDACTED] was born. The records indicate in at least 2 areas that the information was gone over with the mother and she was given instructional pamphlets. There is one page where Ms. [REDACTED] initials and signs that she has received the information.



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: 09/16/2015

Contact Method:

Contact Time: 07:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/20/2015

Completed date: 10/20/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/20/2015 04:47 PM Entered By: [REDACTED]

Date: 9/16/2015

Time: 7:30am

Type of Contact: Notation

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship:

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] sent a release of information to [REDACTED] for [REDACTED] birth.



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: 09/02/2015 Contact Method:
 Contact Time: 01:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 10/13/2015
 Completed date: 10/13/2015 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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/02/2015 Contact Method:
 Contact Time: 01:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 10/13/2015
 Completed date: 10/13/2015 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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/02/2015 Contact Method:
 Contact Time: 01:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 10/13/2015
 Completed date: 10/13/2015 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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/02/2015 Contact Method:
 Contact Time: 01:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 10/13/2015
 Completed date: 10/13/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
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 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:47 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2015

Contact Method:

Contact Time: 01:20 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 10:47 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/04/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/16/2015

Completed date: 09/16/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/16/2015 06:39 AM Entered By: [REDACTED]

Date: 8/4/2015

Time: 12:00pm

Type of Contact: Notation

Location of Contact:

Primary person(s) to be interviewed and relationship:

Other persons present at the contact and relationship:

Content and Observations:

[REDACTED] was arrested on 8/4/2015 for Aggravated Child Neglect and Reckless Homicide.



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: System Completed
Contact Date: 07/06/2015	Contact Method:
Contact Time: 05:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/06/2015
Completed date: 08/06/2015	Completed By: System Completed
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/06/2015 04:07 PM Entered By: [REDACTED]

Closing Summary:

On 12/13/2014 the Department of Children Services (DCS) received a referral with allegations of Neglect Death in regards to alleged child victim [REDACTED], the alleged perpetrators were [REDACTED] [birth mother] and [REDACTED] [birth father]. Mr. [REDACTED] has history with the department as a minor.

Child Protective Service Investigator [REDACTED] (CPSI [REDACTED]) was assigned the case by Lead Investigator (LI) [REDACTED] Law Enforcement Detective [REDACTED] of the [REDACTED] Sheriff's Department had already began working the case prior to the department's involvement. The mother fed the child at approximately 7:00am. The mother fell asleep and when she woke up found [REDACTED] face down on the floor. The mother began yelling and woke the father up. The mother called for emergency assistance. Emergency responders attempted resuscitation and transported the child to [REDACTED]. The child was pronounced deceased at 9:40am. CPSI [REDACTED] responded to the call and the body had already been transported to [REDACTED]. CPSI [REDACTED] met with the family at the DCS office in [REDACTED] County.

CPSI [REDACTED] conducted interviews with all parties present at the time of the incident.

CPSI [REDACTED] interviewed [REDACTED] birth mother. Ms. [REDACTED] stated they are staying with her mother right now because there is no heat in her home. Ms. [REDACTED] stated that is why they are sleeping on an air mattress. Ms. [REDACTED] stated that [REDACTED] and [REDACTED] all have their own beds and sleep in their own beds. Ms. [REDACTED] stated that [REDACTED] had spent the previous night with a family member and they had taken his bassinet over there. Ms. [REDACTED] stated that when she picked [REDACTED] up, [REDACTED] (the family member) gave her a Christmas tree. Ms. [REDACTED] stated that there was not enough room in the car for the bassinet too. Ms. [REDACTED] stated that [REDACTED] slept in his car seat the whole night. Ms. [REDACTED] stated that he woke up around 7:00am and she fed him, changed his diaper and his clothes because he spit up. Ms. [REDACTED] stated that she was holding him, cradled in her arms, rubbing his belly to ease the gas in his stomach while watching TV. Ms. [REDACTED] stated that she woke up around 9:00am and looked for him because he wasn't in her arms. Ms. [REDACTED] stated that he was lying face down on the floor. Ms. [REDACTED] stated that he was unresponsive and she called 911. Ms. [REDACTED] stated that [REDACTED] came and they wouldn't let her go to the hospital. Ms. [REDACTED] stated that when they finally got to the hospital they would only let her kiss [REDACTED] on the forehead and say goodbye. Ms. [REDACTED] stated that they took his body to [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

and wouldn't let her go with him. Ms. [REDACTED] stated that is when it hit her that he was gone. Ms. [REDACTED] stated that she freaked out a little earlier when [REDACTED] pulled the dolls out of the bag and asked her to re-create what happened. Ms. [REDACTED] was interviewed again on 12/15/2014. Ms. [REDACTED] stated that he was face down on the floor. Ms. [REDACTED] drew CPSI a picture of the air mattress, where she was and then placed [REDACTED] right beside the bed on her side. Ms. [REDACTED] stated that he was tilted with his left side down, not flat on the floor. Ms. [REDACTED] stated that she saw him laying there and started saying he's gone, he's gone. Ms. [REDACTED] stated that she called 911 and they told her to give him CPR. Ms. [REDACTED] stated that he already had blood coming out of his nose. Ms. [REDACTED] stated that [REDACTED] was born in [REDACTED] at [REDACTED]. Ms. [REDACTED] stated that the hospital did go over safe sleep with her when [REDACTED] was born.

CPSI [REDACTED] also interviewed [REDACTED] birth father. Mr. [REDACTED] stated that he was asleep on the air mattress beside her. Mr. [REDACTED] stated that he slept through her feeding the baby and the changings. Mr. [REDACTED] stated that he didn't wake until she started freaking out, saying "he's gone."

Maternal grandparents, [REDACTED] and [REDACTED], were interviewed on 12/15/2015. Ms. [REDACTED] stated that she and her husband took [REDACTED] (half-brother) with them to the funeral in [REDACTED]. Ms. [REDACTED] stated that they left on Wednesday and returned last night at midnight. Ms. [REDACTED] stated that [REDACTED] called her that morning and it was just awful. Mr. [REDACTED] stated that [REDACTED] was well and healthy when they left on Wednesday (12/10/2014).

CPSI [REDACTED] interviewed [REDACTED], friend, on 12/15/2015. Ms. [REDACTED] stated that she got [REDACTED] on Thursday (12/11/2014). Ms. [REDACTED] stated that she keeps one of the children every now and then to give [REDACTED] a break. Ms. [REDACTED] stated that [REDACTED] brought him over with supplies formula, diapers, bassinet, clothes. Ms. [REDACTED] stated that [REDACTED] was healthy that night. Ms. [REDACTED] stated that he spit up his formula but other than that he was fine. Ms. [REDACTED] stated that she gave [REDACTED] a fake tree as they were getting a real one this year. Ms. [REDACTED] stated that the bassinet stayed at her house.

DCS Policy Work Aid 1 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 abuse or neglect resulting from direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse; Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child. The case was presented to the [REDACTED] Child Protective Investigations Team (CPIT) on 4/17/2015 and the decision that the case would be substantiated for Ms. [REDACTED] and unsubstantiated for Mr. [REDACTED].

After discussing the case with the CPIT Team it was determined that the Ms. [REDACTED] was neglectful in co-sleeping with her son. Ms. [REDACTED] stated that she woke up and fed him and that she holding him when she fell asleep. Ms. [REDACTED] left the bassinet for [REDACTED] at her friend's home the night before. The team determined that Mr. [REDACTED] would not be substantiated due to the fact that Mr. [REDACTED] was asleep during the morning feeding and changing. Mr. [REDACTED] stated that he did not wake up until Ms. [REDACTED] started yelling.

The case will be closed and classified as allegation unsubstantiated, perpetrator unsubstantiated for Child Neglect Death for [REDACTED] and allegation substantiated, perpetrator substantiated for Child Neglect Death for [REDACTED].

Family Assessment:

**Assessment of Safety -
Maltreatment Allegations: NGD**

There is no history and no concerns with Delinquent or Unruly behaviors at this time. There is no history and no concerns with Domestic Violence at this time. There is a history of substance abuse with [REDACTED]. The home has 2 bedrooms and 1 bathroom. The family lives in a small, rural community. The family lives in a rural neighborhood 10 minutes from community resources.

Assessment of Well Being:

The children are currently functioning well and there are no concerns at this time. The grandparents have more than adequate parenting skills. There are no concerns at this time. [REDACTED] and [REDACTED] are not school-



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

aged and [REDACTED] goes to [REDACTED] Elementary. Mr. and Mrs. [REDACTED] work at [REDACTED]. Ms. [REDACTED] and Mr. [REDACTED] are not employed. There are no concerns with physical health at this time. Ms. [REDACTED] was going to a psychiatrist, Dr. [REDACTED] but missed an appointment and was let go. Counseling services have been offered to the family. The family is able to manage and maintain positive relationships. The family is able to manage and maintain positive connections.

Assessment of Permanence:

[REDACTED] and [REDACTED] are currently placed with the maternal grandparents and [REDACTED] is placed with her biological father with her mother having visitation. There are no concerns with stability or transition at this time. The family's plan is to continue to provide a safe, healthy environment for the children to thrive. There are no concerns with transition to adulthood at this time.

