



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 03/14/2015 11:21 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 03/15/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned: 03/15/2015 12:23 PM
 First Team Leader Assigned: [REDACTED] Date/Time: 03/15/2015 12:00 AM
 First Case Manager: [REDACTED] Date/Time: 03/15/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 5 Mos	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	None

Preliminary Near Death: [REDACTED]

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: ****The child is not in DCS custody

Family Case IDs: Yes ([REDACTED])

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open: Yes (INV # [REDACTED] / LOS / 3-06-15 / No Classification Given / CM [REDACTED] and Sup. [REDACTED])

Substantiated: No

Death: No



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Number of Screen Outs: No

History (not listed above): No

Pending: No

Awaiting Screening: No

Submitted: No

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: The family's address is [REDACTED]. The family's cell number is [REDACTED]

Reporter's name/relationship: [REDACTED]

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

[REDACTED], 9 months) resides with her mother, [REDACTED], 22) and father, [REDACTED] (Age unknown), in [REDACTED] County.

[REDACTED] was admitted to [REDACTED] Emergency Room on March 14, 2015, at 10:50 p.m. for cardiac arrest. [REDACTED] was unable to give much information about what caused [REDACTED] to be in cardiac arrest due to not being aware of what occurred. An unidentified female reported that [REDACTED] had fallen asleep on the couch while at home. When [REDACTED] went to change [REDACTED] diaper he found [REDACTED] to be face down on the couch and when he rolled her over he found her to be blue and not breathing. The unidentified woman is suspected to be [REDACTED] aunt. [REDACTED] did not give a recount of what occurred to medical staff due to not being present during the interview.

It is only known at this time that [REDACTED] found [REDACTED]. It is unknown who was supervising [REDACTED] during the time of the incident. [REDACTED] grandmother (name/contact information unknown) is currently at the hospital and she reported that [REDACTED] started CPR when he found [REDACTED] to be blue. It is unknown who contacted EMS.

EMS documented that when they had arrived to the family's home [REDACTED] was found lying on the floor and [REDACTED] present. EMS also documented that no CPR had been performed prior to their arrival. [REDACTED] was incubated on the scene by EMS. At the hospital, [REDACTED] was found to be blue, unresponsive, not breathing on her own and cold to the touch. Within fifteen minutes [REDACTED] was found to have a pulse at the hospital. [REDACTED] is still not breathing on her own and is on a ventilator.

Police have not been notified and were not on the scene. [REDACTED] will be transported to the [REDACTED] Children's Hospital within the next hour. [REDACTED] appears to be "pretty tore up" and crying. [REDACTED] initially refused to go back to be with [REDACTED] but has gone back to be with her during the course of this report. [REDACTED] appears to be upset. It appears as if he had been crying, but he also refuses to go back to be with [REDACTED] grandmother appears to be calm and is with [REDACTED] aunt appears to be anxious and slightly upset.

[REDACTED] reported that earlier on March 14, 2015, [REDACTED] had "choked" on something and that she only had to pat [REDACTED] on the back. [REDACTED] did not report exactly what caused [REDACTED] to choke but [REDACTED] did report that [REDACTED] was fine after being patted on the back. [REDACTED] grandmother reported that she



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had supervised [REDACTED] earlier in the day and [REDACTED] appeared to be fine.

Two weeks ago, [REDACTED] was taken to [REDACTED] Emergency Room to be treated for a dog bite to her face. [REDACTED] was transported to [REDACTED] Medical for plastic surgery and it is believed that [REDACTED] Medical made a referral to DCS due to the family's behavior at the hospital.

It is unknown of [REDACTED] having any medical or physical complications that would cause any fatal issues later in life.

It is unknown of any environmental issues in the home that would cause any fatal issues. It is unknown if anyone in the home has any alcohol or drug issues or mental health issues.

Dr. [REDACTED] is the physician that [REDACTED] is being admitted to at [REDACTED] Children's Hospital. The [REDACTED] Children's Hospital Emergency Room number is [REDACTED].

Special Needs or Disabilities: Unknown
Child's current location/is the child safe at this time: Hospital
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

Per SDM: Investigative Track/P1 [REDACTED], CM2, 3-15-14 @ 12:24 AM.

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	03-15-15 01:06:38 AM	[REDACTED]	03-15-15 01:07:20 AM	[REDACTED]
Received	03-15-15 01:06:40 AM	---	[REDACTED]	

An email notification was sent to [REDACTED]
Regional Administrator [REDACTED].



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Participant(s)

Name: [REDACTED]

Gender: Male

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:



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Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 23 Yrs

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:

Race: White

Age: 1 Yr 5 Mos

Address: [REDACTED]

Deceased Date:

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
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Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/14/2015

Assignment Date: 10/05/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 09/03/2015
2	[REDACTED]	[REDACTED]	Lack of Supervision	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 09/03/2015

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [REDACTED] passed away at the age of 9 months. DCS received a referral with allegations of lack of supervision and near death on 03/15/2015. At the time of the initial response, [REDACTED] had been transferred to [REDACTED] Children's Hospital. On 03/14/2015, [REDACTED] was in the care of her father [REDACTED]. [REDACTED] reported that [REDACTED] went to sleep at approximately 8:00 P.M. He laid [REDACTED] beside him on the loveseat. [REDACTED] reported that he played on his phone for a while. At approximately 10:00 P.M., [REDACTED] reported that he decided to take [REDACTED] to her crib, but he wanted to change her diaper first. When he lifted her legs to change her, she was "limp." [REDACTED] reported laying her on the floor and attempting CPR after calling 911. [REDACTED] was unresponsive. [REDACTED] was transferred to [REDACTED] and placed on life support. The medical staff did not have an explanation for [REDACTED] condition, but reported that she would most likely not survive. Continue in last section.

D. Case Workers

Case Worker: [REDACTED]

Date: 09/03/2015

Team Leader: [REDACTED]

Date: 09/03/2015

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:



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

Case Name : ██████████

Investigation ID: ██████████

03/15/2015 CPSI ██████ did observed ██████ at the ██████ Children's Hospital. ██████ was on life support. She was wearing only a diaper. CPSI ██████ observe no visible signs of abuse.

The parents have no other children.

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

CPSI ██████ had questions regarding some of the autopsy findings. The skeletal survey showed a hair-line fracture in one of the legs, and there was a slight retinal hemorrhage in her eyes. CPSI ██████ sent the report to Dr. ██████ at ██████ Children's Hospital. She reviewed and stated that the fracture was most likely the result of the child hitting a growth spurt, and the hemorrhage was most likely the result of the CPR. Dr. ██████ did not feel this death was abuse related.

Dr. ██████ was one of the attending physicians at the hospital. She stated that there was a big event that caused ██████ condition, but it will be hard to determine that even. She reported that she feels that the father was co-sleeping on the couch with the infant, but he will not admit falling asleep with the child.

Detective ██████ reported that he interviewed the father after the final autopsy report. ██████ continues to deny sleeping with the child on the couch. He states that he was only sitting beside her the entire time.

Law enforcement observed the home and took pictures. The pictures are on a DVD placed in the hard file.

