



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 01/22/2015 03:44 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 01/22/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED] / [REDACTED]
 Date/Time Assigned : 01/22/2015 01:58 PM
 First Team Leader Assigned: [REDACTED] Date/Time 01/22/2015 01:58 PM
 First Case Manager [REDACTED] Date/Time 01/22/2015 01:58 PM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 4 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: Facsimile

Notification: Letter

Narrative: TFACTS: Faxed referral received on January 22, 2015. Narrative entered verbatim.

Family Case IDs: [REDACTED] / [REDACTED] / [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Substantiated: INV # [REDACTED] 9/27/07 PHA, [REDACTED]

History (not listed above): Yes,
 7/5/01, INV # [REDACTED] Physical Neglect, Unsubstantiated

County: [REDACTED]



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

Notification: Letter
 School/ Daycare: Unknown
 Native American Descent: No
 Directions: None given

Reporter's name/relationship: [REDACTED]

Reporter states: This will serve as notification that the [REDACTED] County Medical Examiner is investigating the death of a 6 month old, B/F, [REDACTED]. This 6 month old baby was heard to be gasping by her mother who picked her up and noted her to be stiffening her back and her eyes were rolling back in a seizure like activity. 911 was called and they advised the mother to start CPR. [REDACTED] Fire Department responded and transported the victim to [REDACTED] Children's Hospital where death was pronounced at 0258 hours. [REDACTED] Police Department and this investigator responded to the hospital and the residence and a scene investigation was performed. The decedent's father is deceased and the mother is [REDACTED]. There are three siblings living at the residence. Our case number is [REDACTED].

Thank you,

Name Redacted

Desk # [REDACTED]

Fax# [REDACTED]

Special Needs or Disabilities: None reported in the narrative
 Child's current location/is the child safe at this time: Deceased
 Perpetrator's location at this time: Unknown
 Any other safety concerns for the child(ren) or worker who may respond: None reported in the narrative
 Domestic Violence present in the home: None reported in the narrative

Per SDM: Investigative Track, P2, Override to a P1, the child is deceased. [REDACTED], CM 2 on January 22, 2015 at 4:12am.

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	01-22-15 04:54:30 AM	[REDACTED]	01-22-15 04:55:28 AM	[REDACTED] PRIVATE Received
[REDACTED]	01-22-15 04:54:32 AM	[REDACTED]	---	PRIVATE Email Sent

Email notification sent to [REDACTED] or [REDACTED]; cc RA [REDACTED]; email notification also sent to county on 01-22-15 @ 04:58am, [REDACTED], TL



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 34 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 1 Yr 4 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age: 30 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 01/22/2015

Assignment Date: 01/23/2015

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 07/20/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Child Neglect Death - Allegation Unsubstantiated Perpetrator Unsubstantiated

D. Case Workers

Case Worker: [REDACTED]

Date: 07/20/2015

Team Leader: [REDACTED]

Date: 08/18/2015

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:

In compliance with the Department's policy, the Investigator does not have to see the deceased child. Autopsy was requested.

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

The medical examiner ruled the death could not be determined.

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

There is no alleged perpetrator in the child neglect death.

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

Child Protection Service Investigator (CPSI) inquired about what happen the night of January 21, 2015. Ms. [REDACTED] explained that she had given [REDACTED] a bottle around 9:30 pm on 01/21/15. She burped [REDACTED] and



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

Case Name : ██████████

Investigation ID: ██████████

laid her down for the night. Ms. ██████ stated that she went to bed also because she wasn't feeling well that evening. Around 1 am, Ms. ██████ explained that she heard ██████ gasping for air. Ms. ██████ stated that she immediately picked her up, when she picked her up she stated that ██████ was warm to touch, so she removed her onesie and attempted to take ██████ temperature under her arm. ██████ body became stiff and she noticed that her eyes had begun to roll in the back of her head. Ms. ██████ birth mother, explained that she called 911 and they instructed her to begin CPR on the child. Ms. ██████ stated that she was so nervous that she didn't think she was doing it correctly. Mr. ██████ stepped in and began CPR on ██████. Mr. ██████ was able to get ██████ to breathing again and Ms. ██████ stated that she also threw up, by then the paramedics had arrived on the scene. They immediately began to work on ██████ and rushed her to ██████ Children's Hospital. Mr. ██████ stayed behind with the mother's other children. Ms. ██████ explained to CPSI ██████ that she thought ██████ was having a seizure because her oldest daughter, ██████ is diagnosed with epilepsy and takes medication for her seizures. Ms. ██████ stated that when they arrived in the Emergency Department the doctors immediately began working on ██████. Ms. ██████ stated that at one point they had gotten her to breathing again, but then she stopped. The medical team had to use the heart defibrillator on ██████ but nothing they done brought her back to life as reported by the mother, ██████. Ms. ██████ stated that she ran out the room and began to cry uncontrollably.

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

On July 20, 2015, the investigation was presented to the ██████ County Child Protection Investigation Team and discussed with the team members. The investigation was classified as allegation unsubstantiated perpetrator unsubstantiated, per Assistant District Attorney, ██████. Form 0561 was signed by Assistant District Attorney ██████.

There is no alleged perpetrator listed in the investigation. CPSI ██████ observed the adult members in the family home and they all appeared to be acting appropriately at the time of the incident.

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

The case will be closed and classified as allegation unsubstantiated perpetrator unsubstantiated for the allegation of Child Neglect Death.

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: 10/08/2015

Contact Method:

Contact Time: 02:40 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2015

Completed date: 10/08/2015

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: 10/08/2015 02:43 PM Entered By: [REDACTED]

This case was reviewed and approved for closure by Director of Investigations, [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:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:10 AM	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 10:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2015

Contact Method:

Contact Time: 11:10 AM

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 10:53 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/11/2015

Contact Method:

Contact Time: 02:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/11/2015

Completed date: 09/11/2015

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: 09/11/2015 02:40 PM Entered By: [REDACTED]

This case is being reviewed for closures. Upon completion of tasks and reviews the case will be closed.



