



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/03/2015 01:31 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/03/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 05/04/2015 11:16 AM
 First Team Leader Assigned: [REDACTED] Date/Time 05/04/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 05/04/2015 12:00 AM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: Facsimile
 Notification: None
 Narrative: TFACTS: Yes
 Family Case ID: [REDACTED] & [REDACTED]
 Open Court Custody/FSS/FCIP: None located
 Closed Court Custody: None located
 Open CPS: None located
 Substantiated: [REDACTED] /Case ID # [REDACTED]
 Death: None located
 Screened out: Yes (1) [REDACTED]



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

History (not listed above):

█ / ABN / Services Recommended and Accepted / 05-16-14
 █ / ENN / No Services Needed / 02-04-14
 █ / DEC, PHA / Unsubstantiated / 11-1-2009

County: █
 Notification: None
 School/ Daycare: Not provided
 Native American Descent: Not provided
 Directions: None provided

Reporter's name/relationship: █ | █

****Faxed report typed verbatim as sent to the hotline****

The child is not in state custody.

The █ is investigating the death of █. This █ infant was discovered unresponsive on a sofa at approximately 0715 hours on 05/02/2015 by her mother. Emergency services were summoned to the address of █, with █ responding. Paramedics confirmed asystole at 0724 hours. A scene investigation was conducted by the █ and the decedent's remain were transported to this office for autopsy. The cause and manner of death are pending at this time. The mother's name is █ she resides at the address █ with a contact phone number of █ There is also a 2 year-old child that resides at the aforementioned address. Our case number is █

****Per TFACTS sibling is listed as █ ****

Per SDM: Investigation/P1-Neglect Death - █ CM 3 on 5-3-15 at 1:44 P.M.

█ paged at 1:50 P.M.

█ 05-03-15 01:50:18 PM █ 05-03-15 01:51:20 PM █ Received

Email notification sent to █ and the █ regional email notification group.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 25 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:

Race:

Age: 9 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

2 Yrs 9 Mos (Est)

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: 05/03/2015
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 05/04/2015

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] 11/12/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: 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.

D. Case Workers

Case Worker: [REDACTED] Date: 11/12/2015
 Team Leader: [REDACTED] Date: 11/12/2015

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:

On 5/3/2015 CPSI made a home visit with the [REDACTED]. At the time of this interview, [REDACTED] had expired on 5/2/2015 in the residence located at [REDACTED]. The cause of death was unknown.



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

The report of Autopsy Examination completed by [REDACTED] was received by DCS. The Pathological Diagnoses were noted as; well developed, 20 day old infant found unresponsive on couch shared with mother. Clinical history of an unremarkable birth with no known medical problems, marked segmental right pulmonary artery stenosis, toxicology noncontributory, no evidence of systemic infection, no trauma, epicardial and pulmonary petechiae. Cause of Death: Undetermined and the manner of death could not be determined.

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

Birth Mother [REDACTED] reported that [REDACTED] went into the living room to sleep on the sofa after putting [REDACTED] to sleep in the bedroom. [REDACTED] reports she supported [REDACTED] on the sofa with a medium size pillow and a small sheet covering her legs. [REDACTED] stated shortly afterwards she went to the bedroom to check on [REDACTED] and observed that he was still asleep. [REDACTED] reports she then went back to the living room to make sure [REDACTED] was still asleep on the pillow which was on the sofa. [REDACTED] stated about twenty minutes later she went to the bathroom, and then returned to the sofa where [REDACTED] was; she picked [REDACTED] up off the pillow and observed blood coming out of her nose.

[REDACTED] states the 911 Operator told her "to lay [REDACTED] on the floor and began telling her how to perform CPR on [REDACTED]."

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

[REDACTED] reports he woke up out of his sleep and heard [REDACTED] screaming, crying, and calling his name. [REDACTED] reports he immediately got up out of the bed and went into the living room and observed [REDACTED] yelling and crying "my baby dead [REDACTED] dead". [REDACTED] reports he got the cell phone and dialed 911 and reported what happened.

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

[REDACTED] / ABN / Services Recommended and Accepted / 05-16-14
 [REDACTED] / ENN / No Services Needed / 02-04-14
 [REDACTED] / DEC, PHA / Unsubstantiated / 11-1-2009

This CPSI completed checks on all the following individuals:

[REDACTED]
 JSSI: Disorderly Conduct (2014)

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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/30/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/30/2015
Completed date:	11/30/2015	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: 11/30/2015 03:04 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been referred for further review by the [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:	11/30/2015	Contact Method:	
Contact Time:	09:02 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/30/2015
Completed date:	11/30/2015	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: 11/30/2015 09:04 AM Entered By: [REDACTED]
 This [REDACTED] [REDACTED] has reviewed the case of [REDACTED]. This case has been forwarded to the [REDACTED] for further review.



