



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 02/26/2015 12:48 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 02/26/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 02/27/2015 12:06 PM
 First Team Leader Assigned: [REDACTED] Date/Time 02/27/2015 12:06 PM
 First Case Manager [REDACTED] Date/Time 02/27/2015 12:06 PM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Abuse Death	Yes	Unknown Participant [REDACTED], Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: [REDACTED]
 Notification: None
 Narrative: TFACTS: Yes
 Family Case IDs: [REDACTED] [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS -
 [REDACTED] Investigation / 1/31/2015 / DEC DEI SEE LOS ENN/ [REDACTED] [REDACTED] [REDACTED]
 supervisor
 [REDACTED] / 9/18/2014 / SEE / [REDACTED] [REDACTED] [REDACTED] /unsubstantiated
 Substantiated No



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

Death No

Screened out 4

NOTE: Intake [REDACTED] was screened out on this same issue (LE report)

History (not listed above): Yes,
12/21/2012/[REDACTED] / LOS ENN / Unable to Complete
7/20/2011/[REDACTED] / DEC LOS / Unable to Complete

County: [REDACTED]
Notification: E-mail
School/ Daycare: None
Native American Descent: No
Directions: None

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] lives in the home with her mother, [REDACTED] and stepfather, unknown. The mother states she has five other children. The reporter has no information on these children. It is unknown if the mother has custody of them or where they may be located at this time.

There is an open case with DCS, according to the mother. The DCS worker is [REDACTED] out of [REDACTED]

[REDACTED] was taken to [REDACTED] with CPR in progress today (2/26/15) at 12:59PM. [REDACTED] arrived at the hospital by ambulance. It is unknown how long it took for [REDACTED] to get to the home or the hospital. The mother states [REDACTED] woke up and she fed [REDACTED] and put [REDACTED] back down for a nap. It is unknown how long [REDACTED] was down. It is unknown what the reporter meant by "down" (where the child was). It is unknown when the mother went to check on [REDACTED]. The mother just states "I started doing CPR." It is unknown by the reporter what happened prior to the mother doing CPR. The mother states she called 911. The mother states the stepfather was at the home and now he is at the hospital with the mother. The reporter states the mother seems to be kind of confused with her timeline.

The physician [REDACTED] is suspicious for a non-accidental death. When [REDACTED] was examined by [REDACTED] he noted the rectum was unusually large. No bruising was seen concerning [REDACTED]

[REDACTED] is currently still at the hospital and the medical examiner has been contacted. The cause of death is unknown at this time.

[REDACTED] is requesting immediate DCS assistance. Law Enforcement has been contacted and they are at the hospital. Law Enforcement arrived with the ambulance.

It is unknown if there have been any previous instances of a child death in this home dying. The current condition of the home is unknown to the reporter. It is unknown if the mother or stepfather have any history with Law Enforcement.

Special Needs or Disabilities: Unknown
Child's current location/is the child safe at this time: Unknown
Perpetrator's location at this time: Unknown
Any other safety concerns for the child(ren) or worker who may respond: Unknown
Domestic Violence present in the home: Unknown

County group emailed notification of this Abuse Death via Outlook email.
[REDACTED] on 2-26-15 @ 2:30 pm



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

Notified Child Death Group via email: [REDACTED]
[REDACTED] was also copied on the notification email.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** Deceased

Address: [REDACTED]

Deceased Date: 02/26/2015

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED], Unknown

Gender: Male

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
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participan [REDACTED], Unknown

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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral**

A. Investigation

Case Name: [REDACTED]
 Referral Date: 02/26/2015
 Street Address: [REDACTED]
 City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]
 Assignment Date: 02/28/2015

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]	Abuse Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 04/14/2015

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close
 Comments:

D. Case Workers

Case Worker: [REDACTED]
 Team Leader: [REDACTED]

Date: 04/14/2015
 Date: 11/09/2015

E. Investigation Summary

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

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

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

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

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:17 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/09/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 11/09/2015

Completed date: 11/09/2015

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: 11/09/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:14 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:	Closing		

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

Narrative Type: Original Entry Date/Time: 11/09/2015 09:16 AM Entered By: [REDACTED]

CLOSING SUMMARY:

The Department of Children's Services (DCS) Investigations Unit received a referral on 02/26/2015 with the allegations of Child Abuse Death regarding alleged child victim, [REDACTED]. [REDACTED] was not in DCS custody.

It was reported to DCS on 02/26/2015 [REDACTED] was taken to [REDACTED] with CPR in progress at 12:59 PM. [REDACTED] arrived at the hospital by ambulance. It is unknown how long it took [REDACTED] to get to the home or the hospital. The mother, [REDACTED] states [REDACTED] woke up and she fed [REDACTED] and put [REDACTED] back down for a nap. It is unknown how long [REDACTED] was down. It is unknown what the mother meant by "down" (where the child was). It is unknown when the mother went to check on [REDACTED]. The mother just states "I started doing CPR." It is unknown what happened prior to the mother doing CPR. The mother states she called 911. The mother seems to be kind of confused with her timeline. The physician [REDACTED] is suspicious for a non-accidental death. When [REDACTED] was examined by [REDACTED] he noted the rectum was unusually large. No bruising was seen concerning [REDACTED].

[REDACTED] was pronounced dead on 02/26/2015 at [REDACTED].

The investigation into this incident was conducted by the [REDACTED] [REDACTED] and the State of Tennessee [REDACTED].

The report to the Department of Children Services listed "Unknown" as the alleged perpetrator for the allegations of Child Abuse Death.