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:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/11/2015

Completed date: 09/11/2015

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: 09/11/2015 03:20 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been referred for further review by the [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/24/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/24/2015 10:04 AM Entered By: [REDACTED]

This case is being reviewed for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/18/2015

Contact Method:

Contact Time: 10:15 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2015

Completed date: 08/18/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2015 10:53 AM Entered By: [REDACTED]

Child Protection Service Investigator (CPSI) [REDACTED] scanned the medical records for [REDACTED] into the investigation for [REDACTED]. The medical records showed that [REDACTED] was current with immunization. She was seen on 11/07/14 for a well child check up. She was currently formula-fed. It was also noted she has no problems with spitting up, constipation, sleep and diaper rash. She is able to sit well when propped, move her arms to unison to grasp, shake a rattle, say "ah-goo" and make razzing noises, orient to voice and enjoy looking around the environment. She is not able to roll front to back or roll back to front. The baby is the product of a 28 weeks by dates. Birth weight was 7 pounds and 3 ounces. Labor and delivery was uncomplicated. She was born via spontaneous vaginal delivery.



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: 08/18/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/18/2015
Completed date: 08/18/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/18/2015 11:17 AM Entered By: [REDACTED]

The autopsy report for alleged child victim [REDACTED] was received and scanned into the investigation.

Summary and interpretation:

This 6 month old black female infant was heard gasping for air by her mother who picked her up, called for help and began to perform cardiopulmonary resuscitation. She was transported to the hospital, but despite resuscitation efforts death was pronounced in the emergency room. The decedent was reportedly placed on her back to sleep in a playpen. A blanket, pacifier, and toy were also in the playpen but were reported not to be near the decedent's head. She was born full term without complications and has had no medical issues or problems since birth. Autopsy showed enlargement of the liver, spleen, and thymus and swelling of the brain without gross abnormalities. The significance of these findings is unclear. Microscopic examination and vitreous fluid chemical analysis had no significant findings. Adenovirus was detected in the nasopharynx which is likely due to colonization since the trachea and lungs had no inflammation. Micro-organisms that grew in the lungs and blood are likely the results of postmortem bacterial overgrowth and contamination. Based on the currently known investigative information, scene re-enactment, and the autopsy, microscopic, toxicology and microbiology findings, the cause and manner of death could not be determined.



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: 08/07/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/17/2015

Completed date: 08/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/17/2015 10:39 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 07/27/2015

Contact Method:

Contact Time: 04:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/10/2015

Completed date: 08/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/10/2015 03:27 PM Entered By: [REDACTED]

This case was submitted for review. The 740 has been completed and will be forwarded to the Juvenile Court Judge and District Attorney for classification. The case has been reviewed by District Attorney [REDACTED], classification, Allegation Unsubstantiated and Perpetrator Unsubstantiated. The case will be submitted for review and closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/27/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/24/2015

Completed date: 08/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/24/2015 02:38 PM Entered By: [REDACTED]

The closing Safety Decision Making tool was utilized on the [REDACTED] family case. The assessment scored the children as safe in the family home.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 07/27/2015	Contact Method:
Contact Time: 12:03 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/27/2015
Completed date: 08/06/2015	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: 07/27/2015 12:32 PM Entered By: [REDACTED]

On January 22, 2015 at 3:44 a.m., the Department of Children's Services (DCS) received a priority 1 referral on Alleged Child Victim (ACV) [REDACTED], 6 months. The allegation is neglect death and the alleged perpetrator is listed as unknown. The ACV is not in the Department's custody, but there are previous cases with DCS. There is an open Family Support Services case, case number [REDACTED] opened in 2006. There are two cases in 2007, case number [REDACTED] the allegation of physical abuse, the alleged child victim is a [REDACTED], with the alleged perpetrator, [REDACTED]. That case was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated (AUPU). The second case in 2007, case number [REDACTED] had allegations of physical abuse and substantiated risk physical injury. The alleged child victim is [REDACTED], and the alleged perpetrators are [REDACTED] and [REDACTED]. The investigation was classified as AUPU.

Child Protection Service Investigator (CPSI) inquired about what happen the night of January 21, 2015. Ms. [REDACTED] explained that she had given [REDACTED] a bottle around 9:30 pm on 01/21/15. She burped [REDACTED] and laid her down for the night. Ms. [REDACTED] stated that she went to bed also because she wasn't feeling well that evening. Around 1 am, Ms. [REDACTED] explained that she heard [REDACTED] gasping for air. Ms. [REDACTED] stated that she immediately picked her up, when she picked her up she stated that [REDACTED] was warm to touch, so she removed her onesie and attempted to take [REDACTED] temperature under her arm. [REDACTED] body became stiff and she noticed that her eyes had begin to roll in the back of her head. Ms. [REDACTED] birth mother, explained that she called 911 and they instructed her to begin CPR on the child. Ms. [REDACTED] stated that she was so nervous that she didn't think she was doing it correctly. Mr. [REDACTED] stepped in and began CPR on [REDACTED] Mr. [REDACTED] was able to get [REDACTED] to breathing again and Ms. [REDACTED] stated that she also threw up, by then the paramedics had arrived on the scene. They immediately began to work on [REDACTED] and rushed her to [REDACTED] Children's Hospital. Mr. [REDACTED] stayed behind with the mother's other children. Ms. [REDACTED] explained to CPSI [REDACTED] that she thought [REDACTED] was having a seizure because her oldest daughter, [REDACTED] is diagnosed with epilepsy and takes medication for her seizures. Ms. [REDACTED] stated that when they arrived in the Emergency Department the doctors immediatley began working on [REDACTED] Ms. [REDACTED] stated that at one point they had gotten her to breathing again, but then she stopped. The medical team had to use the heart defibrillator on [REDACTED] but nothing they done brought her back to life as reported by the mother, [REDACTED] Ms. [REDACTED] stated that she ran out the room and began to cry uncontrollably.

