



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 04/30/2015 07:57 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 04/30/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 05/01/2015 12:07 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 05/01/2015 12:00 AM  
 First Case Manager [REDACTED] Date/Time 05/01/2015 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	[REDACTED]	Grandmother

**Referent(s)**

Referent Name [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address: [REDACTED]  
 Referent Phone Number: [REDACTED]  
 Type of Contact: [REDACTED]  
 Notification: None  
 Narrative: THIS CHILD IS NOT IN DCS CUSTODY  
 TFACTS: Yes  
 Family Case IDs: [REDACTED] [REDACTED] [REDACTED]  
 Open Court Custody/FSS/FCIP No  
 Closed Court Custody No  
 Open CPS Yes- 04-20-2015/ASMT/[REDACTED] PYA [REDACTED] [REDACTED] [REDACTED]  
 Substantiated [REDACTED] LOS [REDACTED] [REDACTED] incident Indicated/Perpetrator Indicated  
 Death No



**Tennessee Department of Children's Services  
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Screened out No

History (not listed above): Yes

01-06-2015/ [REDACTED] LOS/ [REDACTED] / Allegation Unsubstantiated / Perpetrator Unsubstantiated  
 01-09-2014/ [REDACTED] ENN/ [REDACTED] No Services Needed  
 03-01-2012/ [REDACTED] LOS, ENN/ [REDACTED] / Services Recommended and Accepted  
 07-01-2010/ [REDACTED] PYA/ [REDACTED] No Services Needed  
 02-21-2005/ [REDACTED] Substantial Risk Sexual Abuse [REDACTED] Allegation Unsubstantiated / Perpetrator Unsubstantiated  
 02-21-2005/ [REDACTED] SEE/ [REDACTED] Allegation Unsubstantiated / Perpetrator Unsubstantiated  
 01-29-2001/ [REDACTED] Physical Neglect [REDACTED] Allegation Unsubstantiated / Perpetrator Unsubstantiated  
 01-29-2001/ [REDACTED] Physical Neglect/ [REDACTED] Allegation Unsubstantiated / Perpetrator Unsubstantiated  
 01-29-2001/ [REDACTED] Physical Neglect [REDACTED] Allegation Unsubstantiated / Perpetrator Unsubstantiated

County: [REDACTED]

Notification: None

School/ Daycare: [REDACTED] attends [REDACTED] [REDACTED]

Native American Descent: No

Directions [REDACTED]

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

Reporter states:

THIS CHILD IS NOT IN DCS CUSTODY

[REDACTED] (12), [REDACTED] (1), and [REDACTED] (7 months) live with their mother, [REDACTED] grandmother, [REDACTED] and father, [REDACTED] in [REDACTED] [REDACTED] is the father of [REDACTED] and [REDACTED] is their neighbor.

It is reported that there is an open DCS case, due to [REDACTED] having a history of violence against [REDACTED]

[REDACTED] reported that today (04/30/15) she was going to take a nap on the couch at 1600 hrs, while the other children were in a bedroom taking a nap. Approximately 1 hour later [REDACTED] woke [REDACTED] up because [REDACTED] wasn't breathing.

[REDACTED] attempted to get on the phone and call 911, but stated it was busy. [REDACTED] then yelled across the street for a neighbor, [REDACTED], who is [REDACTED] cousin. Neighbors came over to help, and call 911. [REDACTED] administered CPR while receiving instructions from dispatch. The fire department arrived and attempted CPR for approximately 20 minutes, but were unable to revive her. The fire department advised the preliminary cause of death may be suffocation. The fire department pronounced [REDACTED] dead on the scene and at the time of the report, the medical examiner was still on the scene.

It is reported that [REDACTED] does not have any visible marks or injuries on her. [REDACTED] advised that [REDACTED] did not have any health concerns prior to this. It is unknown at this point if an autopsy is going to be performed. [REDACTED] stomach is reported to be slightly bloated. [REDACTED] reported that she fed [REDACTED] earlier and burped her prior to them taking a nap. There is the possibility that [REDACTED] vomited in her sleep, however, at this point there are no suspicions of foul play. There were no obvious health or safety hazards witnessed in the home.



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It is reported that [REDACTED] was at work this afternoon when the incident occurred. [REDACTED] reportedly left for work this morning and showed back up at the home when they were performing CPR on [REDACTED] [REDACTED] advised he was going to go get help and left and has not yet returned to the home. This was approximately 3 hours ago. [REDACTED] location is unknown at this time and he is not answering his phone.

Law enforcement has responded to several calls at the residence in the past due to drug use by other people that would visit the home. Law enforcement did not see any evidence of drug use in the home today. [REDACTED] is reported to be paranoid schizophrenic and calls have been made to law enforcement in the past due to his behavior. It is known that [REDACTED] drinks heavily and has been arrested for DUI several times.

[REDACTED] is reportedly distraught and appears to be acting appropriately. [REDACTED] does not seem as upset as [REDACTED] It is believed that [REDACTED] and [REDACTED] are going to be staying in the home tonight.

Immediate assistance is not being requested at this time.

Police report number is [REDACTED]

Special Needs or Disabilities: [REDACTED] is paranoid schizophrenic

Child's current location/is the child safe at this time: N/A

Perpetrator's location at this time: N/A

Any other safety concerns for the children or worker who may respond: None besides [REDACTED] being schizophrenic

Domestic Violence present in the home: Yes, between [REDACTED] and [REDACTED]

Per SDM: Investigative Track, P2, override to P1- Neglect Death. [REDACTED] [REDACTED] on 04/30/15 @ 9:21 PM.

Page received by [REDACTED] on 04/30/15 @ 9:38 PM for [REDACTED] [REDACTED]

Notified Child Death Group: [REDACTED]



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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 30 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:**

**Age:** Deceased

**Address:** [REDACTED]

**Deceased Date:** 04/30/2015

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** CELL

**Contact Comments:** Mother's number

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 38 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: Male

Date of Birth [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 4 Mos

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:**

**Age:** 50 Yrs

**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:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 13 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:** [REDACTED]      **Race:** [REDACTED]      **Age:** 32 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  
Child Protective Service Investigation Summary  
and Classification Decision of Child Abuse/Neglect Referral**

**A. Investigation**

Case Name: [REDACTED]  
 Referral Date: 04/30/2015  
 Street Address: [REDACTED]  
 City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]  
 Assignment Date: 05/01/2015

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	*Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/10/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: All investigative tasks have been completed, case submitted for closure

**D. Case Workers**

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

Date: 10/05/2015  
 Date: 10/07/2015

**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:**

Infant [REDACTED] was pronounced deceased on 4-30-2015, no statement obtained. Siblings [REDACTED] and [REDACTED] were observed to be healthy free of any marks, injuries or bruises. No safety hazards observed during initial observation.

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

Autopsy report received from the [REDACTED] regarding deceased infant [REDACTED]. The Autopsy reported cause of death: Sudden unexplained infant death associated with co-sleeping.

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

[REDACTED] denied the allegations of neglect death. Ms. [REDACTED] reported the infant was fine when she/they all laid down to go asleep. She reported being awoken by [REDACTED] telling her that the infant was not breathing.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

There are no witnesses to give description of what they saw or believe indicates child abuse.

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

This case was represented back to the Child Protective Investigative Team on 10/08/2015, the investigation was reviewed by [REDACTED] [REDACTED] it was determined that case would be classified as Allegation Substantiated / Perpetrator Unknown, [REDACTED] reported there will be no prosecution.

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 Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/10/2015 Contact Method:  
 Contact Time: 01:28 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/10/2015  
 Completed date: 11/10/2015 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: 11/10/2015 01:58 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and [REDACTED]  
 and the case has been approved for closure.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name | [REDACTED]  
 Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	01:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/17/2015 02:10 PM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	01:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/17/2015 02:10 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 Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/10/2015 Contact Method:  
 Contact Time: 01:15 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For: [REDACTED]  
 Location: Created Date: 11/17/2015  
 Completed date: 11/17/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/17/2015 02:10 PM Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/10/2015 Contact Method:  
 Contact Time: 01:15 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For: [REDACTED]  
 Location: Created Date: 11/17/2015  
 Completed date: 11/17/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/17/2015 02:10 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 Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
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Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/17/2015 02:10 PM      Entered By: [REDACTED]  
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Contact Time:	01:15 PM	Contact Duration:	
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Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/17/2015 02:10 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 Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
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Purpose(s):	Safety - Child/Community		
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**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/17/2015 02:10 PM      Entered By: [REDACTED]  
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Recording ID:	[REDACTED]	Status:	Completed
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**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/17/2015 02:10 PM      Entered By: [REDACTED]  
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Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

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

Narrative Type: Original      Entry Date/Time: 11/17/2015 02:10 PM      Entered By: [REDACTED]  
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**Case Recording Summary**

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
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**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/17/2015 02:10 PM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
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**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/17/2015 02:10 PM      Entered By: [REDACTED]  
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**Tennessee Department of Children's Services**  
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Case Id: [REDACTED]  
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Case Name: [REDACTED]  
 Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
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Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
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**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/17/2015 02:10 PM      Entered By: [REDACTED]  
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**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
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Entered By:	[REDACTED]	Recorded For:	[REDACTED]
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**Children Concerning****Participant(s)****Narrative Details**

