



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 04/10/2015 03:03 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 04/10/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 04/13/2015 10:02 AM
 First Team Leader Assigned: [REDACTED] Date/Time 04/13/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 04/13/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED] County DCS
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: E-mail
 Narrative: THIS CHILD IS NOT IN DCS CUSTODY
 TFACTS: Yes
 Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS Yes- 04-07-2015/[REDACTED]/NUN, DEI/CM [REDACTED]/Supervisor [REDACTED]
 Substantiated No
 Death No

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

Screened out No

History (not listed above): No

County: [REDACTED]

Notification: Email

School/ Daycare: N/A

Native American Descent: Unknown

Directions: N/A

Reporter's name/relationship [REDACTED]

Reporter states:

THIS CHILD IS NOT IN DCS CUSTODY

[REDACTED] (27 days) lives with his mother [REDACTED] and grandmother (unknown name) in [REDACTED] County.

On 4/1/15, Intake # [REDACTED] was made with the Child Abuse Hotline. [REDACTED] presented at [REDACTED] with feeding difficulties. It is reported there were problems with the nipple that the family was instructed to use by medical staff. [REDACTED] did not test positive for any substances upon admission when [REDACTED] was born and [REDACTED] did not test positive at that time; both UDS screenings were negative. [REDACTED] meconium came back during the visit and it was positive for cocaine on or around April 3, 2015. Contact was made by DCS with the family prior to discharge from the hospital. [REDACTED] was gaining weight at that time. [REDACTED] was discharged on Friday, April 3, 2015 and a DCS worker was going to the home for a follow-up today (4/10/15) with the family.

This morning (4/10/15), 911 received a call around 8:00 AM. [REDACTED] reported she woke up and found [REDACTED] face was in the pillow. [REDACTED] did not believe [REDACTED] was breathing. CPR was performed by EMS on [REDACTED] and he was taken to [REDACTED] Hospital in [REDACTED]. Medical personnel were able to get a faint pulse and [REDACTED] was life-flighted to [REDACTED] he is currently at [REDACTED]. It is unknown if LE was called to the home also.

[REDACTED] reported that she got up around 5:30 AM and fed [REDACTED] a bottle. After that, they both laid down on [REDACTED] bed. [REDACTED] says that when she woke up around 8:00 AM, she noted that both her and [REDACTED] face were down in the pillow. [REDACTED] explanation of what happened is not consistent with [REDACTED] medical status. There were no other marks or bruises observed on [REDACTED] account of the incident has been consistent when speaking with law enforcement and hospital staff.

[REDACTED] is currently on life support in the Pediatric ICU at [REDACTED]. If [REDACTED] survives the next 12 hours, there will be a brain scan completed but he is not expected to live through the night. No other procedures or tests will be performed on [REDACTED] until they are able to see if he survives the night, per the referent. The referent did not know any other medical details at the time of this report other than [REDACTED] being on life support.

It is reported that [REDACTED] had been attending Narcotics Anonymous (NA) and stated she has not used drugs since she found out she was pregnant. [REDACTED] continued her NA meetings after [REDACTED] was born but the last time she attended a meeting is unknown. [REDACTED] has missed one doctor appointment for [REDACTED] due to transportation since he was born, however, it was rescheduled and completed.

[REDACTED] and the grandmother are currently at the [REDACTED] PICU. DCS worker, [REDACTED], is at [REDACTED] and the caseworker is [REDACTED].

Special Needs or Disabilities: [REDACTED] has a cleft palate

Child's current location/is the child safe at this time: [REDACTED] Pediatric ICU



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Tennessee Child Abuse Hotline Summary**

Perpetrator's location at this time: [REDACTED] Pediatric ICU

Any other safety concerns for the child(ren) or worker who may respond: N/A

Domestic Violence present in the home: None known

Per SDM: Investigative Track, P2, Override to P1- Preliminary Near Death. [REDACTED], TL on 04/10/15 @ 4:07 PM.

Page received by [REDACTED] on 04/10/15 @ 4:28 PM for [REDACTED] County.