Death was pronounced at 2:58 a.m., on January 22, 2015 at [REDACTED] Children's Hospital.



Tennessee Department of Children's Services
Case Recording Summary

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

Child Protection Service Investigator (CPSI) [REDACTED] investigated the incident. The autopsy report was provided by [REDACTED] County Medical Examiner.

The alleged perpetrator is listed as an unknown participant.

On 01/22/2015, Child Protection Service Investigator (CPSI) [REDACTED] went to the home located at [REDACTED], [REDACTED] in order to make contact with the mother, [REDACTED]. The address was the address listed on the referral and it was the last known address from 2007. CPSI [REDACTED] arrived at the address, but the lot was vacant. CPSI returned to the office and completed a [REDACTED] Lights Gas & Water check and contacted the Medical Examiners office for a valid address. Both good faith attempts returned with the address of [REDACTED], and a contact number of [REDACTED]. CPSI [REDACTED] contacted the mother via phone on 01/22/2015. During the phone conversation CPSI introduced himself to the mother and explained the process to the mother. The mother began to cry over the phone. CPSI offered his condolences to the family and asked could the Department come out today (01/22/15), to speak with the family. Ms. [REDACTED] asked could the Department come tomorrow (01/23/15) at 9:30 am. CPSI agreed to meet with the family at 9:30 am.

On 01/23/15, CPSI arrived at the family home located at [REDACTED] at approximately 9:20 am. CPSI introduced himself to the family. Present for the meeting was the mother [REDACTED], and the paramour, [REDACTED]. CPSI explained again to the mother, the reason for the Department being at her home and mom, stated that she understood and is willing to do whatever is needed for the investigation. Ms. [REDACTED] stated to CPSI that she has 4 children including her deceased daughter, [REDACTED]. Ms. [REDACTED] oldest child is [REDACTED] attends [REDACTED] Next to the oldest is [REDACTED] attends [REDACTED] Elementary. [REDACTED] is hearing impaired. The 3rd child is [REDACTED] attends [REDACTED] Pre-K program. The 4th child of Ms. [REDACTED] is the deceased child, [REDACTED]. CPSI [REDACTED] has met or observed all the members of the home.

According to the caretaker there is no one in the home that is of Native American heritage. The family has been provided with the DCS Client's Right Handbook, and CPSI [REDACTED] has received a signature verifying that the caretaker has received the Handbook. They have been informed of the DCS Notification of Equal Access form, HIPPA forms, Authorization for Release of Information to DCS, and the Native American Heritage Veto Verification. CPSI [REDACTED] has received a signature verifying on all required forms. There did not appear to be any obvious concerns with the interior or the exterior of the home. The interior of the home appeared to be orderly. There are 2 smoke detectors in the home. The exterior of the home appeared to be in a fair condition. There did not appear to be an excessive amount of traffic (foot or vehicular) around the home. The neighborhood appeared to be calm and quiet. CPSI observed three bedrooms and one bathroom inside the home.

CPSI observed a pack and play pen that, ACV, [REDACTED] slept in. The pack and play pen was appropriate for [REDACTED]. CPSI observed a twin bed in the room for [REDACTED] and two twin beds in the room that [REDACTED] and his younger brother, [REDACTED] share.

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities.

On July 20, 2015, the investigation was presented to the [REDACTED] County Child Protection Investigation Team and discussed with the team members. The investigation was classified as allegation unsubstantiated perpetrator unsubstantiated, per Assistant District Attorney, [REDACTED]. Form 0561 was signed by Assistant District Attorney [REDACTED].

There is no alleged perpetrator listed in the investigation. CPSI [REDACTED] observed the adult members in the family home and they all appeared to be acting appropriately at the time of the incident.

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

The case will be closed and classified as allegation unsubstantiated perpetrator unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Created In Error Entry Date/Time: 08/21/2015 11:15 AM Entered By: [REDACTED]

From [REDACTED]
Sent: Thursday, August 20, 2015 3:48 PM
To: [REDACTED]
Subject: [REDACTED]

The attached entry dated 1-22-15 (case summary) entered by [REDACTED] need to be deleted. It appears that the referent information may have been revealed in the case recording. The case ID is [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: 07/27/2015	Contact Method:
Contact Time: 12:03 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/24/2015
Completed date: 08/24/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/24/2015 09:42 AM Entered By: [REDACTED]

On January 22, 2015 at 3:44 a.m., the Department of Children's Services (DCS) received a priority 1 referral on Alleged Child Victim (ACV) [REDACTED], 6 months. The allegation is neglect death and the alleged perpetrator is listed as unknown. The ACV is not in the Department's custody, but there are previous cases with DCS. There is an open Family Support Services case, case number [REDACTED] opened in 2006. There are two cases in 2007, case number [REDACTED] the allegation of physical abuse, the alleged child victim is a [REDACTED], with the alleged perpetrator, [REDACTED]. That case was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated (AUPU). The second case in 2007, case number [REDACTED] had allegations of physical abuse and substantiated risk physical injury. The alleged child victim is [REDACTED], and the alleged perpetrators are [REDACTED] and [REDACTED]. The investigation was classified as AUPU.