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Case Id: [REDACTED]  
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Case Name: [REDACTED]  
 Organization: [REDACTED] [REDACTED]

**Case Recording Details**

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Entered By:	[REDACTED]	Recorded For:	[REDACTED]
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**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/17/2015 02:10 PM      Entered By: [REDACTED]  
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Case Name: [REDACTED]  
 Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	01:41 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/09/2015 01:42 PM      Entered By: [REDACTED]

This case has been reviewed by [REDACTED] for further review.      This case has been submitted to the [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/09/2015 02:03 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 11/09/2015 Contact Method:  
 Contact Time: 01:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/09/2015  
 Completed date: 11/09/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/09/2015 01:58 PM Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been referred for further review by the [REDACTED]

Narrative Type: Created In Error Entry Date/Time: 11/09/2015 02:02 PM 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 Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/07/2015	Contact Method:	
Contact Time:	08:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/09/2015 08:44 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] [REDACTED] Feedback has been given via e-mail to the team.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/05/2015 Contact Method:  
 Contact Time: 03:50 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/05/2015  
 Completed date: 11/09/2015 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: 11/05/2015 04:42 PM Entered By: [REDACTED]

The autopsy report has been received and it states that the cause of death is Sudden unexplained infant death associated with co-sleeping and that the manner of death cannot be determined. The case was reviewed by the CPIT team and [REDACTED] signed the classification as Allegation Substantiated Perpetrator Unknown. Three of the surviving siblings are now in care and [REDACTED] is in the custody of her birth father. The family went to court in [REDACTED] [REDACTED] regarding the removal of the youngest siblings on 11-4-15 and the case was continued until January 13, 2016. The CPSI has completed her investigation and this case is being forwarded to [REDACTED] [REDACTED] for review.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/15/2015	Contact Method:
Contact Time: 04:50 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/15/2015
Completed date: 11/10/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type: Other	

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

Narrative Type: Original      Entry Date/Time: 10/15/2015 04:49 PM      Entered By: [REDACTED]

**Case Summary:**

On 04/30/2015 the Department of Children Services (DCS), Office of Child Safety (OCS) received a P1 referral listing allegations of neglect death. The alleged victim was listed as 8 month old [REDACTED]. Upon receipt of this referral, the victim was not in the Department's custody. The family has previous history and involvement with the Department.

On 4/30/2015 it was reported that [REDACTED] and infant [REDACTED] live with their mother, [REDACTED], grandmother [REDACTED], and father, [REDACTED] in [REDACTED]. [REDACTED] is the father of [REDACTED] and [REDACTED]. It was reported there being an open DCS case, due to [REDACTED] having a history of violence against [REDACTED]. [REDACTED] reported that today (04/30/15) she was going to take a nap on the couch at 4:00pm, while the other children [REDACTED] and [REDACTED] were in a bedroom taking a nap. Approximately 1 hour later [REDACTED] woke [REDACTED] up because [REDACTED] wasn't breathing. [REDACTED] attempted to get on the phone and call 911, but stated it was busy. [REDACTED] then yelled across the street for a neighbor, [REDACTED] who is [REDACTED] cousin. Neighbors came over to help and called 911. [REDACTED] administered CPR while receiving instructions from dispatch. The fire department arrived and attempted CPR for approximately 20 minutes, but was unable to revive [REDACTED]. The fire department advised the preliminary cause of death may be suffocation. The fire department pronounced [REDACTED] dead on the scene and at the time of the report, the medical examiner was still on the scene. It is reported that [REDACTED] did not have any visible marks or injuries on her. There were no obvious health or safety hazards witnessed in the home.

The investigation into this incident was conducted by the [REDACTED], DCS Investigators (on call [REDACTED], [REDACTED], and [REDACTED]) and [REDACTED], the [REDACTED].

The alleged perpetrator was listed as paternal grandmother [REDACTED]. Ms. [REDACTED] was interviewed regarding the incident and reported that she was in her room and [REDACTED], and infant [REDACTED] were in the other bedroom asleep. Ms. [REDACTED] reported that [REDACTED] came to her room and told her that the infant was not breathing. Ms. [REDACTED] reported the infant as being fine before she went to sleep. Birth mother [REDACTED] reported that she was at work at the time of the incident. Ms. [REDACTED] reported



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

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

that the infant had a history of pertussis and had been treated by her physician regarding this incident. Ms. [REDACTED] reported no other illness or complications regarding [REDACTED]. She reported the infant was born at 34 weeks premature.

Birth father [REDACTED] reported that he saw the infant earlier that morning, held her and laid her in the bed. Mr. [REDACTED] reported that she was okay and fine when he left the home that morning. He reported that [REDACTED] had stayed home that day to keep the smaller children. Mr. [REDACTED] reported that he returned back to the home around 3pm that day, stating he was outside working on his car. He reported that around 4:45pm that his mother [REDACTED] came out of the home screaming that his baby girl was not breathing. Mr. [REDACTED] reported that neighbor [REDACTED] performed CPR on the infant. Mr. [REDACTED] admitted to leaving the home, stating that he could not handle it.

[REDACTED], neighbor reported being a support person for the family. Ms. [REDACTED] reported that she performed CPR on the infant. Ms. [REDACTED] reported that she was alerted by Ms. [REDACTED] hollering that the infant was not breathing. Ms. [REDACTED] reported no concerns regarding the children being harmed or hurt in the parents care.

[REDACTED] reported she fed and burped baby [REDACTED] before she went to sleep. [REDACTED] reported the infant drinking a 8oz bottle of formula. [REDACTED] reported they all laid down around 11am, (herself, [REDACTED] she woke up and checked the baby and went back to sleep. [REDACTED] reported that she woke up again around 3pm and checked the baby, found her to be cold. [REDACTED] reported that she went and got her grandmother to tell her that something was wrong with the baby.

**DCS Policy Work Aid 1 (E)**

1. Child death: Child death is defined as:

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

This investigation was initially presented before the [REDACTED] Child Protective Investigative Team (CPIT) on 05/01/2015. The investigation was stamped for coordination with the District Attorney, Law Enforcement, Department of Children Services, Child Advocacy Center and the [REDACTED]

Medical records received from [REDACTED] regarding [REDACTED]. Records were reviewed and it showed the infant was seen on 1/22/2015 at [REDACTED]. Infant had a negative Influenza A and B Virus. Infant had a positive ABN Bordetella Pertussis. Infant was seen by Primary Care Physician following a transition of care from inpatient hospital [REDACTED] (pertussis). She received a well-child check. The infant was hospitalized for 2 days for pertussis. Infant was still coughing till vomiting and transient cyanosis of lips but recovers quickly. No other health concerns were reported for this visit. Infant was observed to be healthy.

Report of Investigation by [REDACTED] was received by the Department of Children Services. The report of Autopsy Examination reported the Pathological Diagnoses as a Healed remote occipital subdural hematomas, Postmortem nasal viral swabs negative, postmortem blood culture, lung culture and cerebrospinal fluid negative or noncontributory, Postmortem nasal swab for B. pertussis negative, Postmortem blood toxicology negative, developmental venous anomaly of left parietal cerebral cortex. Cause of Death: Sudden unexplained infant death associated with co-sleeping. Autopsy showed no lethal findings. An incidental cerebral developmental venous anomaly was present in the brain. Evidence of remote (healed) subdural hemorrhage was present in the bilateral occipital areas of the dura mater. No evidence of fresh injuries was present. Postmortem blood toxicology was negative for drugs and alcohol. Death was caused by sudden unexplained infant death associated with co-sleeping. The manner of death cannot be determined.

This case was reviewed by [REDACTED], and gave recommendation of ASPK. Office of Child Safety Management reviewed and per DCS Policy there is no preponderance of evidence to substantiate the allegation of Child Neglect Death. The case will be closed and classified as Allegation Unsubstantiated



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

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/ Perpetrator Unsubstantiated for the allegation of Child Abuse/Neglect Death.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/15/2015	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	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: 10/15/2015 03:44 PM      Entered By: [REDACTED]  
 Notation:

A copy of the 740 will be mailed to the [REDACTED] [REDACTED] Juvenile Court Judge and notification to the District attorney.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/15/2015	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:	Closing		

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/15/2015 04:06 PM      Entered By: [REDACTED]

**Final Case Summary:**

**DEATH/NEAR DEATH:**

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; 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.

On 4/30/2015 the Department received a P1 referral alleging neglect death regarding infant [REDACTED]. The alleged perpetrator listed as the paternal grandmother [REDACTED].

All investigative tasks have been completed, the initial SDM deemed the children to be conditionally safe due to the death of infant [REDACTED]. This case went before the Child Protective Investigative Team on 5/04/2015; case was stamped for coordination with the District Attorney, Law Enforcement, Child Advocacy Center and the Department of Children Services.

Child Protective Services Investigator [REDACTED] submitted a completed Notice of Child Death/Preliminary Near Death Report to via email to: [REDACTED] within the forty-eight (48) hours regarding notification. The family has previous DCS involvement, history check completed. This CPSI has reviewed and gained an understanding.