Notified Child Death [REDACTED]

Recon requested by [REDACTED] on 04/10/15 @ 4:55 PM. Received notification at 4:35 pm that the infant has died. please add neglect death/child death to referral. Thank you

Recon request granted by [REDACTED], TL on 04/10/15 @ 5:06 PM. Spoke with [REDACTED] on 04/10/15 @ 5:01 PM via phone. [REDACTED] informed me that [REDACTED] passed away while on life support at [REDACTED] around 4:35 PM. It is noted that the doctors did not expect the child to make it through the night and let the mother and grandmother hold and interact with [REDACTED] while on life support. The probable cause of death is suffocation but it has not been confirmed at this time. An autopsy will be performed but it is unknown by who at this time. LE did go to the home and [REDACTED] Hospital this morning but their findings are also unknown at this time.

Spoke with [REDACTED] on 04/10/15 @ 5:05 PM via phone regarding new information.

Notified Child Death Group: [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 35 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 7 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
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/10/2015

Assignment Date: 10/02/2015

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By Classified Date
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/11/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Child Neglect Death [NGD] by AP [REDACTED], against ACV [REDACTED] -- Allegation Unsubstantiated/Perpetrator Unsubstantiated

D. Case Workers

Case Worker: [REDACTED]

Date: 07/31/2015

Team Leader: [REDACTED]

Date: 08/31/2015

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:

The home was observed by law enforcement to be clean without any visible safety hazards. They observed an ample supply of infant formula and bottles.

ACV [REDACTED] was resuscitated by paramedics prior to being transported to [REDACTED] Medical Center. Investigator observed him to be intubated and surrounded by medical staff. ACV was transported by helicopter to [REDACTED] Children's hospital where he later died at 3:52 P.M.

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

Medical reports did not show any indications of abuse or neglect. Autopsy report stated that ACV [REDACTED] died naturally from complications of Bronchopneumonia. There was no evidence found of trauma or drug exposure to his body.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

AP Ms. [REDACTED] stated that ACV [REDACTED] awoke to feed at approximately 5:30 A.M. on 04/10/2015. She fed him, then cradled him in her arms until they both fell back to sleep in her bed. She stated that she woke up to find ACV blue and not breathing. She called 911 and her mother, [REDACTED], began CPR.

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

not applicable

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

not applicable

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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: 10/26/2015	Contact Method:
Contact Time: 09:33 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/27/2015
Completed date: 10/27/2015	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/27/2015 06:08 AM Entered By: [REDACTED].
 This case was reviewed by Deputy Director of Investigations [REDACTED] and approved for closure on 10/26/2015 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: 08/27/2015	Contact Method:
Contact Time: 10:20 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/27/2015
Completed date: 08/27/2015	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/27/2015 10:22 AM Entered By: [REDACTED]

Family Name: [REDACTED]

Allegations: Neglect Death

Classification: AUPU Autopsy showed death to be from complications of broncho-pneumonia.

CPIT: [REDACTED] County CPIT team agreed with classification based on autopsy.

Services Provided: Services were offered to mother for grief and counseling.

Case has been reviewed.



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: 08/11/2015	Contact Method:
Contact Time: 04:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/12/2015
Completed date: 08/17/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/12/2015 05:52 PM Entered By: [REDACTED]

[REDACTED] Case Summary:

The Department of Children's Services [DCS] received a referral on 04/10/2015 with an allegation of Neglect Death [NGD] regarding twenty-eight day old infant, Alleged Child Victim [ACV] [REDACTED]. ACV [REDACTED] was not in state custody and was in the custody of his birth mother, [REDACTED]. ACV [REDACTED] lived with Mrs. [REDACTED] Maternal grandmother, [REDACTED], was also staying with them temporarily.

On 04/10/2015, at 7:48 A.M., a 911 call was made from the residence of Mrs. [REDACTED]. It was reported that ACV [REDACTED] was "blue and not breathing." Ambulance and paramedics arrived at the residence at 7:54 A.M. Law Enforcement also arrived at the scene. Lifesaving measures were successful and ACV [REDACTED] was resuscitated then transported to the [REDACTED] Medical Center Critical Care Unit. Life Flight from [REDACTED] Children's Hospital arrived at [REDACTED] at 9:19 A.M. ACV [REDACTED] was intubated, stabilized, and transported by helicopter to [REDACTED] Children's Hospital. Medical personnel at [REDACTED] exhausted all possible forms of intervention and ACV [REDACTED] was pronounced dead at 3:52 P.M.

The investigation into this incident was conducted by members of the [REDACTED] Police Department, Detective [REDACTED], Detective [REDACTED], Lieutenant [REDACTED], and DCS Investigator [REDACTED].