Child Protection Service Investigator (CPSI) inquired about what happen the night of January 21, 2015. Ms. [REDACTED] explained that she had given [REDACTED] a bottle around 9:30 pm on 01/21/15. She burped [REDACTED] and laid her down for the night. Ms. [REDACTED] stated that she went to bed also because she wasn't feeling well that evening. Around 1 am, Ms. [REDACTED] explained that she heard [REDACTED] gasping for air. Ms. [REDACTED] stated that she immediately picked her up, when she picked her up she stated that [REDACTED] was warm to touch, so she removed her onesie and attempted to take [REDACTED] temperature under her arm. [REDACTED] body became stiff and she noticed that her eyes had begin to roll in the back of her head. Ms. [REDACTED] birth mother, explained that she called 911 and they instructed her to begin CPR on the child. Ms. [REDACTED] stated that she was so nervous that she didn't think she was doing it correctly. Mr. [REDACTED] stepped in and began CPR on [REDACTED] Mr. [REDACTED] was able to get [REDACTED] to breathing again and Ms. [REDACTED] stated that she also threw up, by then the paramedics had arrived on the scene. They immediately began to work on [REDACTED] and rushed her to [REDACTED] Children's Hospital. Mr. [REDACTED] stayed behind with the mother's other children. Ms. [REDACTED] explained to CPSI [REDACTED] that she thought [REDACTED] was having a seizure because her oldest daughter, [REDACTED] is diagnosed with epilepsy and takes medication for her seizures. Ms. [REDACTED] stated that when they arrived in the Emergency Department the doctors immediatley began working on [REDACTED] Ms. [REDACTED] stated that at one point they had gotten her to breathing again, but then she stopped. The medical team had to use the heart defibrillator on [REDACTED] but nothing they done brought her back to life as reported by the mother, [REDACTED]. Ms. [REDACTED] stated that she ran out the room and began to cry uncontrollably.

Death was pronounced at 2:58 a.m., on January 22, 2015 at [REDACTED] Children's Hospital.



Tennessee Department of Children's Services
Case Recording Summary

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

Child Protection Service Investigator (CPSI) [REDACTED] investigated the incident. The autopsy report was provided by [REDACTED] County Medical Examiner.

The alleged perpetrator is listed as an unknown participant.

On 01/22/2015, Child Protection Service Investigator (CPSI) [REDACTED] went to the home located at [REDACTED], [REDACTED], in order to make contact with the mother, [REDACTED]. The address was the address listed on the referral and it was the last known address from 2007. CPSI [REDACTED] arrived at the address, but the lot was vacant. CPSI returned to the office and completed a [REDACTED] Lights Gas & Water check and contacted the Medical Examiners office for a valid address. Both good faith attempts returned with the address of [REDACTED], and a contact number of [REDACTED]. CPSI [REDACTED] contacted the mother via phone on 01/22/2015. During the phone conversation CPSI introduced himself to the mother and explained the process to the mother. The mother began to cry over the phone. CPSI offered his condolences to the family and asked could the Department come out today (01/22/15), to speak with the family. Ms. [REDACTED] asked could the Department come tomorrow (01/23/15) at 9:30 am. CPSI agreed to meet with the family at 9:30 am.

On 01/23/15, CPSI arrived at the family home located at [REDACTED] at approximately 9:20 am. CPSI introduced himself to the family. Present for the meeting was the mother, [REDACTED], and the paramour, [REDACTED]. CPSI explained again to the mother, the reason for the Department being at her home and mom, stated that she understood and is willing to do whatever is needed for the investigation. Ms. [REDACTED] stated to CPSI that she has 4 children including her deceased daughter [REDACTED]. Ms. [REDACTED] oldest child is [REDACTED] attends [REDACTED]. Next to the oldest is [REDACTED] attends [REDACTED] Elementary. [REDACTED] is hearing impaired. The 3rd child is [REDACTED] attends [REDACTED] Pre-K program. The 4th child of Ms. [REDACTED] is the deceased child, [REDACTED]. CPSI [REDACTED] has met or observed all the members of the home.

According to the caretaker there is no one in the home that is of Native American heritage. The family has been provided with the DCS Client's Right Handbook, and CPSI [REDACTED] has received a signature verifying that the caretaker has received the Handbook. They have been informed of the DCS Notification of Equal Access form, HIPPA forms, Authorization for Release of Information to DCS, and the Native American Heritage Veto Verification. CPSI [REDACTED] has received a signature verifying on all required forms. There did not appear to be any obvious concerns with the interior or the exterior of the home. The interior of the home appeared to be orderly. There are 2 smoke detectors in the home. The exterior of the home appeared to be in a fair condition. There did not appear to be an excessive amount of traffic (foot or vehicular) around the home. The neighborhood appeared to be calm and quiet. CPSI observed three bedrooms and one bathroom inside the home.

CPSI observed a pack and play pen that, ACV, [REDACTED] slept in. The pack and play pen was appropriate for [REDACTED]. CPSI observed a twin bed in the room for [REDACTED] and two twin beds in the room that [REDACTED] and his younger brother, [REDACTED] share.

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities.

On July 20, 2015, the investigation was presented to the [REDACTED] County Child Protection Investigation Team and discussed with the team members. The investigation was classified as allegation unsubstantiated perpetrator unsubstantiated, per Assistant District Attorney, [REDACTED]. Form 0561 was signed by Assistant District Attorney [REDACTED].

There is no alleged perpetrator listed in the investigation. CPSI [REDACTED] observed the adult members in the family home and they all appeared to be acting appropriately at the time of the incident.

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

The case will be closed and classified as allegation unsubstantiated perpetrator unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/24/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/26/2015

Completed date: 07/26/2015

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: 07/26/2015 05:44 PM Entered By: [REDACTED]

The case remains open pending a review of the autopsy. The autopsy has been scanned to Assistant Attorney General [REDACTED]. There are no safety concerns for the remaining children in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/20/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/26/2015

Completed date: 07/26/2015

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: 07/26/2015 05:47 PM Entered By: [REDACTED]

The investigation was submitted to the morning Child Protection Investigation Team. The autopsy report has been reviewed by Chief Prosecutor [REDACTED]. There are no concerns noted by CPSI [REDACTED] and AAG [REDACTED]. The investigation has been approved for a classification of allegation unsubstantiated perpetrator unsubstantiated. The CPIT form CS-0561 has been signed by the team and AAG [REDACTED] was present for the staffing.