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: 11/24/2015 Contact Method:
 Contact Time: 10:55 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/24/2015
 Completed date: 11/24/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/24/2015 11:00 AM Entered By: [REDACTED]

Case Closure

[REDACTED] has reviewed this case with the allegation of Neglect Death. This case was assigned to [REDACTED] for completion of the investigation. All investigative tasks have been completed and the deceased child's cause of death was unable to be determined. The surviving child remains in the care of his mother and there are no concerns for that child. This case was presented before CPIT on 11/16/15 with the agreed classification of AUPU in that there was not enough evidence to support the allegation. The CS-0740 will be forwarded to the Judge and DA for the notification of the classification and a copy of the form can be found in the file.

[REDACTED] will forward the case over to [REDACTED] [REDACTED] for further review and approvals for closure.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 11/24/2015 Contact Method:
Contact Time: 09:30 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 11/24/2015
Completed date: 11/24/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Case Summary
Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/24/2015 09:37 AM Entered By: [REDACTED]

Case Summary:

On 5/3/2015 the Department of Children's Services (DCS), Office of Child Safety (OCS) received a Priority 1 referral listing the allegations of Neglect Death. [REDACTED] was assigned this case involving alleged child victim [REDACTED]. The family has previous history and involvement with the department.

On 5/2/2015 it was reported that [REDACTED] was discovered unresponsive on a sofa at approximately 0715 hours by [REDACTED]. Emergency Services and the [REDACTED] were summoned to the address of [REDACTED] and confirmed [REDACTED] had expired at 0724 hours. A scene investigation was conducted by the [REDACTED] and the decedent's remains were transported for an autopsy. The referral also mentions a 2 year old sibling in the home, whom was later identified as [REDACTED].

The investigation into this incident was it was conducted by [REDACTED] DCS [REDACTED] and the [REDACTED].

The perpetrator on this case was listed as [REDACTED]. On 5/3/2015 [REDACTED] interviewed birth mother/alleged perpetrator [REDACTED] and paramour [REDACTED] at their residence located at [REDACTED] where the fatality occurred. [REDACTED] is the birth father of [REDACTED].

[REDACTED] reported that she and [REDACTED] went into the living room to sleep on the sofa after putting [REDACTED] to sleep in the bedroom. [REDACTED] reports she supported [REDACTED] on the sofa with a medium size pillow and a small sheet covering her legs. [REDACTED] stated shortly afterwards she went to the bedroom to check on [REDACTED] and observed that he was still asleep. [REDACTED] reports she then went back to the living room to make sure [REDACTED] was still asleep on the pillow which was on the sofa. [REDACTED] stated about twenty minutes later she went to the bathroom, and then returned to the sofa where [REDACTED] was; she picked [REDACTED] up off the pillow and observed blood coming out of her nose.

[REDACTED] reports he woke up out of his sleep and heard [REDACTED] screaming, crying, and calling his name. [REDACTED] reports he immediately got up out of the bed and went into the living room and observed [REDACTED] yelling and crying "my baby dead; [REDACTED] dead". [REDACTED] reports he got the cell phone and dialed 911 and reported what happened.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] states the 911 Operator told her "to lay [REDACTED] on the floor and began telling her how to perform CPR on [REDACTED]. She reports the 911 Operator told her to place two fingers on the breastbone; put one hand on [REDACTED] head and tilt her head back; press down on [REDACTED] chest 30 times real fast. [REDACTED] stated after she did exactly what the 911 Operator instructed her do she heard [REDACTED] wheeze twice and told the 911 Operator. She reports she didn't hear [REDACTED] wheeze anymore and relayed this to the 911 Operator. [REDACTED] stated the 911 Operator instructed her to administer quick and small breaths ten to fifteen times into [REDACTED] mouth, which she did. [REDACTED] then reported a few minutes later Emergency Services and the Fire Department arrived and also began trying to resuscitate [REDACTED] [REDACTED] stated that minutes later, Emergency Services pronounced [REDACTED] dead.

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.

On 11/16/2015 this case was presented to the [REDACTED] Child Protective Investigation Team (CPIT) and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated (AUPU) for Neglect Death; DCS to handle as appropriate.