Medical records received from [REDACTED] regarding [REDACTED]. Records were reviewed and it showed the infant was seen on 1/22/2015 at [REDACTED]. Infant had a negative Influenza A and B Virus. Infant had a positive ABN Bordetella Pertussis. Infant was seen by Primary Care Physician following a transition of care from inpatient hospital [REDACTED] (pertussis). She received a well-child check. The infant was hospitalized for 2 days for pertussis. Infant was still coughing till vomiting and transient cyanosis of lips but recovers quickly. No other health concerns were reported for this visit. Infant was observed to be healthy.

Autopsy report received from the [REDACTED] regarding deceased infant [REDACTED]. The Autopsy reported cause of death: Sudden unexplained infant death associated with co-sleeping.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

The autopsy was reviewed by the [REDACTED] [REDACTED] it was determined that case would be classified as Allegation Substantiated / Perpetrator Unknown.

This case was represented back to the Child Protective Investigative Team on 10/08/2015, the investigation was reviewed by the Assistant District Attorney (ADA), [REDACTED], (Special Victims Unit) it was determined that case would be classified as Allegation Substantiated / Perpetrator Unknown, ADA [REDACTED] reported there will be no prosecution.

The closing SDM deemed the children to be safe. At the time of this case closure [REDACTED] and [REDACTED] remain in the Department's care. On 8/23/2015 the Department received a referral alleging sexual abuse against victim [REDACTED] the alleged perpetrator was listed as birth father [REDACTED]. The child is currently living within the county of [REDACTED] Tennessee. [REDACTED] was placed into the Department's custody on 8/24/2015. She remains in [REDACTED] [REDACTED] remains in the custody/care of her birth father [REDACTED]. All involved parties were interviewed, collaterals were spoken to. An initial and closing FAST, FFA was completed and placed in file. A copy of the 740 will be mailed to the [REDACTED] [REDACTED] Juvenile Court Judge and notification to the District attorney. This case is being submitted to the Lead Investigator for review.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/15/2015 Contact Method:  
 Contact Time: 03:20 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/15/2015  
 Completed date: 10/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/15/2015 03:22 PM Entered By: [REDACTED]  
 FFA

The family functional assessment (FFA) was initiated by Child Protective Service Investigator [REDACTED] on 10/15/2015.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 10/14/2015 Contact Method:  
 Contact Time: 04:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/15/2015  
 Completed date: 10/15/2015 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: 10/15/2015 03:23 PM Entered By: [REDACTED]

Notation:

[REDACTED] completed an closing FAST for the [REDACTED] [REDACTED] a hard copy will be placed in the file.

Narrative Type: Created In Error Entry Date/Time: 11/09/2015 10:36 AM Entered By: [REDACTED]

CPSI [REDACTED] entered wrong name, the closing FAST was completed on the [REDACTED] [REDACTED] not the [REDACTED] [REDACTED] as previously notated.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/14/2015	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/09/2015 10:38 AM      Entered By: [REDACTED]  
 CPSI [REDACTED] completed an closing FAST for the [REDACTED] family, a hard copy will be placed in the file.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 10/14/2015 Contact Method:  
 Contact Time: 02:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/15/2015  
 Completed date: 10/15/2015 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: 10/15/2015 03:23 PM Entered By: [REDACTED]  
 Notation:

[REDACTED] completed an initial FAST for the [REDACTED] [REDACTED], a hard copy will be placed in the file.

Narrative Type: Created In Error Entry Date/Time: 11/09/2015 10:34 AM Entered By: [REDACTED]

CPSI [REDACTED] entered wrong name, the initial FAST was completed on the [REDACTED] [REDACTED] not the [REDACTED] [REDACTED] as previously notated.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/14/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/09/2015 10:36 AM      Entered By: [REDACTED]  
 CPSI [REDACTED] completed an initial FAST for the [REDACTED] family, a hard copy 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] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/14/2015	Contact Method: Correspondence
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/15/2015
Completed date: 10/15/2015	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: 10/15/2015 03:15 PM      Entered By: [REDACTED]

**Medical Records:**

Medical records received on 10/14/2015 from [REDACTED] regarding [REDACTED]. Records were reviewed and it showed the infant was seen on 1/22/2015 at [REDACTED]. Infant [REDACTED] was seen for a cough that she had for 3 weeks and has had "Choking Episodes" at home per the mother. Infant was 34 week preemie, stayed in the Neonatal Intensive Care Unit for 17 days and incubated. An chest examination 2VW Frontal and Lateral. Findings: Upright PA and Lateral Views of the chest performed. Pulmonary Parenchyma and Pulmonary Vasculature are normal. However, in Lateral Projection is questionable aeration abnormality involving the posterior lungs but no pulmonary findings are detected in the Frontal projections.

Infant had a negative Influenza A and B Virus. Infant had a positive ABN Bordetella Pertussis

Infant was seen by Primary Care Physician on 1/29/2015 following a transition of care from inpatient hospital [REDACTED] (pertussis). She received a well child check. The infant was hospitalized for 2 days for pertussis. Infant was still coughing till vomiting and transient cyanosis of lips but recovers quickly. No other health concerns were reported for this visit. Infant was observed to be healthy, she was currently on infant formula intake 3 to 4 ounces every 3 to 4 hours. (Neosure Advance with Iron) Parent was currently receiving WIC services, infant was not on cereal or baby food. There was no issues of constipation, sleep or diaper rash.

Infant was observed to sit well when propped, mover her arms in unison to grasp, shake a rattle; say "ah-goo and make razzing noises. Infant was oriented to voices and was observed to look around her environment. Infant was not able to roll front to back or roll back to front. Infant received immunizations at this visit: Pneumococcal V13, Rotavirus V5, DtaP-IPV/Hib. Infant was prescribed the medication of Nystatin 1000,000U/1gm Cream AAA BID until gone for 2 days #30 refills 0.

Records were scanned into TFacts



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	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: 10/15/2015 03:21 PM      Entered By: [REDACTED]  
 SDM

The closing structure decision making (SDM) was completed 10/08/2015. The children are currently safe.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/08/2015 Contact Method: Face To Face  
 Contact Time: 02:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/15/2015  
 Completed date: 10/15/2015 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: 10/15/2015 03:07 PM Entered By: [REDACTED]  
 CPIT

This case was represented back to the Child Protective Investigative Team on 10/08/2015, the investigation was reviewed by the [REDACTED] [REDACTED] it was determined that case would be classified as Allegation Substantiated / Perpetrator Unknown.

Narrative Type: Addendum 1 Entry Date/Time: 11/09/2015 04:13 PM Entered By: [REDACTED]

CPSI [REDACTED] notified [REDACTED] that the OCS Management team had reviewed the case findings. It was determined that according to DCS Policy the case would be reclassified as Allegation Unsubstantiated / Perpetrator Unsubstantiated. [REDACTED] [REDACTED] did not agree with the Departments classification of the allegations.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/08/2015	Contact Method:
Contact Time: 02:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/15/2015
Completed date: 10/15/2015	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: 10/15/2015 03:19 PM      Entered By: [REDACTED]

## Classification

This case was classified by the Child Protective Team Investigation on 10/08/2015 and reviewed by the [REDACTED]. [REDACTED] it was determined that case would be classified as Allegation Substantiated / Perpetrator Unknown. [REDACTED] reported there will be no prosecution.

Narrative Type: Addendum 1      Entry Date/Time: 11/09/2015 04:13 PM      Entered By: [REDACTED]

CPSI [REDACTED] notified [REDACTED] that the OCS Management team had reviewed the case findings. It was determined that according to DCS Policy the case would be reclassified as Allegation Unsubstantiated / Perpetrator Unsubstantiated. [REDACTED] did not agree with the Departments classification of the allegations.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/05/2015 Contact Method:  
 Contact Time: 04:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/15/2015  
 Completed date: 10/15/2015 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: 10/15/2015 03:09 PM Entered By: [REDACTED]  
 Notation:

The autopsy was received from the medical examiner's office and reviewed by the [REDACTED] [REDACTED]  
 [REDACTED] it was determined that case would be classified as Allegation Substantiated / Perpetrator Unknown.

Narrative Type: Addendum 1 Entry Date/Time: 11/09/2015 04:14 PM Entered By: [REDACTED]

CPSI [REDACTED] notified [REDACTED] that the OCS Management team had reviewed the case findings. It was determined that according to DCS Policy the case would be reclassified as Allegation Unsubstantiated / Perpetrator Unsubstantiated. [REDACTED] [REDACTED] did not agree with the Department's classification of the allegations.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	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: 10/15/2015 03:18 PM      Entered By: [REDACTED]  
 Notation:

On 10/05/2015 Autopsy report received from the [REDACTED] [REDACTED] regarding deceased infant [REDACTED]  
 [REDACTED] The Autopsy reported cause of death: Sudden unexplained infant death associated with co-sleeping.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	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: 10/15/2015 03:17 PM      Entered By: [REDACTED]

Notation:  
 Autopsy Report received by CPSI [REDACTED] on 10/05/2015.