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

The mother, ██████ was at work all day. She had not had contact with the child since 8:00 A.M that morning. The maternal grandmother babysat ██████ until approximately 12:00 P.M that day. When she left the home, ██████ was fine. The father took over the care of the child after the grandmother left the home. The family lived with a friend. The friend was at work all day. She had contact with ██████ around 6:00 P.M, but the contact was brief. She went to sleep in her bedroom. When she woke up she found ██████ performing CPR on ██████ ██████ reported that he fed ██████ and she started to get "fussy." He held her for while then she fell asleep. He laid her on the couch beside him, and he claims that he sat beside her until around 10:00 P.M when ██████ was found unresponsive.

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

██████████, 9 months) resides with her mother, ██████████ (22) and father, ██████████ (Age unknown), in ██████████ County.

██████████ was admitted to ██████████ Emergency Room on March 14, 2015, at 10:50 p.m. for cardiac arrest. ██████████ was unable to give much information about what caused ██████████ to be in cardiac arrest due to not being aware of what occurred. An unidentified female reported that ██████████ had fallen asleep on the couch while at home. When ██████████ went to change ██████████ diaper he found ██████████ to be face down on the couch and when he rolled her over he found her to be blue and not breathing. The unidentified woman is suspected to be ██████████ aunt. ██████████ did not give a recount of what occurred to medical staff due to not being present during the interview.

It is only known at this time that ██████████ found ██████████ It is unknown who was supervising ██████████ during the time of the incident. ██████████ grandmother (name/contact information unknown) is currently at the hospital and she reported that ██████████ started CPR when he found ██████████ to be blue. It is unknown who contacted EMS.

EMS documented that when they had arrived to the family's home ██████████ was found lying on the floor and ██████████ present. EMS also documented that no CPR had been performed prior to their arrival. ██████████ was incubated on the scene by EMS. At the hospital, ██████████ was found to be blue, unresponsive, not breathing on her own and cold to the touch. Within fifteen minutes ██████████ was found to have a pulse at the hospital. ██████████



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

Case Name : ██████████

Investigation ID: ██████████

is still not breathing on her own and is on a ventilator.

Police have not been notified and were not on the scene. ██████████ will be transported to the ██████████ Children's Hospital within the next hour. ██████████ appears to be "pretty tore up" and crying. ██████████ initially refused to go back to be with ██████████ but has gone back to be with her during the course of this report. ██████████ appears to be upset. It appears as if he had been crying, but he also refuses to go back to be with ██████████ grandmother appears to be calm and is with ██████████ aunt appears to be anxious and slightly upset.

██████████ reported that earlier on March 14, 2015, ██████████ had "choked" on something and that she only had to pat ██████████ on the back. ██████████ did not report exactly what caused ██████████ to choke but ██████████ did report that ██████████ was fine after being patted on the back. ██████████ grandmother reported that she had supervised ██████████ earlier in the day and ██████████ appeared to be fine.

Two weeks ago, ██████████ was taken to ██████████ Emergency Room to be treated for a dog bite to her face. ██████████ was transported to ██████████ Medical for plastic surgery and it is believed that ██████████ Medical made a referral to DCS due to the family's behavior at the hospital.

It is unknown of ██████████ having any medical or physical complications that would cause any fatal issues later in life.

It is unknown of any environmental issues in the home that would cause any fatal issues. It is unknown if anyone in the home has any alcohol or drug issues or mental health issues.

Dr. ██████████ is the physician that ██████████ is being admitted to at ██████████ Children's Hospital. The ██████████ Children's Hospital Emergency Room number is ██████████.

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

The parents made the decision to take ██████████ off the life support machines after a brain scan showed no activity. An autopsy was performed, and the results were received several months later. The results showed that the cause of death was positional asphyxia, and unsafe sleep environment was suspected. The autopsy revealed no signs of abuse. The case was staffed with the Child Protection Investigation Team (CPIT). The allegations were unsubstantiated. Law enforcement was involved in the investigation. They have also closed the criminal investigation with no findings.

The family had an open case at the time of the death. ██████████ had been attacked by the maternal grandmother's dog. She was in the care of the father at the time of the attack. The mother was at work. ██████████ had recently had surgery to correct the damage from the attack.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	02:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 12:22 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

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Narrative Type: Original Entry Date/Time: 10/23/2015 12:22 PM Entered By: [REDACTED]
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Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	02:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 12:22 PM 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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/09/2015

Contact Method:

Contact Time: 02:50 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/23/2015

Completed date: 10/23/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2015 12:22 PM 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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/21/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/09/2015

Completed date: 10/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/09/2015 02:43 PM Entered By: [REDACTED]

Notation

The closing safety assessment and FAST were completed on this day. The results are no immediate intervention recommended. The Alleged Child Victim (ACV) [REDACTED] is deceased.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/03/2015	Contact Method:
Contact Time: 06:32 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/03/2015
Completed date: 09/21/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/03/2015 05:34 PM Entered By: [REDACTED]

Closing Case Summary

Alleged Child Victim (ACV) [REDACTED]
 DOB [REDACTED]

1. Referral assigned

On 03/14/2015 @ 11:21 P.M. [REDACTED] the referral was screened into [REDACTED] County Department of Children's Services (DCS). The allegation listed on the report was severe Lack of Supervision. The alleged child victim (ACV) was [REDACTED], age 9 months old.

2. Synopsis of event

a. On 03/14/2015 @ 10:50 P.M. [REDACTED] was admitted to [REDACTED] Emergency Room for cardiac arrest.

b. 03/15/2015 @ 9:10 P.M. [REDACTED] was pronounced dead.

3. Investigators involved

Detective [REDACTED] and Detective [REDACTED] with the [REDACTED] Police Department. Child Protective Service Investigator (CPSI) [REDACTED].

4. Alleged perpetrator interview

The alleged perpetrator was listed as unknown participant. The birth mother, [REDACTED] was interviewed. The birth father, [REDACTED], was interviewed. The maternal grandmother, [REDACTED], was interviewed. The family was living with a friend, [REDACTED] was also interviewed

5. Details of interviews

a. [REDACTED] reported that he was at school until 12:00PM. [REDACTED] goes to school at [REDACTED]. The maternal grandmother, [REDACTED] was babysitting [REDACTED]. [REDACTED] reported that he got home around 12:00PM. The maternal grandmother left shortly after the father returned home. [REDACTED] stated that [REDACTED] fell asleep in the "crook" of his arm shortly after [REDACTED] left the home. [REDACTED] could not provide a length of time in which [REDACTED] napped. [REDACTED] reported that they napped upstairs in the bedroom. [REDACTED] stated that after [REDACTED] woke, they went downstairs, and he made himself and [REDACTED] some food. He reported that he and [REDACTED] played with toys in the living room floor after they ate. He reported that they played with a stuffed Simba toy, mega blocks, and a Halloween toy. He reported that [REDACTED] seemed to be fine while they were playing and watching TV. [REDACTED] reported that [REDACTED] started "acting up" at approximately 8:30PM. [REDACTED] stated that he started rocking her on the couch to get her to sleep. He reported that he sat her down to the right of him on the couch after he became tired of holding her. He reported that he laid her on a blanket on her stomach, and rubbed her back for a few minutes. He then received a notification that