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: 07/15/2015

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/26/2015

Completed date: 07/26/2015

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: 07/26/2015 06:31 PM Entered By: [REDACTED]

CPSI [REDACTED] made face to face contact with said children. The children appeared physically healthy, well groomed, and dressed in clean weather appropriate clothing. CPSI [REDACTED] observed no signs of abuse or neglect. CPSI [REDACTED] observed that the children appeared to be happy and interacting well. CPSI [REDACTED] observed no serious safety concerns at the time of this visit.

It was verified by Ms. [REDACTED] that [REDACTED] received counseling from [REDACTED] Elementary where she is in their school for the death.

Ms. [REDACTED] stated that the family is doing well and they did not need any services from the Department. Ms. [REDACTED] stated that if she need to speak with anyone or her children needed anything she knew how to access services for her family. Ms. [REDACTED] stated that she is ready to put all of this behind her and move on.



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: 06/29/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/26/2015

Completed date: 07/26/2015

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: 07/26/2015 05:43 PM Entered By: [REDACTED]

The case remains open pending a review of the autopsy. The autopsy has been scanned to Assistant Attorney General [REDACTED]. There are no safety concerns for the remaining children in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/29/2015

Contact Method:

Contact Time: 01:45 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/10/2015

Completed date: 08/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/10/2015 03:21 PM Entered By: [REDACTED]

The autopsy report will need to be scanned as a handle and return to DA [REDACTED] for review.



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:	05/18/2015	Contact Method:	
Contact Time:	03:28 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/18/2015
Completed date:	05/18/2015	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: 05/18/2015 03:29 PM Entered By: [REDACTED]

A follow up visit with the family need to be completed; inquire if any additional services are needed. [REDACTED] is receiving grief counseling at [REDACTED] Elementary initiated by the school staff. Complete and update Family Functional Assessment.

Continue to follow up on status of autopsy report.

Narrative Type: Addendum 1 Entry Date/Time: 05/18/2015 03:43 PM Entered By: [REDACTED]

Continue to follow up on status of autopsy report that has been submitted to District Attorney [REDACTED] for review.



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: 09:58 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/07/2015

Completed date: 05/07/2015

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: 05/07/2015 10:00 AM Entered By: [REDACTED]

The case remains open pending a review of the autopsy. The autopsy has been scanned to Assistant Attorney General [REDACTED]. There are no safety concerns for the remaining children in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2015

Contact Method:

Contact Time: 01:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

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): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/15/2015 01:41 PM Entered By: [REDACTED]

The case remains open pending the autopsy report. There are no safety concerns for the remaining children in the home. Medical records for all the children have been requested.



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:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/24/2015 10:08 AM Entered By: [REDACTED]

The case remains open for autopsy report. Follow up on status of autopsy report with the medical examiner.



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: 03/27/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/11/2015

Completed date: 04/11/2015

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: 04/11/2015 12:31 PM Entered By: [REDACTED]

Follow up and document medical appointments for [REDACTED]. Request medical records.



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: 03/26/2015

Contact Method:

Contact Time: 08:44 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/26/2015

Completed date: 03/26/2015

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: 03/26/2015 08:45 AM Entered By: [REDACTED]

The case remains open while awaiting the autopsy on alleged child victim. There are no safety concerns for the siblings in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/27/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/18/2015

Completed date: 05/18/2015

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: 05/18/2015 03:40 PM Entered By: [REDACTED]

Follow up on status of autopsy report. Ms. [REDACTED] reported that she sees her Pastor for grief counseling. Inquire if appointments have been scheduled for [REDACTED]. Discuss with mother scheduling of those appointments need to be completed within a certain timeframe.



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: 02/26/2015	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: 03/26/2015
Completed date: 03/26/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Sibling Interview/Observation	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/26/2015 08:44 AM Entered By: [REDACTED]

CPSI [REDACTED] made face to face contact with said children. The children appeared physically healthy, well groomed, and dressed in clean weather appropriate clothing. CPSI [REDACTED] observed no signs of abuse or neglect. CPSI [REDACTED] observed that the children appeared to be happy and interacting well. CPSI [REDACTED] observed no serious safety concerns at the time of this visit.

The case remains open while awaiting 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: Completed
 Contact Date: 02/05/2015 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/16/2015
 Completed date: 04/16/2015 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: 04/16/2015 12:02 PM Entered By: [REDACTED]

Background checks were completed on [REDACTED]. The results are listed below. Copies have been placed in the file.

[REDACTED]
 JSSI Criminal and General Sessions - No Record Found
 Meth Registry - No Record Found
 Health Abuse Registry - No Record Found
 Sex Offender Registry - No Record Found

CPSI conducted a TFACTS history check with the Department. The following cases were associated with [REDACTED] family case.

Case ID	2007	Investigation	Allegation: Substantial Risk Physical Injury
Perp:	[REDACTED]	Classification: ASPS	
	2006	Case received from Juvenile court as a Non Emergency Targeted Case Management	
	2001	Investigation	Allegation: Physical Neglect

Classification: AUPU

Narrative Type: Addendum 1 Entry Date/Time: 04/16/2015 12:11 PM Entered By: [REDACTED]

Background checks were completed on [REDACTED]. The results are listed below. Copies have been placed in the file.