Case Number: [REDACTED]  
 Decedent: [REDACTED]  
 Age: 8 months  
 Race: White  
 Sex: Female  
 Date of Autopsy Examination: 5/01/2015

Pathological Diagnosis: Healed remote occipital subdural hematomas, Postmortem nasal viral swabs negative, postmortem blood culture, lung culture and cerebrospinal fluid negative or noncontributory, Postmortem nasal swab for B. pertussis negative, Postmortem blood toxicology negative, developmental venous anomaly of left parietal cerebral cortex.

Cause of Death: Sudden unexplained infant death associated with co-sleeping.

Summary and Interpretation: The female infant, age 8 months, was sleeping as were other family members in the residence which included the grandmother of the infant and the 14 year old sister and a one year old child. The birth mother was at work. It was reported they went to sleep around 1600 hours and the grandmother awoke approximately 1730 hours to check on the infant and found her unresponsive.

Autopsy showed no lethal findings. An incidental cerebral developmental venous anomaly was present in the brain. Evidence of remote (healed) subdural hemorrhage was present in the bilateral occipital areas of the dura mater. No evidence of fresh injuries was present. Postmortem blood toxicology was negative for drugs and alcohol. Death was caused by sudden unexplained infant death associated with co-sleeping. The manner of death cannot be determined.

Report electronically signed by [REDACTED] on Thursday, August 13, 2015.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	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: 10/15/2015 03:17 PM      Entered By: [REDACTED]  
 Notation:

On 10/5/2015 Investigator [REDACTED] submitted a request to the [REDACTED] [REDACTED] requesting a copy of the preliminary and/or completed medical examiner's autopsy report.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/09/2015
Completed date:	09/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/09/2015 03:54 PM      Entered By: [REDACTED]

This case has been reviewed by [REDACTED] [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] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 08/25/2015	Contact Method:
Contact Time: 03:15 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/25/2015
Completed date: 08/25/2015	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: 08/25/2015 03:15 PM      Entered By: [REDACTED]

The Department originally received a P1 referral (# [REDACTED]) on 4/24/15 listing allegations of drug exposed infant, sexual abuse and drug exposed child. This investigation was assigned to CPSI [REDACTED] who conducted all assigned task. All victims were interviewed and observed. All children except [REDACTED] denied seeing Mr. [REDACTED] do drugs but knew he does smoke weed or did other substances. The victims reported the grandmother ([REDACTED]) also did drugs but reported they never witnessed it with their own eyes. According to CPSI [REDACTED] Ms. [REDACTED] refused a drug screen. The family was offered services and they were accepted. Ms. [REDACTED] had a restraining order against her husband [REDACTED] the Department had concerns regarding Ms. [REDACTED] ability to follow the restraining order. CPSI [REDACTED] reported that there were concerns regarding Ms. [REDACTED] still living in the same house as her husband. Mr. [REDACTED] was given an unannounced drug screen, in which he tested positive for amphetamine, cocaine, benzodiazepines, methamphetamine, THC/Cannabis, opiates, and phencyclidine (PCP). This case did not meet the criteria for substantiation for drug exposed child/infant where the alleged perpetrators are [REDACTED] and [REDACTED] nor does this case meet criteria for sexual abuse where the alleged perpetrators are [REDACTED] and [REDACTED]. On 6/29/2015 a unannounced home visit was conducted at [REDACTED]. CPSI [REDACTED] observed the mother [REDACTED], her children [REDACTED] and [REDACTED] and husband [REDACTED] to be in the home without working electricity. The home was observed to be cluttered with clothes, crates throughout the home. The Department provided a pack n play (5/4/15 for the infant child [REDACTED] to utilize but there was no evidence of it being in the home. The child was still co-sleeping with his parents. The older children [REDACTED] and [REDACTED] were staying with their birth father at the time of this visit. According to CPSI [REDACTED] there were concerns regarding Ms. [REDACTED] lack of knowledge regarding the location and providing contact information regarding the older children. Ms. [REDACTED] also originally reported that [REDACTED] and [REDACTED] had the same birth father, but later recanted that information. The children entered the Department's custody on 7/7/2015.

A preliminary court hearing was held at the [REDACTED] Juvenile Court on 7/10/2015. The Magistrate ordered that [REDACTED] and [REDACTED] exit the Department's custody to be placed with their birth fathers ([REDACTED] and [REDACTED]).

A Child and Family Team meeting was also held on 7/10/2015 at the Department's office located at [REDACTED]. Birth mother [REDACTED] was not present for the meeting; attempts were made to contact her regarding her attendance at the scheduled meeting. The birth father's for [REDACTED] and [REDACTED] were present at the



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

meeting and expressed their willingness to continue care of their children.

As of case update on 8/25/2015,, [REDACTED], and [REDACTED] remain in the Department care. On 8/23/2015 the Department received a referral alleging sexual abuse against victim [REDACTED] the alleged perpetrator was listed as birth father [REDACTED]. The child is currently living within the county of [REDACTED] Tennessee. [REDACTED] was placed into the Department's custody on 8/24/2015. The assigned CPSI [REDACTED] is assigned to the case. According to CPSI [REDACTED] the [REDACTED] is scheduled for a forensic interview at [REDACTED] in [REDACTED] Tennessee. The child has not had a medical forensic examination at this time, CPSI [REDACTED] provided contact information for the [REDACTED] CPSI [REDACTED] reported that the case is set to be heard at [REDACTED] Juvenile Court and a Child and Family Team Meeting are both scheduled for 8/26/2015.

[REDACTED] DCS (Office of Child Safety) are still waiting on autopsy report regarding deceased victim [REDACTED] in open investigation case # [REDACTED]

Narrative Type: Created In Error Entry Date/Time: 08/25/2015 03:52 PM Entered By: [REDACTED]

This narrative should have been a notation entry instead of a case summary.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 08/25/2015	Contact Method:
Contact Time: 03:15 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/25/2015
Completed date: 09/25/2015	Completed By: System Completed
Purpose(s): Safety - Child/Community	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 08/25/2015 03:53 PM      Entered By: [REDACTED]

Case Summary of companion Investigation # [REDACTED]

The Department received a P1 referral on 4/24/15 listing allegations of drug exposed infant, sexual abuse and drug exposed child. This investigation was assigned to CPSI [REDACTED] who conducted all assigned tasks.

All victims were interviewed and observed. All children except [REDACTED] denied seeing Mr. [REDACTED] do drugs but knew he does smoke weed or did other substances. The victims reported the grandmother [REDACTED] also did drugs but reported they never witnessed it with their own eyes. According to CPSI [REDACTED] Ms. [REDACTED] refused a drug screen. The family was offered services and they were accepted. [REDACTED] had a restraining order against her husband [REDACTED] the Department had concerns regarding Ms. [REDACTED] ability to follow the restraining order. CPSI [REDACTED] reported that there were concerns regarding Ms. [REDACTED] still living in the same house as her husband. Mr. [REDACTED] was given an unannounced drug screen, in which he tested positive for amphetamine, cocaine, benzodiazepines, methamphetamine, THC/Cannabis, opiates, and phencyclidine (PCP). This case did not meet the criteria for substantiation for drug exposed child/infant where the alleged perpetrators are [REDACTED] and [REDACTED] nor does this case meet criteria for sexual abuse where the alleged perpetrators are [REDACTED] and [REDACTED].

On 6/29/2015 CPSI [REDACTED] conducted an unannounced home visit at [REDACTED] CPSI [REDACTED] observed the mother [REDACTED], her children [REDACTED] and [REDACTED] and husband [REDACTED] to be in the home without working electricity. The home was observed to be cluttered with clothes, crates throughout the home. The Department provided a pack n play (5/4/15) for the infant child [REDACTED] to utilize but there was no evidence of it being in the home. The child was still co-sleeping with his parents. The older children [REDACTED] and [REDACTED] were currently staying with their birth fathers at the time of this home visit. According to CPSI [REDACTED] there were concerns regarding Ms. [REDACTED] lack of knowledge regarding the location and providing contact information regarding the older children. Ms. [REDACTED] also originally reported that [REDACTED] and [REDACTED] had the same birth father, but later recanted that information. The children entered the Department's custody on 7/7/2015.

A preliminary court hearing was held at the [REDACTED] Juvenile Court on 7/10/2015. The Magistrate ordered that [REDACTED] and [REDACTED] exit the Department's custody to be placed with their birth fathers [REDACTED] and [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

A Child and Family Team meeting was also held on 7/10/2015 at the Department's office located at [REDACTED]. Birth mother [REDACTED] was not present for the meeting; attempts were made to contact her regarding her attendance at the scheduled meeting. The birth father's for [REDACTED] and [REDACTED] were present at the meeting and expressed their willingness to continue care of their children.

