



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 01/25/2015 09:33 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 01/25/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 01/26/2015 11:54 AM
 First Team Leader Assigned: [REDACTED] Date/Time 01/26/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 01/26/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 5 Mos	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: E-mail
 Narrative: TFACTS:
 Family Case ID: [REDACTED]
 Open Court Custody/FSS/FCIP None found
 Closed Court Custody None found
 Open CPS None found
 Death None found
 Substantiated: None found



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

Screened out None found

History (not listed above):

7-26-2014/Case ID # [REDACTED]/DEI/Unsubstantiated

Note: TFACTS shows another child from the previous investigation named [REDACTED], date of birth [REDACTED] (age 2).

County: [REDACTED]

Notification: Email

School/ Daycare: None reported

Native American Descent: None

Directions: [REDACTED]

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

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

Reporter states:

The child is not in state custody.

The child, [REDACTED] (age 7 months) resided with her mother, [REDACTED] and Grandfather, [REDACTED] in [REDACTED] County. It is unknown if there are any other children in the home.

The reporter states that EMS transported [REDACTED] to the [REDACTED] Children's Hospital this morning 01/25/2015. The child was reported to be asystolic (the child did not have a heartbeat). The child was pronounced dead at 9:43 A.M. on 1-25-2015. The mother is currently at the hospital and Law enforcement is speaking with her.

The mother stated that the child was fed around 6:00 A.M. this morning, 1-25-15. It is unknown if the child was put back down to sleep after the feeding. However, sometime after the feeding the child was found unresponsive. It is unknown what time EMS was called. It is unknown if the family has any prior DCS history. The reporter does not have any further information to provide about this incident.

There were no known reported injuries to the child. It is unknown if an autopsy will be performed. There is no information at this time about the condition of the home or if any other factor played a role in the child's death.

Special Needs or Disabilities: None reported.

Child's current location/is the child safe at this time: The child is currently deceased and is at the [REDACTED] Children's Hospital.

Perpetrator's location at this time: The mother is not employed. She is currently at [REDACTED] Children's hospital.

Domestic Violence present in the home: None known.

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

Per SDM: Investigative Track, P1 [REDACTED] CMII 1/25/2015 @10:48 A.M.

[REDACTED] County paged at 10:50 A.M.

[REDACTED] 01-25-15 10:50:02 AM [REDACTED]

[REDACTED] 01-25-15 10:50:55 AM [REDACTED]

Received



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

Email notification sent to the [REDACTED] notification group,
Regional Administrator [REDACTED] and the [REDACTED] Region email notification group.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 1 Yr 5 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

None

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED], Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 01/25/2015

Assignment Date: 01/26/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 07/01/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: AUPU

D. Case Workers

Case Worker: [REDACTED]

Date: 07/01/2015

Team Leader: [REDACTED]

Date: 07/01/2015

E. Investigation Summary

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

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

[REDACTED] was pronounced dead on 1/25/15 at 9:43 a.m.

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 autopsy report indicated that [REDACTED] cause of death was natural, and that it was due to the flu virus.

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

The Alleged Perpetrator was unknown for this case.

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

The child is not in state custody.

The child, [REDACTED] (age 7 months) resided with her mother, [REDACTED] and Grandfather, [REDACTED] in [REDACTED] County. It is unknown if there are any other children in the home.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

The reporter states that EMS transported [REDACTED] to the [REDACTED] Children's Hospital this morning 01/25/2015. The child was reported to be asystolic (the child did not have a heartbeat). The child was pronounced dead at 9:43 A.M. on 1-25-2015. The mother is currently at the hospital and Law enforcement is speaking with her.

The mother stated that the child was fed around 6:00 A.M. this morning, 1-25-15. It is unknown if the child was put back down to sleep after the feeding. However, sometime after the feeding the child was found unresponsive. It is unknown what time EMS was called. It is unknown if the family has any prior DCS history. The reporter does not have any further information to provide about this incident.

There were no known reported injuries to the child. It is unknown if an autopsy will be performed. There is no information at this time about the condition of the home or if any other factor played a role in the child's death.

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

[REDACTED] had been sick with the flu for approximately three weeks. Her final autopsy report indicated that [REDACTED] cause of death was natural, due to the influenza virus. This case will be closed as allegation and perpetrator unsubstantiated.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	[REDACTED]
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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 Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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:	10/27/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 09:02 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: 10/22/2015

Contact Method:

Contact Time: 02:05 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/22/2015

Completed date: 10/22/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/22/2015 01:06 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] Deputy Director of Investigations Office of Child Safety. The feedback has been corrected and a email was sent on this date for further 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:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/25/2015

Completed date: 09/25/2015

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: 09/25/2015 10:16 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/24/2015	Contact Method:	
Contact Time:	04:18 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/24/2015
Completed date:	08/24/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/24/2015 03:22 PM Entered By: [REDACTED]

This case is being reviewed and will be presented for final approval

All investigative Task has been completed and documents have been uploaded into TFACTS.

Cause of death was determined to be complications of influenza virus.



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: Face To Face

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/24/2015

Completed date: 08/24/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/24/2015 03:26 PM Entered By: [REDACTED]

On this date, communication with the Referent occurred and no additional information was obtained.



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:	07/30/2015	Contact Method:	
Contact Time:	03:52 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/30/2015
Completed date:	07/30/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/30/2015 02:54 PM Entered By: [REDACTED]

Documents were uploaded into TFACT documents under the investigation Tab

Autopsy
 SUDI Form
 911 dispatch information



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/29/2015	Contact Method:	
Contact Time:	05:43 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/27/2015
Completed date:	10/27/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/27/2015 08:14 AM Entered By: [REDACTED]

On this date the SDM Safety Assessment was approved with no immediate harm factors noted



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:	07/22/2015	Contact Method:	
Contact Time:	09:52 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/22/2015
Completed date:	07/22/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/22/2015 08:54 AM Entered By: [REDACTED]

This case has been staffed for Closure,

Final Autopsy has been reviewed and it was determined that the cause of death was natural causes secondary to influenza. The case has been presented to the Child Protection Investigation Team and agreed to the Classification of Allegations Unsubstantiated

This case will be submitted for final approval



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 07/01/2015 Contact Method:
Contact Time: 10:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 07/01/2015
Completed date: 07/01/2015 Completed By: [REDACTED]
Purpose(s): Service Planning
Contact Type(s): Case Summary
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2015 10:36 AM Entered By: [REDACTED]

This case came to the Department's attention on 1/25/15 with allegations of Neglect Death. The Alleged Child Victim (ACV) was [REDACTED]. The Alleged Perpetrator (AP) was unknown. [REDACTED] was in the custody of her parents, [REDACTED] and [REDACTED] at the time of her death. She had never been in anyone else's custody.

On January 25, 2015, [REDACTED] was found unresponsive by Mr. [REDACTED]. Mr. [REDACTED] reported that he fed [REDACTED] around 6:00 a.m. on that morning, and then he put her back to bed around 7:00 a.m. Mr. [REDACTED] reported that he checked on [REDACTED] around 8:30 a.m., and she was not breathing. He stated that he called 911 and attempted CPR on [REDACTED]. [REDACTED] was reported to [REDACTED] Children's Hospital [REDACTED] where she was pronounced dead at 9:43 a.m. Approximately three weeks prior to her death, [REDACTED] had been diagnosed with the flu and was taking Tamaflu. Child Protective Services Investigation (CPSI) [REDACTED] investigated this case with [REDACTED] Police Department [REDACTED] Investigator (Inv. [REDACTED]) CPS [REDACTED] and Inv. [REDACTED] interviewed both parents separately. The maternal grandparents, [REDACTED] and [REDACTED] were also interviewed, as they resided in the home. CPSI [REDACTED] and Inv. [REDACTED] also interviewed [REDACTED] (babysitter) and [REDACTED] (family friend). Ms. [REDACTED] had spent the night with Ms. [REDACTED] the previous night, and [REDACTED] had spent the night at the [REDACTED] home the night of the incident.

All of the interviews yielded the same information. [REDACTED] had been sick with the flu for approximately three weeks, and was taking Tamaflu. All reported that Ms. [REDACTED] had spent the night at Ms. [REDACTED] and that Mr. [REDACTED] was caring for [REDACTED]. Mr. [REDACTED] reported that he fed [REDACTED] around 6:00 a.m. on 1/25/15, and put her back to bed around 7:00 a.m. He reported that he checked on her again around 8:30 a.m., and she was not breathing, so he called 911 and attempted CPR. [REDACTED] reported that she contacted Ms. [REDACTED] who arrived at the home as the ambulance was arriving.