Tennessee Department of Children's Services
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Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

he had received an email on his phone. He checked his email and watched TV for a little while. He said he looked down at her at one point and she was breathing fine. ██████████ could not give a time in which this happened. ██████████ stated that at some point he noticed that ██████████ diaper looked saggy, so he decided to change her diaper before taking her upstairs to her crib. ██████████ reported that he lifted her legs up and they were limp. He then picked her up and started rubbing her chest trying to wake her as he thought she was still asleep. He then laid her on the floor and checked for a pulse, but could not find one. He then got a flashlight to check her pupils, and they did not respond to the light. ██████████ reported that he started CPR and dialed 9-1-1. ██████████ was denied that he got up from the couch at anytime while the child was on the couch sleeping. ██████████ denied that the child had suffered any type of fall or accident during the day. He stated that ██████████ does fall on her butt sometimes as she learning to walk. ██████████ was asked if ██████████ had been alone with ██████████ at any time during the day. ██████████ stated that ██████████ had not watched the child alone at any time yesterday. ██████████ stated that the maternal grandmother did not report any falls or injuries to the father when he returned home from school. CPSI ██████████ asked ██████████ to explain what "acting up" looks like with ██████████. ██████████ reported that she gets "fussy" and grabs at her "binky," and she climbs on him and wants to be picked up. ██████████ stated that this is normal behavior for ██████████ when she gets sleepy, and she is also teething which makes her more fussy. ██████████ reported giving ██████████ one dose of infant ibuprofen, because the doctor instructed him to do so when ██████████ is teething. ██████████ could not say what time the medication was given. He said he didn't want to guess, because he didn't know for sure. He reported that the dosage was below the 1.25 mark on the medicine dropper. ██████████ was asked if he gets frustrated when ██████████ gets "fussy". ██████████ denied that he gets frustrated or aggravated when ██████████ gets "fussy". He reported that he spoils her, and he would never hurt his baby. CPSI ██████████ asked the father to describe how ██████████ was laying on the couch. He reported that she was laying beside him horizontally with her head closest to him, and her feet at the opposite end of the couch. ██████████ reported that her face was facing the back of the couch.

b. ██████████ stated that she had to be at work at 8:00AM. ██████████ works at ██████████ Center in ██████████ TN. ██████████ stated that the maternal grandmother, ██████████ babysat the ██████████ until 2:00PM or 3:00PM on 03/14/2015. ██████████ stated that the father told her that ██████████ had gotten irritable, and he put her on the couch on her stomach to go to sleep. ██████████ stated that ██████████ told her that he was going to take ██████████ upstairs then he found her. The mother started crying at this point. ██████████ kept saying that she does not understand what happened. ██████████ stated that she doesn't understand what would cause her baby to stop breathing. She stated that ██████████ had been watching ██████████ from about 2:00PM. ██████████ stated that she was not home, so she does not know what has happened. ██████████ stated that ██████████ was home. ██████████ is the woman the family currently resides with. ██████████ was asked if anything happened the day before that would be concerning. She reported that ██████████ had choked on some "Phlegm" the day before, but it wasn't bad. ██████████ stated that ██████████ was fine for the rest of the day and night. ██████████ stated that she cannot tell us anything more, because she was not home. ██████████ was asked if the doctor or nurses had provided her with any information. ██████████ stated that they have told her that "it doesn't look". ██████████ was very appropriate in her response to the situation.

c. ██████████ reported that the family moved into her home on or about March 1, 2015. She reported that the family has their own room, and ██████████ sleeps in her crib. ██████████ reported that she got off work at 4:00PM on Saturday on 03/14/2015 and went to Walmart. ██████████ reported that she arrived home at approximately 5:15PM. She reported that ██████████ and ██████████ were in the family's bedroom when she got home. ██████████ reported playing with ██████████ for a little while then retreating to her own bedroom at approximately 6:45PM. ██████████ stated that she went to sleep. ██████████ stated that she woke up at approximately 10:00PM as she was planning to get ready to go out with friends. ██████████ reported that she went downstairs to go to the bathroom. ██████████ was sitting on the couch and ██████████ was lying next to him asleep. ██████████ stated that ██████████ was sitting in an upright position, but ██████████ was laying down sleeping. ██████████ stated that she went into the bathroom and started straightening her hair. She stated that she remembered that her make up bag was in the car, so she walked out of the bathroom, and ██████████ was still sitting on the couch with ██████████. When ██████████ walked back in the house, ██████████ was standing beside the couch holding a diaper. ██████████ stated she walked back into the bathroom, and within 30 seconds to one minute she could hear ██████████ on the phone with someone, but she could not hear what he was saying. ██████████ stated that within a few seconds ██████████ knocked on the bathroom door, and asked ██████████ the address to the home. ██████████ stated that ██████████ was very pale and appeared scared. ██████████ gave him the address. ██████████ then told ██████████ that ██████████ was not breathing. ██████████ stated that she walked out of the bathroom and observed ██████████ laying in the living room. ██████████ stated that ██████████ started CPR on the child while on the phone with 9-1-1. ██████████ stated that she left the home to go get the mother ██████████ from work. CPSI ██████████ asked ██████████ about how ██████████ and ██████████ interact with ██████████. ██████████ reported that ██████████ and ██████████ are great parents, and she has never observed anything concerning from either of them.

d. ██████████ stated that she started watching ██████████ at approximately 8AM, and left the family home



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

around 2:30PM after [REDACTED] returned home from school. [REDACTED] reported that the mother, [REDACTED] was at work at this time as she went in at 8AM. [REDACTED] reported that [REDACTED] woke up. She said she fed her, but [REDACTED] acted like she didn't want her milk. [REDACTED] assumed it was because her teeth were bothering her. [REDACTED] reported giving [REDACTED] a dose of Tylenol around 10:00AM after which [REDACTED] became sleepy and [REDACTED] laid her on a blanket in the floor to sleep. [REDACTED] reported that [REDACTED] returned home shortly after 12:00PM, and that [REDACTED] woke up shortly after he arrived home. [REDACTED] reported staying there a "few minutes" to inform [REDACTED] of what [REDACTED] had eaten and drank throughout the day. [REDACTED] told that dad that it was almost time for [REDACTED] to eat again and possibly take another nap. [REDACTED] reported giving [REDACTED] another dose of Tylenol at approximately 1:30PM. [REDACTED] reported that she left the home around 2:30PM. [REDACTED] denied that [REDACTED] had suffered any type of fall or accident while in her care. [REDACTED] was asked if she has observed anything concerning with [REDACTED] [REDACTED] reported that she had noticed [REDACTED] staring into space a few times lately, and that she would have to repeat her name several times to get her attention. [REDACTED] reported that seizures run in her family, and she has been concerned that [REDACTED] may be having seizures, but she had never witnessed [REDACTED] experience anything like a seizure. [REDACTED] reported that she told [REDACTED] about her concern, and asked [REDACTED] to take [REDACTED] to the doctor. [REDACTED] reported that [REDACTED] usually sleeps in her crib, but the week after the dog bite, [REDACTED] slept in the bed with the parents. [REDACTED] reported that [REDACTED] had not choked on anything while in her care. [REDACTED] was asked her opinion of the father as a parent. [REDACTED] reported that she had noticed a significant change in the father's demeanor toward the child after the dog bite in that he was more involved and showed more care and concern for [REDACTED] [REDACTED] reported that she felt like the father was knowledgeable of [REDACTED] needs and how to care for her. [REDACTED] was asked if she had ever observed [REDACTED] get frustrated or aggravated with [REDACTED] [REDACTED] reported that she had witness [REDACTED] force [REDACTED] pacifier in her mouth to the point that it pushed [REDACTED] head back one time. [REDACTED] denied ever seeing [REDACTED] shake [REDACTED] or put her down in a rough manner. [REDACTED] stated that she was unsure if [REDACTED] would be capable of hurting [REDACTED] purposely. [REDACTED] reported that [REDACTED] was previously employed at [REDACTED] Center, but had lost his job due to allegations that he had slapped a child. [REDACTED] was very emotional during the interview.