As of case update on 8/25/2015,, [REDACTED], and [REDACTED] remain in the Department care. On 8/23/2015 the Department received a referral alleging sexual abuse against victim [REDACTED] the alleged perpetrator was listed as birth father [REDACTED]. The child is currently living within the county of [REDACTED] in Tennessee. [REDACTED] was placed into the Department's custody on 8/24/2015. The assigned CPSI [REDACTED] is assigned to the case. According to CPSI [REDACTED] the [REDACTED] is scheduled for a forensic interview at the [REDACTED] in [REDACTED] Tennessee. The child has not had a medical forensic examination at this time, CPSI [REDACTED] provided contact information for the [REDACTED] CPSI [REDACTED] reported that the case is set to be heard at the [REDACTED] Juvenile Court and a Child and Family Team Meeting are both scheduled for 8/26/2015.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 08/24/2015 Contact Method:  
Contact Time: 04:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 10/15/2015  
Completed date: 10/15/2015 Completed By: [REDACTED]  
Purpose(s): Permanency, Safety - Child/Community  
Contact Type(s): Notation  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/15/2015 03:47 PM Entered By: [REDACTED]

Notation:

CPSI [REDACTED] received a copy of the Preliminary Hearing Order filed in the Juvenile Court of [REDACTED] Tennessee regarding [REDACTED] and [REDACTED], the children [REDACTED] and [REDACTED], entered the Department's custody. [REDACTED] and [REDACTED] were placed in their birth father's custody. Record placed in file.

CPSI [REDACTED] received copy of Protective Order regarding [REDACTED] a hard copy will be placed in file. See case summary for events involving this separate investigation in [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/18/2015	Contact Method:	Correspondence
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	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: 10/15/2015 03:13 PM      Entered By: [REDACTED]  
 Notation:

Investigator [REDACTED] submitted a request for medical records from [REDACTED] [REDACTED] regarding infant [REDACTED]  
 [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/12/2015	Contact Method:	
Contact Time:	05:16 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/12/2015
Completed date:	08/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/12/2015 05:18 PM      Entered By: [REDACTED]

There are no safety concerns at this time, the case remains open, CPSI is waiting on the autopsy report.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/20/2015 Contact Method:  
 Contact Time: 04:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/09/2015  
 Completed date: 11/09/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/09/2015 11:17 AM Entered By: [REDACTED]

All the children [REDACTED], and [REDACTED] entered the Department's custody on 7/7/2015. CPSI [REDACTED] filed an petition with the courts. A preliminary court hearing was held at the [REDACTED] Juvenile Court on 7/10/2015. The Magistrate ordered that [REDACTED] and [REDACTED] exit the Department's custody to be placed with their birth fathers [REDACTED] and [REDACTED]).



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/30/2015	Contact Method:
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/30/2015
Completed date: 06/30/2015	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: 06/30/2015 10:11 AM      Entered By: [REDACTED]

CPSI [REDACTED] went to the home where the family on 6-29-15 was staying and was informed that the mother and her children had moved out of the home several days ago and were back in their own home that allegedly has no working utilities. The mother is allegedly living in the home with the father whom she had placed an order of protection/restraining order against. The Investigator contacted the LI this morning when she arrived to the home and found the mother, her paramour and two of the children [REDACTED] and [REDACTED] living in the home with no utilities. The mother has nowhere to go and the woman who she has been staying with has stated that the family cannot return to her home. The CPSI along with this LI staff the matter with [REDACTED] [REDACTED] [REDACTED] Program was informed that there is not enough imminent risk at this time to ask for a verbal order. The CPSI will submit a legal referral on today and ask the children to remove the two children who are at the home. The other two children are with their father's. The mother reports that her cellphone is broken and that she has no way of contacting the father's and she does not have an address for where each of the other children is at.



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

Case Id: [REDACTED]  
Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 06/29/2015 Contact Method:  
Contact Time: 02:36 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 06/29/2015  
Completed date: 06/29/2015 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: 06/29/2015 02:46 PM Entered By: [REDACTED]

The case was staffed with CPSI's [REDACTED] and [REDACTED] along with [REDACTED] [REDACTED]. The autopsy has not been completed and the father did test positive for drugs but is no longer living in the home. The mother cannot accept serves because of her legal status, the department did attempt to help with housing through Strong Families/MIFA but the family did not qualify. The family has been given a pack and play, linked to [REDACTED] for an immigration court advocate and the [REDACTED] [REDACTED], to help deal with the restraining order. Services were offered through the [REDACTED] to help with grief and family counseling/individual counseling but the mother has not been able to make it due to her work schedule. The case will remain open while program waits on the autopsy to be completed.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/15/2015	Contact Method:	Phone Call
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	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: 10/15/2015 03:42 PM      Entered By: [REDACTED]

Collateral:

CPSI [REDACTED] received a phone call from Ms. [REDACTED], neighbor. Ms. [REDACTED] is currently residing with Ms. [REDACTED] Ms. [REDACTED] informed the children have been over to [REDACTED] home and [REDACTED] is constantly telling them he can't be around the kids but [REDACTED] is going over there anyway. This morning [REDACTED] was sleeping over to [REDACTED] home. The mental patient [REDACTED] her brother-in-law is back in the home. According to Ms. [REDACTED] the children are around him [REDACTED] too. Ms. [REDACTED] informed CPSI [REDACTED] was not in school today due to [REDACTED] being over to [REDACTED] home and oversleeping. Ms. [REDACTED] informed CPSI [REDACTED] she is the one who have to get Ms. [REDACTED] children up and ready for school or they do not go.

Ms. [REDACTED] further informed CPSI [REDACTED] she wanted Ms. [REDACTED] out her home because she tends to Ms. [REDACTED] children 12 hrs a day but did not want to tell [REDACTED] to leave. Ms. [REDACTED] asked for assistance from CPSI [REDACTED] in making [REDACTED] leave her home. CPSI [REDACTED] informed Ms. [REDACTED] she was not at liberty to tell Ms. [REDACTED] to leave her (Ms. [REDACTED] home this was something she had to do. Ms. [REDACTED] was not please with CPSI [REDACTED] answer. Ms. [REDACTED] informed CPSI [REDACTED] she would speak with CPSI [REDACTED] about the situation and then hung up.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/07/2015 Contact Method:  
 Contact Time: 04:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/15/2015  
 Completed date: 10/15/2015 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: 10/15/2015 03:16 PM Entered By: [REDACTED]  
 Notation:

On 05/07/2015 Investigator [REDACTED] submitted a request to the [REDACTED] [REDACTED] requesting a copy of the preliminary and/or completed medical examiner's autopsy report.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/07/2015	Contact Method:	
Contact Time:	11:10 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/07/2015
Completed date:	05/07/2015	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: 05/07/2015 11:14 AM      Entered By: [REDACTED]

CPSI [REDACTED] submitted a request to the [REDACTED] [REDACTED] for the Autopsy Report regarding [REDACTED] [REDACTED] DOB [REDACTED] DOD 04/30/2015. CPSI requested a copy of the preliminary and/or completed medical examiner's report.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/06/2015 Contact Method:  
 Contact Time: 10:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/15/2015  
 Completed date: 10/15/2015 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: 10/15/2015 03:24 PM Entered By: [REDACTED]  
 TFacts History:

The family has previous DCS involvement, history check completed. This CPSI has reviewed and gained an understanding.

At the time of this case assignment, there are two current open investigations: Assessment # [REDACTED] Psychological Harm  
 Classification: No Services Needed. Investigation # [REDACTED] Sexual Abuse, Drug Exposed Infant/Child, Environmental Neglect  
 - Classification: AUPU/SAE; ASPS/DEI, ENN. Case No: [REDACTED] LOS/AUPU; [REDACTED] ENN/NSN; [REDACTED] LOS/ENN-  
 SRAC



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/06/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/15/2015  
 Completed date: 10/15/2015 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: 10/15/2015 03:10 PM Entered By: [REDACTED]

Notation:

Notification information given to Central Office [REDACTED] and [REDACTED] [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/05/2015 Contact Method: Phone Call  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/15/2015  
 Completed date: 10/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/15/2015 03:26 PM Entered By: [REDACTED]  
 Notation:

Investigator [REDACTED] staffed case with Investigator [REDACTED] and Assesment worker [REDACTED] regarding the [REDACTED] current situation. Investigator discussed with worker [REDACTED] that the father had tested positive for illegal drugs and services were discussed with him. Mr. [REDACTED] reported that he was willing to attend services after his daughter funeral. Investigator [REDACTED] reported that a Case Service request had been submitted to address the Domestic Violence issues identified during the open investigation.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/04/2015	Contact Method:	Face To Face
Contact Time:	05:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	10/15/2015
Completed date:	10/15/2015	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: 10/15/2015 03:33 PM      Entered By: [REDACTED]

Collateral:

Investigator [REDACTED] interviewed [REDACTED], neighbor who reported that Ms. [REDACTED] and the children were currently staying at her home. Ms. [REDACTED] reported that the family could stay as long as needed. Ms. [REDACTED] reported concerns regarding Ms. [REDACTED] still having contact with husband [REDACTED]. Ms. [REDACTED] reported that there was concerns regarding Mr. [REDACTED] using drugs, also reporting that the parents often fought/argued in the home. Ms. [REDACTED] reported that the birth father knows that he cannot come over to her home and cause trouble.