The report made to DCS listed birth mother, [REDACTED], as the Alleged Perpetrator [AP]. Numerous interviews were conducted with family, medical personnel, and law enforcement. AP Ms. [REDACTED] stated that, on 04/10/2015, ACV [REDACTED] awoke for a feeding at approximately 5:30 A.M. After feeding him, she stated that they fell back to sleep in her bed. She awoke at approximately 7:40 to find ACV [REDACTED] "blue and not breathing." She stated that maternal grandmother, Ms. [REDACTED] came into the room and attempted CPR while AP Ms. [REDACTED] called 911. Law Enforcement and medical staff reported that AP Ms. [REDACTED] statement remained consistent throughout the investigation. Law enforcement reported that AP Ms. [REDACTED] residence was very clean without any visible hazards. They found an ample supply of infant formula and bottles.

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

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.

3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 07/31/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

There were no concerns of abuse or neglect reported by any parties throughout this investigation. AP Ms. [REDACTED] seemed to behave appropriately at each encounter. She seemed sincerely grieved and devastated by ACV [REDACTED] death. Resources and services were offered to her. Per the autopsy report, ACV died naturally by complications of Bronchopneumonia and there was no evidence of trauma or drug exposure found.

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

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



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/31/2015	Contact Method: Face To Face
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 07/31/2015
Completed date: 07/31/2015	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2015 04:34 PM Entered By: [REDACTED]

CASE PRESENTED TO CPIT

- Investigator [REDACTED] presented this case to [REDACTED] County CPIT. Members were present from DCS, Law Enforcement, the District Attorney, Juvenile Court, and the [REDACTED]
- Allegation: Neglect Death [NGD]
- AP: [REDACTED]
- ACV: [REDACTED]
- Classification Decision: Allegation Unsubstantiated/Perpetrator Unsubstantiated



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: 07/28/2015	Contact Method:
Contact Time: 02:02 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/29/2015
Completed date: 07/29/2015	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: 07/29/2015 09:14 AM Entered By: [REDACTED]

Investigator [REDACTED] received the autopsy report for Alleged Child Victim [ACV] [REDACTED] via email. After review, the report showed that the cause of death is "complications of broncopneumonia" and the manner of death was "natural." The report also shows that there was no trauma and ACV [REDACTED] was negative for all illicit substances. A copy of the report will be placed in the 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: 06/19/2015	Contact Method: Face To Face
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 06/26/2015
Completed date: 06/26/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/26/2015 01:09 PM Entered By: [REDACTED]

CASE PRESENTED TO CPIT

-- Investigator [REDACTED] presented this case to [REDACTED] County CPIT. Members were present from DCS, Law Enforcement, the District Attorney, Juvenile Court, and the [REDACTED]
 -- Allegation: Neglect Death [NGD]
 -- AP: [REDACTED]
 -- ACV [REDACTED]
 -- Classification Decision: Case will be carried over until July 2015 in order to allow time to receive the Autopsy and Medical Examiner's report.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/18/2015	Contact Method: Phone Call
Contact Time: 01:10 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/18/2015
Completed date: 06/18/2015	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Alleged Perpetrator Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/18/2015 01:15 PM Entered By: [REDACTED]

Investigator [REDACTED] researched local SIDS/bereavement support groups. There are none locally, but Investigator did find online support groups and one offers financial assistance. Investigator contacted Alleged Perpetrator [AP] [REDACTED] and gave her two websites: www.sidsamerica.org and www.cjsids.org. Although she does not have internet at her house, she stated that she has a smartphone and can pick up wifi almost anywhere.



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:	06/18/2015	Contact Method:	Face To Face
Contact Time:	10:45 AM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:	Family Home	Created Date:	06/18/2015
Completed date:	06/18/2015	Completed By:	██████████
Purpose(s):	Permanency,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/18/2015 12:24 PM Entered By: ██████████

Investigator ██████████ went to visit Alleged Perpetrator [AP] ██████████ at her mother, ██████████, home in ██████████, TN. AP Ms. ██████████ stated that she is living there now. She invited Investigator inside to sit with her at the kitchen table. AP Ms. ██████████ has already completed the Sudden Unexplained Infant Death Investigation form with Detective ██████████ which includes details surrounding Alleged Child Victim [ACV] ██████████ death [see recording ID ██████████]