6. Policy

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. 2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect. NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline will select Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician. NOTE: Preliminary near deaths are always treated as severe child abuse.

7. Child Protective Investigation Team (CPIT)

The case was presented to the [REDACTED] County CPIT in July after the autopsy report was received. Detective [REDACTED] asked that it not be classified on that day as he wanted to interview the father again now that the autopsy report was back. The case was presented again on 08/07/2015 at which time the allegation was unsubstantiated.

8. Result of interviews

The mother, father, maternal grandmother, and roommate were interviewed. The mother was at work when the event occurred. The grandmother was not there at the time of the event, but she had babysat the child earlier in the day. The roommate was at the home at the time of the event, but she had been in her room sleeping. The father was the only person present at the time of the event. The father maintains that he laid the child beside of him on the loveseat after she fell asleep at approximately 8:00 P.M. he maintains that he decided to take her upstairs to her crib at approximately 10:00 P.M. He maintains that he decided to change her diaper before taking her upstairs. When he lifted her legs, she was limp. The mother was very appropriate during the interview. She was very emotional. The father was appropriate. He showed emotion, but also stated that he knows it is his fault. The grandmother was emotional and asked appropriate questions. The roommate was very emotional stating that she doesn't know what happened.

9. Preponderance of evidence

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

10. Closing and classification

This case will be closed and classified AUPU for Child Abuse Death



Tennessee Department of Children's Services
Case Recording Summary

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



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/03/2015	Contact Method:
Contact Time: 10:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For: [REDACTED]
Location:	Created Date: 09/25/2015
Completed date: 09/25/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:54 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
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Contact Time: 10:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For: [REDACTED]
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Tennessee Department of Children's Services
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Case Id: [REDACTED]

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:54 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:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:54 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/03/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/25/2015

Completed date: 09/25/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:54 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/07/2015

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/03/2015

Completed date: 09/03/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/03/2015 03:26 PM Entered By: [REDACTED]

Child Protective Investigation Team (CPIT)

Date: 08/07/2015

Time: 9:00 A.M

Location: [REDACTED] County DCS Office

CPSI [REDACTED] presented this case to CPIT. The allegation of neglect death is unsubstantiated. Detective [REDACTED] with the [REDACTED] Police Department ([REDACTED] [REDACTED] with the [REDACTED] County Juvenile Court ([REDACTED] and [REDACTED] with the [REDACTED] judicial child advocacy center (CAC). The team was in agreement with the classification.

Narrative Type: Addendum 1 Entry Date/Time: 09/21/2015 09:08 AM Entered By: [REDACTED]

Detective [REDACTED] with [REDACTED] Police Department gave CPSI [REDACTED] a copy of the photos taken of the home where the event occurred. The photo's are on a disc and will be placed in the hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2015

Contact Method: Correspondence

Contact Time: 05:32 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/03/2015

Completed date: 09/03/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2015 05:42 PM Entered By: [REDACTED]

Witness

Date: 07/02/2015

Time: 5:32 P.M

Location: [REDACTED] County DCS Office

Participants:

Child Protective Service Investigator (CPSI) [REDACTED]

CPSI [REDACTED] scanned records from [REDACTED] Children's Hospital [REDACTED] Health Systems, and Prompt Family Medicine into the documents in TFACTS. Records were requested from the [REDACTED] County Health Department as the mother reported that [REDACTED] may have received some of her vaccinations there, however, CPSI [REDACTED] received a response from them stating that they have no records concerning [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2015

Contact Method: Correspondence

Contact Time: 04:09 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/03/2015

Completed date: 09/03/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2015 03:46 PM Entered By: [REDACTED]

Witness

Date: 07/02/2015

Time: 4:09 P.M.

Location: [REDACTED] County DCS Office

Participants:

Child Protective Service Investigator (CPSI) [REDACTED]

CPSI [REDACTED] received the Autopsy Final Report from the Regional Forensic Center in [REDACTED] County, TN. The final anatomic diagnosis was Positional Asphyxia. The report states that an unsafe sleep environment with co-sleeping on the couch is suspected. The autopsy report has been scanned into the documents in TFACTS. CPSI [REDACTED] had some questions regarding statements concerning a hair-line fracture and retinal hemorrhage. CPSI [REDACTED] sent the report to Dr. [REDACTED] who contacted CPSI [REDACTED]. She stated that the hemorrhage was most likely related to the CPR, and a hair line fracture in the leg is not uncommon in a child who has hit a growth spurt. It was not abuse related.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

Case Recording Details

Recording ID: ██████████

Status: Completed

Contact Date: 05/18/2015

Contact Method:

Contact Time: 09:48 AM

Contact Duration: Less than 15

Entered By: ██████████

Recorded For:

Location:

Created Date: 05/18/2015

Completed date: 05/18/2015

Completed By: ██████████

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/18/2015 08:49 AM Entered By: ██████████

Neglect Death case for Alleged Child Victim, ██████████. The case will remain open waiting on final autopsy results. The parents, ██████████ and ██████████ are not listed as alleged perpetrators (AP) in this case and the AP is listed as unknown. Child Protective Service Investigator (CPSI), ██████████ will update the record as new information becomes available, including scanning the medical documentation into TFACTS. ██████████ was the only child for Mr. and Mrs. ██████████. The family has been offered counseling information regarding grief and loss.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/23/2015

Contact Method:

Contact Time: 01:41 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/23/2015

Completed date: 03/23/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/23/2015 12:43 PM Entered By: [REDACTED]

Collateral Contact

On 03/23/2015 @ 1:41PM Child Protective Services Investigator (CPSI) [REDACTED] contacted the Autopsy Group at [REDACTED] Medical Center. CPSI [REDACTED] was informed that the preliminary report is ready, and a copy will be faxed to CPSI [REDACTED] today. CPSI [REDACTED] was upload the document into TFACTS once it is received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/18/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/09/2015

Completed date: 10/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/09/2015 02:40 PM Entered By: [REDACTED]

Notation

The initial safety assessment was completed on this day. The assessment results show that the child is conditionally safe. [REDACTED] passed away on 03/15/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/16/2015

Contact Method: Correspondence

Contact Time: 06:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/18/2015

Completed date: 03/18/2015

Completed By: [REDACTED]

Purpose(s): Well Being

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/18/2015 08:08 AM Entered By: [REDACTED]

Child Protective Investigation Team (CPIT)

On 03/16/2015 @ 6:05PM Child Protective Services Investigator (CPSI) [REDACTED] received an email from Detective [REDACTED] containing the photos taken of [REDACTED] while she was in the hospital. The photos of [REDACTED] were taken on 03/15/2015 while she was still on life support. The email also contained pictures of the apartment including the love seat where [REDACTED] was found. CPSI [REDACTED] will upload these photos to the documents in the investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/16/2015

Contact Method: Correspondence

Contact Time: 09:44 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/17/2015

Completed date: 03/17/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/17/2015 02:46 PM Entered By: [REDACTED]