[REDACTED], mother, was interviewed by [REDACTED] [REDACTED]. Her statements were consistent with what was originally said in the initial report to DCS. She was calm at this time but visibly mourning the death of her child. She was cooperative and answered questions readily. She clarified that what she meant by "putting the child down" as the child was laid down to take a nap. She identified where her other children were living. She thought maybe the baby had an allergic reaction to something she ate as she had introduced the baby to strawberries on this particular day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The paternal grandmother was interviewed. She didn't have any information to provide in regard what happened on the day prior to this child's death. [REDACTED] had contacted her to identify where one of the mother's 5 children was at the time of this child's death.

Each of [REDACTED] five surviving children was forensically interviewed at the [REDACTED] as part of concurrent investigation found under [REDACTED].

Department of Children's Services policy Work Aid 1 (E) defines the following criteria for Child Abuse Death:

1. Child death: Child death is defined as: a) Any child death caused by abuse or neglect. b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. c) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse

The case was presented to the [REDACTED] (CPIT) Child Protective Investigation Team on 4/15/15.

All of the interviews conducted in regards to the incident were observed to be truthful and showing no signs of deception. The alleged perpetrator, caretakers and family member were all acting appropriately in regards to the incident.

After receiving the final autopsy and gathering all investigative information there is not a preponderance of evidence to substantiate the allegation. The final autopsy confirmed the cause of death as "Sudden Unexpected Death".

There was not a preponderance of evidence found within this investigation to substantiate the allegation of Child Abuse Death.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/02/2015	Contact Method:	
Contact Time:	10:04 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/02/2015
Completed date:	11/02/2015	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: 11/02/2015 09:05 AM Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed

Contact Date: 09/21/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/21/2015

Completed date: 10/22/2015

Completed By: System Completed

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

Contact Type(s):

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/21/2015 04:19 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Investigations Unit received a referral on 02/26/2015 with [REDACTED] allegations of Child Abuse Death regarding alleged child victim, [REDACTED]. [REDACTED] was not in DCS custody

It was reported that on 02/26/2015 [REDACTED] was taken to [REDACTED] with CPR in progress at 12:59 PM. [REDACTED] arrived at the hospital by ambulance. It is unknown how long it took for [REDACTED] to get to the home or the hospital. The mother, [REDACTED] states [REDACTED] woke up and she fed [REDACTED] and put [REDACTED] back down for a nap. It is unknown how long [REDACTED] was down. It is unknown what the mother meant by "down" (where the child was). It is unknown when the mother went to check on [REDACTED]. The mother just states "I started doing CPR." It is unknown what happened prior to the mother doing CPR. The mother states she called 911. The mother seems to be kind of confused with her timeline.

The physician [REDACTED] is suspicious for a non-accidental death. When [REDACTED] was examined by [REDACTED] he noted the rectum was unusually large. No bruising was seen concerning [REDACTED]

[REDACTED] was pronounced dead on 02/26/2015 at a local hospital.

The investigation into this incident was conducted by the [REDACTED] [REDACTED] and the State of Tennessee [REDACTED]

The report to DCS listed "Unknown" as the alleged perpetrator for the allegations of Child Abuse Death.

[REDACTED], mother, was interviewed by [REDACTED]. Her statements were consistent with what was originally said in the initial report to DCS. She was calm at this time but visibly mourning the death of her child. She was cooperative and answered questions readily. She clarified that what she meant by "putting the child down" as the child was laid down to take a nap. She identified where her other children were living. She thought maybe the baby had an allergic reaction to something she ate as she had introduced the baby to strawberries on this particular day.

The paternal grandmother was interviewed. She didn't have any information to provide in regard what happened on the day prior to this child's death. [REDACTED] had contacted her to identify where one of the mother's 5 children



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

was at the time of this child's death.

Each of [REDACTED] 5 surviving children were forensically interviewed at the [REDACTED].

Department of Children's Services policy Work Aid 1 (E) defines the following criteria for Child Abuse Death:

1. Child death: Child death is defined as: a) Any child death caused by abuse or neglect. b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. c) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse

The case was presented to the [REDACTED] (CPIT) Child Protective Investigation Team on 4/15/15. The child's autopsy report indicated the cause of death to be Sudden Unexplained Death of an Infant.

There was not a preponderance of evidence found within this investigation to substantiate the allegation of Child Abuse Death.

This case was classified as Allegations Unsubstantiated Perpetrator Unsubstantiated.



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: 09/03/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/03/2015
 Completed date: 09/03/2015 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: 09/03/2015 10:29 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/03/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/03/2015
 Completed date: 09/03/2015 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: 09/03/2015 10:29 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/03/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/03/2015

Completed date: 09/03/2015

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: 09/03/2015 10:29 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2015

Contact Method:

Contact Time: 04:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 11/09/2015

Completed date: 11/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/09/2015 09:12 AM Entered By: [REDACTED]

[REDACTED] received and reviewed the contents of the final autopsy. The final autopsy states that the child death was the result of "Sudden Unexplained Death" of an infant. No abuse finding noted.



**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:	Created In Error
Contact Date:	04/15/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	More than 5 Hours
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/20/2015
Completed date:	04/20/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/20/2015 06:35 PM Entered By: [REDACTED]

CASE NAME: [REDACTED]

INTAKE NUMBER: [REDACTED]

INTAKE DATE & TIME: February 26, 2015 at 12:48p

This case was assigned as an Investigative case to [REDACTED] on 02/26/2015 for [REDACTED]. All times are recorded in [REDACTED]. The response priority was P1 and the allegations are Neglect Death. The alleged victim is [REDACTED] and the alleged perpetrator is listed as unknown.

The Juvenile Judge and the District Attorney were notified by Upper CPS management.

Response was met on 02/26/2015 at 3p .

Referent was contacted on 03/15/2013 by [REDACTED]

Response was met on 03/15/2013 at 5:30p.