Assessment of Resources:

The family has a good support system to include friends, family and the community. The family is able to adequately manage and maintain its roles. The family is able to adequately manage access and coordination of the team. The family has access to all services at their disposal.

The Initial Safety Assessment was completed on 12/15/2014 and rated unsafe.

The Closing Safety Assessment was completed on 7/2/2015 and rated safe.

The FAST was completed on 12/15/2014 and rated moderate risk.

The FAST reassessed and completed on 7/2/2015 and rated no identified need for services.

FFA was initiated on 12/23/2014 and has been entered in the system.

Allegations Key:

Environmental Neglect (ENN)
 Physical Abuse (PHA)
 Sexual Abuse (SAE)
 Neglect Death (NGD)
 Abuse Death (ABD)
 Psychological Harm (PYA)
 Nutritional Neglect (NUN)
 Educational Neglect (EDN)
 Drug Exposed Child (DEC)
 Drug Exposed Infant (DEI)
 Medical Maltreatment (MDM)
 Abandonment (ABN)

Acronym Key:

Child Protective Services Investigator (CPSI)
 Lead Investigator (LI)
 Investigations Coordinator (IC)
 Regional Investigator Director (RID)
 Attorney (Atty)
 Alleged Perpetrator (AP)
 Alleged Child Victim (ACV)
 Family Services Worker (FSW)
 Juvenile Justice FSW (JJFSW)
 Probation and Parole Officer (PPO)
 Children's Advocacy Center (CAC)
 Detective (Det.)
 Law Enforcement (LE)
 Alcohol and Drug (A&D)
 District Attorney (DA)
 Immediate Protection Agreement (IPA)
 Adjudication (ADJ)
 Preliminary (Prelim)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Administrative (Admin)
Forensic Interviewer (FI)

Classifications:

Investigations

- Allegation Unsubstantiated, Perpetrator Unsubstantiated (AUPU)
- Allegation Substantiated, Perpetrator Substantiated (ASPS)
- Allegation Substantiated, Perpetrator Unknown (ASPK)
- Allegation Substantiated, Perpetrator Unsubstantiated (ASPU)
- Allegation Unsubstantiated, Child with Sexual Behavior Problems (AUSB)
- Unable to Complete (UABC)

Assessments:

- No Services Needed (NSN)
- Services Recommended and Accepted (SRCA)
- Services Recommended and Refused (SRCR)
- Services Required (SREQ)
- Unable to Complete (UABC)



**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: Created In Error
Contact Date: 07/02/2015 Contact Method: Face To Face
Contact Time: 07:20 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 07/06/2015
Completed date: 07/06/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/06/2015 10:03 AM Entered By: [REDACTED]

Date: 7/2/2015

Time: 7:20pm

Type of Contact: Sibling Interview/ Caretaker Interview/ Collateral Contact

Location of Contact: DCS Office

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

Other persons present at the contact and relationship: [REDACTED] father]

Content and Observations:

CPSI [REDACTED] contacted [REDACTED] Mr. [REDACTED] stated that [REDACTED] is with her grandmother [REDACTED] right now. Mr. [REDACTED] stated that he knows what happened with [REDACTED] Mr. [REDACTED] stated that he's heard things but it's talk from other people so he doesn't put much stock into it. Mr. [REDACTED] stated that [REDACTED] is taking it hard. Mr. [REDACTED] stated that he doesn't bring it up to her and when she's ready she'll talk. Mr. [REDACTED] stated that [REDACTED] doesn't talk about it to him. Mr. [REDACTED] stated that if she did she would talk to her grandmother most likely. Mr. [REDACTED] stated that he tries to stay out of [REDACTED] business. Mr. [REDACTED] stated that he goes through [REDACTED] to keep things civil. Mr. [REDACTED] stated that [REDACTED] has been good to [REDACTED] they just don't get along. Mr. [REDACTED] stated that he doesn't think that [REDACTED] would have done this intentionally. Mr. [REDACTED] stated that CPSI was welcome to call and talk to him some more or to [REDACTED] whenever she liked. CPSI thanked Mr. [REDACTED]
CPSI contacted Ms. [REDACTED] and Ms. [REDACTED] stated that she was picking up [REDACTED] and could bring her by the office. Ms. [REDACTED] stated that she would be there around 7:15pm. CPSI thanked Ms. [REDACTED]

7:20pm

Ms. [REDACTED] brought [REDACTED] and [REDACTED] into the office. CPSI showed [REDACTED] and [REDACTED] the toy room and took [REDACTED] to a conference room. [REDACTED] stated that she is 10 years old and is turning 11 on the 25th of July. [REDACTED] stated that she lives with her dad mostly. [REDACTED] stated that when she sees her mom she usually stays at her [REDACTED] [REDACTED] stated that [REDACTED] is [REDACTED] who brought her here. [REDACTED] stated that when she's not with her dad she is at her [REDACTED] home. [REDACTED] stated that she made honor roll this year in school so she guesses she did pretty good. [REDACTED] stated that she used to play soccer but wants to play softball. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

stated that she may wait another year to try out for softball because she's not very good yet. [REDACTED] stated that she is doing okay. [REDACTED] stated that she gets along with her mom mostly and doesn't get along with [REDACTED] stated that [REDACTED] yells at her mom and he doesn't respect her ([REDACTED]). [REDACTED] stated that she's never seen [REDACTED] or her mom use drugs. [REDACTED] stated that she would definitely say if [REDACTED] used drugs but she's never seen it. [REDACTED] stated that the morning that [REDACTED] passed, she had gotten up to go to the bathroom and went back to the bedroom. [REDACTED] stated that doesn't remember what time it was but it was around dawn. [REDACTED] stated that she never heard [REDACTED] cry or anything. [REDACTED] stated that after she woke up she was kept in the bedroom with [REDACTED] and [REDACTED] [REDACTED] stated that she didn't see anything. [REDACTED] stated that she doesn't talk about it. [REDACTED] stated that if she needed to talk about it she would talk to her [REDACTED] [REDACTED] stated that she can tell her anything. CPSI asked [REDACTED] about going to Florida. [REDACTED] stated that she was down in [REDACTED] and got to see dolphins. [REDACTED] stated that she went with her dad's parents to Florida because they have lots of money. [REDACTED] stated that she had a good time. CPSI thanked [REDACTED] CPSI walked [REDACTED] to the play room where [REDACTED] and [REDACTED] were playing with toys. CPSI thanked Ms. [REDACTED] for bringing the children in. [REDACTED] had orange marker down her arm but was otherwise clean, healthy, happy and appropriately dressed. [REDACTED] was picking up the toys and putting them back. [REDACTED] was in Minion pajamas with his boots on. [REDACTED] was healthy, clean, happy and appropriately dressed. CPSI thanked everyone for coming to see her. [REDACTED] blew CPSI kisses and said "bye."

Narrative Type: Created In Error Entry Date/Time: 07/06/2015 02:49 PM Entered By: [REDACTED].

Entered part of dictation incorrectly.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 07/02/2015 Contact Method: Face To Face
Contact Time: 07:20 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 07/06/2015
Completed date: 07/06/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/06/2015 02:50 PM Entered By: [REDACTED]
Narrative Type: Original Entry Date/Time: 07/06/2015 10:03:08 Entered By: [REDACTED]

Date: 7/2/2015

Time: 7:20pm

Type of Contact: Sibling Interview/ Caretaker Interview/ Collateral Contact

Location of Contact: DCS Office

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

Other persons present at the contact and relationship: [REDACTED] [REDACTED] father]

Content and Observations:

CPSI [REDACTED] contacted [REDACTED] Mr. [REDACTED] stated that [REDACTED] is with her grandmother, [REDACTED] right now. Mr. [REDACTED] stated that he knows what happened with [REDACTED] Mr. [REDACTED] stated that he's heard things but it's talk from other people so he doesn't put much stock into it. Mr. [REDACTED] stated that [REDACTED] is taking it hard. Mr. [REDACTED] stated that he doesn't bring it up to her and when she's ready she'll talk. Mr. [REDACTED] stated that [REDACTED] doesn't talk about it to him. Mr. [REDACTED] stated that if she did she would talk to her grandmother most likely. Mr. [REDACTED] stated that he tries to stay out of [REDACTED] business. Mr. [REDACTED] stated that he goes through [REDACTED] to keep things civil. Mr. [REDACTED] stated that [REDACTED] has been good to [REDACTED], they just don't get along. Mr. [REDACTED] stated that he doesn't think that [REDACTED] would have done this intentionally. Mr. [REDACTED] stated that CPSI was welcome to call and talk to him some more or to [REDACTED] whenever she liked. CPSI thanked Mr. [REDACTED]
CPSI contacted Ms. [REDACTED] and Ms. [REDACTED] stated that she was picking up [REDACTED] and could bring her by the office. Ms. [REDACTED] stated that she would be there around 7:15pm. CPSI thanked Ms. [REDACTED]