AP Ms. ██████████ sat across the table from Investigator ██████████ and began to cry. She provided the following information: "I am struggling with everything right now." She stated she is experiencing extreme guilt and grief after losing ACV ██████████. She is feeling guilty because "he should have been in his crib, not in the bed with me. I was just so sleepy and it was easier to hold him in my bed. I didn't mean to fall asleep with him like that." AP Ms. ██████████ began sobbing, but continued to talk openly and sincerely with this Investigator. She stated that she wants to be around people and find support groups, but it has been difficult because she has no transportation or money. She stated she was hoping to go to a balloon releasing ceremony last week for those who have lost babies to SIDS, but could not get a ride there. She has begun using drugs again. She is unemployed and is "about to be homeless if I can pay my stepdad seventy-five dollars by Friday." She stated that she is not sure if she is still covered by TennCare or not, but will find out today because she has a doctor's appointment. She stated that she received a letter stating that her Food Stamps are about to end as well.

Investigator ██████████ provided AP Ms. ██████████ with resource to address the needs she expressed. Gave her the contact information for Diverse Medical Management, Inc. Pathways to Wellness. They provide A&D assessments and various forms of counseling. AP Ms. ██████████ does not have internet access to be able to research support groups in the area. Investigator will research that for her, as AP Ms. ██████████ expressed a strong desire to be with other people, particular, those who have lost an infant in this way. Investigator also provided her with housing resources and informed her to contact various local churches who may have a benevolence fund to assist people with their rent/utilities.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/17/2015	Contact Method: Phone Call
Contact Time: 01:15 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/18/2015
Completed date: 06/18/2015	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Alleged Perpetrator Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/18/2015 11:33 AM Entered By: [REDACTED]

Investigator [REDACTED] contacted birth mother, Alleged Perpetrator [AP] [REDACTED] to complete a home visit and discuss services and resources. Home visit was scheduled for 06/18/2015 at 11:00 a.m.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/11/2015	Contact Method:
Contact Time: 02:20 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/18/2015
Completed date: 06/18/2015	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: 06/18/2015 11:42 AM Entered By: [REDACTED]

Investigator [REDACTED] contacted [REDACTED] via email, requesting a copy of the completed autopsy report. Ms. [REDACTED] responded and stated that she requested it and will send it to this Investigator immediately when she gets it.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/09/2015	Contact Method: Correspondence
Contact Time: 09:10 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/10/2015
Completed date: 06/15/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/10/2015 04:05 PM Entered By: [REDACTED]

Detective [REDACTED] contacted Investigator [REDACTED] to inform that she spoke with Alleged Perpetrator [AP] [REDACTED] on 06/05/2015. Detective [REDACTED] stated that they completed the Sudden Unexplained Infant Death Investigation [SUIDI] form with AP Ms. [REDACTED]. Detective [REDACTED] faxed Investigator [REDACTED] a copy of the completed SUIDI form, along with the EMS CAD abstract for placement in the 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: 06/03/2015	Contact Method: Correspondence
Contact Time: 02:40 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/03/2015
Completed date: 06/03/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

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

Detective [REDACTED] contacted Investigator [REDACTED] to inform that she is scheduled to speak with Alleged Perpetrator [AP] [REDACTED] tomorrow, 6/4/15, at maternal grandmother, [REDACTED] home in [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	05/15/2015	Contact Method:	Attempted Face To Face
Contact Time:	10:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	06/18/2015
Completed date:	06/18/2015	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: 06/18/2015 01:20 PM Entered By: [REDACTED]

CASE PRESENTED TO CPIT

-- Investigator [REDACTED] presented this case to [REDACTED] County CPIT. Members were present from DCS, Law Enforcement, the District Attorney, Juvenile Court, and the [REDACTED]
 -- Allegation: Neglect Death [NGD]
 -- AP: [REDACTED]
 -- ACV: [REDACTED]
 -- Classification Decision: Case will be carried over until the following month in order to allow more time to receive report from the Medical Examiner and for LE to complete the Sudden Unexpected Infant Death Investigation form.