DEMOGRAPHICS:

Resides at [REDACTED]
 Presently with caretaker in [REDACTED] home
 Presently with caretaker in [REDACTED] home
 Presently with [REDACTED]

February 26, 2015

11a

Supervisory Conference:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Prior to responding this worker conferred with on call [REDACTED]. We developed a plan of action regarding response as this child fatality was called in by two separate referents. Together we discussed the open case and what actions needed to be taken immediately.

February 26, 2015
 1130a

Referent Contact:

Please note that this child death "incident" was called in by two separate entities each requesting response at different locations. [REDACTED] had the referral requesting response to the families home screened out as this worker was directed to respond directly the hospital. Nonetheless [REDACTED] made contact with both referents to advise of this worker plan of action regarding investigative task to be completed by this worker.

February 26, 2015
 1p

Convene CPIT:

[REDACTED] convened CPIT on this date with LE and [REDACTED]. [REDACTED] was initially contacted by previous CPIT [REDACTED] as he is now the supervisor over [REDACTED]. He advised that he'd contacted [REDACTED] regarding a child death. He reported that it appeared to be a result of co-sleeping, however the child was transported to [REDACTED] for further examination. Upon arrival to the hospital [REDACTED] was met by CPIT [REDACTED] who will be the LE assigned to this investigation. She reported that mother was in the waiting room with "about 20 other relatives". She confirmed that doctors [REDACTED] are looking into suspicion of abuse. She joined worker in observing the body of the deceased child [REDACTED].

CHILD CONTACT:

Date of Contact: February 26, 2015

Location of Contact: [REDACTED]

Beginning Time: 3p

[REDACTED] observed the deceased, [REDACTED] prior to the child being transported to the morgue.

February 26, 2015

Parent Contact/ [REDACTED] /birth mother

Prior to leaving the hospital worker met with the mother. In the waiting room was this worker, CPIT [REDACTED] [REDACTED] /mother, [REDACTED].

[REDACTED] informed that family of the NEW investigation involving [REDACTED] and her children whom she reported to be:

[REDACTED] Presently with [REDACTED] home
 [REDACTED] Presently with [REDACTED] home
 [REDACTED] Presently with her [REDACTED]
 [REDACTED] Presently with [REDACTED]

[REDACTED] stated that she'd fed the states [REDACTED] woke up and she fed [REDACTED] and put [REDACTED] back down for a nap. [REDACTED] woke up and she fed [REDACTED] and put [REDACTED] back down for a nap. She reports that [REDACTED] came into the room and notices she appeared to be "laying funny" when asked what she meant she stated, that [REDACTED] was laying on her stomach in a position not normal for her. She stated when she turned that child over she noticed her lips were blue and she immediately began CPR and told someone to dial 911. She and the baby was transported to the ER where the child was pronounced dead.

[REDACTED] expressed her deepest condolences to the family while explaining what steps would need to take place next such as visual contact and forensic interviews for each siblings. [REDACTED] provided this worker the location of each child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Presently with [REDACTED]

Presently with [REDACTED] home

Presently with [REDACTED] home

Presently with her [REDACTED]

with [REDACTED]

**On this same date this worker attempted to respond to each of the known address listed above in an attempt to have visual contact with each sibling on this date to no avail.

[REDACTED] requested that mother [REDACTED] contact each and have them bring each of her children to the CFTM that has been confirmed for 02/27/2015 at 12:30p. She agreed to do so.

Please note no alleged perp has been identified at this time of the investigation. [REDACTED] will follow the lead of CPIT [REDACTED].

Due to the nature of the ongoing allegations coupled with the current child death it was agreed at the CFTM on 2/27/15 to have the children temporarily placed with their grandparents until the issues can be resolved and the child death is investigated.

02/27/2015

FSTM

CPS Allegation: Neglect Death

Issue Addressed: CPS was investigating several other allegations of abuse during the time of child death

Risk and Safety Level: High

Recommendations to Decrease or Alleviate Risk: All children were placed outside of the home with relatives.

Non-Custodial Family Plan CS-0787 (attach plan to file)

Documentation of Contact

A CFTM was held at the DCS office on 02/27/2015 regarding the death of [REDACTED] stated that she didn't know what happened. The child was asleep on the bed and when her boyfriend [REDACTED] came into the room he stated the child looked funny. [REDACTED] said she flipped the child over and noticed she wasn't breathing. She stated she started CPR and chest compression on the child (but said the child's heart was still beating) while she sent [REDACTED] downstairs to call the ambulance. The child was taken to the hospital where she died.

[REDACTED] stated there was going to be an autopsy on her child to determine why she died. [REDACTED] stated she had fed the child strawberries before she laid down for a nap.

CPSI discussed the house condition and that [REDACTED] reported she has tried 3 times to come to the home and [REDACTED] has canceled, the fact the two of the children were still behind on their shots and [REDACTED] allowing her children to be around sex offenders [REDACTED] stated her and her sister have a joke they share that "my sister dates gays and I date sex offenders." It was agreed upon at the CFTM for the safety of the other children with all these allegations and issues at home alone with the recent unexplained death of [REDACTED] that the children should be removed from [REDACTED] home.

The [REDACTED] whom were the full time caretakers their respective children have agreed to file for custody. [REDACTED] has agreed to continue to work with [REDACTED] while the child's body has an autopsy and [REDACTED] completes her plan regarding the other issues in home that brought her and her children to the attention of the Dept.

[REDACTED] are placed with their [REDACTED] are with their [REDACTED]. All grandparents were given custody of their respective grandchildren.

