



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 12/18/2014 10:04 AM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 12/18/2014

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 12/18/2014 01:20 PM  
First Team Leader Assigned: [REDACTED] Date/Time 12/18/2014 12:00 AM  
First Case Manager [REDACTED] Date/Time 12/18/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Mos	Lack of Supervision	Yes	[REDACTED]	Birth Mother
[REDACTED]	11 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
Referent Address:  
Referent Phone Number:  
Type of Contact: I-3 Phone  
Notification: None  
Narrative: TFACTS:

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No  
Closed Court Custody No

History (not listed above): Yes  
10/06/2010 Track (ASMT) / Case # [REDACTED] / DEC & ENN/ No Services Needed / 10-21-2010

07-20-2011 Track (INV) / Case # [REDACTED] / PHA & ENN/Allegation Unsubstantiated / Perpetrator Unsubstantiated / 08-12-2011



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DUPLICATE REFERRAL: No

Sex Offender Registry: N/A.

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: Unknown

Directions: [REDACTED]

Note: Address, demographics and applicable phone numbers are listed under the oldest child victim, [REDACTED]

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (5), [REDACTED] (2) and [REDACTED] (Newborn/12/1/2014) reside with Mother [REDACTED] in [REDACTED] County.

Reporter stated that [REDACTED] passed away yesterday morning 12/17/2014. The referent does not know why or how the child passed away. It is also unknown if any marks or bruises were observed on the child. The mother reportedly called 911 and they contacted Law Enforcement and EMS. It is unknown where or how the child was found deceased in the home.

The reporter believes that the mother has a history of drug use, but that is not known for certain. It is unknown what kind of drugs she may be using. The reporter feels that the children have been neglected at some point. No further explanation was provided for this statement. The reporter believes that the mother was intoxicated on some kind of medication and might have been unable to provide care for the child. Reportedly, that information is speculation at this point. It is unknown for certain what the cause of death is.

The reporter states that this information has already been reported to DCS and Law Enforcement. No arrests have been made at this point, but the investigation is pending. The reporter is concerned for the children's well-being. The family has prior DCS history. The mother has been arrested multiple times in the past on different charges. No further information is known or reported at this time.

Special Needs or Disabilities: None known.

Child's current location/is the child safe at this time: The other children may currently be in the care of their mother.

Perpetrator's location at this time: The mother may be in the home.

Domestic Violence present in the home: None known.

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

Referral ID #: [REDACTED]

Date of referral: 12/18/14

Reporter's name and contact number: [REDACTED]

Victim(s) name: [REDACTED]

New information that needs to be included in the original referral: [REDACTED] County was notified



**Tennessee Department of Children's Services  
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regarding a possible death report and provided the following information: Local law enforcement is investigating, and per the assigned Investigator with [REDACTED] Police Department (Investigator [REDACTED]) the mother's story is questionable. The mother has reported that her 17 day old child pulled the blanket over its own head and suffocated.

Date/Time of the extended referral: 12/18/14 @ 12:22 pm

Per SDM: Investigative Track, P1 [REDACTED] Team Leader, 12/18/14 @ 12:30 pm

[REDACTED] notified via email

RA [REDACTED] Notified via email



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 27 Yrs (Est)

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:**

**Race:**

**Age:** 2 Yrs 11 Mos

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:**

**Race:** Black/African

**Age:** 11 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

None

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:** UNKNOWN

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 11 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

None

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 6 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

None

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 6 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

None

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED], Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/18/2014

Assignment Date: 12/18/2014

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]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			09/28/2015
2	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			09/28/2015

**C. Disposition Decision**

Disposition Decision:

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 09/28/2015

Team Leader: [REDACTED]

Date: 09/28/2015

**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:**

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

**Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation 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 : [REDACTED]

Investigation ID: [REDACTED]

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

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:	██████████	Case Name:	██
Case Status:	Close	Organization:	██████████ Region

**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	████████████████████	Recorded For:	
Location:		Created Date:	10/09/2015
Completed date:	10/09/2015	Completed By:	████████████████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/09/2015 11:20 AM      Entered By: ██████████

**INITIAL CASE SUMMARY**

-- On 12/18/2014 at 10:04 AM a P1 intake # ██████████ was called into the DCS Child Abuse Hotline. The intake was screened into ██████████ County at 12:30 PM with allegations of neglect death and lack of supervision against alleged perpetrator, ██████████ and Unknown Perpetrator. The alleged child victim is ██████████. The intake was assessed and assigned by Lead Investigator ██████████ to Investigator Custer on 12/18/2014, as investigation # ██████████. Response is due on 12/19/2014 10:04 AM ██████████. It is unknown at this time if the child(ren) are of Native American decent.