[REDACTED]
 JSSI Criminal and General Sessions
 -2010 Possession of Controlled Substance Marijuana
 -2010 Driving while license Suspended/Revoked/Canceled
 -2009 Improper Lane Changing
 Meth Registry - No Record Found
 Health Abuse Registry - No Record Found
 Sex Offender Registry - No Record Found



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

CPSI completed a TFACTS history check on [REDACTED] for prior involvement with the Department. There were no records found on [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/26/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 10:48 AM Entered By: [REDACTED]

CPSI [REDACTED] has attempted to complete the SDM, but the system is not allowing the investigation to be linked to a family case. CPSI will complete the Safety assessment once the problem has been corrected.



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:	01/23/2015	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/23/2015
Completed date:	01/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/23/2015 05:10 PM Entered By: [REDACTED]

Request medical records for [REDACTED] and her siblings: [REDACTED], and [REDACTED]. Document interview with Ms. [REDACTED] paramour, [REDACTED]. Contact references and collateral of Ms. [REDACTED]. Refer the family for grief counseling.



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: 01/23/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2015

Completed date: 08/18/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2015 10:18 AM Entered By: [REDACTED]

Child Protection Service Investigator (CPSI) completed the Notice of Child Death/Preliminary Near Death form CS-0635. The form has been forwarded to the appropriate parties.



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: 01/23/2015 Contact Method: Face To Face
 Contact Time: 11:15 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: School Created Date: 01/26/2015
 Completed date: 01/26/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 10:36 AM Entered By: [REDACTED]
 CPSI [REDACTED] met with [REDACTED] at [REDACTED] School. [REDACTED] was dressed in clean, weather appropriate clothing. CPSI [REDACTED] introduced himself to [REDACTED] and explained to [REDACTED] his job. [REDACTED] stated he understood. [REDACTED] made no disclosures of abuse and stated that everything was going well at the family's home.

CPSI met with [REDACTED] at [REDACTED] Elementary School. [REDACTED] is hearing impaired and has implants in her ears to help her hear. CPSI [REDACTED] introduced himself to [REDACTED] and explained his job with the Department of Children's Services, Office of Child Safety. [REDACTED] stated she understood and made no disclosure of abuse. [REDACTED] was dressed in clean, weather appropriate clothing. CPSI observed no safety concerns at the time of this visit.

CPSI [REDACTED] met with [REDACTED] at [REDACTED] Pre-K program. [REDACTED] was dressed in clean, weather appropriate clothing. [REDACTED] was getting ready for lunch at the time of the visit. CPSI observed [REDACTED] to be a happy child and interacting well with his classmates. CPSI observed no safety concerns at the time of this visit.

Narrative Type: Addendum 1 Entry Date/Time: 09/24/2015 11:31 AM Entered By: [REDACTED]
 CPSI [REDACTED] met with [REDACTED] at [REDACTED] School. During the interview, CPSI explained to [REDACTED] the reason of the visit. [REDACTED] appeared to be sad. CPSI asked [REDACTED] if he knew what had happen and [REDACTED] stated that all he knew is that his little sister had to go to the hospital in an ambulance. CPSI asked [REDACTED] does he know why and [REDACTED] stated that his mom said that she had a seizure. CPSI asked [REDACTED] had he talked to anyone about his sister and [REDACTED] stated, no. [REDACTED] reported that everything was going well in the family home.

CPSI met with [REDACTED] at [REDACTED] Elementary School As stated previously, [REDACTED] is in the a hearing and impaired classroom. CPSI met with [REDACTED] and the classroom assistant. CPSI explained to the parties the nature of the visit and asked [REDACTED] did she understand. [REDACTED] shook her head yes. CPSI asked [REDACTED] if she could tell how everything was going at home. [REDACTED] informed CPSI that everything was going well in the family home. CPSI inquired about [REDACTED] little sister [REDACTED] [REDACTED] informed CPSI that she had went to the doctor because she was sick. CPSI thanked [REDACTED] for talking to him and allowed her to rejoin her class.

CPSI met with [REDACTED] at [REDACTED] Pre-K. CPSI did not question [REDACTED] due to his age and his mother had not talked to [REDACTED] about death or his little sister. CPSI observed [REDACTED] to be dressed in clean, weather appropriate clothing. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

appeared to be a happy child and interacted well with his classmates.



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: 01/23/2015

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/26/2015

Completed date: 01/26/2015

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: 01/26/2015 10:34 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED], cousin. Ms. [REDACTED] informed CPSI [REDACTED] that she is moral support for [REDACTED], mom and the ACV's siblings. Ms. [REDACTED] stated that she will ensure that Ms. [REDACTED] and the family participate in grief counseling that the Department will refer the family for.



**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:	01/23/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/18/2015
Completed date:	08/18/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/18/2015 10:09 AM Entered By: [REDACTED]

Household composition:

Mother - [REDACTED]
 Paramour - [REDACTED]
 sibling - [REDACTED]

The family resides at [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/23/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/24/2015

Completed date: 08/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/24/2015 02:38 PM Entered By: [REDACTED]

The initial Safety Decision Making tool was utilized on the [REDACTED] family case. The assessment scored the children as safe in the family home.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/23/2015	Contact Method: Face To Face
Contact Time: 09:45 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/26/2015
Completed date: 01/26/2015	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: 01/26/2015 10:33 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED], paramour, at the family home. Mr. [REDACTED] informed CPSI [REDACTED] that he was present at the home located at [REDACTED] during the early morning hours when [REDACTED] became ill. Mr. [REDACTED] explained to CPSI [REDACTED] that the family had went to bed that evening of 01/21/2015 around 10:00 pm. Mr. [REDACTED] stated that Ms. [REDACTED] had laid [REDACTED] down around 9:30 pm, but wasn't sure of the exact time. Mr. [REDACTED] informed CPSI [REDACTED] that around 1:00 am on 01/22/2015, he was awoken in a panic by Ms. [REDACTED] crying and screaming. Mr. [REDACTED] stated that Ms. [REDACTED] contacted 911 and they began to instruct the family on how to do CPR on [REDACTED]. Mr. [REDACTED] stated that he did CPR on [REDACTED] until the paramedics arrived at the family home. Mr. [REDACTED] explained that he was able to get [REDACTED] to breathing and she threw up right before the paramedics arrived on the scene. Mr. [REDACTED] stated that Ms. [REDACTED] went to the hospital with [REDACTED] and he stayed back with the other children.