02/27/2015- Interview with [REDACTED] /Collateral Contact

[REDACTED] spoke with [REDACTED], the [REDACTED] reports also in the home is [REDACTED] lives with her [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] the majority of the time. [REDACTED] lives with [REDACTED]. [REDACTED] is the mother of all of the children and they all have different fathers. [REDACTED] still has custody of all of the children. [REDACTED] has been with [REDACTED] off and on a majority of her life. [REDACTED] may see [REDACTED] about once a month. [REDACTED] has been with [REDACTED] since she was two weeks old. [REDACTED] stays in contact with [REDACTED] and sees [REDACTED] once or twice every other week. [REDACTED] only spends the night with [REDACTED] once or twice a month, but hasn't since November. [REDACTED] has been on and off with [REDACTED]. [REDACTED] will take her children back possibly when her benefits she receives on them are threatened or she thinks she is being taken to court.

In 2013, [REDACTED] went home from school and didn't have on any underwear on. [REDACTED] was ranting and raving about it. [REDACTED] named off four boys at school (names unknown) that had been doing things to him such as taking him in the bathroom and touching him in his private area. [REDACTED] was advised to call the police and make a report. [REDACTED] never reported it or talked to the school about it.

In September 2014 some of [REDACTED] teenaged nephews and a non-relative 15-year-old boy (name unknown) were at [REDACTED] home. Around 4:00 or 5:00 AM [REDACTED] crying hysterically. [REDACTED] said that the 15-year-old was feeling on her behind. The boy was confronted and laughed about it and said, "Oh, did she come and tell you I touched her on her butt?" [REDACTED] was asked about this later and she said, "She was lying." It is believed that the 15-year-old has not been around since then.

Around September or October 2014 [REDACTED] babysat a friend's child, [REDACTED] last name may be [REDACTED]. [REDACTED] was letting the children play upstairs unattended. [REDACTED] pulled her pants down and told [REDACTED] to kiss her on her butt. [REDACTED] did it. [REDACTED] and his mother still come around because his mother and [REDACTED] are friends.

[REDACTED] has had two known convicted sexual offenders around the children. One of them is [REDACTED] has been convicted of statutory rape and indecent exposure. A court order says [REDACTED] is only allowed around [REDACTED] but he has been around all of the children. [REDACTED] has taken all of the children to see [REDACTED]. The other sex offender is [REDACTED] was someone [REDACTED] used to date, but he is no longer around. [REDACTED] had to wear an ankle bracelet and had two counts of aggravated child rape. It is unknown if [REDACTED] were ever alone with the children.

The three oldest children go to school disheveled. The children's hair is not combed. The children's uniforms look awful. [REDACTED] have had [REDACTED] panties on with a knot tied in them. When it is cold outside, the children do not have appropriate clothes for the weather. On 12/25/14 [REDACTED] had [REDACTED] in a Halloween costume. [REDACTED] said that was the only thing warm she had for [REDACTED].

[REDACTED] haven't been going to school. It is unknown how many days the children have missed, but it has been enough for a truancy letter to be sent. The children are not in school today. The children only went to school once this week and didn't arrive until 10:30 AM. The children were put off of the bus because [REDACTED] repeatedly was not there to get the children off of the bus. Before the children got kicked off of the bus, different people would take it upon themselves to get the children.

[REDACTED] told the children to just go inside even without her there. [REDACTED] says she has no way to get the children to school now.

If [REDACTED] boyfriend of the time is there, she stays in the bedroom with the door locked the entire time and the children run around doing what they want to do. Anytime there is anyone over the age of 12 in the home, [REDACTED] will go off and leave that older child in charge of her children. Three weeks ago [REDACTED] left an unknown 17-year-old boy to care for the younger children.

The boy said he didn't know where [REDACTED] was. On 1/27/15 [REDACTED] left [REDACTED] in the home by themselves while she went to the social security office. [REDACTED] said that [REDACTED] would be home soon. It is unknown how long the children were left home alone. [REDACTED] was out until 9:00 PM. The children have no phone to reach [REDACTED] with.

On 12/20/14 [REDACTED] got arrested for possession of cocaine, marijuana, alcohol, and a loaded firearm. [REDACTED] didn't have any of the children with her and it is unknown where they were. [REDACTED] turned herself in on 1/20/15. The police report stated that [REDACTED] was conducting unlawful alcohol and marijuana sales and cocaine was found at her location. [REDACTED] was arrested at 3:50 AM from a "good time house." [REDACTED] weighed over 180 pounds before Christmas. Now [REDACTED] is "skinny as a rail." [REDACTED] says, "People keep saying I'm doing drugs." However [REDACTED] denies drug use. [REDACTED] will sit and doze off and then wake up giggling.

[REDACTED] home was observed the day before yesterday. The living conditions of [REDACTED] home are horrible. The home is filthy. [REDACTED] said that DCS has told her it was okay because she has so many children. There are times that clothes are covering the kitchen and the floor. When you go in the home, you have to stand because there is no place to sit. There are roaches in the home.

3/16/2015 COURT

[REDACTED] met [REDACTED] and the [REDACTED] in Court today. It was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

decided that [REDACTED] would meet the grandparents and children at the park or [REDACTED] every Saturday for 4 hours. It was agreed that only [REDACTED] the custodians and children were to be there not [REDACTED] or any other significant others.

As [REDACTED] exits involvement in this family's case custody had been approved by the courts as follows:
 [REDACTED] were granted custody at juvenile court during this investigation. Court located in [REDACTED] hard file. [REDACTED] went home with her [REDACTED], whereas the others [REDACTED] with their [REDACTED]. Both the [REDACTED] family [REDACTED].

All parties were in agreement on this date.

[REDACTED] will continue to work with [REDACTED] for the completion of all other investigative tasks. See investigation Intake ID: [REDACTED] for full complete details.

CLOSING SUMMARY:

This case was assigned as an Investigative case to [REDACTED] on 02/26/2015 for [REDACTED] All times are recorded in [REDACTED] The response priority was P1 and the allegations are Neglect Death. The alleged victim is [REDACTED] and the alleged perpetrator is listed as unknown.