Narrative Type: Created In Error Entry Date/Time: 06/18/2015 01:22 PM Entered By: [REDACTED]

Incorrectly entered "attempted face to face." CPIT was actually a face to face meeting. Investigator entered a correct recording.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/15/2015	Contact Method: Face To Face
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 06/18/2015
Completed date: 06/18/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/18/2015 01:24 PM Entered By: [REDACTED]

CASE PRESENTED TO CPIT

- Investigator [REDACTED] presented this case to [REDACTED] County CPIT. Members were present from DCS, Law Enforcement, the District Attorney, Juvenile Court, and the [REDACTED]
- Allegation: Neglect Death [NGD]
- AP [REDACTED]
- ACV: [REDACTED]
- Classification Decision: Case will be carried over until the following month in order to allow more time to receive report from the Medical Examiner and for LE to complete the Sudden Unexpected Infant Death Investigation form.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/13/2015	Contact Method: Attempted Phone Call
Contact Time: 12:50 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/13/2015
Completed date: 05/13/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/13/2015 02:03 PM Entered By: [REDACTED]

Investigator [REDACTED] attempted to contact Criminal Investigator [REDACTED] with the [REDACTED] Police Department to see if she had any updated information or the completed report from the Medical Examiner on deceased Alleged Child Victim [ACV] [REDACTED]. [REDACTED] Investigator [REDACTED] left a voice message.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/21/2015	Contact Method: Correspondence
Contact Time: 09:45 AM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/30/2015
Completed date: 04/30/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/30/2015 04:43 PM Entered By: [REDACTED]

Investigator [REDACTED] corresponded with Detective [REDACTED] with the [REDACTED] Police Department to see if they have schedule a time to interview Alleged Perpetrator [AP] [REDACTED]. She responded that they have not yet been in contact with AP Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 04/17/2015 Contact Method: Face To Face
Contact Time: 09:30 AM Contact Duration: Less than 30
Entered By: [REDACTED] Recorded For:
Location: Other Community Site Created Date: 05/13/2015
Completed date: 05/13/2015 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: 05/13/2015 02:12 PM Entered By: [REDACTED]

CASE PRESENTED TO CPIT

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

--Allegation: Neglect Death [NGD]

--AP: [REDACTED]

--ACV: [REDACTED]

--Classification Decision: Case will be carried over until the following month in order to allow time to receive report from the Medical Examiner and complete an AP interview.

Narrative Type: Addendum 1 Entry Date/Time: 06/03/2015 06:22 PM Entered By: [REDACTED]

CPIT for this case is in [REDACTED] County.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/15/2015	Contact Method: Correspondence
Contact Time: 04:45 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/15/2015
Completed date: 04/15/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/15/2015 04:49 PM Entered By: [REDACTED]

Detective [REDACTED] sent Investigator [REDACTED] a text message that stated that the Medical Examiner's Office called them back and physician, Dr. [REDACTED] "didn't recall anything that jumped out at him." Detective [REDACTED] stated that she will inform this Investigator when they plan to interview Alleged Perpetrator [AP] [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/14/2015	Contact Method: Phone Call
Contact Time: 02:00 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/15/2015
Completed date: 04/15/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/15/2015 04:38 PM Entered By: [REDACTED]

Detective [REDACTED] contacted Investigator [REDACTED] and stated that Law Enforcement is hoping to interview Alleged Perpetrator [AP] [REDACTED] tomorrow [4/15/15] afternoon. LE is in the process of gathering information from the Medical Examiner. Once that information is received, they will contact AP Ms. [REDACTED] to schedule an interview. Detective [REDACTED] stated that she will notify Investigator once the AP interview is scheduled so that Investigator can be present.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/10/2015	Contact Method: Phone Call
Contact Time: 04:20 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/14/2015
Completed date: 04/14/2015	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: 04/14/2015 02:58 PM Entered By: [REDACTED]

Social Worker, [REDACTED], from [REDACTED] Children's Hospital contacted Investigator [REDACTED] to notify DCS that Alleged Child Victim [ACV] [REDACTED] has passed away. She stated that birth mother, Alleged Perpetrator [AP] [REDACTED] has left the hospital with her family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/10/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/14/2015
Completed date:	04/14/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/14/2015 03:11 PM Entered By: [REDACTED]
 Investigator [REDACTED] brought signed DCS release to [REDACTED] Medical Center and to pediatric office, Dr. [REDACTED] and obtained all available Medical records for Alleged Child Victim [ACV] [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/10/2015	Contact Method: Phone Call
Contact Time: 02:00 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/14/2015
Completed date: 04/14/2015	Completed By: [REDACTED]
Purpose(s): Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/14/2015 02:28 PM Entered By: [REDACTED]