7:20pm

Ms. [REDACTED] brought [REDACTED] and [REDACTED] into the office. CPSI showed [REDACTED] and [REDACTED] the toy room and took [REDACTED] to a conference room. [REDACTED] stated that she is 10 years old and is turning 11 on the 25th of July. [REDACTED] stated that she lives with her dad mostly [REDACTED] stated that when she sees her mom she usually stays



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

at her [REDACTED] [REDACTED] stated that [REDACTED] is [REDACTED] who brought her here. [REDACTED] stated that when she's not with her dad she is at her [REDACTED] home. [REDACTED] stated that she made honor roll this year in school so she guesses she did pretty good. [REDACTED] stated that she used to play soccer but wants to play softball. [REDACTED] stated that she may wait another year to try out for softball because she's not very good yet. [REDACTED] stated that she is doing okay. [REDACTED] stated that she gets along with her mom mostly and doesn't get along with [REDACTED] [REDACTED] stated that [REDACTED] yells at her mom and he doesn't respect her ([REDACTED]). [REDACTED] stated that she's never seen [REDACTED] or her mom use drugs. [REDACTED] stated that she would definitely say if [REDACTED] used drugs but she's never seen it. [REDACTED] stated that the morning that [REDACTED] passed, she had gotten up to go to the bathroom and went back to the bedroom. [REDACTED] stated that doesn't remember what time it was but it was around dawn. [REDACTED] stated that she never heard [REDACTED] cry or anything. [REDACTED] stated that after she woke up she was kept in the bedroom with [REDACTED] [REDACTED] stated that she didn't see anything. [REDACTED] stated that she doesn't talk about it. [REDACTED] stated that if she needed to talk about it she would talk to her [REDACTED] [REDACTED] stated that she can tell her anything. CPSI asked [REDACTED] about going to Florida. [REDACTED] stated that she was down in [REDACTED] and got to see dolphins. [REDACTED] stated that she went with her dad's parents to Florida because they have lots of money. [REDACTED] stated that she had a good time. CPSI thanked [REDACTED] CPSI walked [REDACTED] to the play room where [REDACTED] and [REDACTED] were playing with toys. CPSI thanked Ms [REDACTED] for bringing the children in [REDACTED] had orange marker down her arm but was otherwise clean, healthy, happy and appropriately dressed. [REDACTED] was picking up the toys and putting them back. [REDACTED] was in Minion pajamas with his boots on. [REDACTED] was healthy, clean, happy and appropriately dressed. CPSI thanked everyone for coming to see her. [REDACTED] blew CPSI kisses and said "bye."



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 07/01/2015 Contact Method: Face To Face
Contact Time: 12:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 07/06/2015
Completed date: 07/06/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview,Sibling Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/06/2015 10:02 AM Entered By: [REDACTED]
Date: 7/1/2015
Time: 12:00pm
Type of Contact: Sibling Observation/ AP Interview/ Caretaker Interview
Location of Contact: Family Home (Grandparents home)
Primary person(s) to be interviewed and relationship: [REDACTED] [brother], [REDACTED] [sister] [REDACTED]
[birth mother], [REDACTED] [maternal grandfather]
Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] was invited into the home by Mr [REDACTED] CPSI greeted Ms [REDACTED] [REDACTED] and [REDACTED] Ms. [REDACTED] stated that she isn't working right now. Ms. [REDACTED] stated that she worked at [REDACTED] for just a day or two and then they let her go because her mom works there and they didn't want to deal with the drama of what they're going through. Ms. [REDACTED] stated that she is looking again because she's better when she has something to do. Ms. [REDACTED] stated that she and [REDACTED] are living on [REDACTED] now because of drama with the man that they had originally bought their trailer from. Ms. [REDACTED] stated that they aren't really together but live together right now. Ms. [REDACTED] stated that they fight a lot so they just aren't together. Ms. [REDACTED] stated that she missed an appointment with her counselor so they dropped her there. Ms. [REDACTED] stated that she just has to go make a new appointment somewhere. Ms. [REDACTED] stated that [REDACTED] has been in Florida but should be coming home today. Ms [REDACTED] stated that she would be at her father's home. CPSI observed [REDACTED] sitting in a booster chair eating. [REDACTED] appeared to be healthy and happy. [REDACTED] was sitting on the couch playing on a phone. [REDACTED] hair was in a Mohawk and when CPSI asked him about his hair [REDACTED] said "cool." [REDACTED] showed CPSI his boots and then went back to playing on the phone. CPSI observed no safety concerns in the home and both children appeared to be neat, clean and appropriately dressed. CPSI thanked the family for their time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/19/2015 Contact Method:
 Contact Time: 12:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/06/2015
 Completed date: 07/06/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/06/2015 01:39 PM Entered By: [REDACTED]
 Date: 6/19/2015
 Time: 12:00pm
 Type of Contact: Notation/ Autopsy results
 Location of Contact: DCS Office
 Primary person(s) to be interviewed and relationship: [REDACTED] [law enforcement]
 Other persons present at the contact and relationship:

Content and Observations:

[REDACTED] gave CPSI [REDACTED] the results of the autopsy. The autopsy states that [REDACTED] died of positional asphyxia. The report states that the autopsy revealed no significant natural disease. The report states that the postmortem heart blood analysis revealed no alcohol, drugs of abuse or prescription medications. Vitreous fluid and viral and bacterial cultures were negative for any abnormalities. The body radiographs were negative for acute or remote bony trauma. Analysis of the postmortem blood and bile were negative for an inborn error of metabolism.
 The final anatomic diagnosis: the anterior livor mortis with blanching of the tip of the nose is due to infant (1-month old) co-sleeping with parents in bed, initially positioned on the chest of one parent and later found face down on the floor.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 06/08/2015 Contact Method: Face To Face
Contact Time: 04:08 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 07/06/2015
Completed date: 07/06/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/06/2015 12:43 PM Entered By: [REDACTED]

Date: 6/8/2015

Time: 4:08pm

Type of Contact: Caretaker Interview/ Sibling Observation

Location of Contact: DCS Office

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

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] met with Ms. [REDACTED] in a conference room with [REDACTED] and [REDACTED] coloring. Ms. [REDACTED] stated that [REDACTED] got a job at [REDACTED] and was recently let go. Ms. [REDACTED] stated that [REDACTED] said he quit but she knows he was let go. Ms. [REDACTED] stated that she knows people in management. Ms. [REDACTED] stated that when he left he took a propane torch with him. Ms. [REDACTED] stated that she doesn't know why he would do that. Ms. [REDACTED] stated that they moved off of [REDACTED] and live off of [REDACTED]. Ms. [REDACTED] stated that they have been doing okay otherwise. Ms. [REDACTED] stated that [REDACTED] will be going to [REDACTED] with her other grandparents and she is excited. Ms. [REDACTED] stated that she was worried about [REDACTED] dealing with what happened. CPSI discussed counseling options with Ms. [REDACTED] and told her to let her know if [REDACTED] needed counseling or if they couldn't find counseling through their insurance. [REDACTED] and [REDACTED] were playing with toys and seemed happy. The children were dressed appropriately and appeared to be healthy. CPSI thanked Ms. [REDACTED] for coming by.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/26/2015

Contact Method: Face To Face

Contact Time: 04:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/06/2015

Completed date: 07/06/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/06/2015 09:45 AM Entered By: [REDACTED]

Date: 5/26/2015

Time: 4:15pm

Type of Contact: Caregiver Interview/ Sibling Interview

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: [REDACTED] [maternal grandmother], [REDACTED] [sister] [REDACTED]

[REDACTED] [brother] [REDACTED] [sister]

Other persons present at the contact and relationship:

Content and Observations:

CPS [REDACTED] met with Ms. [REDACTED] in the parking lot by Ms. [REDACTED] car. Ms. [REDACTED] asked if there was anything new and CPSI stated that there was not. CPSI observed [REDACTED] in the car with [REDACTED] and [REDACTED]. Ms. [REDACTED] stated that she had picked [REDACTED] up and thought she would stop by and check. Ms. [REDACTED] stated that everyone is doing okay considering. Ms. [REDACTED] stated that [REDACTED] and [REDACTED] are on and off with their relationship. Ms. [REDACTED] stated that she's tried encouraging [REDACTED] to get a job because she is happier when she works but she isn't looking. CPSI asked about counseling. Ms. [REDACTED] stated that she went a couple of times but she doesn't think that [REDACTED] is going now. CPSI thanked Ms. [REDACTED] for bringing the children by. CPSI observed the children to be happy, healthy and appropriately dressed. CPSI waved to the children and [REDACTED] waved back. [REDACTED] was playing on a phone and waved.



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: 04/17/2015 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/06/2015
 Completed date: 07/06/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/06/2015 01:34 PM Entered By: [REDACTED]
 Date: 4/17/2015
 Time: 10:00am
 Type of Contact: CPIT
 Location of Contact: DCS Office
 Primary person(s) to be interviewed and relationship: [REDACTED] [Lead Investigator], Detective [REDACTED] [law enforcement], [REDACTED] [Assistant DA]
 Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] presented the case at CPIT. The team was in agreement to substantiate Ms. [REDACTED] for neglect death due to Ms. [REDACTED] stating that she was the one that got up to feed [REDACTED] and then didn't put him back in a safe place to sleep before falling asleep herself.
 The team was in agreement to unsubstantiate Mr [REDACTED] due to his being asleep the whole time, corroborated by Ms. [REDACTED] statement.