Per Work Aid, Child Death is defined as: Any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse or neglect resulting from direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse; Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

Per a plan of action developed by both this worker and [REDACTED] it was determined for [REDACTED] to get her children back she needs to 1) complete a mental health assessment and follow all recommendations, 2) Complete a parenting assessment and follow all recommendations 3) Complete parenting classes 4) Complete grief counseling 5) Complete a drug and alcohol assessment and follow all recommendations 6) Secure and obtain verifiable housing in 6 months 7) secure and obtain verifiable income for 6 months 8) resolve criminal issues.

The autopsy reports states [REDACTED] died of "natural causes". On 04/15/2015 the CPIT panel agreed with an UNSUBSTANTIATED classification of this case.

Narrative Type: Created In Error Entry Date/Time: 09/21/2015 04:17 PM Entered By: [REDACTED]

To re-work noted correction made by [REDACTED].



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: 03/16/2015 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Court Created Date: 11/09/2015
 Completed date: 11/09/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Court Hearing
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/09/2015 09:11 AM Entered By: [REDACTED]

3/16/2015 COURT

[REDACTED] met [REDACTED] and the [REDACTED] in Court today. It was decided that [REDACTED] would meet the grandparents and children at the park or [REDACTED] every Saturday for 4 hours. It was agreed that only [REDACTED], the custodians and children were to be there not [REDACTED] or any other significant others.

At this time the family member were advised that [REDACTED] will exit involvement in this family's case. The family will continue to worker with [REDACTED] whom was already working with the [REDACTED] family.

Child custody petitions have been approved by the courts as follows:

[REDACTED] were granted custody at juvenile court during this investigation. [REDACTED] went home with her [REDACTED], whereas the others, [REDACTED] went with their [REDACTED]. Both the [REDACTED] family [REDACTED].

Court order located in hard file.

All parties were in agreement of the court decision on this date.

[REDACTED] will continue to work with [REDACTED] for the completion of all other investigative tasks. See investigation Intake ID: [REDACTED] for full complete details.



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:	02/27/2015	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Hospital	Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/09/2015 09:10 AM Entered By: [REDACTED]

Date of Contact: February 27, 2015

Location of Contact: [REDACTED]

Time: 5p

Non-custodial Parent Interview

[REDACTED] whom identified himself as the father of [REDACTED] reported that he once thought he was the father of [REDACTED] (deceased) but denied it, claiming that she did not know who [REDACTED] father was. [REDACTED] wanted to ensure that his mother had reported that in 2013, while he was living in the home with [REDACTED] and her children [REDACTED] came home from school and didn't have on any underwear on. [REDACTED] reported that [REDACTED] was ranting and raving about it. [REDACTED] named off four boys at school (names unknown) that had been doing things to him such as taking him in the bathroom and touching him in his private area. [REDACTED] was advised to call the police and make a report. [REDACTED] reported that [REDACTED] never reported it or talked to the school about it.

[REDACTED] reported that the three oldest children go to school disheveled. The children's hair is not combed. The children's uniforms look awful. [REDACTED] have had [REDACTED] panties on with a knot tied in them. When it is cold outside, the children do not have appropriate clothes for the weather.



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: 02/27/2015 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/09/2015
 Completed date: 11/09/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Collateral Contact, Other Child Living in the Home Interview/Observation, Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview, Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/09/2015 09:06 AM Entered By: [REDACTED]

CHILD AND FAMILY TEAM MEETING regarding the children of [REDACTED]. A CFTM was held at the DCS office on 02/27/2015 regarding the death of [REDACTED] as well as the allegations of child sexual abuse, environmental neglect, and lack of supervision from the open investigation.

Present for the meeting were all surviving children, [REDACTED].

Also included/invited to the CFTM were each child's caregiver, [REDACTED] and CPS [REDACTED]. [REDACTED] facilitated the meeting.

CPS Allegation: Neglect Death

Issue Addressed: CPS was investigating several other allegations of abuse during the time of child death

Structured Decision Making Tool/ Risk and Safety Level: High

Recommendations to Decrease or Alleviate Risk: All children were placed outside of the home with relatives.

After introductions and stated purpose (to assess safety and wellbeing) of today's meeting [REDACTED] eagerly stated that she didn't know what happened to [REDACTED]. The child was asleep on the bed and when her boyfriend [REDACTED] came into the room he stated the child looked funny. [REDACTED] said she flipped the child over and noticed she wasn't breathing. She stated she started CPR and chest compression on the child (but said the child's heart was still beating) while she sent [REDACTED] downstairs to call the ambulance. The child was taken to the hospital where she died.

[REDACTED] reported to the team that there will be an autopsy on her child to determine why she died. [REDACTED] stated she had fed the child strawberries before she laid down for a nap and wondered could the child have been allergic unbeknownst to her.

CPSI discussed the allegations from the open investigation such as the house condition and that [REDACTED] reported she has tried 3 times to come to the home and [REDACTED] has canceled, the fact that two of the children were still behind on their shots and [REDACTED] allowing her children to be around sex offenders. [REDACTED] stated her and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

her sister have a joke they share that "my sister dates gays and I date sex offenders."

It was reported to the team that [REDACTED] has had two known convicted sexual offenders around the children. One of them is [REDACTED] has been convicted of statutory rape and indecent exposure. A court order says [REDACTED] is only allowed around [REDACTED] but he has been around all of the children. [REDACTED] has taken all of the children to see [REDACTED]. The other sex offender is [REDACTED] was someone [REDACTED] used to date, but he is no longer around. [REDACTED] had to wear an ankle bracelet and had two counts of aggravated child rape.