-- The intake stated ██████████ (5), ██████████ (2) and ██████████ (Newborn/12/1/2014) reside with Mother ██████████ in ██████████ County. Reporter stated that ██████████ passed away yesterday morning 12/17/2014. The referent does not know why or how the child passed away. It is also unknown if any marks or bruises were observed on the child. The mother reportedly called 911 and they contacted Law Enforcement and EMS. It is unknown where or how the child was found deceased in the home. The reporter believes that the mother has a history of drug use, but that is not known for certain. It is unknown what kind of drugs she may be using. The reporter feels that the children have been neglected at some point. No further explanation was provided for this statement. The reporter believes that the mother was intoxicated on some kind of medication and might have been unable to provide care for the child. Reportedly, that information is speculation at this point. It is unknown for certain what the cause of death is. The reporter states that this information has already been reported to DCS and Law Enforcement. No arrests have been made at this point, but the investigation is pending. The reporter is concerned for the children's well-being. The family has prior DCS history. The mother has been arrested multiple times in the past on different charges. No further information is known or reported at this time.

**TFACTS HISTORY CHECK**

-- Investigator ██████████ performed a search in TFACTS on 12/18/2015 for DCS history on the family members and other involved individuals and reviewed all results from that search.

Investigation# ██████████ Case intake date: 7/18/2011 ACV: ██████████ AP: ██████████ Allegation: EN/PA Classification: AUPU



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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Investigation# [REDACTED] Case intake date: 10/3/2010 ACV: [REDACTED] AP [REDACTED] Allegation: EN/DEC Classification: NSN

**REFERENT NOTIFICATION**

- A notification of case assignment is sent to the referent when information is provided by referent in order to do so.
- Notification letter was automatically generated through the DCS CARAT system and emailed to the referent.

**JUVENILE COURT/DA NOTIFICATION OF CASE**

- Juvenile Court and the District Attorney are notified of intakes on a monthly basis, within 30 days of case assignment, which occurred on 12/18/2014.



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 10/09/2015 Contact Method:  
Contact Time: 11:00 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 10/09/2015  
Completed date: 10/09/2015 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: 10/09/2015 11:04 AM Entered By: [REDACTED]

**CLOSING CASE SUMMARY**

-- DCS (Department of Children's Services) was investigating intake [REDACTED] or allegations of lack of supervision and neglect death by AP (Alleged Perpetrator), [REDACTED] and Unknown Perpetrator against ACV (Alleged Child Victim), [REDACTED]

The autopsy results were received on 9/10/2015. The manner of death was unable to be determined. "Nordiazepam is an active metabolite of diazepam and some other benzodiazepines. Diazepam is secreted in breast milk; however, in all available medical records, the mother reported that the baby was not breast fed, but bottle-fed with formula. The half-life of nordiazepam is around 100 hours. As such, its presence in the baby's blood and liver cannot be accounted for by transplacental transmission during pregnancy. The levels seen in the postmortem blood are not likely to have suppressed the baby's respiratory drive enough to cause death, but the presence of the drug is worrisome for exogenous administration." [REDACTED] M.D., Associate Medical Examiner)

The autopsy results were discussed with [REDACTED] Judicial District Attorney General [REDACTED] as well as Assistant District Attorney's, [REDACTED] and [REDACTED]. All of which were in agreement that no charges would be brought against Ms. [REDACTED] at this time for the death of her child.

-- Investigation # [REDACTED] is being classified and closed as according to the guidelines for substantiation as defined by DCS Policy 14:

**DCS REQUIRED FORMS**

-- Investigator [REDACTED] presented and discussed all required initial DCS legal forms and procedures including: Client's Rights Handbook, HIPAA, Equal Access/Grievance, Native American Veto Verification, Parents Bill of Rights, MRS Brochure, and if necessary Releases of Information, with the following individuals on 12/18/2014.

[REDACTED], Mother

-- Signatures were received and dated on all documentation, where required, and placed into the case file.