Child Protective Investigation Team (CPIT)

Child Protective Services Investigator (CPSI) [REDACTED] convened CPIT on 03/16/2015 @ 9:44AM. The referral was emailed to [REDACTED] Police Department ([REDACTED] Child Advocacy Center (CAC) [REDACTED] Judicial District, [REDACTED] County Sheriff's Office [REDACTED] County Juvenile Court [REDACTED] and Assistant District Attorney (ADA). Detective [REDACTED] and Detective [REDACTED] are involved. They were contacted while CPSI [REDACTED] was at the hospital on 03/15/2015.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/15/2015	Contact Method: Phone Call
Contact Time: 08:48 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 03/17/2015
Completed date: 03/18/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2015 06:29 AM Entered By: [REDACTED]
 Collateral Contact

On 03/15/2015 @ 8:48PM Child Protective Services Investigator (CPSI) [REDACTED] called Dr. [REDACTED] for an update on [REDACTED] condition. Dr. [REDACTED] stated that the family has decided to discontinue the life support. He reported that he discussed [REDACTED] condition with the parents, and they understand that [REDACTED] is not going to recover. The parents asked Dr. [REDACTED] to perform a neurological brain scan in their presence. Dr. [REDACTED] completed that scan, and [REDACTED] failed all areas of the test. The parents asked Dr. [REDACTED] what would happen next if they decided not to turn off the machines. Dr. [REDACTED] stated that he explained that another scan would be performed in 24 hours, and if she failed again she would be considered brain dead. The parents chose not to allow [REDACTED] to suffer through any further testing. Dr. [REDACTED] stated that the family is having her baptized as we speak, and the family wants the machines turned off while the mother is holding [REDACTED]. Dr. [REDACTED] stated that he has no explanation for [REDACTED] condition, but he stated that he has found no signs of abuse. Dr. [REDACTED] stated that the ultrasound was normal, and the examination of the eyes were not consistent with abuse. Dr. [REDACTED] stated that we will have to wait on the autopsy for more information. Dr. [REDACTED] stated that he has contacted coroner, and [REDACTED] will be sent to [REDACTED] Medical for the autopsy. CPSI [REDACTED] asked Dr. [REDACTED] to call her when [REDACTED] passes.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/15/2015

Contact Method: Phone Call

Contact Time: 06:11 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/17/2015

Completed date: 03/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/17/2015 02:52 PM Entered By: [REDACTED]

Collateral Contact

On 03/15/2015 @ 6:11PM Child Protective Services Investigator (CPSI) [REDACTED] contacted [REDACTED] Children's Hospital ([REDACTED]) for an update on [REDACTED]. CPSI [REDACTED] spoke to Nurse [REDACTED] stated that [REDACTED] condition is "not good". She stated that the family is discussing discontinuing the life support. [REDACTED] reported that the ultrasound was completed on the abdomen, and the results were normal. The Ophthalmologist checked the eyes and found small bleeds in both eyes, but stated that they bleeds are consistent with the CPR compression. [REDACTED] reported that the family is very appropriate, and they are asking appropriate questions about [REDACTED] condition. CPSI [REDACTED] asked [REDACTED] to call CPSI [REDACTED] if anything changes, or if the child passes.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	03/15/2015	Contact Method:	Face To Face
Contact Time:	05:39 PM	Contact Duration:	Less than 30
Entered By:	██████████	Recorded For:	
Location:	Hospital	Created Date:	03/16/2015
Completed date:	03/16/2015	Completed By:	██████████
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/16/2015 03:01 PM Entered By: ██████████
 Collateral Contact

On 03/15/2015 @ 5:39AM Child Protective Services Investigator (CPSI) ██████████ and CPSI ██████████ interviewed the Maternal Grandmother ██████████ was interviewed alone in the conference room at ██████████ Children's Hospital. ██████████ stated that she started watching ██████████ at approximately 8AM, and left the family home around 2:30PM after ██████████ returned home from school. ██████████ reported that the mother, ██████████ was at work at this time as she went in at 8AM. ██████████ reported that ██████████ woke up, She said she fed her, but ██████████ acted like she didn't want her milk. ██████████ assumed it was because her teeth were bothering her. ██████████ reported giving ██████████ a dose of Tylenol around 10:00AM after which ██████████ became sleepy and ██████████ laid her on a blanket in the floor to sleep. ██████████ reported that ██████████ returned home shortly after 12:00PM, and that ██████████ woke up shortly after he arrived home. ██████████ reported staying there a "few minutes" to inform ██████████ of what ██████████ had eaten and drank throughout the day. ██████████ told that dad that it was almost time for ██████████ to eat again and possibly take another nap. ██████████ reported giving ██████████ another dose of Tylenol at approximately 1:30PM. ██████████ reported that she left the home around 2:30PM. ██████████ denied that ██████████ had suffered any type of fall or accident while in her care. ██████████ was asked if she has observed anything concerning with ██████████ ██████████ reported that she had noticed ██████████ staring into space a few times lately, and that she would have to repeat her name several times to get her attention. ██████████ reported that seizures run in her family, and she has been concerned that ██████████ may be having seizures, but she had never witnessed ██████████ experience anything like a seizure. ██████████ reported that she told ██████████ about her concern, and asked ██████████ to take ██████████ to the doctor. ██████████ reported that ██████████ usually sleeps in her crib, but the week after the dog bite, ██████████ slept in the bed with the parents. ██████████ reported that ██████████ had not choked on anything while in her care. ██████████ was asked her opinion of the father as a parent. ██████████ reported that she had noticed a significant change in the father's demeanor toward the child after the dog bite in that he was more involved and showed more care and concern for ██████████ ██████████ reported that she felt like the father was knowledgeable of ██████████ needs and how to care for her. ██████████ was asked if she had ever observed ██████████ get frustrated or aggravated with ██████████ ██████████ reported that she had witness ██████████ force ██████████ pacifier in her mouth to the point that it pushed ██████████ head back one time. ██████████ denied ever seeing ██████████ shake ██████████ or put her down in a rough manner. ██████████ stated that she was unsure if ██████████ would be capable of hurting ██████████ purposely. ██████████ reported that ██████████ was previously employed at ██████████ Center, but had lost is job due to allegations that he had slapped a child. ██████████ was very emotional during the interview.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 1 Entry Date/Time: 03/16/2015 03:18 PM Entered By: [REDACTED]

The time is incorrect. The interview took place at 5:39AM.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/15/2015	Contact Method: Face To Face
Contact Time: 09:45 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 03/18/2015
Completed date: 03/18/2015	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: 03/18/2015 07:57 AM Entered By: [REDACTED]
 Child Protective Investigation Team (CPIT)

On 03/15/2015 @ approximately 9:45AM Detective [REDACTED] and Detective [REDACTED] from the [REDACTED] Police Department ([REDACTED] arrived at [REDACTED] Children's Hospital [REDACTED]. The detectives interviewed [REDACTED] (roommate), [REDACTED] (father), and [REDACTED] (mother) privately at the hospital. The information relayed to the detectives was similar to the information the family provided to DCS during their interviews. The detectives reported that they would be continuing their investigation. Detective [REDACTED] stated that she would provide CPSI [REDACTED] with copies of the written statements taken during the interviews. Detective [REDACTED] will be obtaining the 9-1-1 recording, and the reports from EMS. Detective [REDACTED] will be going to [REDACTED] home to take photographs.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/15/2015