There was no Alleged Perpetrator to interview for this case. All of the family and collaterals that were interviewed appeared to have appropriate emotional responses to the situation. All were cooperative during their interviews.

DCS policy defines Neglect Death as:

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

treated as severe child abuse.

4. Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.

This case was presented to the [REDACTED] County Child Protective Investigation Team (CPIT) on July 1, 2015. It was decided that the case would be classified as Allegation and Perpetrator Unsubstantiated. A list of the CPIT team members is listed in a separate note.

The final autopsy report was received and indicated that [REDACTED] cause of death was natural due to the influenza virus. Based upon the interviews, hospital records, and the autopsy report, there is not a preponderance of evidence to substantiate the allegation.

This case will be closed and classified as Allegation and Perpetrator Unsubstantiated for Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2015

Contact Method: Face To Face

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/01/2015

Completed date: 07/01/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2015 09:18 AM Entered By: [REDACTED]

This case was presented to the [REDACTED] County Child Protective Investigative Team on 7/1/15. The following CPIT members were present:

LT. [REDACTED]
 [REDACTED], DA
 [REDACTED], KCJC
 [REDACTED], mental health provider
 [REDACTED], Child Help, USA
 LI [REDACTED]
 CPSI [REDACTED]

A recommendation was made to Unsubstantiate, and the CPIT members did agree. The hard copy of the CPIT form was signed and that hard copy is located in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/26/2015 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/06/2015
 Completed date: 04/06/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/06/2015 09:40 AM Entered By: [REDACTED]

3/26/15 11:10 a.m. neg. HV [REDACTED]
 CPSI spoke to Ms. [REDACTED] grandmother, [REDACTED] Mrs. [REDACTED] stated that neither her granddaughter, nor [REDACTED] were at the home. She stated that her granddaughter has not been staying at the home much since [REDACTED] died because it is too painful for her to stay in the room. Mrs. [REDACTED] stated that Mr. [REDACTED] is not around much either, and that he and her granddaughter are no longer together. Mrs. [REDACTED] stated that [REDACTED] seems to be doing okay, but that [REDACTED] has said that she talks to [REDACTED] Mrs. [REDACTED] stated that her granddaughter has called about counseling. CPSI left a card for [REDACTED] and asked that Mrs. [REDACTED] had her call CPSI.

3/26/15 2:00 p.m. [REDACTED] from [REDACTED]
 Ms. [REDACTED] stated that she could bring [REDACTED] to the Family Justice Center within the hour.

3/26/15 3:00 p.m. [REDACTED]
 CPSI spoke to Ms. [REDACTED] and [REDACTED] in a private conference room. There was no one else present. Ms. [REDACTED] stated that she has started working for [REDACTED] Staffing. She stated that she has been doing that for about 3 weeks. Ms. [REDACTED] stated that her grandmother keeps [REDACTED] while she is working. She stated that she plans to get [REDACTED] into day care soon. She stated that [REDACTED] starts Pre K in August at Head Start [REDACTED] Ms. [REDACTED] stated that she has tried to get herself into counseling, but that she has not been able to. She stated that she has [REDACTED] Insurance. CPSI provided Ms. [REDACTED] with a listing for mental health professionals.
 Ms. [REDACTED] stated that she has been staying with her friend, [REDACTED] at [REDACTED] She stated that she can not stand to stay in the same room where [REDACTED] died. Ms. [REDACTED] stated that she and Mr. [REDACTED] are no longer together. She stated that he has recently gotten married. She stated that he has seen [REDACTED] a few times since they split up, but that he does not see her often. She stated that they were never married, he is not on the birth certificate, and that he never completed a paternity test. She stated that he has never paid child support, and that he does not have any court ordered visitation.
 Ms. [REDACTED] stated that she has to go to court on 4/27/15 because Mr. [REDACTED] slashed her tires and "took a swing" at her. She stated that was 2-3 weeks after [REDACTED] had died. Ms. [REDACTED] stated that this happened at Ms. [REDACTED] home. Ms. [REDACTED] stated that she called the police, and Mr. [REDACTED] was charged with misdemeanor vandalism. Ms. [REDACTED] stated that Mr. [REDACTED] was not arrested, but that he was transported to her



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

grandparents' home, so she could not go to the home. She stated that she stayed at [REDACTED] home. Ms. [REDACTED] stated that Mr. [REDACTED] lives in [REDACTED] with [REDACTED]. She stated that she is not exactly sure where he lives. Ms. [REDACTED] stated that she does not know his phone number because he blocks her when he calls. She stated that Mr. [REDACTED] had another child, but that child is in foster care because the mother did not want the child.

Ms. [REDACTED] stated that [REDACTED] has started being afraid of the dark, having nightmares, and using the bathroom on herself. She stated that [REDACTED] talks to [REDACTED], and asks where [REDACTED] is. CPSI advised Ms. [REDACTED] to talk to the therapist she sees to see if they can recommend anything for a child as young as [REDACTED].

CPSI observed [REDACTED] at this time. Ms. [REDACTED] held her during the interview. [REDACTED] slept through the interview. She was dressed in pants and a matching shirt with sandals, which were appropriate for the weather. [REDACTED] appeared to be clean. CPSI did not observe any marks or bruises 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: 03/23/2015

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/23/2015

Completed date: 03/23/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/23/2015 09:00 AM Entered By: [REDACTED]

CPSI has not received the autopsy report at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/11/2015	Contact Method:	
Contact Time:	05:03 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/11/2015
Completed date:	03/11/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/11/2015 04:07 PM Entered By: [REDACTED]

LI [REDACTED] along with Inv [REDACTED] discussed this case on this date.

The Department is still awaiting on the preliminary and final Autopsy

The family was offered services but declined.

Inv. [REDACTED] will complete an additional home visit and ensure the family has no need/desire for any services.



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: 03/02/2015

Contact Method: Attempted Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/23/2015

Completed date: 03/23/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/23/2015 08:58 AM Entered By: [REDACTED]

3/2/15 11:35 a.m. TC to [REDACTED]
 CPSI received a message stating that the number was no longer in service.



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: 02/25/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/25/2015

Completed date: 02/25/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/25/2015 10:37 AM Entered By: [REDACTED]

CPSI has not received a copy of the autopsy report at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED].

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/13/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/04/2015

Completed date: 03/04/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/04/2015 04:59 PM Entered By: [REDACTED]

CPSI obtained the medical records on this date. These will be uploaded into TFACTS



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: 04:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2015

Completed date: 07/30/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2015 03:11 PM Entered By: [REDACTED]

On 01-26-2015 Juvenile Court Judge was notified per local protocol.

Local protocol

[REDACTED] County Juvenile Court Judge [REDACTED] is notified Daily of Assigned Child Protective Services cases.



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

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/25/2015	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	More than 5 Hours
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	01/28/2015
Completed date:	01/28/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview,Referent Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/28/2015 05:09 PM Entered By: [REDACTED]

Child: [REDACTED]
 Sibling: [REDACTED]
 Mother: [REDACTED]
 Father: [REDACTED]
 *** AKA: [REDACTED]
 Address: [REDACTED]
 Phone: [REDACTED] (home)
 [REDACTED] (mother)
 [REDACTED])

School: NA
 Also in home:
 MGGM: [REDACTED]
 MGGF: [REDACTED]
 Others: [REDACTED]

Address: [REDACTED]
 Phone: [REDACTED]
 Baby sitter: [REDACTED]
 Mother: [REDACTED]
 Address: [REDACTED])

BEGINNING CASE SUMMARY

On 1/25/14 at 9:59 a.m. [REDACTED] a referral was called into Child Abuse Hotline. The referral was screened into [REDACTED] County as a P1 with allegations of Neglect Death. The referral was not received until after CPSI was notified.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The alleged child victim is [REDACTED].

The alleged perpetrator is listed as Unknown.

This case was assigned to CPSI [REDACTED] on 1/25/15 at 9:00 a.m. [REDACTED] and is due on 1/26/15 at 9:59 a.m. [REDACTED]

Referral:

The child is not in state custody.

The child, [REDACTED] (age 7 months) resided with her mother, [REDACTED] and Grandfather, [REDACTED] in [REDACTED] County. It is unknown if there are any other children in the home.

The reporter states that EMS transported [REDACTED] to the [REDACTED] Children's Hospital this morning 01/25/2015. The child was reported to be asystolic (the child did not have a heartbeat). The child was pronounced dead at 9:43 A.M. on 1-25-2015. The mother is currently at the hospital and Law enforcement is speaking with her.