**HOUSEHOLD COMPOSITION**

-- The ACV(s) primary household is comprised of the following individuals:



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

1. [REDACTED] ACV
2. [REDACTED] Sister
3. [REDACTED] Brother
4. [REDACTED] Mother

**SAFETY ASSESSMENT - INITIAL**

- Investigator [REDACTED] completed Safety Assessment on 12/18/2015 for placement in the case file.
- SDM Safety Decision: Safe

**DAY 30 CASE CLASSIFICATION**

- Case classified on 9/28/2015 as AUPU.

**SAFETY ASSESSMENT - CLOSING**

- Investigator [REDACTED] completed Safety Assessment on for placement in the case file.
- SDM Safety Decision: Safe

**740 COMPLETED**

- Investigator [REDACTED] completed 740 on and placed copy case file. A copy of 740 is also being sent for delivery and notification to Juvenile Court and District Attorney.
- Classification Decision: AUPU
- Disposition Decision: Assessed and Closed

**JUVENILE COURT/DA NOTIFICATION OF CASE**

- Juvenile Court and the District Attorney are notified of case classification on a monthly basis, within 30 days of 740 completion, which will occur on 10/14/2015.



**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: 10:00 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 10/09/2015  
Completed date: 10/09/2015 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: 10/09/2015 10:48 AM Entered By: [REDACTED]  
[REDACTED] Summary:

The Department of Children's Services (DCS) Investigations Unit received a referral on 12/18/2014 with an allegation of Child Neglect Death regarding non-custodial child [REDACTED]. At the time of his death, the child was residing with his mother [REDACTED] his sister [REDACTED] 5, and brother, [REDACTED] 2, at [REDACTED] Tennessee.

The mother stated she fed the child at approximately 5:30 AM on December 17, 2014. The mother reported finding the child unresponsive at approximately 7:50 AM on December 17, 2014. The mother reported contacting Emergency Medical Services and began compressions.

Emergency Medical Services responded to the home and transported [REDACTED] to [REDACTED] Hospital in [REDACTED]. Resuscitative measures were taken by Emergency Medical Services as well as Ms. [REDACTED] however [REDACTED] was pronounced deceased at 8:49 AM on December 17, 2014 by Dr. [REDACTED]. An autopsy was ordered by Dr. [REDACTED] on the same day.

The investigation into this incident was conducted by the [REDACTED] Police Department (Investigator, [REDACTED] DCS Investigator [REDACTED]) and [REDACTED] Lead Investigator [REDACTED].

The report to DCS listed an Unknown Participant as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted including medical professionals and family members.

As part of the investigation, Ms. [REDACTED] was interviewed. Ms. [REDACTED] stated she fed the child at approximately 1:20 AM and again at approximately 5:22 AM. Both feedings were "normal feedings." The child drank between 2 and 3 ounces of formula from a bottle, the mother burped the child and laid him back in his bassinette. At approximately 7:50 AM, the mother noticed the child "looked funny"; stating she couldn't see his chest rising as if he were breathing. Ms. [REDACTED] contacted 911 at 7:55 AM and began giving CPR as directed by 911 dispatch. The first responders arrived at 7:58 AM and transported to [REDACTED] Medical Center in [REDACTED]. Ms. [REDACTED] other 2 children were in the home at the time of incident [REDACTED] 5 and [REDACTED] 2. Ms. [REDACTED] reported that [REDACTED] was born on 12/1/2014 at 37 weeks. Ms. [REDACTED] reported that she had prenatal care from Dr. [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] Pediatrics throughout her pregnancy and Dr. [REDACTED] delivered the baby via C-Section on December 1, 2014. There were no reported complications at the time of birth or discharge on 12/4/2014. Ms. [REDACTED] reported seeing Dr. [REDACTED] Pediatrics on 12/8/2014 for a follow up appointment. Ms. [REDACTED] reported that she and her children are on Tn Care Insurance and was receiving WIC and food-stamps. The child's father, [REDACTED] is currently incarcerated in [REDACTED] of [REDACTED] in [REDACTED] Tn. Ms. [REDACTED] was drug screened on this day, 12/18/14 due to the allegations that were made in the referral in which she tested positive for benzodiazepine and opiates. Ms. [REDACTED] does have valid prescriptions for Celexa (20 mg 2/day) hydrocodone 10/325 (4/day PRN) Lyrica (150mg 3/day). Ms. [REDACTED] reported using celexa for depression due to the sudden death of her father 5 years ago, hydrocodone for bludging disks in her neck and spine and lyrica for nerve pain/fibromyalgia. Ms. [REDACTED] stated that Dr. [REDACTED] was aware of her usage and decreased her medication throughout her pregnancy. Ms. [REDACTED] reported she initially saw Dr. [REDACTED] in April 2014 when her pregnancy was confirmed at his office. Investigator [REDACTED] did complete a medication count on all medications reported and prescribed to Ms. [REDACTED] on this same day (12/18/14). Per this count Ms. [REDACTED] is taking her medications as prescribed. Ms. [REDACTED] other children, [REDACTED] and [REDACTED] have Dr. [REDACTED] as a pediatrician and are currently up to date on their shots.