Contact Method: Phone Call

Contact Time: 09:20 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/18/2015

Completed date: 03/18/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2015 07:46 AM Entered By: [REDACTED]

Collateral Contact

On 03/15/2015 @ 9:20PM Child Protective Services Investigator (CPSI) [REDACTED] received a call from Dr. [REDACTED]. Dr. [REDACTED] reported that [REDACTED] was disconnected from the life support machines at 9:00PM, and her official time of death was 9:10PM. Dr. [REDACTED] stated that he waiting to hear back from the coroner before [REDACTED] is transported to [REDACTED] Medical for the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/15/2015

Contact Method: Attempted Phone Call

Contact Time: 07:39 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/17/2015

Completed date: 03/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/17/2015 12:58 PM Entered By: [REDACTED]

Referent Interview

On 03/15/2015 @ 7:39AM Child Protective Services Investigator (CPSI) [REDACTED] attempted to contact the referent by phone. CPSI [REDACTED] was informed that the referent was not available. CPSI [REDACTED] provided her phone number, and asked that the referent return her phone call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/15/2015

Contact Method: Phone Call

Contact Time: 07:10 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/17/2015

Completed date: 03/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/17/2015 01:06 PM Entered By: [REDACTED]

Collateral Contact

On 03/15/2015 @ 7:10AM Child Protective Services Investigator (CPSI) [REDACTED] contacted Non-Emergency Dispatch in [REDACTED] County. CPSI [REDACTED] was informed that officers did respond to the address [REDACTED] with Emergency Medical Service (EMS). CPSI [REDACTED] was referred to [REDACTED] with the [REDACTED] Police Department ([REDACTED]). The Corporal contacted the on call Detective, Detective [REDACTED]. Detective [REDACTED] contacted CPSI [REDACTED] by phone. CPSI [REDACTED] explained the situation. Detective [REDACTED] stated that he was going to contact Detective [REDACTED]. Detective [REDACTED] contacted CPSI [REDACTED] by phone, and stated that she and Detective [REDACTED] were on their way to the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/15/2015

Contact Method: Face To Face

Contact Time: 07:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/17/2015

Completed date: 03/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/17/2015 12:28 PM Entered By: [REDACTED]

Initial Alleged Child Victim (IACV)

On 03/15/2015 @ approximately 7:00AM Child Protective Services Investigator (CPSI) [REDACTED] and CPSI [REDACTED] observed the infant, [REDACTED] in the Pediatric Intensive Care Unit (PICU) at [REDACTED] Children's Hospital ([REDACTED] [REDACTED] is 9 months old. [REDACTED] was lying in a hospital bed hooked up to several different life support machines. Her mother and father was present in the room with her. The attending nurse was [REDACTED] CPSI [REDACTED] observed injuries from the dog bite, but no other visible injuries were observed on the child's body. CPSI [REDACTED] will be contacting the [REDACTED] Police Department ([REDACTED] regarding the Near Death Allegation.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/15/2015	Contact Method: Face To Face
Contact Time: 06:40 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 03/17/2015
Completed date: 03/17/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 03/17/2015 12:31 PM Entered By: [REDACTED]
 Collateral Contact

On 03/15/2015 @ 6:40AM Child Protective Services Investigator (CPSI) [REDACTED] and CPSI [REDACTED] met with Dr. [REDACTED] in the Pediatric Intensive Care Unit (PICU) at [REDACTED] Children's Hospital ([REDACTED]). Dr. [REDACTED] stated that [REDACTED] pupils are fixed and dilated, and she is completely unresponsive. CPSI [REDACTED] asked if the plastic surgery procedure performed earlier this month could have caused these complications. Dr. [REDACTED] stated that it is not related to the surgical procedure. Dr. [REDACTED] reported a retinal hemorrhage in the left pupil. He is going to consult with the Ophthalmologist for more information. Dr. [REDACTED] stated that the retinal bleed can be indicative to Shaken Baby Syndrome, but it could also be indicative to the CPR compression. Dr. [REDACTED] reported blood in the stomach. Dr. [REDACTED] is concerned about Blunt Trauma to the liver, but he also stated that blood in the stomach could be a result of [REDACTED] being without Oxygen. Dr. [REDACTED] stated that someone reported that there was a discrepancy between when dad said he contacted EMS, and the time he actually did. Dr. [REDACTED] stated that he has found no outward signs of abuse. Dr. [REDACTED] reported that [REDACTED] "will not survive". Dr. [REDACTED] stated that he is going to order an ultrasound on the stomach later this afternoon. CPSI [REDACTED] next step will be to observe [REDACTED] in the hospital room.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/15/2015	Contact Method: Face To Face
Contact Time: 06:11 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 03/16/2015
Completed date: 03/16/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being	
Contact Type(s): Other Persons Living in Home Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 03/16/2015 03:13 PM Entered By: [REDACTED]
 Other Person Living in the Home

On 03/15/2015 @ 6:11AM Child Protective Services Investigator (CPSI) [REDACTED] interviewed [REDACTED] was interviewed in the conference room at [REDACTED] Children's Hospital. [REDACTED] is the family friend with whom the family is currently living with. [REDACTED] reported that the family moved into her home on or about March 1, 2015. She reported that the family has their own room, and [REDACTED] sleeps in her crib. [REDACTED] reported that she got off work at 4:00PM on Saturday on 03/14/2015 and went to Walmart. [REDACTED] reported that she arrived home at approximately 5:15PM. She reported that [REDACTED] and [REDACTED] were in the family's bedroom when she got home. [REDACTED] reported playing with [REDACTED] for a little while then retreating to her own bedroom at approximately 6:45PM. [REDACTED] stated that she went to sleep. [REDACTED] stated that she woke up at approximately 10:00PM as she was planning to get ready to go out with friends. [REDACTED] reported that she went downstairs to go to the bathroom. [REDACTED] was sitting on the couch and [REDACTED] was lying next to him asleep. [REDACTED] stated that [REDACTED] was sitting in an upright position, but [REDACTED] was laying down sleeping. [REDACTED] stated that she went into the bathroom and started straightening her hair. She stated that she remembered that her make up bag was in the car, so she walked out of the bathroom, and [REDACTED] was still sitting on the couch with [REDACTED]. When [REDACTED] walked back in the house, [REDACTED] was standing beside the couch holding a diaper. [REDACTED] stated she walked back into the bathroom, and within 30 seconds to one minute she could hear [REDACTED] on the phone with someone, but she could not hear what he was saying. [REDACTED] stated that within a few seconds [REDACTED] knocked on the bathroom door, and asked [REDACTED] the address to the home. [REDACTED] stated that [REDACTED] was very pale and appeared scared. [REDACTED] gave him the address. [REDACTED] then told [REDACTED] that [REDACTED] was not breathing. [REDACTED] stated that she walked out of the bathroom and observed [REDACTED] laying in the living room. [REDACTED] stated that [REDACTED] started CPR on the child while on the phone with 9-1-1. [REDACTED] stated that she left the home to go get the mother [REDACTED] from work. CPSI [REDACTED] asked [REDACTED] about how [REDACTED] and [REDACTED] interact with [REDACTED]. [REDACTED] reported that [REDACTED] and [REDACTED] are great parents, and she has never observed anything concerning from either of them.