Social Worker [REDACTED] from [REDACTED] Childrens' Hospital contacted Investigator [REDACTED] to provide an update on Alleged Child Victim [ACV] [REDACTED] status. Social Worker [REDACTED] stated that ACV [REDACTED] is not expected to live through the night. She stated "He has had too much CPR and all possible interventions have been exhausted." Hospital staff has informed birth mother, Alleged Perpetrator [AP] [REDACTED] and the family. Physicians are allowing the family to hold and bond with ACV [REDACTED] as he passes. Social Worker [REDACTED] stated that AP Ms. [REDACTED] has consistently reported to staff that she woke up with ACV [REDACTED] at Ms. [REDACTED] stated that she will keep Investigator informed on ACV [REDACTED] status.

Narrative Type: Addendum 1 Entry Date/Time: 04/14/2015 02:33 PM Entered By: [REDACTED]

Social Worker [REDACTED] stated that AP Ms. [REDACTED] has consistently reported to staff that she woke up with ACV [REDACTED] at approximately 5:30 A.M. to feed him, then fell back to sleep with ACV [REDACTED] in her bed. When she awoke at approximately 7:30 A.M., [REDACTED] face was turned into a pillow and he was unresponsive and not breathing.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/10/2015	Contact Method: Phone Call
Contact Time: 11:00 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/14/2015
Completed date: 04/14/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/14/2015 12:42 PM Entered By: [REDACTED]

Alleged Perpetrator [AP] [REDACTED] is currently on probation in [REDACTED] County. Investigator [REDACTED] contacted Probation Officer, [REDACTED].
 --Officer [REDACTED] provided the following information: AP Ms. [REDACTED] currently has two warrants and a violation. She stated that she has administered drugs screens to AP Ms. [REDACTED] but she is unable to provide Investigator with those results. AP Ms. [REDACTED] was charged with three counts of passing worthless checks, theft of property, and drug paraphenalia. Her next court date is 6/10/15. AP Ms. [REDACTED] crimes were committed prior to her pregnancy with Alleged Child Victim [ACV] [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/10/2015 Contact Method: Face To Face
 Contact Time: 08:50 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/14/2015
 Completed date: 04/14/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/14/2015 10:53 AM Entered By: [REDACTED]

Investigator arrived at [REDACTED] Medical Center and met response with Alleged Child Victim [ACV] [REDACTED]. Investigator observed that ACV [REDACTED] was surrounded by nurses and physicians and that he had been intubated.

Detective [REDACTED] with [REDACTED] Police Department met Investigator in front of the room ACV [REDACTED] was in. She stated that the [REDACTED] Helicopter is eight minutes away She stated that she had not spoken with birth mother, Alleged Perpetrator [AP] [REDACTED] yet. Detective [REDACTED] stated that AP Ms. [REDACTED] reported to the medical staff that she fell asleep while holding ACV [REDACTED] and that he was not breathing when she woke up.

AP Ms. [REDACTED] was standing outside ACV [REDACTED] room when Investigator [REDACTED] greeted her and asked if she could speak privately. We met briefly in an empty office. [REDACTED] arrived to transport ACV [REDACTED] just as we began to speak. AP Ms. [REDACTED] stated that she woke up with [REDACTED] around 5:00 A.M. that morning to give him a bottle. She stated "I was snuggling him and we both fell back to sleep." AP Ms. [REDACTED] formed a cradle shape with her arms to show Investigator what she meant by "snuggling." She explained that she cradled ACV [REDACTED] in her arms, face up. She stated that when she woke up at approximately 8:00 a.m., "...he was gone. He wouldn't wake up, and I didn't think he was breathing." AP Ms. [REDACTED] was crying and seemed to have a difficult time telling Investigator what had happened. She stated that if she were to take a drug screen, she would not test positive for any illicit substances. She agreed to submit to a drug screen administered by Investigator [REDACTED] AP Ms. [REDACTED] attempted to provided a urine sample, but stated "I just can't pee right now. I haven't had anything to drink since 5:00 A.M. I just really need to go right now." AP Ms. [REDACTED] became frantic and rushed out to watch [REDACTED] work with ACV [REDACTED] She stated that she is willing to cooperate with Investigator, but "I have to go to [REDACTED] right now so I can meet [REDACTED] there." AP Ms. [REDACTED] stated that her mother was waiting outside for her and she left to go to [REDACTED]

Lieutenant [REDACTED] with the [REDACTED] Police Department arrived at the hospital. Lt. [REDACTED] stated that he had just been to the family's home. Photographs were taken of the scene. Lt. [REDACTED] stated that the home was "exceptionally clean" and "I was shocked at how clean it was." Lt. [REDACTED] stated that he observed there to be a bottle that still had "a lot of milk left in it." He also stated that neighbors reported that AP Ms. [REDACTED] had company the night before [4/9/15].