The mother stated that the child was fed around 6:00 A.M. this morning, 1-25-15. It is unknown if the child was put back down to sleep after the feeding. However, sometime after the feeding the child was found unresponsive. It is unknown what time EMS was called. It is unknown if the family has any prior DCS history. The reporter does not have any further information to provide about this incident.

There were no known reported injuries to the child. It is unknown if an autopsy will be performed. There is no information at this time about the condition of the home or if any other factor played a role in the child's death.

Special Needs or Disabilities: None reported.

Child's current location/is the child safe at this time: The child is currently deceased and is at the [REDACTED] Children's Hospital.

Perpetrator's location at this time: The mother is not employed. She is currently at [REDACTED] Children's hospital.

Domestic Violence present in the home: None known.

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

TFACTS History:

[REDACTED]; [REDACTED]

Referral:

[REDACTED] (Unknown/1) and [REDACTED] (Unknown/1 month) reside with their parents, [REDACTED] and Unknown [REDACTED] in [REDACTED] County. Their grandmother, [REDACTED], and her boyfriend [REDACTED] are in the home.

[REDACTED] is reported to smoke Marijuana and take Opiates and Benzodiazepines. As far as the reporter knows, she is not prescribed any medications. She snorts the pills through her nose. It is unknown when she last used, but it was since her youngest child [REDACTED] was born in [REDACTED]. [REDACTED] did not test positive at the time of [REDACTED] birth to the reporter's knowledge.

In addition, the grandmother, [REDACTED] is smoking Methamphetamine inside the home. Her boyfriend, [REDACTED] reportedly sells it from the home. The Methamphetamine is not manufactured inside the home. Instead, they purchase it in bulk and resale it for a higher price. Overall, it is unknown where any of the drugs are kept inside the home. It is unknown if [REDACTED] boyfriend, [REDACTED] uses, but he did appear under the influence when seen recently.

Law enforcement and an ambulance were at the home on July 22, 2014, for a neighbor. The neighbor and [REDACTED] were high on Methamphetamine. They were hitting cars, and the neighbor was hallucinating. [REDACTED] and [REDACTED] have active warrants for their arrest. It is unknown what charges are in the warrants however. It is unknown if [REDACTED] or her boyfriend has prior drug charges.

Note: The case worker does not need to reveal any clues as to where the information came from originally. This is requested to ensure safety.

Are special needs or disabilities known? No.

Child(ren)'s safety at the time of the report? [REDACTED] and [REDACTED] should be home right now.

Any safety concerns for the responding worker? [REDACTED] and [REDACTED] will hide if DCS or anybody approached the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Meth Registry: Negative for [REDACTED]

Alleged Child Victims:

[REDACTED]

Alleged Perpetrators:

[REDACTED] (mother)

[REDACTED] (maternal grandmother)

Classification:

Allegations and Perpetrators Unsubstantiated

Region:

[REDACTED]

Case Summary:

This case came to the attention of the Department on 07/25/14. Response was met on 07/25/14. At that time the perpetrator tested positive for THC and admitted to engaging in such substance use on an occasional basis. As a result, the Department recommended that the perpetrator obtain an alcohol and drug assessment. On 08/07/14, CPSI received confirmation that the perpetrator had obtained such assessments via [REDACTED] Health and was engaging in IOP treatment. Per Departmental policy, a drug exposed infant is one who has parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities. While the perpetrator tested positive for THC and admitted to engaging in THC use, there is insufficient evidence to suggest that the perpetrator's substance use has impaired her ability to meet child care responsibilities; therefore, this case is being closed allegation unsubstantiated, perpetrator unsubstantiated.

Mr. [REDACTED] is listed in the following family case: [REDACTED] Mr. [REDACTED] is listed as a case member, but there is not relationship listed. According to the case notes in the family case, it appears that this case is associated with children that were in foster care in [REDACTED] County. The notes indicate that Mr. [REDACTED] is submitting to DNA testing; however, the results are not listed. There are no CPS investigations linked to this family case.

Narrative Type: Addendum 1 Entry Date/Time: 01/28/2015 05:10 PM Entered By: [REDACTED]

1/25/15 CPSI was advised of the following:

[REDACTED] has a scheduled doctors appointment tomorrow due to being diagnosed with the flu earlier in the month. [REDACTED] has a small bruise on her right cheek. [REDACTED] lives in an upstairs apartment with her parents, [REDACTED] and [REDACTED] and her sister, [REDACTED]. [REDACTED] great grandparents, [REDACTED] and [REDACTED] live in the home downstairs. Mr. [REDACTED] reported that he last saw [REDACTED] last night around 9 or 10 p.m. before she went to bed. Mr. [REDACTED] went upstairs and rolled [REDACTED] over, picked her up, and brought her downstairs for Mrs. [REDACTED] to do CPR on. [REDACTED] crib was full of clothing. [REDACTED] was last fed by Mr. [REDACTED] around 6:00 a.m. this morning. [REDACTED] was sleeping in the bed with Mr. [REDACTED] Ms. [REDACTED] was not at the home, and the babysitter ([REDACTED] DOE [REDACTED]) was asleep on the couch.

12:15 p.m. [REDACTED]

Ms. [REDACTED] was interviewed in a private conference room at [REDACTED] Children's Hospital [REDACTED] Ms. [REDACTED] stated that she left the home between 6 and 7 p.m. last night to stay with her friend, [REDACTED] Ms. [REDACTED] stated that [REDACTED] was fine when she left the home. Ms. [REDACTED] stated that [REDACTED] was diagnosed with the flu approximately 3 weeks ago and has been taking Tamaflu since. Ms. [REDACTED] stated that both of the children were sick, but only [REDACTED] had the flu. Ms. [REDACTED] stated that [REDACTED] has been lethargic since having the flu, but for the last few days, she had been acting more like her old self.

Ms. [REDACTED] stated that last night, she left [REDACTED] with Mr. [REDACTED] She stated that their babysitter, [REDACTED] was at the home, along with her (Ms. [REDACTED] grandparents. Ms. [REDACTED] stated that her grandmother's other grandchildren were there too. Ms. [REDACTED] stated that [REDACTED] called her this morning and told her about [REDACTED] She stated that Mr. [REDACTED] told her that he fed [REDACTED] around 6:00 a.m. this morning and laid back down. She stated that Mr. [REDACTED] told her that he checked on [REDACTED] around 8:00 a.m. and she was not breathing. Ms. [REDACTED] stated that [REDACTED] is on Similac formula. She stated that [REDACTED] used to take [REDACTED] but WIC changed it back to Similac. Ms. [REDACTED] stated that [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] did not have health problems until she had the flu. She stated that [REDACTED] tries to drink 8 ounces when she eats, but usually only takes 6. Ms. [REDACTED] stated that the children see Dr. [REDACTED] at the [REDACTED] County Health Department on [REDACTED]. Ms. [REDACTED] stated that it only took her about 3 minutes to get to the home from Ms. [REDACTED] home. She stated that once she got there, the EMTs were putting [REDACTED] into the ambulance. Ms. [REDACTED] stated that [REDACTED] has started eating some table food, such as mashed potatoes and smashed peas.

Ms. [REDACTED] stated that [REDACTED] usually sleeps in the crib, but that she has been cleaning lately, so she has put clothes into [REDACTED] crib. Ms. [REDACTED] stated that [REDACTED] sleeps in the bed with her and Mr. [REDACTED] usually, like 6 nights a week. She stated that [REDACTED] only stayed in her crib for about 2 months. She stated that she has to have her children close to her, so [REDACTED] sleeps in the bed and [REDACTED] sleeps in a toddler bed next to hers. Ms. [REDACTED] stated that she has "attachment issues" with her children. Ms. [REDACTED] stated that yesterday she had to leave because she just needed to get away.

Ms. [REDACTED] stated that [REDACTED] has [REDACTED] Insurance and that [REDACTED] has United Health Care/Blue Care. She stated that [REDACTED] was born at [REDACTED] Hospital, and that she was given the safe sleep talk then. She stated that she was told that it was safest for a baby to sleep in a crib by themselves without any toys or extra blankets.