[REDACTED] reported that she has a daughter who is 3 years old. Her name is [REDACTED] was not at the home at the time of the incident. She is with the maternal grandparents in [REDACTED] TN.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/15/2015	Contact Method: Face To Face
Contact Time: 05:20 AM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 03/16/2015
Completed date: 03/16/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 03/16/2015 01:38 PM Entered By: [REDACTED]
 Parent Interview

On 03/15/2015 @ 5:20AM Child Protective Services Investigator (CPSI) [REDACTED] and CPSI [REDACTED] interviewed the father, [REDACTED]. In order to engage the father, CPSI [REDACTED] explained that DCS received a referral concerning [REDACTED] condition. CPSI [REDACTED] and CPSI [REDACTED] apologized for having to be at the hospital during such a difficult time. [REDACTED] stated that he understood, and he agreed to speak with us. [REDACTED] was interviewed alone in the conference room at [REDACTED] Children's Hospital. CPSI [REDACTED] asked [REDACTED] to explain the events of the day leading up to [REDACTED] being found unresponsive. [REDACTED] reported that he was at school until 12:00PM. [REDACTED] goes to school at [REDACTED]. The maternal grandmother, [REDACTED] was babysitting [REDACTED] reported that he got home around 12:00PM. The maternal grandmother left shortly after the father returned home. [REDACTED] stated that [REDACTED] fell asleep in the "crook" of his arm shortly after [REDACTED] left the home. [REDACTED] could not provide a length of time in which [REDACTED] napped. [REDACTED] reported that they napped upstairs in the bedroom. [REDACTED] stated that after [REDACTED] woke, they went downstairs, and he made himself and [REDACTED] some food. He reported that he and [REDACTED] played with toys in the living room floor after they ate. He reported that they played with a stuffed Simba toy, mega blocks, and a Halloween toy. He reported that [REDACTED] seemed to be fine while they were playing and watching TV. [REDACTED] reported that [REDACTED] started "acting up" at approximately 8:30PM. [REDACTED] stated that he started rocking her on the couch to get her to sleep. He reported that he sat her down to the right of him on the couch after he became tired of holding her. He reported that he laid her on a blanket on her stomach, and rubbed her back for a few minutes. He then received a notification that he had received an email on his phone. He checked his email and watched TV for a little while. He said he looked down at her at one point and she was breathing fine. [REDACTED] could not give a time in which this happened. [REDACTED] stated that at some point he noticed that [REDACTED] diaper looked saggy, so he decided to change her diaper before taking her upstairs to her crib. [REDACTED] reported that he lifted her legs up and they were limp. He then picked her up and started rubbing her chest trying to wake her as he thought she was still asleep. He then laid her on the floor and checked for a pulse, but could not find one. He then got a flashlight to check her pupils, and they did not respond to the light. [REDACTED] reported that he started CPR and dialed 9-1-1. [REDACTED] was denied that he got up from the couch at anytime while the child was on the couch sleeping. [REDACTED] denied that the child had suffered any type of fall or accident during the day. He stated that [REDACTED] does fall on her butt sometimes as she learning to walk. [REDACTED] was asked if [REDACTED] had been alone with [REDACTED] at any time during the day. [REDACTED] stated that [REDACTED] had not watched the child alone at any time yesterday. [REDACTED] stated that the maternal grandmother did



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

not report any falls or injuries to the father when he returned home from school. CPSI [REDACTED] asked [REDACTED] to explain what "acting up" looks like with [REDACTED] reported that she gets "fussy" and grabs at her "binky," and she climbs on him and wants to be picked up. [REDACTED] stated that this is normal behavior for [REDACTED] when she gets sleepy, and she is also teething which makes her more fussy. [REDACTED] reported giving [REDACTED] one dose of infant ibuprofen, because the doctor instructed him to do so when [REDACTED] is teething. [REDACTED] could not say what time the medication was given. He said he didn't want to guess, because he didn't know for sure. He reported that the dosage was below the 1.25 mark on the medicine dropper. [REDACTED] was asked if he gets frustrated when [REDACTED] gets "fussy". [REDACTED] denied that he gets frustrated or aggravated when [REDACTED] gets "fussy". He reported that he spoils her, and he would never hurt his baby. CPSI [REDACTED] asked the father to describe how [REDACTED] was laying on the couch. He reported that she was laying beside him horizontally with her head closest to him, and her feet at the opposite end of the couch. [REDACTED] reported that her face was facing the back of the couch. [REDACTED] was very emotional during the interview. He would break down crying at different times during the interview.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/15/2015 Contact Method: Face To Face
 Contact Time: 05:10 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 03/16/2015
 Completed date: 03/16/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2015 01:14 PM Entered By: [REDACTED]
 Parent Interview

On 03/15/2015 @ 5:10AM Child Protective Services Investigator (CPSI) [REDACTED] and CPSI [REDACTED] interviewed the mother of [REDACTED]. [REDACTED] was interviewed alone in Consult Room [REDACTED] at [REDACTED] Children's Hospital. [REDACTED] stated that she had to be at work at 8:00AM. [REDACTED] works at [REDACTED] Center in [REDACTED] TN. [REDACTED] stated that the maternal grandmother, [REDACTED] babysat the [REDACTED] until 2:00PM or 3:00PM on 03/14/2015. [REDACTED] stated that the father told her that [REDACTED] had gotten irritable, and he put her on the couch on her stomach to go to sleep. [REDACTED] stated that [REDACTED] told her that he was going to take [REDACTED] upstairs then he found her. The mother started crying at this point. [REDACTED] kept saying that she does not understand what happened. [REDACTED] stated that she doesn't understand what would cause her baby to stop breathing. She stated that [REDACTED] had been watching [REDACTED] from about 2:00PM. [REDACTED] stated that she was not home, so she does not know what has happened. [REDACTED] stated that [REDACTED] was home. [REDACTED] is the woman the family currently resides with. [REDACTED] was asked if anything happened the day before that would be concerning. She reported that [REDACTED] had choked on some "Phlegm" the day before, but it wasn't bad. [REDACTED] stated that [REDACTED] was fine for the rest of the day and night. [REDACTED] stated that she cannot tell us anything more, because she was not home. [REDACTED] was asked if the doctor or nurses had provided her with any information. [REDACTED] stated that they have told her that "it doesn't look". [REDACTED] was very appropriate in her response to the situation.