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Dr. [REDACTED] was the attending physician for ACV [REDACTED]. Dr. [REDACTED] stated that "there is no evidence of a drug related incident." Dr. [REDACTED] also stated that ACV [REDACTED] "experienced possible asphyxiation."

[REDACTED] staff worked with ACV [REDACTED] for approximately forty-five minutes to get him stable enough to transport. The helicopter left [REDACTED] Medical at approximately 10:15 to transport ACV [REDACTED] to [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/10/2015	Contact Method: Phone Call
Contact Time: 08:35 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/14/2015
Completed date: 04/14/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/14/2015 09:55 AM Entered By: [REDACTED]

Investigator [REDACTED] contacted Detective [REDACTED] with the [REDACTED] Police Department. Detective [REDACTED] stated that she was at [REDACTED] Medical Center. She stated that Alleged Child Victim [ACV] [REDACTED] was no longer deceased, but was resuscitated, and that his heart was beating again. Detective [REDACTED] stated that [REDACTED] will be transporting ACV [REDACTED] to [REDACTED] Children's Hospital. Detective [REDACTED] stated that birth mother, Alleged Perpetrator [AP] [REDACTED] was present at the hospital and that she is willing to speak to Investigator [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/10/2015	Contact Method: Phone Call
Contact Time: 08:20 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/14/2015
Completed date: 04/14/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/14/2015 09:32 AM Entered By: [REDACTED]

Investigator [REDACTED] received a phone call from Detective [REDACTED] with the [REDACTED] Police Department. He reported that Alleged Child Victim [ACV] [REDACTED] was deceased. Detective [REDACTED] stated that Alleged Perpetrator [AP] [REDACTED] called 911 and ACV [REDACTED] was transported by ambulance to [REDACTED] Medical Center. Detective [REDACTED] stated that Detective [REDACTED] has just arrived at [REDACTED] Medical and that she will be the main point of contact regarding this case.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/10/2015	Contact Method: Phone Call
Contact Time: 08:10 AM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/14/2015
Completed date: 04/14/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/14/2015 09:03 AM Entered By: [REDACTED]

CPIT CONVENED

-- CPIT was convened with Detective [REDACTED], a member of the [REDACTED] County CPIT on 04/10/2015, as required by DCS policy.

-- Allegation: Neglect Death

-- AP: [REDACTED]

-- ACV: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/10/2015	Contact Method:
Contact Time: 08:05 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/14/2015
Completed date: 04/14/2015	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: 04/14/2015 04:17 PM Entered By: [REDACTED]

INITIAL CASE SUMMARY

-- On 04/10/2015 at 3:03 P.M., a P1 intake was called into the DCS Child Abuse Hotline. The intake was screened into [REDACTED] County at 5:05 P.M. with allegations of Neglect Death against alleged perpetrator [REDACTED]. The alleged child victim is [REDACTED]. The intake was assessed and assigned by Lead Investigator [REDACTED] to Investigator [REDACTED] on 04/10/2015. Response is due on: 04/11/2015. It is unknown at this time if the child(ren) are of Native American decent.

-- The intake stated:

Reporter states:

THIS CHILD IS NOT IN DCS CUSTODY

[REDACTED] (27 days) lives with his mother, [REDACTED] and grandmother (unknown name) in [REDACTED] County.

On 4/1/15, Intake # [REDACTED] was made with the Child Abuse Hotline. [REDACTED] presented at [REDACTED] with feeding difficulties. It is reported there were problems with the nipple that the family was instructed to use by medical staff. [REDACTED] did not test positive for any substances upon admission when [REDACTED] was born and [REDACTED] did not test positive at that time; both UDS screenings were negative. [REDACTED] meconium came back during the visit and it was positive for cocaine on or around April 3, 2015. Contact was made by DCS with the family prior to discharge from the hospital. [REDACTED] was gaining weight at that time. [REDACTED] was discharged on Friday, April 3, 2015 and a DCS worker was going to the home for a follow-up today (4/10/15) with the family.