The autopsy results were received on 9/10/2015. The manner of death was unable to be determined. "Nordiazepam is an active metabolite of diazepam and some other benzodiazepines. Diazepam is secreted in breast milk; however, in all available medical records, the mother reported that the baby was not breast fed, but bottle-fed with formula. The half-life of nordiazepam is around 100 hours. As such, its presence in the baby's blood and liver cannot be accounted for by transplacental transmission during pregnancy. The levels seen in the postmortem blood are not likely to have suppressed the baby's respiratory drive enough to cause death, but the presence of the drug is worrisome for exogenous administration." [REDACTED] M.D., Associate Medical Examiner)

The autopsy results were discussed with [REDACTED] Judicial District Attorney General, [REDACTED] as well as Assistant District Attorney's, [REDACTED] and [REDACTED]. All of which were in agreement that no charges would be brought against Ms. [REDACTED] at this time for the death of her child.

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

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

The case was presented to the [REDACTED] Child Protective Investigation Team on October 2, 2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

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

This case was presented at CPIT on October 2, 2015 and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

[REDACTED] Juvenile Court will be notified of the case closure and will be given a copy of 740 on October 14, 2015.



**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: 02:27 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/11/2015

Completed date: 10/11/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/11/2015 08:58 AM      Entered By: [REDACTED]

This case was reviewed by Deputy Director of Investigations [REDACTED] and approved for closure on 10/9/2015 via email sent at 2:57 PM CT.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/02/2015

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/09/2015

Completed date: 10/09/2015

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: 10/09/2015 11:05 AM      Entered By: [REDACTED]

**CASE PRESENTED TO CPIT**

-- Investigator [REDACTED] presented this case to [REDACTED] CPIT. Members were present from DCS, Law Enforcement, the District Attorney, and Juvenile Court.

-- Allegation: Neglect Death and Lack of Supervision

-- AP: [REDACTED] and Unknown Perpetrator

-- ACV [REDACTED]

-- Classification Decision: It was agreed to classify this case as AUPU.

-- A copy of the signed CPIT form can be found in the DCS physical file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/11/2015

Contact Method: Face To Face

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/28/2015

Completed date: 09/28/2015

Completed By: [REDACTED]

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

Contact Type(s): Medical Exam

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 09/28/2015 09:00 AM Entered By: [REDACTED]

The autopsy results were received on 9/10/2015. The manner of death was unable to be determined. "Nordiazepam is an active metabolite of diazepam and some other benzodiazepines. Diazepam is secreted in breast milk; however, in all available medical records, the mother reported that the baby was not breast fed, but bottle-fed with formula. The half-life of nordiazepam is around 100 hours. As such, its presence in the baby's blood and liver cannot be accounted for by transplacental transmission during pregnancy. The levels seen in the postmortem blood are not likely to have suppressed the baby's respiratory drive enough to cause death, but the presence of the drug is worrisome for exogenous administration." [REDACTED] M.D., Associate Medical Examiner)

The autopsy results were discussed with [REDACTED] Judicial District Attorney General, [REDACTED] as well as Assistant District Attorney's, [REDACTED] and [REDACTED]. All of which were in agreement that no charges would be brought against [REDACTED] at this time for the death of her child.



**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: 09/10/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED].

Recorded For:

Location:

Created Date: 09/22/2015

Completed date: 09/22/2015

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: 09/22/2015 01:16 PM Entered By: [REDACTED].

Inv. [REDACTED] received a phone call from ADA, [REDACTED] explaining the autopsy results were back on [REDACTED] and asked that Inv. [REDACTED] come to the DA's to discuss the findings.