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: 04/15/2015 Contact Method: Face To Face
 Contact Time: 02:20 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 04/15/2015
 Completed date: 04/15/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/15/2015 04:03 PM Entered By: [REDACTED]

4-15-2015 (CPSI [REDACTED])

Time: 2:20 p.m.

Type of Contact: ACV

Person Contacted: [REDACTED] (sibling/ OIC), [REDACTED] (sibling/ OIC), [REDACTED] (sitter)

Location: [REDACTED]

Documentation of Contact: CPSI [REDACTED] went to the home of [REDACTED] to meet with another child. Upon arrival CPSI [REDACTED] learned that [REDACTED] and [REDACTED] were at the home. Ms. [REDACTED] explained that the grandmother is now working a [REDACTED] in [REDACTED] on Day shift and needed a baby sitter for the children. Ms. [REDACTED] stated that the children are a blessing to have at her home. Both children were appropriately dressed and clean. [REDACTED] was eating popcorn and smiled at this CPSI. [REDACTED] played ball with this CPSI and the juvenile children at the home. Both did not appear scared and appeared comfortable at the home. CPSI [REDACTED] could not interview the children alone due to their ages.



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: 03/10/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2015

Completed date: 03/11/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2015 05:16 PM Entered By: [REDACTED]

This case was staffed today with the CPIT team. According to Investigator [REDACTED] the autopsy should be ready in the next two weeks. Investigator [REDACTED] will be presenting this case to the grand jury in April. This case is overdue, but will be closed once the final cpit is held and closure is approved by RID [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: 03/04/2015 Contact Method: Face To Face
 Contact Time: 12:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/04/2015
 Completed date: 03/04/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/04/2015 01:43 PM Entered By: [REDACTED]

Date: 3/4/2015

Time: 12:00pm

Type of Contact: Sibling Observation/ Caretaker Interview/ Collateral Contact

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: [REDACTED] [maternal grandmother], [REDACTED] [maternal grandfather], [REDACTED] [brother] [REDACTED] [sister], [REDACTED] [maternal aunt]

Other persons present at the contact and relationship: Detective [REDACTED] [law enforcement]

Content and Observations:

CPSI [REDACTED] greeted the family. CPSI led them into a conference room and made a copy of the temporary custody order (hard copy in file). CPSI observed [REDACTED] and [REDACTED] to be well, healthy and appropriately dressed. Mr. [REDACTED] stated that he would take them to the play room while Ms. [REDACTED] spoke with CPSI. Ms. [REDACTED] stated that they have had suspicions that [REDACTED] and [REDACTED] are using pills. Ms. [REDACTED] stated that her son takes Strattera and the bottle was missing after [REDACTED] and [REDACTED] came over. Ms. [REDACTED] stated that she can't prove they took it but she is suspicious of it. Ms. [REDACTED] stated that they drive [REDACTED] all around and they were worried for her. Ms. [REDACTED] stated that she wanted to get custody in case anything happened to [REDACTED] and [REDACTED] but also because she suspects that they are using pills. Ms. [REDACTED] stated that they have never looked intoxicated in front of her because they know better but people have called her phone and told her thinks. Ms. [REDACTED] stated that she is wondering if [REDACTED] death is accidental. Ms. [REDACTED] stated that she has not seen [REDACTED] be emotion over the loss of her son. Ms. [REDACTED] stated that she wonders because she hasn't seen her cry or say anything really. Ms. [REDACTED] stated that she knows everyone takes grief differently but she talks about her niece being killed but not her son dying. Ms. [REDACTED] stated that [REDACTED] and [REDACTED] were fighting a lot after [REDACTED] died. Ms. [REDACTED] stated that they got their tax refund and blew it already. Ms. [REDACTED] stated that [REDACTED] told her that she was very tired and was trying to get [REDACTED] to get up and take care of [REDACTED] but he told her no, that was her job. CPSI stated that she planned on speaking with Ms. [REDACTED] very soon and thanked Ms. [REDACTED] and Ms. [REDACTED] for coming to her.

2:30pm

CPSI called Det. [REDACTED] Det. [REDACTED] stated that he should have the autopsy sometime this month. Det. [REDACTED] stated



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

that he has the 911 call where [REDACTED] stated that the baby was in the bed with them. Det. [REDACTED] stated that he would give CPSI a copy. Det [REDACTED] stated that he has had several phone calls about [REDACTED] and [REDACTED] doing drugs. CPSI stated she was going to call them in and drug screen them. CPSI thanked Det. [REDACTED]



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: 03/04/2015 Contact Method: Phone Call
 Contact Time: 10:28 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/04/2015
 Completed date: 03/04/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/04/2015 10:04 AM Entered By: [REDACTED]

Date: 3/4/2015

Time: 10:28am

Type of Contact: Collateral Contact

Location of Contact: Phone Call

Primary person(s) to be interviewed and relationship: [REDACTED] [maternal grandmother]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] contacted Ms. [REDACTED] and stated that she did not have another phone number for Ms. [REDACTED]. Ms. [REDACTED] stated that she and [REDACTED] broke up and [REDACTED] is living with a friend in a home by the projects. Ms. [REDACTED] stated that she is going to the court house to get custody. Ms. [REDACTED] stated that she discussed it with [REDACTED] and they decided that was probably best. Ms. [REDACTED] stated that [REDACTED] said that she and [REDACTED] discussed the same thing about a month ago. Ms. [REDACTED] stated that [REDACTED] [father] has joint custody with physical custody of [REDACTED]. Ms. [REDACTED] stated that she doesn't have any concerns about [REDACTED] and she does not know of any drug issues with him. Ms. [REDACTED] stated that she could come by the DCS office with the custody paperwork after she went to the courthouse. CPSI got Ms. [REDACTED] new phone number and thanked 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: 03/03/2015 Contact Method:
 Contact Time: 06:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/04/2015
 Completed date: 03/04/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/04/2015 09:50 AM Entered By: [REDACTED]

Date: 3/3/2014

Time: 6:30pm

Type of Contact: Notation

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: [REDACTED] [Lead Investigator]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] became aware of intake # [REDACTED] involving [REDACTED] [REDACTED] oldest daughter.

[REDACTED] and [REDACTED] are not listed as alleged perpetrators in the intake.

CPSI contacted LI [REDACTED] at 8:23pm ET on 3/3/2015 and staffed all of the information of the case with LI [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/20/2015 Contact Method: Face To Face
 Contact Time: 10:30 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/04/2015
 Completed date: 03/04/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/04/2015 07:47 AM Entered By: [REDACTED]

Date: 2/20/2015

Time: 10:30am

Type of Contact: Sibling Observation/ Collateral Contact

Location of Contact: DCS Office

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

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] greeted Ms. [REDACTED] and brought her and the children into a conference room. CPSI observed [REDACTED] and [REDACTED] to be well, healthy and appropriately dressed. CPSI gave [REDACTED] crayons and paper to color on. Ms. [REDACTED] stated that everyone is doing okay. Ms. [REDACTED] stated that [REDACTED] didn't keep her job at [REDACTED]. Ms. [REDACTED] stated that she worked maybe 3 days and quit. Ms. [REDACTED] stated that she told [REDACTED] that she did better when she worked and that's when she's been the happiest. Ms. [REDACTED] stated that she thinks [REDACTED] isn't deal well with it. Ms. [REDACTED] stated that she's made posts on Facebook about her niece that was killed but hasn't really said anything about [REDACTED]. Ms. [REDACTED] stated that she is concerned about her daughter and [REDACTED] that they aren't handling it well. Ms. [REDACTED] stated that they go out a lot and take [REDACTED] with them everywhere. Ms. [REDACTED] stated that [REDACTED] doesn't need to be dragged out in this cold weather all of the time. CPSI stated that she would meet with them soon and see if she can help. CPSI thanked Ms. [REDACTED] for speaking with her.



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: 01/26/2015 Contact Method: Face To Face
Contact Time: 12:28 PM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 03/04/2015
Completed date: 03/04/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Sibling Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/04/2015 07:36 AM Entered By: [REDACTED]

Date: 1/26/2015

Time: 12:28pm

Type of Contact: AP Interview/ Sibling Observation/ Collateral Contacts

Location of Contact: Family Home

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

[birth mother], [REDACTED] [mother's paramour], [REDACTED] [maternal grandmother], [REDACTED] [maternal grandfather]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] contacted Ms [REDACTED] Ms [REDACTED] stated that she is seeing a counselor and she goes every 2 weeks. Ms. [REDACTED] stated that she's been 3 times already. Ms. [REDACTED] stated that she is getting a job at [REDACTED] and will be working 3rd shifts. Ms. [REDACTED] stated that she went to the doctor on January 6th and they did a blood test. Ms. [REDACTED] stated that she had elevated liver enzymes and they put her back on seizure medication. Ms. [REDACTED] stated that her step-father is getting a job at [REDACTED] too. Ms. [REDACTED] stated that she will actually be going for orientation today. Ms. [REDACTED] stated that [REDACTED] is teething now and she is doing well. Ms. [REDACTED] stated that [REDACTED] fractured her wrists at school. Ms. [REDACTED] stated that her mom is taking her to the doctor today. CPSI asked if she could come see the family and Ms. [REDACTED] stated that would be fine but she leaves to go to [REDACTED] in a few minutes. CPSI stated that was fine.