Ms. [REDACTED] stated that she has been with Mr. [REDACTED] for about 3.5 years. She stated that he is the father to both children. Ms. [REDACTED] stated that [REDACTED] usually goes to bed around 11 p.m. and is up at 6:00 a.m. to eat. She stated that [REDACTED] goes back to bed after that and sleeps until around noon. Ms. [REDACTED] stated that she had [REDACTED] at Dr. [REDACTED] and Dr. [REDACTED] office at [REDACTED]. She stated that she was induced 3 days early. Ms. [REDACTED] stated that she does not have day care for the children because she is home with them. She stated that anytime she needs to leave Mr. [REDACTED] her grandparents, or [REDACTED] watches the children. Ms. [REDACTED] stated that she does not use drugs. She stated that she smoked marijuana before becoming pregnant, but nothing while she was pregnant. Ms. [REDACTED] stated that she was not abused while she was pregnant, but that she was abused when she was pregnant.

Ms. [REDACTED] stated that she text and called Mr. [REDACTED] throughout the night last night. She stated that she last talked to Mr. [REDACTED] between 1:30 and 2:00 a.m., and he told her that they were all going to bed and that the children were fine. Ms. [REDACTED] stated that [REDACTED] was at her home. She stated that [REDACTED] usually stays at her home on the weekends because [REDACTED] would rather be at her (Ms. [REDACTED] home than her own home. Ms. [REDACTED] stated that [REDACTED] helps out with the children when she is "in and out" of the home. She stated that she needs breaks sometimes. Ms. [REDACTED] stated that she helps Ms. [REDACTED] run errands. She stated that she was what they were doing yesterday. She stated that she goes to Ms. [REDACTED] home for "peace and quiet". Ms. [REDACTED] stated that she usually takes her children with her, and that yesterday was the first time that she left the children with Mr. [REDACTED]. Ms. [REDACTED] stated that she does not have any concerns leaving the children with Mr. [REDACTED] because he is a great father.

Ms. [REDACTED] stated that she does not have any criminal history. She stated that Mr. [REDACTED] was arrested in [REDACTED] County in 2012 for destruction of property and robbery. Ms. [REDACTED] stated that Mr. [REDACTED] told her that [REDACTED] was on her back, and that she does not remember if he said what [REDACTED] was wearing or not. Ms. [REDACTED] stated that she thinks that the spots on [REDACTED] legs are from scabies. She stated that some of her family has been diagnosed with it recently. Ms. [REDACTED] stated that she is not sure if [REDACTED] has it or not, but that she does have a small spot on her back that looks like it could be scabies. Ms. [REDACTED] stated that [REDACTED] does have a bruise on her butt cheek, as well as a small bruise looking spot inside her butt crack. She stated that [REDACTED] has had those since she was born. Ms. [REDACTED] stated that she is not sure about any scabs on her forehead/hair line. Ms. [REDACTED] stated that [REDACTED] has a small white spot on her forehead where she rolled off their bed a few months ago. Ms. [REDACTED] stated that their bed is low to the ground. Ms. [REDACTED] stated that [REDACTED] crawls now. She stated that [REDACTED] does not have any allergies.

1/25/15 12:45 p.m. [REDACTED]
Mr. [REDACTED] was interviewed in a private conference room at [REDACTED]. Mr. [REDACTED] stated that Ms. [REDACTED] left their home last night around 6:00 p.m. He stated that [REDACTED] was fine last night. He stated that she was playing and eating. Mr. [REDACTED] stated that he woke up around 6:00 a.m., fed [REDACTED] and then put her back to bed around 7:00 a.m. Mr. [REDACTED] stated that he checked on [REDACTED] again around 8:30 a.m. and that she was not breathing. He stated that [REDACTED] had the flu recently and had been "lifeless", but that she seemed to be better the last few days. Mr. [REDACTED] stated that [REDACTED] had difficulty breathing during her sickness.

Mr. [REDACTED] stated that they went to bed around 1:30 a.m. this morning. He stated that was when he last spoke to Ms. [REDACTED] via text. Mr. [REDACTED] stated that he slept until about 5:00 or 5:30 a.m., fed [REDACTED] around 6:00 a.m., burped her, and then went back to bed around 7:00 a.m. Mr. [REDACTED] stated that he was checking on [REDACTED] approximately every 30 minutes because of her breathing problems. Mr. [REDACTED] stated that he went to the bathroom around 7:30 a.m., and when he came back out, [REDACTED] was choking. He stated that he felt that [REDACTED] "got strangled on her milk". Mr. [REDACTED] stated that [REDACTED] started having problems breathing this morning after he fed her. He stated that she held her own bottle while he fed her. He stated that he laid her back down after he burped her. Mr. [REDACTED] stated that he checked



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

on [REDACTED] around 8:30 a.m. and saw that she was not breathing. He stated that he had checked on her 3-4 times prior to then. Mr. [REDACTED] stated that [REDACTED] was lying on her back, and she started taking short, quick breaths. He stated that he picked [REDACTED] up and patted her back because he thought she was choking. Mr. [REDACTED] stated that [REDACTED] breathing slowed down, but that it was still shallow. Mr. [REDACTED] stated that he went downstairs and told Mrs. [REDACTED] ([REDACTED]) about [REDACTED] breathing. He stated that he brought [REDACTED] downstairs after that, and Mrs. [REDACTED] laid [REDACTED] over her arm and patted her back. Mr. [REDACTED] stated that milk was coming out of [REDACTED] mouth and nose. He stated that Mrs. [REDACTED] laid [REDACTED] on her back and attempted CPR for about 30 minutes until EMS arrived. He stated that he left [REDACTED] with [REDACTED] while he went downstairs to tell Mrs. [REDACTED] about [REDACTED]. Mr. [REDACTED] stated that he went to the bathroom before he noticed the breathing problems. Mr. [REDACTED] then stated that [REDACTED] was the one that brought [REDACTED] downstairs because Mrs. [REDACTED] yelled for her to bring [REDACTED] downstairs. He stated that Mr. [REDACTED] was the one that called Ms. [REDACTED] (mother) about the situation.

Mr. [REDACTED] stated that he made a bottle around 5:30 a.m. and left it on the night stand until [REDACTED] started crying around 6:00 a.m. because she was hungry. He stated that he went back to sleep



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

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/25/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/28/2015
Completed date:	01/28/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/28/2015 05:08 PM Entered By: [REDACTED]

Child: [REDACTED]
 Sibling: [REDACTED]
 Mother: [REDACTED]
 Father: [REDACTED]
 *** AKA [REDACTED]
 Address: [REDACTED]
 Phone: [REDACTED] (home)
 [REDACTED] (mother)
 School: NA
 Also in home: [REDACTED]
 MGGM: [REDACTED]
 MGGF: [REDACTED]
 Others: [REDACTED]
 Address: [REDACTED]
 Phone: [REDACTED]
 Baby sitter: [REDACTED]
 Mother: [REDACTED]
 Address: [REDACTED]

BEGINNING CASE SUMMARY

On 1/25/14 at 9:59 a.m. [REDACTED] a referral was called into Child Abuse Hotline. The referral was screened into [REDACTED] County as a P1 with allegations of Neglect Death. The referral was not received until after CPSI was notified.

The alleged child victim is [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The alleged perpetrator is listed as Unknown.

This case was assigned to CPSI [REDACTED] on 1/25/15 at 9:00 a.m. [REDACTED] and is due on 1/26/15 at 9:59 a.m. [REDACTED]

Referral:

The child is not in state custody.

The child, [REDACTED] (age 7 months) resided with her mother, [REDACTED] and Grandfather, [REDACTED] in [REDACTED] County. It is unknown if there are any other children in the home.

The reporter states that EMS transported [REDACTED] to the [REDACTED] Children's Hospital this morning 01/25/2015. The child was reported to be asystolic (the child did not have a heartbeat). The child was pronounced dead at 9:43 A.M. on 1-25-2015. The mother is currently at the hospital and Law enforcement is speaking with her.

The mother stated that the child was fed around 6:00 A.M. this morning, 1-25-15. It is unknown if the child was put back down to sleep after the feeding. However, sometime after the feeding the child was found unresponsive. It is unknown what time EMS was called. It is unknown if the family has any prior DCS history. The reporter does not have any further information to provide about this incident.

There were no known reported injuries to the child. It is unknown if an autopsy will be performed. There is no information at this time about the condition of the home or if any other factor played a role in the child's death.

Special Needs or Disabilities: None reported.

Child's current location/is the child safe at this time: The child is currently deceased and is at the [REDACTED] Children's Hospital.

Perpetrator's location at this time: The mother is not employed. She is currently at [REDACTED] Children's hospital.

Domestic Violence present in the home: None known.