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: 01/23/2015

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/18/2015

Completed date: 08/18/2015

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/18/2015 10:12 AM Entered By: [REDACTED]

Deceased children are not required to be seen per Department of Children's Services work-aid.



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: 01/23/2015

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/18/2015

Completed date: 08/18/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2015 10:14 AM Entered By: [REDACTED]

Child Protection Investigation Team (CPIT) was convened on 01/23/2015 to discuss the investigation of neglect death of alleged child victim, [REDACTED]. The case was stamped for the Department of Children's Services (DCS) to handle as appropriate. Assistant District Attorney [REDACTED] was present.



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: 01/23/2015	Contact Method: Face To Face
Contact Time: 09:20 AM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/23/2015
Completed date: 01/23/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 01/23/2015 04:37 PM Entered By: [REDACTED]

On 01/22/2015, Child Protection Service Investigator (CPSI) [REDACTED] went to the home located at [REDACTED] in order to make contact with the mother, [REDACTED]. The address was the address listed on the referral and it was the last known address from 2007. CPSI [REDACTED] arrived at the address, but the lot was vacant. CPSI returned to the office and completed a MLG&W check and contacted the Medical Examiners office for a valid address. Both good faith attempts returned with the address of [REDACTED], and a contact number of [REDACTED]. CPSI [REDACTED] contacted the mother via phone on 01/22/2015. During the phone conversation CPSI introduced himself to the mother and explained the process to the mother. The mother began to cry over the phone. CPSI offered his condolences to the family and asked could the Department come out today (01/22/15), to speak with the family. Ms. [REDACTED] asked could the Department come tomorrow (01/23/15) at 9:30 am. CPSI agreed to meet with the family at 9:30 am. On 01/23/15, CPSI arrived at the family home located at [REDACTED] at approximately 9:20 am. CPSI introduced himself to the family. Present for the meeting was the mother, [REDACTED], and the paramour, [REDACTED]. CPSI explained again to the mother, the reason for the Department being at her home and mom, stated that she understood and is willing to do whatever is needed for the investigation. Ms. [REDACTED] stated to CPSI that she has 4 children including her deceased daughter, [REDACTED]. Ms. [REDACTED] oldest child is [REDACTED] attends [REDACTED] Elementary. [REDACTED] is hearing impaired. The 3rd child is [REDACTED], DOB: [REDACTED] attends [REDACTED] Pre-K program. The 4th child of Ms. [REDACTED] is the deceased child, [REDACTED]. CPSI [REDACTED] has met or observed all the members of the home. According to the caretaker there is no one in the home that is of Native American heritage. The family has been provided with the DCS Client's Right Handbook, and CPSI [REDACTED] has received a signature verifying that the caretaker has received the Handbook. They have been informed of the DCS Notification of Equal Access form, HIPPA forms, Authorization for Release of Information to DCS, and the Native American Heritage Veto Verification. CPSI [REDACTED] has received a signature verifying on all required forms. There did not appear to be any obvious concerns with the interior or the exterior of the home. The interior of the home appeared to be orderly. There are 2 smoke detectors in the home. The exterior of the home appeared to be in a fair condition. There did not appear to be an excessive amount of traffic (foot or vehicular) around the home. The neighborhood appeared to be calm and quiet. CPSI observed three bedrooms and one bathroom inside the home. CPSI observed a pack and play pen that, ACV, [REDACTED] slept in. The pack and play pen was appropriate for [REDACTED]. CPSI observed a twin bed in the room for [REDACTED] and two twin beds in the room that [REDACTED] and his younger brother, [REDACTED] shared. CPSI



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

inquired about what happen that night. Ms. ██████ explained that she had given ██████ a bottle around 9:30 pm on 01/21/15. She burped ██████ and laid her down for the night. Ms. ██████ stated that she went to bed also because she wasn't feeling well that evening. Around 1 am, Ms. ██████ explains that she hears ██████ gasping for air. Ms. ██████ stated that she immediately picked her up, when she picked her she stated that ██████ was warm to touch, so she removed her onesie and attempted to take ██████ temperature under her arm. ██████ body became stiff and she noticed that her eyes had began to roll in the back of her head. Ms. ██████ explained that she called 911 and the instructed her to begin CPR on the child. Ms. ██████ stated that she was so nervous that she didn't think she was doing it correctly. Mr. ██████ paramour step in and began CPR on ██████ Mr. ██████ was able to get ██████ to breathing again and Ms. ██████ stated that she also threw up, by then the paramedics had arrived on the scene. The immediately began to work on ██████ and rushed her to ██████ Children's Hospital. Mr. ██████ stayed behind with the mother's other children. Ms. ██████ explained to CPSI ██████ that she thought ██████ was having a seizure because her oldest daughter, ██████ is diagnosed with epilepsy and takes medication for her seizures. Ms. ██████ stated that when they arrived in the Emergency Department the doctors immediatley began trying to work on ██████ Ms. ██████ stated that at one point they had gotten her two breathing again, but she stopped again. Then the medical team had to use the heart defibulator on ██████ but nothing they done brought her back. Ms. ██████ stated that she ran out the room and began to cry uncontrollably. Ms. ██████ informed CPSI that she has been dealing with death for the past 6 years and believe that the devil is after her family. In 2012, it was reported that she unexpectedly lost her mother. In 2013, the father of her 3 youngest children was murdered at a gas station and 4 days after his death, she found out she was pregnant with ██████ In 2014, Ms. ██████ explain that she buried her uncle and grandfather and now in 2015, she has to bury her daughter. CPSI ██████ advised Ms. ██████ that she need to seek out grief counseling for herself and her children. Ms. ██████ stated that she was receptive to any services the Department could provide to help her family. CPSI ██████ consoled Ms. ██████ throughout the entire interviewed because she cried and continued to say "why her baby had to died." CPSI observed shot records for ██████ received her 4 month immunization shots November 7, 2014. Ms. ██████ stated that she was in the process of scheduling her 6 months shots because she had just turned 6 months on 12/29/2014. Ms. ██████ explained to CPSI ██████ that Dr. ██████ and Dr. ██████ has been her children's PCP. Dr. ██████ and Dr. ██████ practice at ██████ Center. Ms. ██████ began to cry again and stated that her baby had just began clapping and saying mama. CPSI attempted to console Ms. ██████ CPSI informed Ms. ██████ that a visit will be made at the schools with her other children she stated that was fine. Ms. ██████ expalined that her children know what's going on, but she can't talk to them about because she doesn't want them to see her cry.