12:55pm

CPSI was invited into the home by Ms. [REDACTED] Ms. [REDACTED] stated that the children are doing well except that [REDACTED] fractured her wrists. Ms. [REDACTED] stated that she is taking her to the doctor today to check up on how her wrist is doing. Ms. [REDACTED] stated that [REDACTED] is teething and [REDACTED] has to have dental work done for his tooth but other than that they are okay. Ms. [REDACTED] stated that [REDACTED] and [REDACTED] just go about and don't realize anything is wrong. Ms. [REDACTED] stated that she thinks [REDACTED] is holding a lot in. CPSI observed [REDACTED] and [REDACTED] sitting on the couch eating a snack. Both children looked well and healthy. Ms. [REDACTED] stated that [REDACTED] has a letter from the doctor about her blood tests and gave CPSI a copy of the letter (hard copy in file). CPSI thanked Ms. [REDACTED]. Mr. [REDACTED] was watching TV, sitting with the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

children. Ms. [REDACTED] showed CPSI a display that she made that had [REDACTED] and her other granddaughter's (that was killed) pictures and mementos. CPSI stated that it looked very nice and it was a good way to remember them. Ms. [REDACTED] stated that [REDACTED] made the little bracelets in there for them. Ms. [REDACTED] stated that she wanted to do something to keep them. Mr. [REDACTED] came into the house and stated that he had to take [REDACTED] to [REDACTED]. Mr. [REDACTED] stated that they just got [REDACTED] death certificate and it says that his time of death was 9:27am. Mr. [REDACTED] stated that they called for 911 at 9:05am. Mr. [REDACTED] stated that the doctor's told them that they performed CPR on [REDACTED] for 40 minutes but that can't be since his time of death was only 22 minutes after they called 911. Mr. [REDACTED] stated that when the medics carried him out of the house they said that he was still warm and they were taking him to the emergency room. Mr. [REDACTED] stated that he wasn't warm. Mr. [REDACTED] stated that he was cold before the medics came in the home. Mr. [REDACTED] asked why they would say that. CPSI stated that she did not know and was sorry that it causing them more grief. CPSI stated that they still do not have the autopsy results in and probably wouldn't for a while. CPSI explained that she would have to keep contact with the family the whole case. Ms. [REDACTED] and Mr. [REDACTED] stated that they understood. CPSI thanked the family.



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: 12/15/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/06/2015

Completed date: 07/06/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/06/2015 01:35 PM Entered By: [REDACTED]

Date: 12/15/2015

Time: 2:00pm

Type of Contact: Notation

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: Detective [REDACTED] [law enforcement]

Other persons present at the contact and relationship:

Content and Observations:

Det. [REDACTED] came by the DCS office and gave CPSI copies of the SUIDI (Sudden Unexpected Infant Death Investigation) report, the police report, the ambulance log, and the order for the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
Contact Date: 12/15/2014 Contact Method: Face To Face
Contact Time: 01:20 PM Contact Duration: Less than 01 Hour
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 12/18/2014
Completed date: 01/15/2015 Completed By: System Completed
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Sibling Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/18/2014 08:32 AM Entered By: [REDACTED]

Date: 12/15/2014

Time: 1:20pm

Type of Contact: AP Interview/ Collateral Contacts/ Sibling Interview

Location of Contact: DCS Office

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

Other persons present at the contact and relationship: [REDACTED] [maternal grandmother], [REDACTED] [maternal grandfather], [REDACTED] [friend]

Content and Observations:

CPSI [REDACTED] met with Mr [REDACTED], Ms. [REDACTED], Mr. and Mrs. [REDACTED], [REDACTED] and [REDACTED] in the conference room. CPSI observed [REDACTED] and [REDACTED] to be well, healthy and happy. Ms. [REDACTED] stated that [REDACTED] did not go to school today. Ms. [REDACTED] stated that she is going to explain to the school what happened when she leaves the office. Ms. [REDACTED] stated that her friend, [REDACTED] is going to bring her by. Ms. [REDACTED] stated that [REDACTED] isn't saying much but she let her stay with [REDACTED] last night so try and cheer her up. Ms. [REDACTED] stated that she still can't believe this has happened. Ms. [REDACTED] stated that she and her husband took [REDACTED] with them to the funeral in [REDACTED]. Ms. [REDACTED] stated that they left on Wednesday and returned last night at midnight. Ms. [REDACTED] stated that [REDACTED] called her that morning and it was just awful. Mr. [REDACTED] stated that [REDACTED] was well and healthy when they left on Wednesday. Mr. [REDACTED] took the children into the play room. CPSI asked Ms. [REDACTED] how [REDACTED] was when she found him. Ms. [REDACTED] stated that he was face down on the floor. Ms. [REDACTED] drew CPSI a picture of the air mattress, where she was and then placed [REDACTED] right beside the bed on her side. Ms. [REDACTED] stated that he was tilted with his left side down, not flat on the floor. Ms. [REDACTED] stated that she saw him laying there and started saying he's gone, he's gone. Ms. [REDACTED] stated that she called 911 and they told her to give him CPR. Ms. [REDACTED] stated that he already had blood coming out of his nose. CPSI asked Ms. [REDACTED] about her seizures. Ms. [REDACTED] stated that she does have silent seizures, where she just tenses up. Ms. [REDACTED] stated that sometimes it makes her shake. Ms. [REDACTED] stated that there have been times where she is having a seizure and it looks like she is just staring at the ceiling. Ms. [REDACTED] stated that she used to be able to tell when a seizure was coming on and try to stop them. Ms. [REDACTED] stated that her doctors told her not to stop them because it makes the subsequent seizure worse. Ms.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] stated that she cannot drive because of them. Ms. [REDACTED] stated that she usually had seizures maybe 2 or 3 times a year but had them almost once per month with [REDACTED]. Ms. [REDACTED] stated that she goes to Primary Care and sees Dr. [REDACTED] for her thyroid. Ms. [REDACTED] stated that she has been to [REDACTED] for her seizures too. Mr. [REDACTED] and Mr. [REDACTED] exchanged the children and Mr. [REDACTED] went to the play room with them. Ms. [REDACTED] stated that this is really hard on [REDACTED] because he's lost a daughter before. Ms. [REDACTED] stated that he had twin girls with another woman about 5 years back. Ms. [REDACTED] stated that his other children live in [REDACTED] with their mother. Ms. [REDACTED] stated that the twin girls were in the hospital because they were medically fragile when they were born. Ms. [REDACTED] stated that one of the girls passed away in the hospital at 8 months. Ms. [REDACTED] went out and greeted her friend and daughter. Ms. [REDACTED] introduced Ms. [REDACTED] and [REDACTED]. [REDACTED] left to go to the play room. Ms. [REDACTED] explained that [REDACTED] and her boyfriend are [REDACTED] godparents. Ms. [REDACTED] stated that she basically lived at [REDACTED] house when they were growing up so she's just like family to her.

CPSI spoke with Ms. [REDACTED] alone in another room. Ms. [REDACTED] stated that she got [REDACTED] on Thursday. Ms. [REDACTED] stated that she keeps one of the children every now and then to give [REDACTED] a break. Ms. [REDACTED] stated that [REDACTED] brought him over with supplies formula, diapers, bassinet, clothes. Ms. [REDACTED] stated that [REDACTED] was healthy that night. Ms. [REDACTED] stated that he spit up his formula but other than that he was fine. Ms. [REDACTED] stated that she gave [REDACTED] a fake tree as they were getting a real one this year. Ms. [REDACTED] stated that the bassinet stayed at her house. CPSI thanked Ms. [REDACTED] for speaking with her and got her contact information before she left.

CPSI asked Ms. [REDACTED] if she's taken anything else since they last spoke. Ms. [REDACTED] stated that she has not. Ms. [REDACTED] stated that she talked with her mom and she's right. Ms. [REDACTED] stated that other people have told her that she could probably get a prescription for Xanax. Ms. [REDACTED] stated that she doesn't want that because it wouldn't help. Ms. [REDACTED] stated that if she doesn't feel it then she can't deal with it and then it will just be there later on down the road. CPSI asked Ms. [REDACTED] why [REDACTED] was fired from [REDACTED]. Ms. [REDACTED] stated that he wasn't there long at all. Ms. [REDACTED] stated that he has theft charges in his background so they couldn't keep him. [REDACTED] and Mr. [REDACTED] came back into the room. [REDACTED] sat down next to her grandmother. CPSI asked [REDACTED] how she was doing. [REDACTED] stated okay. [REDACTED] stated that she makes okay grades at school. CPSI engaged [REDACTED] by asking about things she likes and hobbies. [REDACTED] seemed distracted when speaking to CPSI. CPSI offered counseling services again to Ms. [REDACTED]. Ms. [REDACTED] stated that she thinks they will need them. CPSI thanked the family for coming in.