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

TFACTS History:

[REDACTED]; [REDACTED]

Referral:

[REDACTED] (Unknown/1) and [REDACTED] (Unknown/1 month) reside with their parents, [REDACTED] and Unknown [REDACTED] " in [REDACTED] County. Their grandmother, [REDACTED], and her boyfriend, [REDACTED] are in the home.

[REDACTED] is reported to smoke Marijuana and take Opiates and Benzodiazepines. As far as the reporter knows, she is not prescribed any medications. She snorts the pills through her nose. It is unknown when she last used, but it was since her youngest child [REDACTED] was born in June 2014. [REDACTED] did not test positive at the time of [REDACTED] birth to the reporter's knowledge.

In addition, the grandmother, [REDACTED] is smoking Methamphetamine inside the home. Her boyfriend [REDACTED] reportedly sells it from the home. The Methamphetamine is not manufactured inside the home. Instead, they purchase it in bulk and resale it for a higher price. Overall, it is unknown where any of the drugs are kept inside the home. It is unknown if [REDACTED] boyfriend, [REDACTED] uses, but he did appear under the influence when seen recently.

Law enforcement and an ambulance were at the home on July 22, 2014, for a neighbor. The neighbor and [REDACTED] were high on Methamphetamine. They were hitting cars, and the neighbor was hallucinating [REDACTED] and [REDACTED] have active warrants for their arrest. It is unknown what charges are in the warrants however. It is unknown if [REDACTED] or her boyfriend has prior drug charges.

Note: The case worker does not need to reveal any clues as to where the information came from originally. This is requested to ensure safety.

Are special needs or disabilities known? No.

Child(ren)'s safety at the time of the report? [REDACTED] and [REDACTED] should be home right now.

Any safety concerns for the responding worker? [REDACTED] and [REDACTED] will hide if DCS or anybody approached the home.

Meth Registry: Negative for [REDACTED]

Alleged Child Victims:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED]
 Alleged Perpetrators:

[REDACTED] (mother)

[REDACTED] (maternal grandmother)

Classification:

Allegations and Perpetrators Unsubstantiated

Region:

[REDACTED]

Case Summary:

This case came to the attention of the Department on 07/25/14. Response was met on 07/25/14. At that time the perpetrator tested positive for THC and admitted to engaging in such substance use on an occasional basis. As a result, the Department recommended that the perpetrator obtain an alcohol and drug assessment. On 08/07/14, CPSI received confirmation that the perpetrator had obtained such assessments via [REDACTED] Health and was engaging in IOP treatment. Per Departmental policy, a drug exposed infant is one who has parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities. While the perpetrator tested positive for THC and admitted to engaging in THC use, there is insufficient evidence to suggest that the perpetrator's substance use has impaired her ability to meet child care responsibilities; therefore, this case is being closed allegation unsubstantiated, perpetrator unsubstantiated.

Mr. [REDACTED] is listed in the following family case: [REDACTED] Mr. [REDACTED] is listed as a case member, but there is not relationship listed. According to the case notes in the family case, it appears that this case is associated with children that were in foster care in [REDACTED] County. The notes indicate that Mr. [REDACTED] is submitting to DNA testing; however, the results are not listed. There are no CPS investigations linked to this family case.



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: 01/25/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/23/2015

Completed date: 10/23/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2015 10:00 AM Entered By: [REDACTED]

Notification was sent to the DA and [REDACTED] County Juvenile Court.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/25/2015 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/23/2015
 Completed date: 10/23/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

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

1/25/15 CPSI was advised of the following:

[REDACTED] has a scheduled doctors appointment tomorrow due to being diagnosed with the flu earlier in the month. [REDACTED] has a small bruise on her right cheek. [REDACTED] lives in an upstairs apartment with her parents [REDACTED] and [REDACTED] and her sister [REDACTED]. [REDACTED] great grandparents, [REDACTED] and [REDACTED] live in the home downstairs. Mr. [REDACTED] reported that he last saw [REDACTED] last night around 9 or 10 p.m. before she went to bed. Mr. [REDACTED] went upstairs and rolled [REDACTED] over, picked her up, and brought her downstairs for Mrs. [REDACTED] to do CPR on. [REDACTED] crib was full of clothing. [REDACTED] was last fed by Mr. [REDACTED] around 6:00 a.m. this morning. [REDACTED] was sleeping in the bed with Mr. [REDACTED] Ms. [REDACTED] was not at the home, and the babysitter [REDACTED] DOB [REDACTED] was asleep on the couch.

12:15 p.m. [REDACTED]

Ms. [REDACTED] was interviewed in a private conference room at [REDACTED] Children's Hospital ([REDACTED]). Ms. [REDACTED] stated that she left the home between 6 and 7 p.m. last night to stay with her friend, [REDACTED] Ms. [REDACTED] stated that [REDACTED] was fine when she left the home. Ms. [REDACTED] stated that [REDACTED] was diagnosed with the flu approximately 3 weeks ago and has been taking Tamaflu since. Ms. [REDACTED] stated that both of the children were sick, but only [REDACTED] had the flu. Ms. [REDACTED] stated that [REDACTED] has been lethargic since having the flu, but for the last few days, she had been acting more like her old self. Ms. [REDACTED] stated that last night, she left [REDACTED] with Mr. [REDACTED] She stated that their babysitter, [REDACTED] was at the home, along with her (Ms. [REDACTED] grandparents. Ms. [REDACTED] stated that her grandmother's other grandchildren were there too. Ms. [REDACTED] stated that [REDACTED] called her this morning and told her about [REDACTED] She stated that Mr. [REDACTED] told her that he fed [REDACTED] around 6:00 a.m. this morning and laid back down. She stated that Mr. [REDACTED] told her that he checked on [REDACTED] around 8:00 a.m. and she was not breathing. Ms. [REDACTED] stated that [REDACTED] is on Similac formula. She stated that [REDACTED] used to take [REDACTED], but WIC changed it back to Similac. Ms. [REDACTED] stated that [REDACTED] did not have health problems until she had the flu. She stated that [REDACTED] tries to drink 8 ounces when she eats, but usually only takes 6. Ms. [REDACTED] stated that the children see Dr. [REDACTED] at the [REDACTED] County Health Department on [REDACTED] Ms. [REDACTED] stated that it only took her about 3 minutes to get to the home from Ms. [REDACTED] home. She stated that once she got there, the EMTs were putting [REDACTED] into the ambulance. Ms. [REDACTED] stated that [REDACTED] has started eating some table food, such as mashed potatoes and smashed peas.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Ms. [REDACTED] stated that [REDACTED] usually sleeps in the crib, but that she has been cleaning lately, so she has put clothes into [REDACTED] crib. Ms. [REDACTED] stated that [REDACTED] sleeps in the bed with her and Mr. [REDACTED] usually, like 6 nights a week. She stated that [REDACTED] only stayed in her crib for about 2 months. She stated that she has to have her children close to her, so [REDACTED] sleeps in the bed and [REDACTED] sleeps in a toddler bed next to hers. Ms. [REDACTED] stated that she has "attachment issues" with her children. Ms. [REDACTED] stated that yesterday she had to leave because she just needed to get away.

Ms. [REDACTED] stated that [REDACTED] has Amerigroup Insurance and that [REDACTED] has United Health Care/Blue Care. She stated that [REDACTED] was born at [REDACTED] Hospital, and that she was given the safe sleep talk then. She stated that she was told that it was safest for a baby to sleep in a crib by themselves without any toys or extra blankets.

Ms. [REDACTED] stated that she has been with Mr. [REDACTED] for about 3.5 years. She stated that he is the father to both children. Ms. [REDACTED] stated that [REDACTED] usually goes to bed around 11 p.m. and is up at 6:00 a.m. to eat. She stated that [REDACTED] goes back to bed after that and sleeps until around noon. Ms. [REDACTED] stated that she had [REDACTED] at Dr. [REDACTED] and Dr. [REDACTED] office at [REDACTED]. She stated that she was induced 3 days early. Ms. [REDACTED] stated that she does not have day care for the children because she is home with them. She stated that anytime she needs to leave Mr. [REDACTED] her grandparents, or [REDACTED] watches the children. Ms. [REDACTED] stated that she does not use drugs. She stated that she smoked marijuana before becoming pregnant, but nothing while she was pregnant. Ms. [REDACTED] stated that she was not abused while she was pregnant, but that she was abused when she was pregnant.