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:	01/22/2015	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/23/2015
Completed date:	01/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/23/2015 04:59 PM Entered By: [REDACTED]

A P (1) referral was called in to Central Intake on (1-22-15), at (3:44) a.m. Case assigned to Team 45 on (1-22-15) with the allegation of (Neglect Death) in regard to ([REDACTED]), age (6 months) years. The alleged perpetrator is Unknown.

Response is due on (1-23-15); (3:44) a.m. The referent letter was mail on (1-22-14). Juvenile Court (Judge) and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.



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: 01/22/2015

Contact Method: Phone Call

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/23/2015

Completed date: 01/23/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2015 04:45 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] via telephone. CPSI explained to Ms. [REDACTED] the nature of the cause and asked if the Department could meet with the family on today. Ms. [REDACTED] began to cry and stated that she is willing to do whatever the Department need her to do, but could CPSI [REDACTED] meet with her on the next day at 930 am. Ms. [REDACTED] stated that she was still trying to wrap her mind around the fact that her child had passed. CPSI offered his condelscences to the family and confirm that the Department will be at the home at 09:30 am on 01/23/2015



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: 01/22/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/23/2015

Completed date: 01/23/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2015 04:42 PM Entered By: [REDACTED]

CPSI contacted the medical examiner's office in order to obtain a valid address for the family. CPSI spoke with Investigator [REDACTED] and the address of [REDACTED] was given to the Department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/22/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/23/2015

Completed date: 01/23/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2015 04:40 PM Entered By: [REDACTED]

CPSI completed a LGW search in order to locate the address for the family. The address for the family was returned and the family resides at [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 08/18/2015 11:18 AM Entered By: [REDACTED]

[REDACTED] Light, Gas, and Water (LGW)



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: 01/22/2015 Contact Method: Attempted Face To Face
 Contact Time: 12:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/23/2015
 Completed date: 01/23/2015 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: 01/23/2015 04:39 PM Entered By: [REDACTED]
 CPSI [REDACTED] went to [REDACTED] in attempt to make contact with the family. The address is a vacant lot.

Narrative Type: Created In Error Entry Date/Time: 02/05/2015 12:15 PM Entered By: [REDACTED]
 New case recording entered for the initial ACV



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: 01/22/2015 Contact Method: Attempted Face To Face
 Contact Time: 09:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/05/2015
 Completed date: 02/05/2015 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: 02/05/2015 12:18 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to make contact with the ACV, [REDACTED]. CPSI [REDACTED] was unable to interview the child due to the child being deceased. ACV< [REDACTED] passed away on 01/22/2015 at 2:58 am.



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: 01/22/2015

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2015

Completed date: 08/18/2015

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2015 09:59 AM Entered By: [REDACTED]

Child Protection Service Investigator [REDACTED] made contact with the referent. No other information could be provided 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: Created In Error
 Contact Date: 01/22/2015 Contact Method:
 Contact Time: 03:44 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/26/2015
 Completed date: 07/26/2015 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: 07/26/2015 06:19 PM Entered By: [REDACTED]

Reporter states: This will serve as notification that the [REDACTED] County Medical Examiner is investigating the death of a 6 month old, B/F, [REDACTED]. This 6 month old baby was heard to be gasping by her mother who picked her up and noted her to be stiffening her back and her eyes were rolling back in a seizure like activity. 911 was called and they advised the mother to start CPR. [REDACTED] Fire Department responded and transported the victim to [REDACTED] Children's Hospital where death was pronounced at 0258 hours. [REDACTED] Police Department and this investigator responded to the hospital and the residence and a scene investigation was performed. The decedent's father is deceased and the mother is [REDACTED] DOB: [REDACTED]. There are three siblings living at the residence. Our case number is [REDACTED].

Narrative Type: Created In Error Entry Date/Time: 08/21/2015 11:07 AM Entered By: [REDACTED]

Referent was disclosed in the opening case summary



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: 01/22/2015

Contact Method:

Contact Time: 03:44 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/21/2015

Completed date: 08/21/2015

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2015 11:06 AM Entered By: [REDACTED]

Reporter states: This 6 month old baby was heard to be gasping by her mother who picked her up and noted her to be stiffening her back and her eyes were rolling back in a seizure like activity. 911 was called and they advised the mother to start CPR.

[REDACTED] Fire Department responded and transported the victim to [REDACTED] Children's Hospital where death was pronounced at 0258 hours. The decedent's father is deceased and the mother is [REDACTED] DOB: [REDACTED]. There are three siblings living at the residence.