DCS [REDACTED] received birth records from [REDACTED] for which there were no concerns noted in the medical records. The infant was assumed a healthy child. [REDACTED] instructed the mother to have the surviving sibling [REDACTED] complete a well-child checkup. On 5/5/15 [REDACTED] was seen at [REDACTED] [REDACTED] received medical records from this appointment for which it was mentioned that the child is slightly overweight and had an ear infection but no major concerns for this child and the child is up to date on all immunizations.

The report of Autopsy Examination completed by [REDACTED] [REDACTED] [REDACTED] was received by DCS. The Pathological Diagnoses were noted as; well developed, 20 day old infant found unresponsive on couch shared with mother. Clinical history of an unremarkable birth with no known medical problems, marked segmental right pulmonary artery stenosis, toxicology noncontributory, no evidence of systemic infection, no trauma, epicardial and pulmonary petechiae. Cause of Death: Undetermined and the manner of death could not be determined.

This case as well as the autopsy was reviewed by [REDACTED] who gave the recommendation of AUPU. There is not a preponderance of evidence to substantiate the allegation of Neglect Death. The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Neglect Death.



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: 11/20/2015 Contact Method:
 Contact Time: 01:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/20/2015
 Completed date: 11/20/2015 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: 11/20/2015 01:21 PM Entered By: [REDACTED]
 Initiation of the FFA in TFACTS



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:	11/16/2015	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/20/2015
Completed date:	11/20/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2015 11:47 AM Entered By: [REDACTED]

This case was presented to Morning CPIT Review and agreed upon a classification as DCS to handle as appropriate as Allegation Unsubstantiated Perpetrator Unsubstantiated.



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: 11/12/2015 Contact Method: Correspondence
 Contact Time: 10:26 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/12/2015
 Completed date: 11/12/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notification of Classification
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/12/2015 10:29 AM Entered By: [REDACTED]
 [REDACTED] entered the classification into the classification tab in TFACTS as Allegation Unsubstantiated Perpetrator Unsubstantiated for Neglect Death.



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: Face To Face
 Contact Time: 05:45 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/12/2015
 Completed date: 11/12/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/12/2015 07:47 PM Entered By: [REDACTED]

[REDACTED] made a face to face home visit with birth mother [REDACTED] and her toddler [REDACTED] CPSI observe [REDACTED] with navy blue socks, a navy blue, gold, and grey long sleeve shirt with the number 1 and a star, and his pamper. No marks or bruises were observed on [REDACTED] as he appeared to be happy and healthy. CPSI was speaking with [REDACTED] which he smile and laughed at this CPSI and hid behind his mother the duration of the interview playing peek-a-boo with this CPSI. Birth mother [REDACTED] stated she and [REDACTED] have been doing well with no problems or concerns. [REDACTED] stated she is currently seeking her own residence and is hopeful to so secure a residence for she and [REDACTED] by the end of the year. [REDACTED] reports she and [REDACTED] are still attending their church where they continue to receive services and prayer. [REDACTED] denied the need for services at the present time but is aware of how to access services if need be at a later time.



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: 10/29/2015 Contact Method:
 Contact Time: 04:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/29/2015
 Completed date: 10/29/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/29/2015 04:49 PM Entered By: [REDACTED]
 Administrative Review

[REDACTED] completed a review on this case. The summary of report state that the cause of death was undetermined. [REDACTED] will complete all task on this case, follow up with the family, and prepare the case for closure. [REDACTED] has submitted the autopsy to the [REDACTED] for review. The case will further be reviewed by [REDACTED] and [REDACTED] in order to be sent for final approval.



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: 10/06/2015 Contact Method:
 Contact Time: 03:59 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/06/2015
 Completed date: 10/06/2015 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: 10/06/2015 04:03 PM Entered By: [REDACTED]
 [REDACTED] medical records and Autopsy have uploaded into TFACTS.



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: 09/25/2015 Contact Method:
 Contact Time: 05:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/12/2015
 Completed date: 11/12/2015 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: 11/12/2015 11:05 AM Entered By: [REDACTED]

Summary of Autopsy Report for [REDACTED] has been placed in the file and reports the following:

On May 2, 2015, this [REDACTED] was found unresponsive on the couch that she was sleeping on with her mother. She was reportedly sleeping supine (on her back) on top of two pillows.

The autopsy documented a well-nourished and well developed infant with no significant trauma. Her right pulmonary artery was markedly stenotic (narrowed) and histologically there was some mild evidence of septal thickening within the lungs. Toxicological testing detected no alcohol, drugs, abuse, or medications. A vitreous electrolyte panel was non-contributory. Blood, cerebrospinal fluid, nasopharyngeal, and splenic cultures detected no organisms.