Ms. [REDACTED] stated that she text and called Mr. [REDACTED] throughout the night last night. She stated that she last talked to Mr. [REDACTED] between 1:30 and 2:00 a.m., and he told her that they were all going to bed and that the children were fine. Ms. [REDACTED] stated that [REDACTED] was at her home. She stated that [REDACTED] usually stays at her home on the weekends because [REDACTED] would rather be at her (Ms. [REDACTED]) home than her own home. Ms. [REDACTED] stated that [REDACTED] helps out with the children when she is "in and out" of the home. She stated that she needs breaks sometimes. Ms. [REDACTED] stated that she helps Ms. [REDACTED] run errands. She stated that was what they were doing yesterday. She stated that she goes to Ms. [REDACTED] home for "peace and quiet". Ms. [REDACTED] stated that she usually takes her children with her, and that yesterday was the first time that she left the children with Mr. [REDACTED]. Ms. [REDACTED] stated that she does not have any concerns leaving the children with Mr. [REDACTED] because he is a great father.

Ms. [REDACTED] stated that she does not have any criminal history. She stated that Mr. [REDACTED] was arrested in [REDACTED] County in 2012 for destruction of property and robbery. Ms. [REDACTED] stated that Mr. [REDACTED] told her that [REDACTED] was on her back, and that she does not remember if he said what [REDACTED] was wearing or not. Ms. [REDACTED] stated that she thinks that the spots on [REDACTED] legs are from scabies. She stated that some of her family has been diagnosed with it recently. Ms. [REDACTED] stated that she is not sure if [REDACTED] has it or not, but that she does have a small spot on her back that looks like it could be scabies. Ms. [REDACTED] stated that [REDACTED] does have a bruise on her butt cheek, as well as a small bruise looking spot inside her butt crack. She stated that [REDACTED] has had those since she was born. Ms. [REDACTED] stated that she is not sure about any scabs on her forehead/hair line. Ms. [REDACTED] stated that [REDACTED] has a small white spot on her forehead where she rolled off their bed a few months ago. Ms. [REDACTED] stated that their bed is low to the ground. Ms. [REDACTED] stated that [REDACTED] crawls now. She stated that [REDACTED] does not have any allergies.

1/25/15 12:45 p.m. [REDACTED]

Mr. [REDACTED] was interviewed in a private conference room at [REDACTED]. Mr. [REDACTED] stated that Ms. [REDACTED] left their home last night around 6:00 p.m. He stated that [REDACTED] was fine last night. He stated that she was playing and eating. Mr. [REDACTED] stated that he woke up around 6:00 a.m., fed [REDACTED] and then put her back to bed around 7:00 a.m. Mr. [REDACTED] stated that he checked on [REDACTED] again around 8:30 a.m. and that she was not breathing. He stated that [REDACTED] had the flu recently and had been "lifeless", but that she seemed to be better the last few days. Mr. [REDACTED] stated that [REDACTED] had difficulty breathing during her sickness.

Mr. [REDACTED] stated that they went to bed around 1:30 a.m. this morning. He stated that was when he last spoke to Ms. [REDACTED] via text. Mr. [REDACTED] stated that he slept until about 5:00 or 5:30 a.m., fed [REDACTED] around 6:00 a.m., burped her, and then went back to bed around 7:00 a.m. Mr. [REDACTED] stated that he was checking on [REDACTED] approximately every 30 minutes because of her breathing problems. Mr. [REDACTED] stated that he went to the bathroom around 7:30 a.m., and when he came back out, [REDACTED] was choking. He stated that he felt that [REDACTED] "got strangled on her milk". Mr. [REDACTED] stated that [REDACTED] started having problems breathing this morning after he fed her. He stated that she held her own bottle while he fed her. He stated that he laid her back down after he burped her. Mr. [REDACTED] stated that he checked on [REDACTED] around 8:30 a.m. and saw that she was not breathing. He stated that he had checked on her 3-4 times prior to then. Mr. [REDACTED] stated that [REDACTED] was lying on her back, and she started taking short, quick breaths. He stated that he picked [REDACTED] up and patted her back because he thought she was choking. Mr. [REDACTED] stated that [REDACTED] breathing slowed down, but that it was still shallow.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Mr. [REDACTED] stated that he went downstairs and told Mrs. [REDACTED] about [REDACTED] breathing. He stated that he brought [REDACTED] downstairs after that, and Mrs. [REDACTED] laid [REDACTED] over her arm and patted her back. Mr. [REDACTED] stated that milk was coming out of [REDACTED] mouth and nose. He stated that Mrs. [REDACTED] laid [REDACTED] on her back and attempted CPR for about 30 minutes until EMS arrived. He stated that he left [REDACTED] with [REDACTED] while he went downstairs to tell Mrs. [REDACTED] about [REDACTED]. Mr. [REDACTED] stated that he went to the bathroom before he noticed the breathing problems. Mr. [REDACTED] then stated that [REDACTED] was the one that brought [REDACTED] downstairs because Mrs. [REDACTED] yelled for her to bring [REDACTED] downstairs. He stated that Mr. [REDACTED] was the one that called Ms. [REDACTED] (mother) about the situation.

Mr. [REDACTED] stated that he made a bottle around 5:30 a.m. and left it on the night stand until [REDACTED] started crying around 6:00 a.m. because she was hungry. He stated that he went back to sleep for about 30 minutes after he made the bottle. He stated that he and [REDACTED] were both back to sleep around 7:00 a.m. He stated that he only got up around 5:00 a.m. or 5:30 a.m. to make the bottle. He stated that [REDACTED] eats every 3 hours, but that she had slept from 1 a.m. until 6 a.m. without waking up to eat. Mr. [REDACTED] then stated that there was no time between making the bottle and feeding [REDACTED]. He stated that he changed [REDACTED] diaper after feeding her. Mr. [REDACTED] stated that he went back to sleep around 7:30 a.m., and that he was awake again around 8:15 or 8:30 a.m. He stated that [REDACTED] and [REDACTED] were still asleep at that time. He stated that was when [REDACTED] was not breathing. Mr. [REDACTED] stated that he went into the bathroom to call 911, and that he asked [REDACTED] to stay with [REDACTED] while he was on the phone. He stated that Mrs. [REDACTED] started yelling for [REDACTED] to bring [REDACTED] downstairs, so she did. He stated that 911 operators told him to stay on the phone, so he did. He stated that EMS brought [REDACTED] to the hospital and he rode with them. Mr. [REDACTED] stated that he also tried CPR before calling 911 and taking [REDACTED] downstairs. He stated that was why there was formula on the sheets. He stated that he did 3-4 chest compressions and blew into [REDACTED] mouth 4-5 times, and that was when milk started coming out of her mouth and nose.

Mr. [REDACTED] stated that Ms. [REDACTED] did not ask how [REDACTED] was doing until they were at the hospital; however, Mr. [REDACTED] stated that Ms. [REDACTED] drove separately. Mr. [REDACTED] stated that he had not told Ms. [REDACTED] about the breathing problems yet because she already knew that [REDACTED] had been sick.

Mr. [REDACTED] stated that if Ms. [REDACTED] leaves the home, he watches the children. He stated that [REDACTED] is there on the weekends, and that the great grand parents are always downstairs if he needs help.

Mr. [REDACTED] eventually reported that the bottle was on the nightstand because it was left over from what she did not eat before bed. He stated that [REDACTED] fed [REDACTED] around 1:00 a.m. last night while he was downstairs with [REDACTED]. He stated that he was watching a movie with [REDACTED] because she could not sleep. He stated that [REDACTED] called down to him around 1:00 a.m. so he could come wrap [REDACTED] in a blanket. He stated that she can not sleep unless she is wrapped. He stated that he wrapped her in a sheet. He stated that he and [REDACTED] came upstairs around 3:00 a.m. and that [REDACTED] was still wrapped up. He stated that he unwrapped her around 6:00 a.m. when he fed her.

Mr. [REDACTED] stated that milk came out of [REDACTED] mouth and nose when he attempted CPR. He stated that he did go into the bathroom and call 911, but that he woke [REDACTED] up and asked her to call Ms. [REDACTED]. Mr. [REDACTED] stated that Mrs. [REDACTED], yelled up the steps for them to bring [REDACTED] downstairs, so he brought her downstairs. Mr. [REDACTED] stated that he did tell Mrs. [REDACTED] about [REDACTED] breathing problems.