**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: 08/10/2015

Contact Method: Face To Face

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 09/22/2015

Completed date: 09/22/2015

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: 09/22/2015 01:14 PM Entered By: [REDACTED]

Inv. [REDACTED] spoke with Ms. [REDACTED] on this day at [REDACTED] School, where [REDACTED] is attending kindergarten this year. Ms. [REDACTED] stated that she decided to change [REDACTED] schools because she felt she needed a new start. Ms. [REDACTED] reported moving to [REDACTED] Street in [REDACTED] and that Mr. [REDACTED], is currently incarcerated. Ms. [REDACTED] stated that she is still "day by day" and questioned as to if Inv. [REDACTED] had heard anything from the autopsy results. Inv. [REDACTED] stated that she had not. Ms. [REDACTED] reported her new phone number as being [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: 07/06/2015

Contact Method:

Contact Time: 08:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 03:19 PM Entered By: [REDACTED]

Case staffed with assigned Investigator [REDACTED] on this day. Investigator reported speaking with assigned Law Enforcement and the [REDACTED] County District Attorney's Office and reports no change in the status of the case. Autopsy report is still pending. Investigator [REDACTED] will continue to check on the family to ensure all children in the home remain safe.



**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: 03:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 07/07/2015
Completed date: 07/07/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 07/07/2015 03:13 PM      Entered By: [REDACTED]

Inv. [REDACTED] met with [REDACTED], and [REDACTED] on this day at the Maternal Grandmother, [REDACTED] home to follow up with the family since the last meeting. Ms. [REDACTED] stated that she is maintaining her mental health counseling and that she is also in therapy for anxiety/PTSD. Ms. [REDACTED] sees Dr. [REDACTED] Family Medicine. Ms. [REDACTED] daughter, [REDACTED] is also in counseling but with a different counselor. Ms. [REDACTED] stated that she continues to wake up during the night and go "check" on the baby, but doesn't have "breakdowns" as often as she did. Ms. [REDACTED] denied using any illegal substances, and maintain she only takes her medication as prescribed. Ms. [REDACTED] stated that Dr. [REDACTED] monitors her dosage for xanax and klonopin. Ms. [REDACTED] stated that [REDACTED] did 'exceptionally well' in school last year and won the award for perseverance. [REDACTED] will be in kindergarten in the fall. Ms. [REDACTED] stated that both [REDACTED] and [REDACTED] attend [REDACTED] 2 days a week, so that Ms. [REDACTED] can go by [REDACTED] gravesite. Ms. [REDACTED] still resides with Ms. [REDACTED] at this time. Inv. [REDACTED] inquired as to the last time Ms. [REDACTED] had inquired as to the autopsy results. Ms. [REDACTED] stated that she calls every Tuesday and checks. Ms. [REDACTED] jokingly stated that "they know me by name now." Ms. [REDACTED] expressed concern that it is taking so long for the results. Ms. [REDACTED] stated that not having an answer was not allowing her to "get closure." Ms. [REDACTED] stated that she is "dealing" with that in counseling. Inv. [REDACTED] was able to observe the home and no concerns were observed at this time. Inv. [REDACTED] thanked the family and asked Ms. [REDACTED] to keep in touch.



**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: 06/30/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2015

Completed date: 07/07/2015

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: 07/07/2015 03:09 PM Entered By: [REDACTED]

Inv. [REDACTED] spoke with Detective [REDACTED] in regards to autopsy results. According to Detective [REDACTED] the results are still "pending" per the TBI Lab in [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: 06/13/2015

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 04:26 PM Entered By: [REDACTED]

Inv. [REDACTED] met with the family on this day and continues to have no concerns at this time. There have been no changes in the family's lifestyle since the last visit. Ms. [REDACTED] is very bonded with both [REDACTED] and [REDACTED] and doing well. The children are very respectful and appear to be healthy. [REDACTED] explained that she is going to [REDACTED] next week with her [REDACTED] (Ms. [REDACTED] and will be gone for 3 days. Ms. [REDACTED] stated that she is very anxious about [REDACTED] being gone, and is hopeful that she will be able to "handle it" and not have a panic attack. Ms. [REDACTED] stated that this will give her time to be with her boys; [REDACTED] father, [REDACTED]. Inv. [REDACTED] thanked Ms. [REDACTED] for stopping by the office and ended the visit.



**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: 06/11/2015

Contact Method:

Contact Time: 10:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 03:18 PM Entered By: [REDACTED]

Case staffed with assigned Investigator [REDACTED] on this day. Investigator reported speaking with assigned Law Enforcement and the [REDACTED] County District Attorney's Office and reports no change in the status of the case. Autopsy report is still pending. Investigator [REDACTED] will continue to check on the family to ensure all children in the home remain safe.