[REDACTED] reported during the meeting that on 12/25/14 [REDACTED] had [REDACTED] in a Halloween costume. [REDACTED] said that was the only thing warm she had for [REDACTED] to wear.

On 12/20/14 [REDACTED] got arrested for possession of cocaine, marijuana, alcohol, and a loaded firearm. [REDACTED] didn't have any of the children with her.

[REDACTED] admitted that she turned herself in on 1/20/15. [REDACTED] reported the police report states that she was conducting unlawful alcohol and marijuana sales. [REDACTED] was arrested at 3:50 AM from a "good time house."

[REDACTED] home was observed by [REDACTED] on yesterday 2/26/2015. The living condition of the home is of concern. The home is filthy and cluttered with clothes. There appears to be a bug (roach) infestation in the home.
 Non-Custodial Family Plan CS-0787 (attach plan to file)

It was agreed at this Child and Family Team Meeting that the safety and permanency of the surviving children is in question as there are several unresolved allegations and issues regarding the family's home. In addition to the recent unexplained death of [REDACTED] is believed to be non-compliant with the current open investigation (ID# [REDACTED] involving her children. The children are believed to be in imminent harm and will be removed from [REDACTED] care at this time.

The [REDACTED] whom were the full-time caretakers of their respective children have agreed to file for custody. [REDACTED] has agreed to continue to work with [REDACTED] while the child's death is being adequately investigated. [REDACTED] will complete her plan regarding the other issues in home that brought her and her children to the attention of the Dept.

[REDACTED] have been placed with [REDACTED] will be placed with [REDACTED]. All involved [REDACTED] petition was signed on this date.

All grandparents were granted legal and physical custody of their respective grandchildren after each filed their respective petitions in [REDACTED]



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: 02/27/2015

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 11/09/2015

Completed date: 11/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/09/2015 09:02 AM Entered By: [REDACTED]

02/27/2015

Time: 8:30a

Phone Call

Due to unsuccessful/attempted home visit to each of the above referenced address [REDACTED] requested that mother [REDACTED] contact each and have them bring each of her children to the CFTM that has been confirmed for 02/27/2015 at 12:30p. She agreed to do so.

Please note no alleged perpetrator has been identified at this time of the investigation. [REDACTED] will follow the lead of CPIT [REDACTED].

Due to the nature of the ongoing allegations coupled with the current child death it was agreed at the Child and Family Team Meeting on 2/27/15 to have the children temporarily placed with their grandparents until the issues can be resolved and the child death is investigated.



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: 02/26/2015

Contact Method: Face To Face

Contact Time: 04:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Hospital

Created Date: 11/09/2015

Completed date: 11/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Good Faith Effort,Other Persons Living in Home
Interview/Observation,Parent/Caretaker Interview

Contact Sub Type: Attempted Home Visit/Home Visit

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

Narrative Type: Original Entry Date/Time: 11/09/2015 09:00 AM Entered By: [REDACTED]

FAMILY STORY

Upon arrival to the hospital [REDACTED] was met by Child Protective Investigative Team (CPIT) [REDACTED] who will be the law enforcement (LE) assigned to this investigation. She reported that mother was in the waiting room with "about 20 other relatives". She confirmed that doctors [REDACTED] are looking into suspicion of abuse. She joined worker in observing the body of the deceased child, [REDACTED].

As [REDACTED] and worker discussed our interviewing plan of action as there are so many people present to support this mother during her lose. Prior to leaving the exam room [REDACTED] stepped in.

[REDACTED] interview)

[REDACTED] attending ER physician reported that he suspected abuse but had "no accurate evidence" to base his suspicions. He clarified that the protruding from the child's rectum may be conclusive with the body's function "after death" not always a sign of abuse. He stated a clear conclusion could not be made until the completion of the autopsy.

Prior to departure [REDACTED] requested copy of the autopsy upon completion.

CHILD CONTACT:

Date of Contact: February 26, 2015

Location of Contact: [REDACTED]

Time: 4:15p

[REDACTED] observed the deceased while still in the hospital exam room. [REDACTED] with the assistance of [REDACTED] visually observed the child prior to being taken to the morgue.

February 26, 2015

Interview with [REDACTED] / Collateral Contact

Time: 4:30p

As [REDACTED] and this worker awaited the arrival of [REDACTED], we spoke briefly with [REDACTED] mother's



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

live in boyfriend. [REDACTED] reported that he and [REDACTED] have been dating for the last year. He stated that where home alone with [REDACTED] (napping) when [REDACTED] noticed that she had stopped breathing. He reported that they immediately called 911. [REDACTED] reported that he has never witnessed [REDACTED] be abusive to any of her children. Upon [REDACTED] walking in to join the meeting, [REDACTED] walked out of the room never to return.

February 26, 2015

Parent Contact/ [REDACTED] /birth mother

Time: 4:50p

Prior to leaving the hospital worker met with the mother. In the waiting room was this worker, [REDACTED]

[REDACTED] informed that family of the new investigation involving [REDACTED] and her children. [REDACTED] /mother stated that she'd woke up and she fed [REDACTED] and put [REDACTED] back down for a nap. She reports that [REDACTED] came into the room and notices she appeared to be "laying funny" when asked what she meant she stated, that [REDACTED] was laying on her stomach in a position not normal for her. She stated when she turned that child over she noticed her lips were blue and she immediately began CPR and told someone to dial 911. She and the baby were transported to the ER where the child was pronounced dead.

[REDACTED] expressed her deepest condolences to the family while explaining what necessary steps would need to take place immediately, such as visual contact and the scheduling of forensic interviews for each sibling.

[REDACTED] provided this worker the location of each child.

[REDACTED] reported the following information regarding her surviving children.