Mr. [REDACTED] stated that he went to school through the 11th grade at [REDACTED]. He stated that he is a slow learning, but that he does not have any learning disabilities. Mr. [REDACTED] stated that his mother is Bi Polar and Schizophrenic. He stated that he does not have any mental health diagnosis. He stated that he can read and write. Mr. [REDACTED] stated that Ms. [REDACTED] and her grandfather argue a lot, so she leaves the home to get away. He stated that this morning when Ms. [REDACTED] text him, she said that she was not sure if she was coming home or not because she was already in bed at Ms. [REDACTED] home. He stated that she called him one time, and that they text throughout the night. Mr. [REDACTED] stated that [REDACTED] is Ms. [REDACTED] friend's daughter. He stated that she watches the children when they go out. He stated that he does not have any relationship with her. Mr. [REDACTED] denied having a relationship with [REDACTED] mother. He stated that Ms. [REDACTED] told him that when they first got together she cheated on him, but that he did not believe her. He stated that he is not sure if she is cheating on him now. He stated that they have been together for 3.5 years. Mr. [REDACTED] stated that he tried to get Ms. [REDACTED] to come home last night. He stated that he thinks that Ms. [REDACTED] may be out partying some still. He stated that Ms. [REDACTED] left for about 5 days in the past.

Mr. [REDACTED] stated that he did notice a small bump on [REDACTED] head, but he does not know how it happened. He stated that it may have happened when [REDACTED] was with [REDACTED]. He stated that he went to [REDACTED] mother's home for a while yesterday too. He stated that he went to her home around 2 p.m. yesterday and was back home around 10:00 p.m. He stated that Ms. [REDACTED] left around 6:00 p.m. and that [REDACTED] was with the children from 6 p.m. until he returned. He stated that the great grandparents were downstairs. Mr. [REDACTED] stated that Ms. [REDACTED] told him that [REDACTED] fell off the bed before, and then she said that it was the couch. He stated that he saw the bump last night.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Mr. [REDACTED] stated that the scratch on [REDACTED] forehead is from where he picked her up and had a cigarette in his mouth. He stated that the cigarette accidentally hit her forehead. He stated that he is not aware of any marks on [REDACTED] back or butt. Mr. [REDACTED] stated that the other spot on the sheets is from where the bottle leaked on the sheets when she was fed before bed. Mr. [REDACTED] stated that [REDACTED] was in bed between him and a pillow, which was to keep him from rolling off the bed and into [REDACTED] bed. Mr. [REDACTED] stated that [REDACTED] was in an elevated position. He stated that when [REDACTED] started crying, her cry was the normal cry she has when she is hungry or needs to be changed. Mr. [REDACTED] stated that [REDACTED] was on her back and that her face was blue. He stated that her lips, nose, mouth, and eyes were all closed and that her hands were out of the blanket. He stated that he started CPR when he noticed that [REDACTED] was blue in the face. He stated that while he was on the phone with the 911 operator, they asked him how many compressions he had done and he said 10. He stated that they told him to keep going until he got 30, but after he did 30 nothing happened.

CPSI contacted [REDACTED] who advised CPSI to ask the parents for a urine drug screen based on a previous case.

1/25/15 3:30 p.m. HV [REDACTED] CPSI and Inv. [REDACTED] met with Mr. [REDACTED] and Ms. [REDACTED] at their address as [REDACTED]. Both consented to a urine drug screen. Ms. [REDACTED] was negative for all drugs. Mr. [REDACTED] tested positive for marijuana. He stated that he last smoked about 2 weeks ago when he was with some friends. He stated that he does not smoke often, and that when he does, he is not around the children.

CPSI provided the family with a Client's Rights Handbook, HIPAA, Native American Heritage Veto, and the Notification to Equal Access. Ms. [REDACTED] signed the appropriate paperwork. CPSI obtained a release for [REDACTED]. Ms. [REDACTED] stated that DCS came to her home before because someone said that they were selling meth and using drugs. She stated that she went to her A&D assessment and then one treatment meeting, but they said that she did not have to come back. Mr. [REDACTED] stated that he did not have to take the A&D assessment because he was re screened and was negative.

1/25/15 3:50 p.m. [REDACTED] CPSI [REDACTED] and Inv. [REDACTED] spoke to [REDACTED] in a private room. There was no one else present. [REDACTED] stated that she has known the parents for about a year. She stated that they used to live next to her. [REDACTED] stated that she usually comes to their home on the weekends and help them with the babies. [REDACTED] stated that she usually brings the babies downstairs with the grandparents. [REDACTED] stated that she came to the home on Friday. She stated that Ms. [REDACTED] picked her up around 5 or 6 p.m. and brought her to the home. She stated that they usually pay her \$10 or \$20 dollars. [REDACTED] stated that on Friday it was her, the children, Mr. [REDACTED], and the great grandparents were present. She stated that on Saturday she, the children, and Mr. [REDACTED] watched TV. [REDACTED] stated that Ms. [REDACTED] is her sister, and that was where Ms. [REDACTED] stayed Saturday night. She stated that they fed the babies and they took naps. [REDACTED] stated that she has not noticed a change in [REDACTED] lately, but that she has heard [REDACTED] coughing some. [REDACTED] stated that Ms. [REDACTED] left the home last night around 7:00 p.m. to go to Ms. [REDACTED] home. [REDACTED] stated that Mr. [REDACTED] was home with her and the children. [REDACTED] stated that they all went to Ms. [REDACTED] house for a little while yesterday. [REDACTED] stated that Ms. [REDACTED] had to take her brother home, and she did not have enough gas to drive back home that night. [REDACTED] stated that Mr. [REDACTED] gave her gas money. She stated that she does not know why Ms. [REDACTED] did not come home last night. [REDACTED] stated that they woke up around 1 or 2 p.m. on Saturday because that is how late [REDACTED] sleeps. She stated that Mr. [REDACTED] fed [REDACTED] around 10 a.m. or 11 a.m. and then went back to bed. [REDACTED] stated that she went to Ms. [REDACTED] home around 2:00 p.m. and was home by 4:00 p.m. [REDACTED] stated that she went downstairs with the great grandparents and children. She stated that they ate, watched TV, and took a nap around 6 or 7 p.m. [REDACTED] stated that when [REDACTED] woke up, Mr. [REDACTED] fed and burped her, then put her back to bed. [REDACTED] stated that was around 10 p.m. Saturday night. She stated that Mr. [REDACTED] put [REDACTED] in the middle of his and Ms. [REDACTED] bed. [REDACTED] stated that she went to bed at the same time. [REDACTED] stated that she slept on the couch, and that she heard Mr. [REDACTED] feeding [REDACTED] around 6:00 a.m. this morning. [REDACTED] stated that she did not wake up completely at 6:00 a.m., but that she could hear [REDACTED] eating. [REDACTED] stated that [REDACTED] sleeps in a toddler bed that is next to the big bed. She stated that the next time she woke up, she heard Mr. [REDACTED] on the phone saying "please hurry, my child is not breathing". [REDACTED] stated that she ran downstairs after that to get Mr. [REDACTED] and while she was running down the stairs, she hit the door. [REDACTED] stated that Mr. [REDACTED] came upstairs and got [REDACTED] and took her to Mrs. [REDACTED] who did CPR on [REDACTED] on the couch downstairs. [REDACTED] stated that she did not pick [REDACTED] up or carrying her, but that she did kiss



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization [REDACTED] Region

her on the forehead. [REDACTED] stated that she did not see Mr. [REDACTED] give [REDACTED] CPR, and that he did not tell her that; however, she thinks that he may have done that before she woke up. [REDACTED] stated that Mr. [REDACTED] fed [REDACTED] around 8:00 p.m. last night, he burped her, gave her the pacifier, and then she fell back asleep. [REDACTED] stated that before they went to bed, they were all downstairs watching movies. [REDACTED] stated that Mr. [REDACTED] made [REDACTED] bottle last night. [REDACTED] stated that after Mr. [REDACTED] fed [REDACTED] he and [REDACTED] went back to sleep. She stated that Mr. [REDACTED] props the bottle up with sheets sometimes. [REDACTED] stated that Mr. [REDACTED] did not leave at all last night. She stated that she changed [REDACTED] yesterday and she did not notice any marks or bruises on her butt. She stated that was around 2 or 3 p.m. yesterday. [REDACTED] stated that [REDACTED] does have a small birth mark on her butt. She stated that she is not aware of any bruising on [REDACTED] cheek. [REDACTED] stated that [REDACTED] does scratch herself a lot. She stated that she never heard any cries or outburst from [REDACTED] that would have caused any concern. [REDACTED] stated that Mr. [REDACTED] came upstairs to tell them good night around 10 or 11 p.m. last night. [REDACTED] stated that Ms. [REDACTED] was at Ms. [REDACTED] home watching movies last night. She stated that she is not aware of a time when Ms. [REDACTED] was gone for 5 days in a row.