Ms. [REDACTED] reported that she ran over to the home when the grandmother called out that the baby wasn't breathing. Ms. [REDACTED] reported that they tried to revive the infant through CPR. Ms. [REDACTED] expressed no concerns regarding Ms. [REDACTED] loving her children that she provided for them, that she worked 2 jobs. Ms. [REDACTED] reported that she felt that Ms. [REDACTED] could do better without her husband around due to his drug usage and lack of support. Ms. [REDACTED] made no report of witnessing Ms. [REDACTED] hurt or harm her children. Ms. [REDACTED] reported that she hadn't seen Mr. [REDACTED] use any illegal drugs, but his behavior was questionable.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/04/2015 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/15/2015  
 Completed date: 10/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/15/2015 03:25 PM Entered By: [REDACTED]

Notation:

Investigator [REDACTED] staffed case with Investigator [REDACTED] regarding providing services to the family. Investigator [REDACTED] reported that the family was referred to [REDACTED] to address their current housing situation. The family is currently staying with a family member and community resources such as [REDACTED] to address home improvements that were needed for family to return to their own residence on [REDACTED]. The mother was also provided/delivered a pack n play from the Department to address co-sleeping. It was observed that the family had limited bedding and the 1 year old child was also co-sleeping with family.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/04/2015	Contact Method:	
Contact Time:	11:55 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/04/2015
Completed date:	05/04/2015	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: 05/04/2015 11:59 AM      Entered By: [REDACTED]

CPSI [REDACTED] completed and submitted the initial SDM to the Lead Investigator for review/approval. The SDM deemed the children to be conditionally safe.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/04/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	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: 10/15/2015 03:12 PM      Entered By: [REDACTED]

Background Checks:

The following Internet Records Clearance inquiries were completed on the date(s) 5/4/2015 indicated on: [REDACTED]

Justice System Inquiry (JSSI): domestic assault-bodily harm, driving while license s/r/c (2x); driving u/influence intox/drugs; viol of vehicle registration law M; speed limit 40 MPH Zone; Refusal to submit to BAC Test; violation of seat belt law.

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: no results were found

The following Internet Records Clearance inquiries were completed on the date(s) 5/4/2015 indicated on: [REDACTED]

Justice System Inquiry (JSSI): Disregarding stop sign; viol of vehicle registration law O

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

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Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: no results were found

The following Internet Records Clearance inquiries were completed on the date(s) 5/4/2015 indicated on: [REDACTED]

Justice System Inquiry (JSSI): SPEED LIMIT-INTERSTATE-65 MPH ZONE

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: no results were found



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/04/2015	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	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: 10/15/2015 03:06 PM      Entered By: [REDACTED]  
 CPIT

This case went before the Child Protective Investigative Team on 5/04/2015; case was stamped for coordination with the District Attorney, Law Enforcement, Child Advocacy Center and the Department of Children Services.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/04/2015	Contact Method:	Attempted Phone Call
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/15/2015 03:32 PM      Entered By: [REDACTED]

Referent:

Child Protective Service Investigator [REDACTED] attempted to make contact with referent listed on the referral. CPSI was unable to make contact with the referent, a message was left asking for return contact with the Department regarding received intake# [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/03/2015	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2015
Completed date:	10/15/2015	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: 10/15/2015 03:08 PM      Entered By: [REDACTED]

Notation:

Child Protective Services Investigator [REDACTED] submitted a completed Notice of Child Death/Preliminary Near Death Report to via email to [REDACTED] within the forty-eight (48) hours regarding notification.



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

Case Id: [REDACTED]  
Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	05/01/2015	Contact Method:	Face To Face
Contact Time:	08:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/04/2015
Completed date:	06/01/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time:      Entered By:

Narrative Type: Addendum 1      Entry Date/Time: 07/10/2015 12:21 PM      Entered By: [REDACTED]

CPSI [REDACTED] interviewed [REDACTED] sibling to the deceased child. He reported that his little sister died, he came home and the cops were there. He reported that his sister [REDACTED] was taking care of the baby. He stated that his cousin told him what happened because he was at a friends home. He reported that [REDACTED] was taking care of the baby, they were sleeping, the baby was on the floor in the grandmother's home. He stated that he was told baby [REDACTED] was blue/purple and cold.

[REDACTED] reported that his step dad smokes cigarettes, but was told by his mother that he sold his bike for weed one time. He reported that [REDACTED] is his step dad and he comes over sometimes and talks with him and takes him to work with him.

[REDACTED], was visibly upset about the death of his daughter [REDACTED]. Mr. [REDACTED] expressed his grief about his current situation and relationship issues with the birth mother. Mr. [REDACTED] reported that he was not at home when the incident occurred. He reported the children were home with his mother [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/01/2015	Contact Method:	
Contact Time:	07:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/04/2015
Completed date:	05/04/2015	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: 05/04/2015 11:19 AM      Entered By: [REDACTED]

Initial paperwork:

Child Protective Service Investigator (CPSI) [REDACTED] discussed the initial paperwork with [REDACTED]. Ms. [REDACTED] signed the Acknowledgment of Receipt of the Clients' Rights Handbook, Notification of Equal Access to Programs and Services and grievance Procedures, Native American Heritage Veto Verification, Authorization for Release of Information and HIPPA Protected Health Information to the Department of Children's Services and Notification of Release, HIPPA Notice of Privacy Practices-Client Acknowledgement and Authorization for release of Medical Information. She also provided the family composition information.

Family Composition:

[REDACTED] no SSN  
 [REDACTED] father is [REDACTED]  
 [REDACTED] father is [REDACTED]  
 [REDACTED] father is [REDACTED]  
 [REDACTED] father is [REDACTED]

\*\*\*\*The family is Hispanic, but speaks English\*\*\*\*



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/01/2015	Contact Method:	Face To Face
Contact Time:	07:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/04/2015
Completed date:	05/04/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/04/2015 12:14 PM      Entered By: [REDACTED]

On 5/01/2015 Investigator [REDACTED] interviewed paternal grandmother [REDACTED] at the home residence. Ms. [REDACTED] reported that she was in her room and [REDACTED] and infant [REDACTED] were in the other bedroom asleep. Ms. [REDACTED] reported that they were all sleeping at one time. Ms. [REDACTED] reported that [REDACTED] came to her room and told her the infant was not breathing.

Narrative Type: Addendum 1      Entry Date/Time: 05/04/2015 12:16 PM      Entered By: [REDACTED]

Ms. [REDACTED] reported the infant was fine before she went to sleep.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/01/2015	Contact Method:	Face To Face
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/15/2015
Completed date:	10/15/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/15/2015 03:30 PM      Entered By: [REDACTED]

On 5/01/2015 Investigator [REDACTED] interviewed [REDACTED] who reported she fed and burped the baby before she went to sleep. [REDACTED] reported the infant drinking a 8oz bottle of formula. [REDACTED] reported they laid down around 11am, she woke up and checked the baby and went back to sleep. [REDACTED] reported that she woke up again around 3pm and checked the baby, found her to be cold. [REDACTED] reported that she went and got her grandmother to tell her that something was wrong with the baby.

[REDACTED] was observed to be free of any marks, injuries or bruises. [REDACTED] made no disclosure of anyone harming herself or siblings. [REDACTED] reported that she helps her mother with the infant all the time. Child was observed to be withdrawn and sad regarding her sister's death.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/01/2015	Contact Method:	Face To Face
Contact Time:	05:35 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/02/2015
Completed date:	06/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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: 06/02/2015 10:32 AM      Entered By [REDACTED]

2nd Shift CPSI [REDACTED] initially met with the family on 4/30/2015 upon receipt of referral to the County. No narrative was entered by the CPSI for that time met.

Response time met by CPSI [REDACTED] 5/01/2015 @ 5:35pm

Upon arrival to the home, the deceased infant [REDACTED] had been transported from the residence to [REDACTED]

"Per Work Aid 2: It is not required for the DCS case manager to observe the deceased child"

Plan: CPSI [REDACTED] will complete interviews with all involved parties of the investigation.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/01/2015	Contact Method: Face To Face
Contact Time: 05:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/15/2015
Completed date: 10/15/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 10/15/2015 03:28 PM      Entered By: [REDACTED]

Parent Interview:

On 05/01/2015 Investigator [REDACTED] made face to face with birth mother [REDACTED] at their home residence at [REDACTED]. [REDACTED] reported that she was at work at the time of the incident. Ms. [REDACTED] reported that her daughter [REDACTED] was lying down with the infant and male sibling [REDACTED]. Ms. [REDACTED] reported that [REDACTED] always helps with the infant. Ms. [REDACTED] reported there being no current medical issues regarding the infant. She reported the infant having history of being hospitalized for extreme coughing, turning blue around the mouth and stopping breathing for a couple of seconds. Ms. [REDACTED] reported that she took the child to [REDACTED] for treatment, [REDACTED] and [REDACTED] Hospital Pediatric care. Ms. [REDACTED] reported the infant being hospitalized overnight at [REDACTED] and [REDACTED]. Ms. [REDACTED] reported the infant was not discharged with any medications; she only received treatment at the hospitals. Ms. [REDACTED] reported infant being born premature and she spent 17 days in the Neonatal Intensive Care Unit.