**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: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 04:14 PM Entered By: [REDACTED]

Inv. [REDACTED] met with the family on this day. Inv. [REDACTED] continues to have no concerns for the family at this time. The family is still in counseling at [REDACTED] Family Counseling and is in contact with both Detective [REDACTED] and Inv. [REDACTED]. According to Ms. [REDACTED] the autopsy results are pending.



**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: Phone Call

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2015

Completed date: 07/07/2015

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: 07/07/2015 04:17 PM Entered By: [REDACTED]

Inv. [REDACTED] spoke with Ms. [REDACTED], [REDACTED] Counselor at [REDACTED] Elementary in regards to [REDACTED] Ms. [REDACTED] stated that [REDACTED] has surprised her with how well she has taken the passing of her brother and being there when the ambulance was there. Ms. [REDACTED] stated that she has noticed that [REDACTED] gets anxious when she hears sirens or loud noises, but other than that, hasn't exhibited any out of the ordinary behaviors. Ms. [REDACTED] stated that Ms. [REDACTED] has been very involved with [REDACTED] education and is very proactive when it comes to [REDACTED] best interest. Ms. [REDACTED] did not have any concerns at this time to relay. Inv. [REDACTED] thanked Ms. [REDACTED] for speaking with her and ended the phone call.



**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: 05/12/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 03:16 PM Entered By: [REDACTED]

Case staffed with assigned Investigator [REDACTED] on this day. Investigator reported speaking with assigned Law Enforcement and the [REDACTED] County District Attorney's Office and reports no change in the status of the case. Autopsy report is still pending. Investigator [REDACTED] will continue to check on the family to ensure all children in the home remain safe.



**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: 05/07/2015

Contact Method:

Contact Time: 10:20 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2015

Completed date: 07/07/2015

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: 07/07/2015 03:07 PM Entered By: [REDACTED]

Inv. [REDACTED] spoke with Detective [REDACTED], [REDACTED] Police Department in regards to the autopsy results. According to Detective [REDACTED] the results are "pending" per the TBI Lab in [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: 04/20/2015

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

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

Inv. [REDACTED] met with the family on this day at their home. Ms. [REDACTED] is currently working at [REDACTED] 2 days a week. Ms. [REDACTED] stated that "things are looking up" but stated that she still has bad days. Inv. [REDACTED] applauded Ms. [REDACTED] for her perseverance and maintaining herself for the sake of her other children. Ms. [REDACTED] stated that her mother, [REDACTED] and her Grandmother, Ms. [REDACTED] help with the children when she needs them, but is hoping to be back on her own feet once school lets out. Ms. [REDACTED] stated that she and [REDACTED] father, [REDACTED] are planning on getting married soon, and are planning to have their own residence at that time. There were no concerns observed at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/31/2015

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 03:38 PM Entered By: [REDACTED]

Inv. [REDACTED] met with Ms. [REDACTED] and her children on this day at the [REDACTED] County DCS office. Since the last visit there have been no changes. Ms. [REDACTED] stated that the autopsy results are still pending per the TBI lab. Ms. [REDACTED] stated that she has put [REDACTED] in daycare at [REDACTED] so that "she can get some sleep" during the day, because she is "wide awake" at night. Ms. [REDACTED] stated that she hasn't slept through the night since before [REDACTED] passed away. Ms. [REDACTED] confirmed that she and [REDACTED] are both in counseling and PTSD in [REDACTED]. Ms. [REDACTED] stated that [REDACTED] is doing well in school and sees the counselor, Ms. [REDACTED] as school if she needs to. Ms. [REDACTED] continues to be emotional when talking about [REDACTED] passing, but maintains that she tries to "keep it together" and "not let [REDACTED] or [REDACTED] see her upset." There were no concerns observed on this day. Inv. [REDACTED] encouraged Ms. [REDACTED] to continue with her counseling and to keep in touch with any concerns/needs the family may have.