Narrative Type: Addendum 1 Entry Date/Time: 09/21/2015 09:05 AM Entered By: [REDACTED]
 Household Composition

[REDACTED] - Alleged Child Victim
 [REDACTED] - Mother
 [REDACTED] - Father
 [REDACTED] - Friend (family was living in this home)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/15/2015

Contact Method: Face To Face

Contact Time: 05:07 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/16/2015

Completed date: 03/16/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2015 12:43 PM Entered By: [REDACTED]

Collateral Contact

On 03/15/2015 @ 5:07PM Child Protective Services Investigator (CPSI) [REDACTED] and CPSI [REDACTED] arrived at [REDACTED] Children's Hospital. Upon arrival we were escorted to the Pediatric Intensive Care Unit (PICU) by hospital security. CPSI [REDACTED] spoke with Nurse [REDACTED] [REDACTED] stated that [REDACTED] has a retinal hemorrhages, her pupils are fixed, and her temperature was 89 when she arrived at the hospital. [REDACTED] stated that the retinal hemorrhages are indicative to Shaken Baby Syndrome, but they could also be indicative of the CPR compression.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/15/2015	Contact Method:
Contact Time: 02:09 AM	Contact Duration: More than 5 Hours
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 03/15/2015
Completed date: 03/15/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 03/15/2015 06:06 PM Entered By: [REDACTED]

2:09 am LI received call from [REDACTED] on P1 LOS severe abuse # [REDACTED]
 2:23-2:25 am LI [REDACTED] learned that CPSI [REDACTED] was On-call and discussed the case and that she had an open case. CPSI [REDACTED] and LI [REDACTED] discussed to call CPSI [REDACTED] to go with her to the hospital. We read the referral and details of report.
 2:35 am LI [REDACTED] called IC [REDACTED] to report the referral however the email did not state Near-Death Report.
 7:40 am CPSI [REDACTED] called and gave details of her interview with the mother, father and maternal grandmother. The doctors do not have a cause of death. CPSI [REDACTED] will be gaining access to the medical findings. CPSI [REDACTED] stated the doctor, Dr. [REDACTED] reported the child will not survive. The medical staff stated to CPSI [REDACTED] there will be no other test at this time performed. CPSI [REDACTED] reported no other children in the home to interview.
 CPSI [REDACTED] stated the father's explained he was playing with the child in the floor, then made dinner, and he stated [REDACTED] (ACV) started acting up. CPSI [REDACTED] asked for clarification and he stated she was sassy and grab her passy and wanted to be picked up. He said he rocked her on the couch around 8:37 pm and he placed her on the couch when she got sleepy. He started to checking emails. He went to change her diaper and her limbs were limp. He laid her on the floor, check her pulse and started CPR. The father had stated the grandmother had watch the ACV until 12:00. The father had given the ACV Tylenol due to teething.
 CPSI [REDACTED] interviewed the mother who was at work around 8:00 am on 3/14/2015. The mother said the grandmother watched the ACV until 2:00 or 3:00 pm.
 CPSI [REDACTED] interviewed the maternal grandmother who stated she watched the ACV from 8:00 am until 2:30 pm. The maternal grandmother gave ACV Tylenol and had her on the floor on a blanket. She stated she gave another Tylenol between 1:00 and 2:30 pm before the father got home. The grandmother said she didn't fall off of anything.
 8:13 am LI [REDACTED] called IC [REDACTED] again in regards to the details of the medical staff have no cause of death. No other children in the home. The medical staff reported to CPSI [REDACTED] the child will not make it. The email was discussed of coming in at 2:04 am, 2:06 and 2:07 without notification and then at 2:55 am to notify near-death notification. IC [REDACTED] stated for CPSI [REDACTED] to send a brief email to [REDACTED] and she will be contacting [REDACTED] by phone. IC [REDACTED] discussed the form to be completed within 48 hours along with TFACTS entries.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/14/2015	Contact Method:
Contact Time: 11:21 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/24/2015
Completed date: 08/24/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/24/2015 11:51 AM Entered By: [REDACTED]
 Initial Case Summary

On 03/14/2015 @ 11:21 P.M. [REDACTED] a p1 referral was screened into [REDACTED] County with allegations of Lack of Supervision. The referral was marked severe. The alleged child victim is [REDACTED], age 9 months old. The alleged perpetrator is Unknown Participant. The response is due on 03/15/2015 by 12:21 A.M. [REDACTED]. The case was assigned to Child Protective Service Investigator (CPSI) [REDACTED]. It is unknown if the family has Native American Heritage. The family does have prior history with the department. On 03/01/2015, [REDACTED], was attacked by the maternal grandmother's dog. [REDACTED] was in the care of her father, [REDACTED] when the dog bite occurred. [REDACTED] had recently undergone surgery due to the injuries sustained in the attack. CPSI [REDACTED] investigated the prior report.

Referral

[REDACTED] 9 months) resides with her mother [REDACTED], 22) and father, [REDACTED] (Age unknown), in [REDACTED] County.

[REDACTED] was admitted to [REDACTED] Emergency Room on March 14, 2015, at 10:50 p.m. for cardiac arrest. [REDACTED] was unable to give much information about what caused [REDACTED] to be in cardiac arrest due to not being aware of what occurred. An unidentified female reported that [REDACTED] had fallen asleep on the couch while at home. When [REDACTED] went to change [REDACTED] diaper he found [REDACTED] to be face down on the couch and when he rolled her over he found her to be blue and not breathing. The unidentified woman is suspected to be [REDACTED] aunt. [REDACTED] did not give a recount of what occurred to medical staff due to not being present during the interview.

It is only known at this time that [REDACTED] found [REDACTED]. It is unknown who was supervising [REDACTED] during the time of the incident. [REDACTED] grandmother (name/contact information unknown) is currently at the hospital and she reported that [REDACTED] started CPR when he found [REDACTED] to be blue. It is unknown who contacted EMS.

EMS documented that when they had arrived to the family's home [REDACTED] was found lying on the floor and [REDACTED] present. EMS also documented that no CPR had been performed prior to their arrival. [REDACTED] was incubated on the scene by EMS. At the hospital, [REDACTED] was found to be blue, unresponsive, not breathing on her own and cold to the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

touch. Within fifteen minutes [REDACTED] was found to have a pulse at the hospital. [REDACTED] is still not breathing on her own and is on a ventilator.

Police have not been notified and were not on the scene. [REDACTED] will be transported to the [REDACTED] Children's Hospital within the next hour. [REDACTED] appears to be "pretty tore up" and crying. [REDACTED] initially refused to go back to be with [REDACTED] but has gone back to be with her during the course of this report. [REDACTED] appears to be upset. It appears as if he had been crying, but he also refuses to go back to be with [REDACTED] grandmother appears to be calm and is with [REDACTED] aunt appears to be anxious and slightly upset.

[REDACTED] reported that earlier on March 14, 2015, [REDACTED] had "choked" on something and that she only had to pat [REDACTED] on the back. [REDACTED] did not report exactly what caused [REDACTED] to choke but [REDACTED] did report that [REDACTED] was fine after being patted on the back. [REDACTED] grandmother reported that she had supervised [REDACTED] earlier in the day and [REDACTED] appeared to be fine.

Two weeks ago, [REDACTED] was taken to [REDACTED] Emergency Room to be treated for a dog bite to her face. [REDACTED] was transported to [REDACTED] Medical for plastic surgery and it is believed that [REDACTED] Medical made a referral to DCS due to the family's behavior at the hospital.

It is unknown of [REDACTED] having any medical or physical complications that would cause any fatal issues later in life.

It is unknown of any environmental issues in the home that would cause any fatal issues. It is unknown if anyone in the home has any alcohol or drug issues or mental health issues.

Dr. [REDACTED] is the physician that [REDACTED] is being admitted to at [REDACTED] Children's Hospital. The [REDACTED] Children's Hospital Emergency Room number is [REDACTED]



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]
 County: [REDACTED]
 Date of Referral: 3/14/15 11:21 PM
 Assessment Type: Initial

TN DCS Intake ID #: [REDACTED]
 Worker:
 Date of Assessment: 3/18/15 12:00 AM
 Number of Children in the Household: 1

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): ██████████ passed away.

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: _____



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Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 3/1/15 4:47 AM

Date of Assessment: 3/1/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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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.



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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: _____