Investigator [REDACTED] observed the home to not have a baby bed or separate sleeping arrangements for the infant. This investigator observed the room and bed where the infant was asleep at the time of incident. CPSI observed a full size bed with one pillow on the bed. CPSI observed the paternal grandmother and birth father to be cigarette smokers.

On 5/01/2015 Investigator [REDACTED] interviewed birth father [REDACTED] at the home residence. Mr. [REDACTED] reported that he left the home around 11:15am headed to [REDACTED] to complete a job. Mr. [REDACTED] reported when he last saw the infant, she was smiling real big and was happy. He reported that he laid the infant down on the bed, and [REDACTED] laid down with her to make sure the infant didn't fall off the bed. He reported that [REDACTED] had stayed home from school stating that she was sick. Mr. [REDACTED] reported the infant was laying in the bed up against a pillow. Mr. [REDACTED] reported that he arrived back at home sometime after 3pm and he was outside working on the car. He reported around 4:45pm that his mother [REDACTED] came out of the home screaming that his baby girl was not breathing. He reported [REDACTED] gave the infant CPR. Mr. [REDACTED] reported that he flipped and took off from the home. He reported that the death of his daughter messed him up tough. Mr. [REDACTED] admitted to having a history of substance abuse. He reported that he is scheduled to start treatment at the [REDACTED]. Mr. [REDACTED] reported a history of using cocaine, crack,



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

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marijuana and alcohol. Mr. [REDACTED] also admitted to having domestic arguments with wife, but denied their being physical altercations.

Interviews took place at [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/01/2015	Contact Method:	Correspondence
Contact Time:	11:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2015
Completed date:	05/01/2015	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: 05/01/2015 04:52 PM      Entered By: [REDACTED]  
 CPIT

CPSI [REDACTED] sent notification to CPIT of death fatality, to inform the Attorney General will be informed of Child's death.  
 Notification of Child Fatality sent to [REDACTED] [REDACTED] Juvenile Court Judge.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/01/2015 Contact Method:  
 Contact Time: 05:14 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 05/01/2015  
 Completed date: 05/01/2015 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: 05/01/2015 05:15 PM Entered By: [REDACTED]

CPSI sent the Child Death Verification to [REDACTED], [REDACTED] and [REDACTED]

Custody-Status: Non-Custody  
 Age at Death: 8 months  
 Date of Birth [REDACTED]  
 Date of Death: 04/30/2015  
 Gender: female

Can you also provide a home address for the child? [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/30/2015	Contact Method:	Face To Face
Contact Time:	10:44 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/01/2015
Completed date:	05/01/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/01/2015 06:28 PM      Entered By: [REDACTED]  
 Date: April 30, 2015  
 Time: 10:44 p.m.  
 Location: [REDACTED].

On 04/30/2015, Investigator [REDACTED] made face to face contact with [REDACTED] she reported she is 12 years old and is in the 7th grade at [REDACTED]. She reported her birthdate is [REDACTED]. [REDACTED] reported she did not go to school today because [REDACTED] is hurt and sick and could not watch the younger children. [REDACTED] reported that [REDACTED] and [REDACTED] were in the home when the incident happened. She reported that she took a nap in the bed with [REDACTED] and baby girl [REDACTED] and [REDACTED] was in her bed asleep around 11 o'clock this morning. She reported she woke up to check on the baby and the baby was fine. She reported she woke up again around 3 p.m. and the baby was cold, she stated she called [REDACTED] into the room to check on the baby. She stated after [REDACTED] noticed the baby was cold she went across the street to [REDACTED] house to use the phone because her phone was dead. [REDACTED] reported [REDACTED] came across the street from her home to do CPR. [REDACTED] reported she feels safe at home with her mother and [REDACTED] and does not think either one of them will do anything to hurt her or her siblings. [REDACTED] was dressed appropriately for the weather; there were no visible marks or bruises.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 04/30/2015 Contact Method: Face To Face  
Contact Time: 10:43 PM Contact Duration: Less than 03 Hour  
Entered By: [REDACTED] Recorded For:  
Location: Family Home Created Date: 05/01/2015  
Completed date: 05/01/2015 Completed By: [REDACTED]  
Purpose(s): Safety - Child/Community  
Contact Type(s): Parent/Caretaker Interview  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/01/2015 06:10 PM Entered By: [REDACTED]

Date: April 30, 2015

Time: 10:43 pm

Location: [REDACTED]

On 04/30/2015, Investigator [REDACTED] made face to face contact with the mother once she and [REDACTED] arrived at the cousin's house. The mother, [REDACTED] stated that she works two jobs. She stated that she left home at 8:30 am to go to her first job. She stated that her husband dropped her off and stated that he would take her daughter to school, but she found out later that he didn't, he took her back home with the other children. She stated that she had to ride the bus to her second job because she did not have transportation. She stated that she had to be at her second job at 5:00 pm but got there a little late. She stated that not too long after she got to work, she received a call from [REDACTED] about the baby. She stated that the lady across the street, Ms. [REDACTED] is the normal babysitter, but she had something to do today and could not keep the children. She stated that her mother-in-law stated that she could keep the children, but she told her husband that she was not comfortable with her keeping the children because she is sick. She stated that her mother-in-law is Bipolar. Mrs. [REDACTED] stated that she has her own home, but she fell on hard times when [REDACTED] got sick before and she had to stay home with her. She stated that her husband went to jail as well for Domestic Violence. She stated that her utilities are cut off at their home so she had to move out. She stated that they moved to a church member's house and when her husband got out of jail, he came to stay as well. She stated that her husband did not want to follow the rules and he wanted to smoke and watch porn. She stated that he was upset at the rules and he moved them to his mother's house. She stated that she cannot remember how long they have been there, but it has been more than 2 weeks. Mrs. [REDACTED] stated that her husband is on drugs. She stated that he took her truck and will not give it back to her and he will take her money. She stated that the other day, she was taking a nap and had \$20 in her pocket and he took it and went and bought drugs with it. She stated that he is not supposed to be around her because she has a restraining order against him from the last Domestic Violence incident. She stated that he doesn't help her with anything. She stated that she did not know where he was at this time. She stated that she was told he wasn't at home when the incident happened with the baby, but he came home and saw the baby like she was and he left. She stated that she cannot believe her baby is gone. She stated that she was a sweet baby and she smiled all the time. She stated that the baby was very healthy and had no problems. Mrs. [REDACTED] also stated that a DCS worker had been out to the home on yesterday and her mother-in-law told her not to tell the DCS worker that she works, but to tell her that she stays home all day with her children.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

Mrs. [REDACTED] stated that she told the worker, Ms. [REDACTED] what her mother-in-law told her to say, but she felt bad about it. Mrs. [REDACTED] was advised to follow-up with Mrs. [REDACTED] on tomorrow and inform her of the truth because it was nothing to hide about her job situation. Mrs. [REDACTED] affect was appropriate to the situation.

The following forms were explained to and signed by the mother:

Authorization for Release of Information and HIPAA Protected health Information from the Department of Children's Services  
 HIPAA Notice of Privacy Practices- Client Acknowledgment  
 Native American Heritage Veto Verification  
 Notification of Equal Access to Programs and Services and Grievance Procedures  
 Acknowledgment of Receipt of Client Rights Handbook

- family has [REDACTED]
- family attends [REDACTED] for medical visits
- mom reports will received Food stamps but not sure of the amount
- there is previous DCS history
- there is domestic violence history



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 04/30/2015 Contact Method:  
Contact Time: 10:43 PM Contact Duration: Less than 03 Hour  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 05/01/2015  
Completed date: 05/01/2015 Completed By: [REDACTED]  
Purpose(s): Permanency, Safety - Child/Community  
Contact Type(s): Notation  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/01/2015 06:26 PM Entered By: [REDACTED]  
Date: April 30, 2015  
Time: 10:43 pm

HOUSEHOLD COMPOSITION [REDACTED]  
[REDACTED] no SSN  
[REDACTED] 7th grade/ [REDACTED] father is [REDACTED]  
[REDACTED] 5th grade/ [REDACTED] father is [REDACTED]  
[REDACTED] 2nd grade/ [REDACTED] father is [REDACTED]  
[REDACTED] father is [REDACTED]  
[REDACTED] (deceased victim)

Collateral Contact  
[REDACTED] (husband's cousin [REDACTED])



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/30/2015	Contact Method:	Face To Face
Contact Time:	10:35 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/01/2015
Completed date:	05/01/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/01/2015 06:03 PM      Entered By: [REDACTED]  
 Date: April 30, 2015  
 Time: 10:35 pm  
 Location: [REDACTED]