1/25/15 4:15 p.m. [REDACTED]
 Ms. [REDACTED] stated that she and Ms. [REDACTED] are friends. She stated that Ms. [REDACTED] stayed at her home last night. She stated that [REDACTED] is her sister, and that [REDACTED] baby sits for the family a lot. Ms. [REDACTED] stated that [REDACTED] came to her home around 7:30 p.m. last night. She stated that she did not see [REDACTED] or Mr. [REDACTED] yesterday. Ms. [REDACTED] stated that Ms. [REDACTED] told her that she wanted to come over to see her children, and that she did not know that Ms. [REDACTED] was going to spend the night. Ms. [REDACTED] stated that Ms. [REDACTED] was "frustrated", so she told her that she could spend the night. Ms. [REDACTED] stated that they are friends, so she did not feel right telling her no. 0.
 Ms. [REDACTED] stated that Ms. [REDACTED] was "frustrated", so she told her that she could spend the night. Ms. [REDACTED] stated that they are friends, so she did not feel right telling her no. Ms. [REDACTED] stated that her grand baby had surgery recently, so Ms. [REDACTED] was also checking on him. Ms. [REDACTED] stated that they just watched movies because she has over 400 movies and that is all she does. Ms. [REDACTED] stated that they watched the new [REDACTED] but she does not remember when they went to bed.
 Ms. [REDACTED] stated that this morning, Ms. [REDACTED] ran out of her home without shoes on after she received a phone call. She stated that she does not know who called Ms. [REDACTED], but they told her that something was wrong with the baby. Ms. [REDACTED] stated that Ms. [REDACTED] and Mr. [REDACTED] are good parents. She stated that they are both very patient with the girls, and that they have a good relationship with each other. She stated that she is not aware of Ms. [REDACTED] leaving the family for a few days. Ms. [REDACTED] stated that when she spoke to [REDACTED], [REDACTED] said that [REDACTED] lips were purple. She stated that [REDACTED] was seen at [REDACTED] recently for the flu. Ms. [REDACTED] stated that [REDACTED] had been taking Tamaflu. She stated that the hospital sent her home with a 105 degree temperature the last time she was seen there.

1/25/15 4:25 p.m. [REDACTED] (maternal great grandmother)
 Mrs. [REDACTED] stated that her granddaughter and Mr. [REDACTED] are good together. She stated that she does not hear or see them argue. Mrs. [REDACTED] stated that her granddaughter does spend the night with Ms. [REDACTED] sometimes. She stated that sometimes Mr. [REDACTED] goes with her and they keep the children. She stated that sometimes Mr. [REDACTED] stays home and he keep the children. Ms. [REDACTED] stated that [REDACTED] also watches the babies sometimes, but that there is usually another adult in the home when she does. Mrs. [REDACTED] stated that [REDACTED] did have a Scabies break out recently, and that [REDACTED] had a small patch on her back. She stated that someone in the family was diagnosed with Scabies recently. Mrs. [REDACTED] stated that both girls were supposed to go to the doctor tomorrow for a check up.
 Mrs. [REDACTED] stated that Saturday her granddaughter left the home and came back. She stated that he granddaughter and Mr. [REDACTED] were upstairs for a while, but she was not sure for how long. She stated that she ordered pizza for the other grandchildren, and that Ms. [REDACTED] came downstairs to eat with them. Mrs. [REDACTED] stated that her granddaughter and Mr. [REDACTED] went somewhere and when they returned, Mr. [REDACTED] stayed but she did not. Mrs. [REDACTED] stated that [REDACTED] brought [REDACTED] downstairs and they sat on the couch. She stated that her other grand child, [REDACTED] picked [REDACTED] up and then sat with her on the couch. She stated that [REDACTED] likes to play with the babies, and that she does not realized that she has to be gentle with them. Mrs. [REDACTED] stated that [REDACTED] took [REDACTED] back upstairs around 10 or 11 p.m. when they went to bed. She stated that her husband went upstairs to tell the girls good night, and that he told her that [REDACTED] was responsive and smiling when he was there.
 Mrs. [REDACTED] stated that this morning, she heard a loud bang on the stairwell, which was [REDACTED] running into the door. She stated that [REDACTED] yelled at her that [REDACTED] was not breathing and that Mr. [REDACTED] had called 911.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Mrs. [REDACTED] stated that her husband is the one that brought [REDACTED] downstairs to her. She stated that she thinks that Mr. [REDACTED] was holding [REDACTED] around the stomach. She stated that she blew into [REDACTED] mouth while holding her nose. Mrs. [REDACTED] stated that [REDACTED] chest did rise, and that a lot of liquid came out of [REDACTED] mouth and nose then. Mrs. [REDACTED] stated that [REDACTED] mouth was blue then.

Mrs. [REDACTED] stated that [REDACTED] acted fine last night, but that she had been acting different before. Mrs. [REDACTED] stated that [REDACTED] did not want to hold her own bottle, or put her pacifier back in her mouth, which she always did. Mrs. [REDACTED] stated that she did not know if Mr. [REDACTED] had previously done CPR or not. She stated that Mr. [REDACTED] told her that [REDACTED] was on her back when he went upstairs to get her, and that fluid was running out of her mouth and nose. She stated that he also told her that [REDACTED] mouth was purple. Mrs. [REDACTED] stated that [REDACTED] told her that she woke up because she heard Mr. [REDACTED] yelling into the home that [REDACTED] was not breathing. She stated that [REDACTED] told her that she saw that [REDACTED] lips were blue so she ran downstairs and tripped, which is when she fell into the door. Mrs. [REDACTED] stated that when she opened the door, she saw Mr. [REDACTED] at the top of the steps talking on the phone. Mrs. [REDACTED] stated that she does not know anything about bruising on [REDACTED]. She stated that she changed her recently and did not observe anything. She stated that she is not aware of any birthmarks that [REDACTED] has either.

1/25/15 5:00 p.m. [REDACTED] (maternal great grandfather)

Mr. [REDACTED] stated that the parents are good parents. He stated that he does not see or hear them arguing. Mr. [REDACTED] stated that Mr. [REDACTED] is "kind of slow", but that he tries to work some. He stated that Mr. [REDACTED] is trying to get disability. Mr. [REDACTED] stated that his granddaughter has lived with them since she was 1 year old. He stated that her mother, [REDACTED], is currently incarcerated. He stated that she has been for about 8 months, and that she will be out in March. Mr. [REDACTED] stated that last night, he went upstairs to tell [REDACTED] good night around 8:30 a.m. He stated that [REDACTED] was lying on the bed and he was making noises at her. He stated that she was laughing and responsive. He stated that this morning, he went upstairs because [REDACTED] was yelling. He stated that Mr. [REDACTED] was on the phone with 911. Mr. [REDACTED] stated that he carried [REDACTED] downstairs to his wife, who administered CPR. He stated that he could not remember if she had on a gown or just the sheet, but that it was wet. Mr. [REDACTED] stated that when he was upstairs, [REDACTED] was lying on her back with only a light blanket around her. He stated that she was very pale, but she did not feel cold. Mr. [REDACTED] stated that he has not talked to Mr. [REDACTED] about anything yet because they have not seen each other much today. Mr. [REDACTED] stated that [REDACTED] was throwing up a little when he was carrying her. He stated that she had the flu, and that she had not been playing a lot or active. Mr. [REDACTED] stated that last night, Mr. [REDACTED] was home when [REDACTED] brought [REDACTED] downstairs to watch a movie. He stated that the other grand child, [REDACTED], was there and that [REDACTED] tried to pick her up. He stated that [REDACTED] is rough, but that they always watch her when she is with [REDACTED]. He stated that last night [REDACTED] sat on the couch next to [REDACTED]. Mr. [REDACTED] stated that he did not see any bruises on [REDACTED], but that she did have some bumps that appeared to be a rash. He stated that he did not notice any bruising on [REDACTED] cheek or bumps on her head. He stated that he did not see [REDACTED] hit her head. Mr. [REDACTED] stated that he feels that [REDACTED] may have choked on her mucus from where she had been sick. He stated that it looked like [REDACTED] had thrown up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/25/2015 Contact Method: Phone Call
 Contact Time: 09:55 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/24/2015
 Completed date: 08/24/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/24/2015 03:17 PM Entered By: [REDACTED]
 On this date at Approximately 955am a conversation occurred with Child Protection Investigation Team Member [REDACTED]
 [REDACTED] Police Department

A decision was made to go to [REDACTED] Children's Hospital and conduct interviews with parents and collateral.

Next steps would be planned following the interviews.