[REDACTED] presently [REDACTED]

[REDACTED] presently with [REDACTED]
[REDACTED] presently with [REDACTED]

[REDACTED] presently with [REDACTED]

[REDACTED] presently with [REDACTED]

Notation/Good Faith Effort/Attempted F2F Sibling Visit:

On this same date (02/26/2015) this worker attempted to respond to each of the known address listed above in an attempt to have visual contact with each sibling on this date to no avail.

[REDACTED] telephoned [REDACTED] to report the above. [REDACTED] requested that mother [REDACTED] contact each respective caretaker of her children and have them bring each child to the family's Child and Family Team Meeting to be held on 02/27/2015 at 12:30p. [REDACTED] agreed to do so.

02/26/2015

Other Caretaker Interview (Collateral Contact) via telephone

Time: 9:30p

Telephone Interview with [REDACTED] /Collateral Contact

[REDACTED] spoke with [REDACTED] via telephone. [REDACTED] was invited with the mother's consent to attend the family's Child and Family Team Meeting. [REDACTED] reported that she was extremely happy that this worker made contact with her. [REDACTED] reported that she has been concerned for the children for quite some time. She stated that she sought help through various community agencies. [REDACTED] reports also living in the [REDACTED] home is [REDACTED], [REDACTED] lives with her [REDACTED], [REDACTED] the majority of the time. [REDACTED] lives with her, [REDACTED] is the mother of all of the children and they all have different fathers [REDACTED] appeared upset that despite her behavior, [REDACTED] still has custody of all of the children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] also reports that [REDACTED] has been with her [REDACTED] off and on the majority of her life. [REDACTED] reports [REDACTED] may see [REDACTED] about once a month. [REDACTED] has been with [REDACTED] since she was two weeks old. [REDACTED] stays in contact with [REDACTED] and sees [REDACTED] once or twice every other week. [REDACTED] only spends the night with [REDACTED] once or twice a month, but hasn't since November. [REDACTED] will take her children back possibly when her benefits she receives on them are threatened or she thinks she is being taken to court. [REDACTED] agreed to attend the family's Child and Family Team Meeting on 02/27/2015.



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: 02/26/2015

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/14/2015

Completed date: 04/14/2015

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/14/2015 01:55 PM Entered By: [REDACTED]

Child is deceased. This worker with the assistance of [REDACTED] visually observed the child prior to being taken to the morgue.



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: 02/26/2015

Contact Method: Phone Call

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 11/09/2015

Completed date: 11/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/09/2015 08:56 AM Entered By: [REDACTED]

Convene CPIT:

[REDACTED] convened Child Protection Investigation Team (CPIT) on this date with Law Enforcement, [REDACTED] with the [REDACTED] and [REDACTED]. [REDACTED] was initially contacted by previous CPIT [REDACTED] as he is now the supervisor over [REDACTED] the area of town in which the incident occurred. [REDACTED] advised that he'd contacted [REDACTED] regarding this child death investigation. He reported that it appeared to be a result of co-sleeping; however the child was transported to [REDACTED] for further examination.



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:	02/26/2015	Contact Method:	
Contact Time:	12:48 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:	Opening		

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

Narrative Type: Original Entry Date/Time: 11/09/2015 08:52 AM Entered By: [REDACTED]

This case was assigned as an Investigative case to [REDACTED] on 02/26/2015 for [REDACTED]. All times are recorded in [REDACTED]. The response priority was P1 and the allegations are Neglect Death. The alleged victim is [REDACTED] and the alleged perpetrator is listed as unknown.

The Juvenile Judge and the District Attorney were notified by Upper CPS management.

Response was met on 02/26/2015 at 3p.

Referent was contacted on 02/26/2015 by [REDACTED]

Family Composition/ Demographics:

-Household:

[REDACTED]

Current Referral States:

Reporter states: [REDACTED] (9 months) lives in the home with her mother, [REDACTED] and stepfather, unknown. The mother states she has five other children. The reporter has no information on these children. It is unknown if the mother has custody of them or where they may be located at this time. There is an open case with DCS, according to the mother. The DCS worker is [REDACTED] out of [REDACTED]. [REDACTED] was taken to [REDACTED] with CPR in progress today (2/26/15) at 12:59PM. [REDACTED] arrived at the hospital by ambulance. It is unknown how long it took for [REDACTED] to get to the home or the hospital. The mother states [REDACTED] woke up and she fed [REDACTED] and put [REDACTED] back down for a nap. It is unknown how long [REDACTED] was down. It is unknown what the reporter meant by "down" (where the child was). It is unknown when the mother went to check on [REDACTED]. The mother just states "I started doing CPR." It is unknown by the reporter what happened prior to the mother doing CPR. The mother states she called 911. The mother states the stepfather was at the home and now he is



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

at the hospital with the mother. The reporter states the mother seems to be kind of confused with her timeline. The physician [REDACTED] is suspicious for a non-accidental death. When [REDACTED] was examined by [REDACTED] he noted the rectum was unusually large. No bruising was seen concerning [REDACTED] is currently still at the hospital and the medical examiner has been contacted. The cause of death is unknown at this time. [REDACTED] is requesting immediate DCS assistance. Law Enforcement has been contacted and they are at the hospital. Law Enforcement arrived with the ambulance. It is unknown if there have been any previous instances of a child death in this home dying. The current condition of the home is unknown to the reporter. It is unknown if the mother or stepfather have any history with Law Enforcement.

DCS history:

[REDACTED] reviewed case history of the [REDACTED] family on 02/27/2015.

There is DCS history involving the birth children of [REDACTED].

Date: 05/27/2015 Investigation ID#: [REDACTED] assigned / Allegations of Environmental Neglect, Sexual Abuse/The alleged perp is [REDACTED]/mother. The alleged victims are [REDACTED] Investigation is classified as Allegation Substantiated and Perpetrator Substantiated.