**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: 03/20/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 03:15 PM Entered By: [REDACTED]

Case staffed with assigned Investigator [REDACTED] on this day. Investigator reported speaking with assigned Law Enforcement and the [REDACTED] County District Attorney's Office and reports no change in the status of the case. Autopsy report is still pending. Investigator [REDACTED] will continue to check on the family to ensure all children in the home remain safe and that no further services are needed at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/27/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2015

Completed date: 07/07/2015

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: 07/07/2015 03:27 PM      Entered By: [REDACTED]

Inv. [REDACTED] spoke with DA, [REDACTED] who verified through the TBI Website that the autopsy results were still pending at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/10/2015 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/19/2015  
 Completed date: 02/19/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Referent Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/19/2015 01:58 PM Entered By: [REDACTED]

Inv. [REDACTED] spoke with Ms. [REDACTED] and her children [REDACTED] and [REDACTED] on this day at the DCS office. Ms. [REDACTED] appeared to be more upbeat on this visit and stated that she is enjoying the counseling and is "in a better place." Ms. [REDACTED] stated that she still wakes up every night to check on the baby and realizes he isnt there and that is most difficult time of the day for Ms. [REDACTED]. Ms. [REDACTED] reported that [REDACTED] is now joining her in counseling in [REDACTED] and [REDACTED] also has her own counselor. Ms. [REDACTED] stated that this was recommended by the pediatrician due to [REDACTED] being present when the ambulance, law enforcement arrived at the home on the night the child passed away. Ms. [REDACTED] was accompanied by her mother, Ms. [REDACTED] who reported that the mother is doing well and is proud of her for not "just giving up." Ms. [REDACTED] stated that she is currently helping pay bills and is getting back "to her old self." Ms. [REDACTED] stated that she knows the mother is a strong woman and has been through a lot by losing her father at a young age and a close family friend approximately 1 year ago. Ms. [REDACTED] stated that she is proud of her daughter and will continue to support her as long as need be. Inv. [REDACTED] thanked the family for stopping by and exchanged contact information if the family has any questions.



**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: 01/05/2015 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/19/2015  
 Completed date: 02/19/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/19/2015 01:49 PM Entered By: [REDACTED]

Inv. [REDACTED] met with the mother, [REDACTED] with her children, [REDACTED] and [REDACTED] at the maternal Grandmother, [REDACTED] home on this day where the family continues to reside. The mother reported starting grief counseling at [REDACTED] Family Counseling Center and has also been attending counseling that is offered by [REDACTED] Funeral home, as this is where the child's funeral occurred. Ms. [REDACTED] reported having both good and bad days and stated that "she still has children to live for." Inv. [REDACTED] reminded Ms. [REDACTED] of the importance of creating a support system around her to keep her on track as she does have a substance abuse history; however has been clean for 6 years. Ms. [REDACTED] also reported having spoken to an attorney due to the concerns she had raised to the pediatrician before the child's death, that Ms. [REDACTED] feels were "ignored." Ms. [REDACTED] appears to be doing as well as can be expected and continues to provide appropriate care for her other children. Inv. [REDACTED] did not observe any safety concerns at this time. Inv. [REDACTED] thanked the family for speaking with her and ended the visit.



**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: 01/05/2015 Contact Method:  
 Contact Time: 08:30 AM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 01/05/2015  
 Completed date: 01/05/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/05/2015 04:15 PM Entered By: [REDACTED]

Case staffed with assigned Investigator [REDACTED] on this day. Investigator reported speaking with assigned Law Enforcement and reports no change in the status of the case. Autopsy report is still pending. Investigator [REDACTED] will continue to check on the family to ensure all children in the home remain safe and that no further services are needed at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/19/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/19/2014

Completed date: 12/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/19/2014 10:54 AM Entered By: [REDACTED]

Medical records have been requested from Dr. [REDACTED] office and [REDACTED] Medical Center for the birth records for both the mother and child.



**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:	12/18/2014	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/19/2014
Completed date:	12/19/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Other Child Living in the Home Interview/Observation,Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/19/2014 10:50 AM Entered By: [REDACTED].

Both children were spoken with privately in regards to the referral. Both children were clearly traumatized and made no comments regarding the incident; only that "baby brother quit breathing." Ms. [REDACTED] has moved herself and her other 2 children to her mother and stepfather, [REDACTED] and [REDACTED] residence. Ms. [REDACTED] is a nurse at [REDACTED] Medical Center, Mr. [REDACTED] is a retired investigator for the [REDACTED] Police Department. There has not been any legal or Department of Children's Services activity with this family since 2011 in which both cases were classified as Allegation Unfounded Perpetrator Unknown/No Services Needed. There were no safety concerns identified at this time for the other children to remain with their mother.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 12/18/2014 Contact Method: Attempted Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 01/12/2015  
 Completed date: 01/12/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/12/2015 09:00 AM Entered By: [REDACTED]

Inv. [REDACTED] was unable to make response on ACV, [REDACTED] At the time response was due, the body had been transported to TBI for an autopsy to be preformed.