On 04/30/15, Investigator [REDACTED] made face to face contact with [REDACTED] she reported she is 7 years old; her date of birth is [REDACTED]. She stated she is in the 2nd grade at [REDACTED]. [REDACTED] stated she lives in the home with her step-grandmother [REDACTED] mom [REDACTED] sister [REDACTED] brother [REDACTED] and her brother [REDACTED]. She reported her little sister, [REDACTED] used to live with them, but she passed away today. [REDACTED] stated she was at school when the incident happened with her younger sister and after school she went to her aunt [REDACTED] house like she does every afternoon. She reported her cousin, [REDACTED] takes her to and from school every day. [REDACTED] stated her aunt [REDACTED] told her that her baby sister could not breathe and she passed away. She reported she likes living with her mother because her mother takes care of her. [REDACTED] reported she is a little upset because her sister is gone, but she is o.k. [REDACTED] was dressed appropriately for the weather; there were no visible marks or bruises.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/30/2015	Contact Method:	Face To Face
Contact Time:	10:35 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/01/2015
Completed date:	05/01/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/01/2015 06:05 PM      Entered By: [REDACTED]  
 Date: April 30, 2015  
 Time: 10:35 pm  
 Location: [REDACTED]

On 04/30/15, Investigator [REDACTED] interviewed and observed [REDACTED] stated that he was 11 years old and was in the 5th grade. [REDACTED] attends [REDACTED] and stated that he enjoyed school and that his favorite sport was soccer or football. Investigator asked [REDACTED] if he knew why the Investigators were at the home and he stated because of what happened to his baby sister. [REDACTED] stated that his baby sister, [REDACTED] passed away today. Investigator asked [REDACTED] if he knew what happened. [REDACTED] stated that he wasn't at the family home when the incident happened because he was at his friend, [REDACTED] house. [REDACTED] stated that all he knew was that his sister, [REDACTED] was taking care of [REDACTED] and they went to sleep. [REDACTED] woke up and noticed that [REDACTED] wasn't breathing. [REDACTED] stated that their mother was at work during this time and his grandmother was at the home with [REDACTED]. Investigator asked [REDACTED] where his father was and he stated that he didn't know if he was at the home or not when the incident happened. [REDACTED] wasn't very talkative and when Investigator asked him how he was doing he stated that he was "okay". [REDACTED] was observed to be neat and clean with no visible marks or bruises.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/30/2015 Contact Method: Face To Face  
 Contact Time: 10:35 PM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 05/01/2015  
 Completed date: 05/01/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/01/2015 06:08 PM Entered By: [REDACTED]  
 Date: April 30, 2015  
 Time: 10:35 pm  
 Location: [REDACTED]

On 04/30/15, Investigator [REDACTED] observed and took pictures of [REDACTED] was walking around the home, sucking on an empty bottle. The child appeared to well- nourished and developmentally age appropriate. [REDACTED] did say hi to Investigator and bye as Investigators were leaving the home. [REDACTED] was dressed appropriately for the weather and he did not present with any marks or bruises. [REDACTED] displayed an appropriate bond with the other persons in the home and he went straight to his mom when she came into the home.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/30/2015	Contact Method:	Face To Face
Contact Time:	10:35 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/04/2015
Completed date:	05/04/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/04/2015 09:47 AM      Entered By: [REDACTED]  
 Date: April 30, 2015  
 Time: 10:35 pm  
 Location: [REDACTED]

On 04/30/15, Investigator [REDACTED] observed and took pictures of [REDACTED] was walking around the home, sucking on an empty bottle. The child appeared to well- nourished and developmentally age appropriate. [REDACTED] did say hi to Investigator and bye as Investigators were leaving the home. [REDACTED] was dressed appropriately for the weather and he did not present with any marks or bruises. [REDACTED] displayed an appropriate bond with the other persons in the home and he went straight to his mom when she came into the home.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/30/2015	Contact Method:	Face To Face
Contact Time:	10:26 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/01/2015
Completed date:	05/01/2015	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: 05/01/2015 06:01 PM      Entered By: [REDACTED]  
Date: April 30, 2015  
Time: 10: 26 pm  
Location: [REDACTED]

On 04/30/2015, Investigator [REDACTED] along with Investigator [REDACTED] and Investigator [REDACTED] attempted a home visit to speak with the mother and the other involved parties, but no one came to the door. While knocking on the door, a woman yelled from the across the street that no one was at the home. The woman came over and stated that her name is [REDACTED] and she is the cousin of the father, [REDACTED]. She reported her address as [REDACTED] and her phone number is [REDACTED]. She stated that the family was gone with the Investigators downtown to give a statement. She stated that she was watching the children with the exception of [REDACTED] while their mother is at the police precinct. She stated Ms. [REDACTED] has five children, [REDACTED] and [REDACTED]. Ms. [REDACTED] reported she came to her sister, [REDACTED] home, who lives across the street from the [REDACTED]. She reported her son told her to go across the street because the baby could not breathe, she did not know which baby. Ms. [REDACTED] reported she saw [REDACTED] giving the baby CPR as she was told on the phone by EMS. She stated that the baby was lying lifeless in the floor and someone told her that the baby had been that way for the last 20 minutes; Ms. [REDACTED] stated it looked like the baby had stopped breathing longer than 20 minutes ago. Ms. [REDACTED] stated that she was told that the 12 year old, [REDACTED] went to sleep in the bed with the baby and woke up and the baby wasn't breathing. She stated as far as she knows the baby was awake this morning. Ms. [REDACTED] reported she is unaware if [REDACTED] attended daycare.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/30/2015	Contact Method:
Contact Time: 07:57 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 05/01/2015
Completed date: 05/01/2015	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: 05/01/2015 04:44 PM      Entered By: [REDACTED]

## Initial Case Summary:

On 4/30/2015 the Department received a P1 referral alleging neglect death regarding infant [REDACTED]. The alleged perpetrator listed as grandmother [REDACTED].

[REDACTED] (12), [REDACTED] (1), and [REDACTED] (7 months) live with their mother, [REDACTED] grandmother, [REDACTED], and father, [REDACTED] in [REDACTED]. [REDACTED] is the father of [REDACTED] and [REDACTED] is their neighbor.

It is reported that there is an open DCS case, due to [REDACTED] having a history of violence against [REDACTED].

[REDACTED] reported that today (04/30/15) she was going to take a nap on the couch at 1600 hrs, while the other children were in a bedroom taking a nap. Approximately 1 hour later [REDACTED] woke [REDACTED] up because [REDACTED] wasn't breathing.

[REDACTED] attempted to get on the phone and call 911, but stated it was busy. [REDACTED] then yelled across the street for a neighbor, [REDACTED] who is [REDACTED] cousin. Neighbors came over to help, and call 911. [REDACTED] administered CPR while receiving instructions from dispatch. The fire department arrived and attempted CPR for approximately 20 minutes, but were unable to revive her. The fire department advised the preliminary cause of death may be suffocation. The fire department pronounced [REDACTED] dead on the scene and at the time of the report, the medical examiner was still on the scene.

It is reported that [REDACTED] does not have any visible marks or injuries on her. [REDACTED] advised that [REDACTED] did not have any health concerns prior to this. It is unknown at this point if an autopsy is going to be performed. [REDACTED] stomach is reported to be slightly bloated. [REDACTED] reported that she fed [REDACTED] earlier and burped her prior to them taking a nap. There is the possibility that [REDACTED] vomited in her sleep, however, at this point there are no suspicions of foul play. There were no obvious health or safety hazards witnessed in the home.

It is reported that [REDACTED] was at work this afternoon when the incident occurred. [REDACTED] reportedly left for work this



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

morning and showed back up at the home when they were performing CPR on [REDACTED]. [REDACTED] advised he was going to go get help and left and has not yet returned to the home. This was approximately 3 hours ago. [REDACTED] location is unknown at this time and he is not answering his phone.

Law enforcement has responded to several calls at the residence in the past due to drug use by other people that would visit the home. Law enforcement did not see any evidence of drug use in the home today. [REDACTED] is reported to be paranoid schizophrenic and calls have been made to law enforcement in the past due to his behavior. It is known that [REDACTED] drinks heavily and has been arrested for DUI several times.

[REDACTED] is reportedly distraught and appears to be acting appropriately. [REDACTED] does not seem as upset as [REDACTED]. It is believed that [REDACTED] and [REDACTED] are going to be staying in the home tonight.

Immediate assistance is not being requested at this time.

Police report number is [REDACTED]

Special Needs or Disabilities: [REDACTED] is paranoid schizophrenic

Child's current location/is the child safe at this time: N/A

Perpetrator's location at this time: N/A

Any other safety concerns for the children or worker who may respond: None besides [REDACTED] being schizophrenic

Domestic Violence present in the home: Yes, between [REDACTED] and [REDACTED]

Per SDM: Investigative Track, P2, override to P1- Neglect Death. [REDACTED] on 04/30/15 @ 9:21 PM.

Page received by [REDACTED] on 04/30/15 @ 9:38 PM for [REDACTED]

Notified Child Death Group: [REDACTED]

There was no notification requested by the referent, no notification was sent by the Department.

Case Assignment: Assigned to CPSI [REDACTED] on 05/01/2015



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 4/30/15 7:57 PM

Date of Assessment: 5/1/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 4/24/15 3:51 PM

Date of Assessment: 5/4/15 12:00 AM

Assessment Type: Reassessment

Number of Children in the Household: 4

**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:** \_\_\_\_\_