Narrative Type: Addendum 1 Entry Date/Time: 07/06/2015 02:07 PM Entered By: [REDACTED].

Ms. [REDACTED] stated that [REDACTED] was born in [REDACTED] at [REDACTED] Women's [REDACTED]. Ms. [REDACTED] stated that the hospital did go over safe sleep with her when [REDACTED] was born.



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: Created In Error
Contact Date: 12/13/2014 Contact Method: Face To Face
Contact Time: 12:48 PM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 12/18/2014
Completed date: 01/13/2015 Completed By: TFACTS, [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being
Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Initial ACV Face To Face, Sibling Interview/Observation
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/18/2014 08:24 AM Entered By: [REDACTED]
Date: 12/13/2014
Time: 12:48pm
Type of Contact: ACV Observation/ AP Interview/ Sibling Interview/ Collateral Contact
Location of Contact: DCS Office
Primary person(s) to be interviewed and relationship: [REDACTED] [birth mother], [REDACTED] [birth father] [REDACTED] [sister]
Other persons present at the contact and relationship: [REDACTED] [maternal aunt], [REDACTED] [ACV]

Content and Observations:

[REDACTED] body had already been transported to [REDACTED] and was then being transported to [REDACTED] by the time CPSI received a referral.

CPSI [REDACTED] arrived at [REDACTED]. CPSI knocked on the home but there was no answer. CPSI contacted Ms. [REDACTED] at [REDACTED]. CPSI introduced herself and explained why she was calling. Ms. [REDACTED] stated that she was wide awake with him and the next thing she remembers he was face down on the floor. Ms. [REDACTED] stated that she has seizures and she might have had one then. Ms. [REDACTED] stated that her 2 year old son is out of town with family members in [REDACTED]. Ms. [REDACTED] stated that her niece that was 5 months old died and they are burying her today. Ms. [REDACTED] stated that her oldest daughter is with her father. Ms. [REDACTED] stated that she has her youngest daughter with her and they are at her sister's home. Ms. [REDACTED] stated that she would come by the office with her fiancé and daughter.

1:25pm

CPSI met with Mr. [REDACTED], Ms. [REDACTED], and Ms. [REDACTED]. Mr. [REDACTED] was holding [REDACTED] in his arms. [REDACTED] appeared to be well, healthy and appropriately dressed. Ms. [REDACTED] stated they are staying with her mother right now because there is no heat in her home. Ms. [REDACTED] stated that is why they are sleeping on an air mattress. Ms. [REDACTED] stated that [REDACTED] and [REDACTED] all have their own beds and sleep in their own beds. Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

stated that [REDACTED] had spent the previous night with a family member and they had taken his bassinet over there. Ms. [REDACTED] stated that when she picked him up they (the family member) gave her a Christmas tree. Ms. [REDACTED] stated that there was not enough room in the car for the bassinet too. Ms. [REDACTED] stated that [REDACTED] slept in his car seat the whole night. Ms. [REDACTED] stated that he woke up around 7:00am and she fed him, changed his diaper and his clothes because he spit up. Ms. [REDACTED] stated that she was holding him, cradled in her arms, rubbing his belly to ease the gas in his stomach while watching TV. Ms. [REDACTED] stated that she woke up around 9:00am and looked for him because he wasn't in her arms. Ms. [REDACTED] stated that he was lying face down on the floor. Ms. [REDACTED] stated that he was unresponsive and she called 911. Mr. [REDACTED] stated that he was asleep on the air mattress beside her. Mr. [REDACTED] stated that he slept through her feeding the baby and the changings. Mr. [REDACTED] stated that he didn't wake until she started freaking out, saying "he's gone." Ms. [REDACTED] stated that [REDACTED] came and they wouldn't let her go to the hospital. Ms. [REDACTED] stated that when they finally got to the hospital they would only let her kiss [REDACTED] on the forehead and say goodbye. Ms. [REDACTED] stated that they took his body to [REDACTED] and wouldn't let her go with him. Ms. [REDACTED] stated that is when it hit her that he was gone. Ms. [REDACTED] stated that she freaked out a little earlier when [REDACTED] pulled the dolls out of the bag and asked her to re-create what happened. Ms. [REDACTED] stated that she wants to be honest. Ms. [REDACTED] stated that after they left the hospital she took a Xanax and two hits off of a joint of marijuana. Ms. [REDACTED] stated that she does not have a prescription for the Xanax. Ms. [REDACTED] stated that it overwhelmed her. Ms. [REDACTED] stated that she doesn't know what she is going to do. Ms. [REDACTED] stated that she was arrested in [REDACTED] last year for domestic assault against her mother. Ms. [REDACTED] stated that they were stressed at the time, her mother slapped her and she hit her back. Ms. [REDACTED] stated that [REDACTED] was arrested in 2011 for manufacturing methamphetamine. Ms. [REDACTED] stated that they don't do drugs. Ms. [REDACTED] stated that she took the Xanax even though she was told she shouldn't because she was afraid she was going to have a panic attack. Ms. [REDACTED] consented to a drug screen and was positive for THC, Benzodiazepines, Oxycodone and Opiates (hard copy in file). Mr. [REDACTED] consented to a drug screen and was positive for THC, Benzodiazepines, Oxycodone and Opiates (hard copy in file). Mr. [REDACTED] stated that he took a Xanax too and a few hits off of the joint with Ms. [REDACTED] today. Mr. [REDACTED] stated that he has a prescription for hydrocodone for his back. Ms. [REDACTED] stated that she has a prescription for Percocet because of the C-section she had when [REDACTED] was born. Ms. [REDACTED] stated that she has seizures and a thyroid problem that may be related to the seizures. Ms. [REDACTED] stated that she takes Synthroid for the thyroid. Ms. [REDACTED] stated that she has joint custody with [REDACTED] father, [REDACTED]. Ms. [REDACTED] stated that he has her primarily and she gets her through the weekend. Ms. [REDACTED] stated that her mother has power of attorney for her son, [REDACTED] and he lives with her. Ms. [REDACTED] stated that his father is [REDACTED] who is in jail right now. Ms. [REDACTED] stated that his family was threatening her and broke into her home. Ms. [REDACTED] stated that she thought it would be safe if [REDACTED] lived with her mother. Ms. [REDACTED] stated that [REDACTED] was in her bed, asleep, when this happened. Ms. [REDACTED] stated that she is with her father at this time. Ms. [REDACTED] stated that they were at her sister's home when CPSI called. Ms. [REDACTED] stated that [REDACTED] was there and told her that DCS would just try to remove her other children and take away everything they could. Ms. [REDACTED] stated that [REDACTED] deserved to have her boys taken because she didn't protect them and knew [REDACTED] was abusing them. Ms. [REDACTED] stated that she doesn't believe [REDACTED] and DCS has a job to do. Ms. [REDACTED] stated that this is a horrible accident and she does not believe that Ms. [REDACTED] would intentionally harm her son. CPSI utilized proper engagement skills while gathering the investigative information. Ms. [REDACTED] and Mr. [REDACTED] cried during their interviews. Their reactions seemed genuine and appropriate.

Narrative Type: Created In Error Entry Date/Time: 03/04/2015 09:53 AM

Entered By: [REDACTED]

System Completed



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: 12/13/2014 Contact Method: Face To Face
Contact Time: 12:48 PM Contact Duration: Less than 03 Hour
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 03/04/2015
Completed date: 03/04/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Sibling Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/04/2015 09:55 AM Entered By: [REDACTED]
Date: 12/13/2014
Time: 12:48pm
Type of Contact: ACV Observation/ AP Interview/ Sibling Interview/ Collateral Contact
Location of Contact: DCS Office
Primary person(s) to be interviewed and relationship: [REDACTED] [birth mother], [REDACTED] [birth father], [REDACTED] [sister]
Other persons present at the contact and relationship: [REDACTED] [maternal aunt], [REDACTED] [ACV]

Content and Observations:

[REDACTED] body had already been transported to [REDACTED] and was then being transported to [REDACTED] by the time CPSI received a referral.

CPSI [REDACTED] arrived at [REDACTED]. CPSI knocked on the home but there was no answer. CPSI contacted [REDACTED] at [REDACTED]. CPSI introduced herself and explained why she was calling. Ms. [REDACTED] stated that she was wide awake with him and the next thing she remembers he was face down on the floor. Ms. [REDACTED] stated that she has seizures and she might have had one then. Ms. [REDACTED] stated that her 2 year old son is out of town with family members in [REDACTED]. Ms. [REDACTED] stated that her niece that was 5 months old died and they are burying her today. Ms. [REDACTED] stated that her oldest daughter is with her father. Ms. [REDACTED] stated that she has her youngest daughter with her and they are at her sister's home. Ms. [REDACTED] stated that she would come by the office with her fiancé and daughter.