Narrative Type: Created In Error Entry Date/Time: 02/26/2015 09:26 AM Entered By: [REDACTED]

Inv. [REDACTED] was not entered as being present. New entry made.



**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: 12/18/2014 Contact Method: Attempted Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/26/2015  
 Completed date: 02/26/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Initial ACV Face To Face  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2015 09:23 AM Entered By: [REDACTED]

Inv. [REDACTED] was unable to make response on ACV [REDACTED] At the time response was due, the body had been transported to TBI for an autopsy to be preformed.

Narrative Type: Created In Error Entry Date/Time: 02/26/2015 09:34 AM Entered By: [REDACTED]

Inv. [REDACTED] was not added as a participant. New entry made.



**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: 12/18/2014

Contact Method: Attempted Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/26/2015

Completed date: 02/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/26/2015 09:33 AM Entered By: [REDACTED].

Inv [REDACTED] was unable to make response on ACV, [REDACTED] At the time response was due, the body had been transported to TBI for an autopsy to be preformed.



**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: 12/18/2014 Contact Method: Face To Face  
 Contact Time: 01:00 PM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 12/19/2014  
 Completed date: 12/19/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/19/2014 10:46 AM Entered By: [REDACTED]

According to Ms. [REDACTED] she fed the child at approximately 1:20 AM and again at approximately 5:22 AM. Both feedings were "normal feedings." The child drank between 2 and 3 ounces of formula from a bottle, the mother burped the child and laid him back in his bassinette. At approximately 7:50 AM, the mother noticed the child "looked funny"; stating she couldn't see his chest rising as if he were breathing. Ms. [REDACTED] contacted 911 at 7:55 AM and began giving CPR as directed by 911 dispatch. The first responders arrived at 7:58 AM and transported to [REDACTED] Medical Center in [REDACTED]. Ms. [REDACTED] other 2 children were in the home at the time of incident; [REDACTED] 5 and [REDACTED] 2. Ms. [REDACTED] reported that [REDACTED] was born on 12/1/2014 at 37 weeks. Ms. [REDACTED] reported that she had prenatal care from Dr. [REDACTED] Pediatrics throughout her pregnancy and Dr. [REDACTED] delivered the baby via C-Section on December 1, 2014. There were no reported complications at the time of birth or discharge on 12/4/2014. Ms. [REDACTED] reported seeing Dr. [REDACTED] Pediatrics on 12/8/2014 for a follow up appointment. Ms. [REDACTED] reported that she and her children are on Tn Care insurance and was receiving WIC and foodstamps. The child's father, [REDACTED] is currently incarcerated in [REDACTED] in [REDACTED], Tn. Ms. [REDACTED] was drug screened on this day due to the allegations that were made in the referral in which she tested positive for benzodiazepine and opiates. Ms. [REDACTED] does have valid prescriptions for Celexa (20 mg 2/day) hydrocodone 10/325 (4/day PRN) Lyrica (150mg 3/day). Ms. [REDACTED] reported using celexa for depression due to the sudden death of her father 5 years ago, hydrocodone for bludging disks in her neck and spine and lyrica for nerve pain/fibromyalgia. Ms. [REDACTED] stated that Dr. [REDACTED] was aware of her usage and decreased her medication throughout her pregnancy. Ms. [REDACTED] reported she initially saw Dr. [REDACTED] in April 2014 when her pregnancy was confirmed at his office. Ms. [REDACTED] other children, [REDACTED] and [REDACTED] have Dr. [REDACTED] as a pediatrician and are currently up to date on their shots. [REDACTED] attends [REDACTED] Elementary School PreK program and [REDACTED] is enrolled in [REDACTED] Daycare in [REDACTED]. Ms. [REDACTED] is currently unemployed.



**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: 12/18/2014

Contact Method: Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/19/2014

Completed date: 12/19/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/19/2014 10:52 AM      Entered By: [REDACTED]

CPIT was convened on this day with [REDACTED] Police Department Investigator, [REDACTED] who requested response be made immediately due to the safety concerns for the other children in the home.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 12/18/14 10:04 AM

Date of Assessment: 12/18/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): \_\_\_\_\_

#### Protective Custody Interventions:

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



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_