Date: 02/27/2015 Investigation ID#: [REDACTED] Allegations of Environmental Neglect, Sexual Abuse/The alleged perp is [REDACTED]/mother. The alleged victims are [REDACTED] Investigation is classified as Allegation Substantiated and Perpetrator Substantiated.

Date: 12/21/2012/ Investigation ID# [REDACTED] / Allegations of Lack Of Supervision and Environmental Neglect/ Classified as Unable to Complete.

Date: 7/20/2011 Investigation ID#: [REDACTED] / Allegations of Drug Exposed Child, Lack Of Supervision/ Classified as Unable to Complete.

[REDACTED] reviewed local criminal history and internet registries to include the Felony Offender Registry, TN Sex Offender Registry, Drug Abuse Registry and the National Sex Offender Registry. The sex offender registries were run on every adult involved with the children. There is history.

[REDACTED] has pending criminal charges in [REDACTED] stemming from her Dec 2014 arrest for gun possession. [REDACTED], next court date for this charge is 04/01/2015.



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: 02/26/2015

Contact Method: Phone Call

Contact Time: 11:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 11/09/2015

Completed date: 11/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/09/2015 08:55 AM Entered By: [REDACTED]

Referent Contact:

Please note that this child death "incident" was called in by two separate entities each requesting response at different locations. [REDACTED] had the referral requesting response to the families home screened out as this worker was directed to respond directly the hospital. Nonetheless [REDACTED] made contact with both referents to advise of this worker plan of action regarding investigative tasks to be completed by this worker.



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: System Completed
 Contact Date: 02/26/2015 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 03/06/2015
 Completed date: 03/29/2015 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Medical Exam,Other Persons Living in Home
 Interview/Observation,Parent/Caretaker Interview,Referent Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/06/2015 09:33 AM Entered By: [REDACTED]

CASE NAME: [REDACTED]

INTAKE NUMBER: [REDACTED]

INTAKE DATE & TIME: February 26, 2015 at 12:48p

February 26, 2015

11a

Supervisory Conference:

Prior to responding this worker conferred with on call [REDACTED]. We developed a plan of action regarding response as this child fatality was called in by two separate referents. Together we discussed the open case and what actions needed to be taken immediately.

February 26, 2015

1130a

Referent Contact:

Please note that this child death "incident" was called in by two separate entities each requesting response at different locations. [REDACTED] had the referral requesting response to the families home screened out as this worker was directed to respond directly the hospital. Nonetheless [REDACTED] made contact with both referents to advise of this worker plan of action regarding investigative task to be completed by this worker.

February 26, 2015

1p

Convene CPIT:

[REDACTED] convened CPIT on this date with LE and [REDACTED] was initially contacted by previous CPIT [REDACTED] as he is now the supervisor over [REDACTED]. He advised that he'd contacted [REDACTED] regarding a child death. He reported that it appeared to be a result of co-sleeping, however the child was transported to [REDACTED] for further examination.

2pUpon arrival to the hospital [REDACTED] was met by CPIT [REDACTED] who will be the LE assigned to this investigation. She reported that mother was in the waiting room with "about 20 other relatives". She confirmed that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

doctors [REDACTED] are looking into suspicion of abuse. She joined worker in observing the body of the deceased child, [REDACTED].

CHILD CONTACT:

Date of Contact: February 26, 2015

Location of Contact: [REDACTED]

Beginning Time: 3p

[REDACTED] observed the deceased, [REDACTED] prior to the child being transported to the morgue.

February 26, 2015

Parent Contact/ [REDACTED] /birth mother

Prior to leaving the hospital worker met with the mother. In the waiting room was this worker, CPIT [REDACTED] [REDACTED] /mother, [REDACTED].

[REDACTED] informed that family of the NEW investigation involving [REDACTED] and her children whom she reported to be:
 Presently with [REDACTED]
 Presently with [REDACTED]
 Presently with [REDACTED]
 Presently with [REDACTED]
 Presently with [REDACTED]

[REDACTED] stated that she'd fed the states [REDACTED] woke up and she fed [REDACTED] and put [REDACTED] back down for a nap. [REDACTED] woke up and she fed [REDACTED] and put [REDACTED] back down for a nap. She reports that [REDACTED] came into the room and notices she appeared to be "laying funny" when asked what she meant she stated, that [REDACTED] was laying on her stomach in a position not normal for her. She stated when she turned that child over she noticed her lips were blue and she immediately began CPR and told someone to dial 911. She and the baby was transported to the ER where the child was pronounced dead.

[REDACTED] expressed her deepest condolences to the family while explaining what steps would need to take place next such as visual contact and forensic interviews for each siblings. [REDACTED] provided this worker the location of each child.

[REDACTED] with his [REDACTED]

[REDACTED] with [REDACTED]
 Presently with [REDACTED]

[REDACTED] Presently with [REDACTED]

[REDACTED] Presently with [REDACTED]

**On this same date this worker attempted to respond to each of the known address listed above in an attempt to have visual contact with each sibling on this date to no avail.

[REDACTED] requested that mother [REDACTED] contact each and have them bring each of her children to the CFTM that has been confirmed for 02/27/2015 at 12:30p. She agreed to do so.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Please note no alleged perp has been identified at this time of the investigation. [REDACTED] will follow the lead of CPIT [REDACTED].



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: 02/26/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 11/09/2015

Completed date: 11/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/09/2015 08:53 AM Entered By: [REDACTED]

Supervisory Conference:

Prior to responding this worker conferred with on call [REDACTED]. We developed a plan of action regarding response as this child fatality was called in by two separate referents. Together we discussed the open case and what actions needed to be taken immediately.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 1/30/15 11:58 AM

Date of Assessment: 1/30/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 6

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____