1:25pm

CPSI met with Mr. [REDACTED] Ms. [REDACTED] and Ms. [REDACTED]. Mr. [REDACTED] was holding [REDACTED] in his arms. [REDACTED] appeared to be well, healthy and appropriately dressed. Ms. [REDACTED] stated they are staying with her mother right now because there is no heat in her home. Ms. [REDACTED] stated that is why they are sleeping on an air mattress. Ms. [REDACTED] stated that [REDACTED] and [REDACTED] all have their own beds and sleep in their own beds. Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

stated that [REDACTED] had spent the previous night with a family member and they had taken his bassinet over there. Ms. [REDACTED] stated that when she picked him up they (the family member) gave her a Christmas tree. Ms. [REDACTED] stated that there was not enough room in the car for the bassinet too. Ms. [REDACTED] stated that [REDACTED] slept in his car seat the whole night. Ms. [REDACTED] stated that he woke up around 7:00am and she fed him, changed his diaper and his clothes because he spit up. Ms. [REDACTED] stated that she was holding him, cradled in her arms, rubbing his belly to ease the gas in his stomach while watching TV. Ms. [REDACTED] stated that she woke up around 9:00am and looked for him because he wasn't in her arms. Ms. [REDACTED] stated that he was lying face down on the floor. Ms. [REDACTED] stated that he was unresponsive and she called 911. Mr. [REDACTED] stated that he was asleep on the air mattress beside her. Mr. [REDACTED] stated that he slept through her feeding the baby and the changings. Mr. [REDACTED] stated that he didn't wake until she started freaking out, saying "he's gone." Ms. [REDACTED] stated that [REDACTED] came and they wouldn't let her go to the hospital. Ms. [REDACTED] stated that when they finally got to the hospital they would only let her kiss [REDACTED] on the forehead and say goodbye. Ms. [REDACTED] stated that they took his body to [REDACTED] and wouldn't let her go with him. Ms. [REDACTED] stated that is when it hit her that he was gone. Ms. [REDACTED] stated that she freaked out a little earlier when [REDACTED] pulled the dolls out of the bag and asked her to re-create what happened. Ms. [REDACTED] stated that she wants to be honest. Ms. [REDACTED] stated that after they left the hospital she took a Xanax and two hits off of a joint of marijuana. Ms. [REDACTED] stated that she does not have a prescription for the Xanax. Ms. [REDACTED] stated that it overwhelmed her. Ms. [REDACTED] stated that she doesn't know what she is going to do. Ms. [REDACTED] stated that she was arrested in [REDACTED] last year for domestic assault against her mother. Ms. [REDACTED] stated that they were stressed at the time, her mother slapped her and she hit her back. Ms. [REDACTED] stated that [REDACTED] was arrested in 2011 for manufacturing methamphetamine. Ms. [REDACTED] stated that they don't do drugs. Ms. [REDACTED] stated that she took the Xanax even though she was told she shouldn't because she was afraid she was going to have a panic attack. Ms. [REDACTED] consented to a drug screen and was positive for THC, Benzodiazepines, Oxycodone and Opiates (hard copy in file). Mr. [REDACTED] consented to a drug screen and was positive for THC, Benzodiazepines, Oxycodone and Opiates (hard copy in file). Mr. [REDACTED] stated that he took a Xanax too and a few hits off of the joint with Ms. [REDACTED] today. Mr. [REDACTED] stated that he has a prescription for hydrocodone for his back. Ms. [REDACTED] stated that she has a prescription for Percocet because of the C-section she had when [REDACTED] was born. Ms. [REDACTED] stated that she has seizures and a thyroid problem that may be related to the seizures. Ms. [REDACTED] stated that she takes Synthroid for the thyroid. Ms. [REDACTED] stated that she has joint custody with [REDACTED] father, [REDACTED]. Ms. [REDACTED] stated that he has her primarily and she gets her through the weekend. Ms. [REDACTED] stated that her mother has power of attorney for her son, [REDACTED] and he lives with her. Ms. [REDACTED] stated that his father is [REDACTED], who is in jail right now. Ms. [REDACTED] stated that his family was threatening her and broke into her home. Ms. [REDACTED] stated that she thought it would be safe if [REDACTED] lived with her mother. Ms. [REDACTED] stated that [REDACTED] was in her bed, asleep, when this happened. Ms. [REDACTED] stated that she is with her father at this time. Ms. [REDACTED] stated that they were at her sister's home when CPSI called. Ms. [REDACTED] stated that [REDACTED] was there and told her that DCS would just try to remove her other children and take away everything they could. Ms. [REDACTED] stated that [REDACTED] deserved to have her boys taken because she didn't protect them and knew [REDACTED] was abusing them. Ms. [REDACTED] stated that she doesn't believe [REDACTED] and DCS has a job to do. Ms. [REDACTED] stated that this is a horrible accident and she does not believe that Ms. [REDACTED] would intentionally harm her son. CPSI utilized proper engagement skills while gathering the investigative information. Ms. [REDACTED] and Mr. [REDACTED] cried during their interviews. Their reactions seemed genuine and appropriate.



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: System Completed
 Contact Date: 12/13/2014 Contact Method: Phone Call
 Contact Time: 11:11 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/18/2014
 Completed date: 01/13/2015 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/18/2014 08:27 AM Entered By: [REDACTED]

Date: 12/13/2014

Time: 11:11am

Type of Contact: CPIT

Location of Contact: Phone Call

Primary person(s) to be interviewed and relationship: Investigator [REDACTED] [law enforcement]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] contacted Inv. [REDACTED]. Inv. [REDACTED] stated that the mother told him that the baby was laying face down beside the air mattress. Inv. [REDACTED] stated that the blood pooling was on the left side of the body and not on the lower body. Inv. [REDACTED] stated that the nose was not flattened. Inv. [REDACTED] stated that the mother was not emotional when he spoke with her but the father was very upset. Inv. [REDACTED] stated that the father did not say anything. Inv. [REDACTED] stated that they were co-sleeping with the baby because the crib was elsewhere. Inv. [REDACTED] stated that the home was clean and appropriate.

4:31pm

CPSI contacted Inv. [REDACTED] and related the interviews with Ms. [REDACTED] and Mr. [REDACTED]. CPSI stated that they both were emotional during their interviews and it seemed genuine. CPSI stated that she would be speaking with the rest of the family in the following days.



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: 12/13/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED].

Recorded For:

Location:

Created Date: 12/18/2014

Completed date: 12/18/2014

Completed By: [REDACTED].

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

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED].

Narrative Details

Narrative Type: Original Entry Date/Time: 12/18/2014 08:24 AM Entered By: [REDACTED]

Date: 12/13/2014

Time: 11:00am

Type of Contact: Referent Interview

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: Referent

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] contacted the referent. No additional information was provided.



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: System Completed
 Contact Date: 12/13/2014 Contact Method:
 Contact Time: 10:48 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/18/2014
 Completed date: 01/13/2015 Completed By: System Completed
 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: 12/18/2014 08:27 AM Entered By: [REDACTED]

Date: 12/13/2014

Time: 10:48am

Type of Contact: Notation

Location of Contact: Phone Call

Primary person(s) to be interviewed and relationship: [REDACTED] [Lead Investigator]

Other persons present at the contact and relationship:

Content and Observations:

CPSI [REDACTED] was contacted by [REDACTED]. LI stated that there is a child fatality in [REDACTED] and to contact Inv.

[REDACTED].

3:45PM

CPSI contacted LI. CPSI summarized the interviews with the family. CPSI stated that she would speak with [REDACTED] on Monday at school.



**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:	12/13/2014	Contact Method:	
Contact Time:	10:40 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/06/2015
Completed date:	07/06/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/06/2015 02:16 PM Entered By: [REDACTED]
Investigation # [REDACTED]

This case was assigned as a severe Investigation case to Child Protective Services Investigator (CPSI) [REDACTED] on 12/13/2014 for [REDACTED]. All times are recorded in [REDACTED] Standard Time. The response priority was P1 and the allegations are NGD. The alleged victim is [REDACTED] and the alleged perpetrators are [REDACTED] [birth mother] and [REDACTED] [birth father]. Referent was contacted on 12/13/2014 by phone. CPIT was convened with Office [REDACTED]. The Juvenile Judge, [REDACTED], was notified on 12/13/2014 by fax. The District Attorney [REDACTED] was notified by fax. Response was met on 12/13/2014 at 1:25pm.

Household Composition:

Child Victim:	[REDACTED]	DOB:	[REDACTED]	DOD:	[REDACTED]
Sibling:	[REDACTED]	DOB:	[REDACTED]		
Sibling:	[REDACTED]	DOB:	[REDACTED]		
Mother:	[REDACTED]	DOB:	[REDACTED]		
Father to:	[REDACTED]	DOB:	[REDACTED]		
Family Address:	[REDACTED]				
Family Phone #:	[REDACTED]				

Sibling:	[REDACTED]	DOB:	[REDACTED]		
Guardian/Caretaker:	[REDACTED]	Relationship:	Maternal grandmother		
Guardian/ Caretaker:	[REDACTED]	Relationship:	Maternal step-grandfather		
Family Address:	[REDACTED]				
Family Phone #:	[REDACTED]				

Father to [REDACTED] (incarcerated)
 Father to [REDACTED]: [REDACTED]
 Family Address: [REDACTED]
 Family Phone #: [REDACTED] (cell), [REDACTED] (home)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] and [REDACTED] have joint custody of [REDACTED] and Mr. [REDACTED] is the primary custodian. [REDACTED] gained custody of [REDACTED] and [REDACTED] on 3/4/2015.