This morning (4/10/15), 911 received a call around 8:00 AM. [REDACTED] reported she woke up and found [REDACTED] face was in the pillow. [REDACTED] did not believe [REDACTED] was breathing. CPR was performed by EMS on [REDACTED] and he was taken to [REDACTED] Hospital in [REDACTED]. Medical personnel were able to get a faint pulse and [REDACTED] was life-flighted to [REDACTED] he is currently at [REDACTED]. It is unknown if LE was called to the home also.

[REDACTED] reported that she got up around 5:30 AM and fed [REDACTED] a bottle. After that, they both laid down on [REDACTED] bed. [REDACTED] says that when she woke up around 8:00 AM, she noted that both her and [REDACTED] face were down in the pillow. [REDACTED] explanation of what happened is not consistent with [REDACTED] medical status. There were no other marks or bruises observed on [REDACTED]. [REDACTED] account of the incident has been consistent when speaking with law



Tennessee Department of Children's Services
Case Recording Summary

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

enforcement and hospital staff.

[REDACTED] is currently on life support in the Pediatric ICU at [REDACTED] If [REDACTED] survives the next 12 hours, there will be a brain scan completed but he is not expected to live through the night. No other procedures or tests will be performed on [REDACTED] until they are able to see if he survives the night, per the referent. The referent did not know any other medical details at the time of this report other than [REDACTED] being on life support.

It is reported that [REDACTED] had been attending Narcotics Anonymous (NA) and stated she has not used drugs since she found out she was pregnant. [REDACTED] continued her NA meetings after [REDACTED] was born but the last time she attended a meeting is unknown. [REDACTED] has missed one doctor appointment for [REDACTED] due to transportation since he was born, however, it was rescheduled and completed.

[REDACTED] and the grandmother are currently at the [REDACTED] PICU. DCS worker, [REDACTED], is at [REDACTED] and the caseworker is [REDACTED].

Special Needs or Disabilities: [REDACTED] has a cleft palate
Child's current location/is the child safe at this time: [REDACTED] Pediatric ICU
Perpetrator's location at this time: [REDACTED] Pediatric ICU
Any other safety concerns for the child(ren) or worker who may respond: N/A
Domestic Violence present in the home: None known

Per SDM: Investigative Track, P2, Override to P1- Preliminary Near Death. [REDACTED], TL on 04/10/15 @ 4:07 PM.

Page received by [REDACTED] on 04/10/15 @ 4:28 PM for [REDACTED] County.

Notified Child Death Group: [REDACTED]

Recon requested by [REDACTED] on 04/10/15 @ 4:55 PM. Received notification at 4:35 pm that the infant has died. please add neglect death/child death to referral. Thank you

Recon request granted by [REDACTED], TL on 04/10/15 @ 5:06 PM. Spoke with [REDACTED] on 04/10/15 @ 5:01 PM via phone. [REDACTED] informed me that [REDACTED] passed away while on life support at [REDACTED] around 4:35 PM. It is noted that the doctors did not expect the child to make it through the night and let the mother and grandmother hold and interact with [REDACTED] while on life support. The probable cause of death is suffocation but it has not been confirmed at this time. An autopsy will be performed but it is unknown by who at this time. LE did go to the home and [REDACTED] Hospital this morning but their findings are also unknown at this time.

Spoke with [REDACTED] on 04/10/15 @ 5:05 PM via phone regarding new information.

Notified Child Death Group: [REDACTED]

TFACTS HISTORY CHECK

-- Investigator [REDACTED] performed a search in TFACTS on 04/10/2015 for DCS history on the family members and other involved individuals and reviewed all results from that search.

-- 04/01/2015, INV # [REDACTED] Open: DEI and NUN Not yet classified [ACV [REDACTED]; AP [REDACTED]]

REFERENT NOTIFICATION

-- A notification of case assignment is sent to the referent when possible.

-- Notification letter was automatically generated through the DCS CARAT system and emailed to the referent on 04/10/2015.

HOUSEHOLD COMPOSITION

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

1. ACV [REDACTED]
2. AP [REDACTED] - birth mother
3. [REDACTED] - maternal grandmother



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Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 4/1/15 5:05 PM Date of Assessment: 4/2/15 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 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.



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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: _____