DCS history:

CPSI [REDACTED] reviewed case history of the family on 12/14/2014. There is no DCS history. There is DCS history for [REDACTED] as a minor.

CPSI [REDACTED] reviewed local criminal history and internet registries. There is history.

[REDACTED] has been arrested in [REDACTED] for:

Disorderly Conduct 7/2/09, 7/16/09, 12/29/07, Bond Revocation 7/23/09, Domestic Assault 12/26/13, Theft under \$500 6/25/14

[REDACTED] is on the felony offender registry. [REDACTED] has been arrested in [REDACTED] for:

12/7/06 unlawful drug paraphernalia (pipe) & possession of a controlled substance schedule V
 2/20/07, 3/30/09, 12/20/09, 3/19/10, 3/2/14 simple possession or casual exchange & possession of drug paraphernalia
 2/28/07, 11/2/10, 3/14/12 violation of probation
 6/2/07, 6/8/07, 6/15/07 serving time
 10/29/10 possession of a controlled substance schedule VI, possession of legend drug without prescription
 12/2/10 theft under \$500
 10/7/12 failure to appear, holding for [REDACTED] PD
 3/11/13 driving on a revoked or suspended license

Current Referral States:

[REDACTED] (1 month) resides with his parents, [REDACTED] and [REDACTED] in [REDACTED]. Also in the home are three unknown siblings, estimated ages 10, 8, and 1.

[REDACTED] was in [REDACTED] and [REDACTED] physical custody at the time of the occurrence. All participants were present in the home at the time of the occurrence.

[REDACTED] stated that last night (12/12/2014) she was sleeping on an air mattress with her husband, [REDACTED] and child, [REDACTED] in the living room of their home in [REDACTED]. The referent states a bed was located in the bedroom, but the family was watching television on the air-mattress and fell asleep. When [REDACTED] woke up, she found [REDACTED] lying on the floor, face down, next to the bed. [REDACTED] was unresponsive. [REDACTED] attempted CPR but was unable to resuscitate [REDACTED]. [REDACTED] proceeded to contact 911 emergency services in [REDACTED] and [REDACTED]. Department responded to the home. [REDACTED] was transported to [REDACTED] Medical Center at approximately 9:30 A.M. today, 12-13-2014. [REDACTED] was pronounced dead at approximately 9:40 A.M. on December 13, 2014 by the [REDACTED] Medical Center Emergency Room Attending Physician, name unknown. No injuries were found to be on [REDACTED] person by the referent or attending physician.

[REDACTED] original statement was collected; however, she has not been extensively interviewed by law enforcement. The autopsy was not yet completed at the time of report, therefore the cause of death is unknown. Referent speculates cause of death to be accidental asphyxiation based on the initial report given by [REDACTED] and [REDACTED]. Original statements from all family members will be compared to forensic analysis when available. After the comparison is made, extensive interviewing among all family members will commence. No other instances of child abuse or neglect are believed to have previously occurred in the home. Domestic disputes are reported to have previously taken place in the home; however, to the referents knowledge, none of the children were involved. No family member has special needs or disabilities. [REDACTED] was born three weeks premature. [REDACTED] had limited pre-natal care and no post birthing care as reported by Dr. [REDACTED] with Women's Care [REDACTED].

On 12/13/2014 at approximately 1:45pm Child Protective Services Investigator (CPSI) [REDACTED] explained MRS, the Client's Rights Handbook to include the Parents' Bill of Rights and HIPPA and provided the family with copies of each and kept copies of signature pages for the HIPPA and Client's Rights Handbook. CPSI asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification. CPSI obtained demographic information and completed the pictorial tool. CPSI obtained all appropriate releases of information at that time.



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: 12/13/2014 Contact Method:
Contact Time: 10:30 AM Contact Duration: Less than 30
Entered By: [REDACTED] Recorded For:
Location: Created Date: 12/15/2014
Completed date: 12/15/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Administrative Review
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/15/2014 12:32 PM Entered By: [REDACTED]

Case was received on this date due to child fatality of [REDACTED]. He is a one month old infant who was found face down on the floor by the mother according to her statement. LI [REDACTED] did speak with child abuse investigator [REDACTED] who called to advise of this fatality. Officer [REDACTED] stated that he did speak with the parents and mother did appear to be dishonest with what happened versus what his findings were that he observed. Case was staffed with Investigator [REDACTED] and action steps were as follows:

Contact Investigator Potter for CPIT

Complete child fatality/near death form and send to group e-mail as well as: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Notify [REDACTED] re: Media notification

Interview all members and assess for safety of other two children

Contact Investigator [REDACTED] after all tasks completed to update on interviews



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 12/23/2014
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

07/06/2015 - _____ - FFA - Family - On 12/13/2014 the Department of Children Services (DCS) received a referral with allegations of Neglect Death in regards to alleged child victim _____ the alleged perpetrators were _____ [birth mother] and _____ [birth father]. Mr. _____ has history with the department as a minor.

B. Family Story:

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

07/06/2015 - _____ FFA - Family - The family has good natural supports. The family has resources available to them. _____ and _____ are healthy.

B. Family Significant Needs/Risks/Concerns:

07/06/2015 - _____ - FFA - Family - _____ and _____ cannot keep a job for longer than a month or two. _____ cannot drive due to seizures.

III. Person Information:

A. Children:

_____ - _____ - FFA - Family -
 Child Victim _____ DOB: _____ DOD: _____
 Sibling: _____ DOB: _____
 Sibling: _____ DOB: _____
 Sibling: _____ DOB: _____

_____ goes to _____ made honor roll this school year and played soccer.
 _____ lives with her father, _____ and _____ live with their maternal grandparents,
 and _____

B. Adults:

07/06/2015 - [REDACTED] - FFA - Family - Mother: [REDACTED]

DOB: [REDACTED]

Father to [REDACTED] and [REDACTED] DOB: [REDACTED]

Family Address: [REDACTED]

Family Phone #: [REDACTED]

Guardian/Caretaker: [REDACTED] Relationship: Maternal grandmother

Guardian/ Caretaker: [REDACTED] Relationship: Maternal step-grandfather

Family Address: [REDACTED]

Family Phone #: [REDACTED]

Father to [REDACTED] (incarcerated)

Father to [REDACTED]
Family phone # [REDACTED] (c) [REDACTED] (h)

C. Family Together History:

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID		Decision Date / Time		Intake Type		Investigation ID/ Assessment ID	
[REDACTED]				CPS		[REDACTED]	
Action Date	Action Category	Action Type	Court Docket #	Action Concerning		Additional Info	

IV. Assessment of Safety:

07/06/2015 - [REDACTED] - Safety - [REDACTED]

03/31/2015 - [REDACTED] - Safety - [REDACTED] - Ms. [REDACTED] stated that she woke up and found [REDACTED] face-down on the floor beside the air mattress.

07/06/2015 - [REDACTED] - FFA - Family - Maltreatment Allegations: NGD
There is no history and no concerns with Delinquent or Unruly behaviors at this time. There is no history and no concerns with Domestic Violence at this time. There is a history of substance abuse with [REDACTED]. The home has 2 bedrooms and 1 bathroom. The family lives in a small, rural community. The family lives in a rural neighborhood 10 minutes from community resources.

The Initial Safety Assessment was completed on 12/15/2014 and rated unsafe.
The Closing Safety Assessment was completed on 7/2/2015 and rated safe.

V. Assessment of Well Being:

07/06/2015 - [REDACTED] - FFA - Family - The children are currently functioning well and there are no concerns at this time. The grandparents have more than adequate parenting skills. There are no concerns at this time. [REDACTED] and [REDACTED] are not school-aged and [REDACTED] goes to [REDACTED]. Mr. and Mrs. [REDACTED] work at [REDACTED] Ms. [REDACTED] and Mr. [REDACTED] are not employed. There are no concerns with physical health at this time. Ms. [REDACTED] was going to a psychiatrist, Dr. [REDACTED] but missed an appointment and was let go. Counseling services have been offered to the family. The family is able to manage and maintain positive relationships. The family is able to manage and maintain positive connections.

VI. Assessment of Permanence:

07/06/2015 - [REDACTED] - FFA - Family - [REDACTED] and [REDACTED] are currently placed with the maternal grandparents and [REDACTED] is placed with her biological father with her mother having visitation. There are no concerns with stability or transition at this time. The family's plan is to continue to provide a safe, healthy environment for the children to thrive. There are no concerns with transition to adulthood at this time.

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Support Services/ Family Support Services	Authorization Pending	[REDACTED]	09/24/2015	09/30/2015

07/06/2015 - [REDACTED] - FFA - Family - The family has a good support system to include friends, family and the community. The family is able to adequately manage and maintain its roles. The family is able to adequately manage access and coordination of the team. The family has access to all services at their disposal.

The children are on TennCare. [REDACTED] was receiving \$771 in food stamps and WIC.

Worker's Signature _____
Date _____
Supervisor's Signature _____
Date