Therefore, based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is listed as undetermined and the manner of death could not be determined.



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: 09/25/2015 Contact Method:
 Contact Time: 04:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/27/2015
 Completed date: 09/27/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/27/2015 04:18 PM Entered By: [REDACTED]

Administrative Review

[REDACTED] was informed by [REDACTED] that the autopsy reported was obtained and sent. The summary of report state that the cause of death was undetermined. [REDACTED] will complete all task on this case, follow up with the family, and prepare the case for closure. The case will further be reviewed by [REDACTED] and [REDACTED] in order to be sent for final approval.



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: 09/09/2015 Contact Method:
Contact Time: 01:00 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 03:53 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]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/08/2015 Contact Method: Phone Call
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/06/2015
 Completed date: 10/06/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/06/2015 04:18 PM Entered By: [REDACTED]

CPSI spoke with birth mother [REDACTED] on the telephone. [REDACTED] informed this CPSI that she and [REDACTED] are still residing at her sister's residence located at [REDACTED]. [REDACTED] reports her cell phone is currently disconnected until she can pay the bill which she is hopeful to by the end of the month. [REDACTED] reports she and [REDACTED] are doing well and have no problems or concerns that she wish to discuss at the present time. [REDACTED] reports she and [REDACTED] continue to receive report from her family and church.



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: 08/31/2015 Contact Method:
 Contact Time: 04:15 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, Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/09/2015 04:05 PM Entered By: [REDACTED]
 Admin Review

[REDACTED] was able to review this case of [REDACTED] for which this is a Death Case. [REDACTED]
 [REDACTED] will follow up with the family as long as the case is opened and is awaiting autopsy report.



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: 08/04/2015 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/06/2015
 Completed date: 10/06/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/06/2015 03:37 PM Entered By: [REDACTED]

CPSI made a face to face home visit with the [REDACTED] family at the residence located at [REDACTED]. CPSI observed [REDACTED] asleep in his mother's lap with no marks or bruises dressed appropriately in grey shorts, black socks, and a grey and blue t shirt. This CPSI was unable to interview [REDACTED] due to his age. [REDACTED] appeared to be happy and healthy. Birth mother [REDACTED] reports she and [REDACTED] are doing fine and she continues to seek employment and her own residence. [REDACTED] reports she will continue to receive service, prayer, and counseling from her church and family members.



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: 07/31/2015 Contact Method:
 Contact Time: 06:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/31/2015
 Completed date: 07/31/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2015 06:52 PM Entered By: [REDACTED]

Admin Review

[REDACTED] was able to review this case with [REDACTED]. This is a Death Case and the family again reports no need of any services at this time. [REDACTED] will follow up with the family as long as the case is opened and is awaiting autopsy report.



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: 07/13/2015	Contact Method: Face To Face
Contact Time: 04:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 07/15/2015
Completed date: 07/15/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/15/2015 09:51 AM Entered By: [REDACTED]

CPSI made a face to face home visit with birth mother [REDACTED] and [REDACTED] at her sister's residence located at [REDACTED]. CPSI observed [REDACTED] dressed appropriately with navy blue shorts and a shirt with #1 Champion written in lime green on the shirt, and navy blue socks. No marks or bruises were observed on [REDACTED]. [REDACTED] appeared to be happy and healthy and kept waving at CPSI. Birth mother [REDACTED] reports she and [REDACTED] are doing well as she continues to attend church 2-3 times a week for counseling and services. [REDACTED] reports she has no worries nor concerns a the current time. [REDACTED] reports she is still seeking residence of her own as well as employment. [REDACTED] stated she still thinks about her daughter and misses her tremendously.



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: 06/16/2015 Contact Method:
 Contact Time: 09:20 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/26/2015
 Completed date: 06/26/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/26/2015 10:07 AM Entered By: [REDACTED]
 Admin Review

[REDACTED] was able to staff this case with [REDACTED]. This is a Death Case and the family reports no need of any services at this time. The mother is utilizing services through her church. [REDACTED] will follow up with the family as long as the case is opened and awaiting autopsy report.



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: 06/02/2015 Contact Method: Phone Call
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/26/2015
 Completed date: 06/26/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/26/2015 01:39 PM Entered By: [REDACTED]

CPSI spoke with birth mother [REDACTED] on the telephone. [REDACTED] reports she is and her son [REDACTED] are doing well. [REDACTED] reports her and her son's father have decided to give each other a break due to the current situation, feelings, and also for personal reasons. [REDACTED] reports that she doesn't feel as if her son's father is allowing her to grieve properly and she also states that she needs her space [REDACTED] reports she plans on staying with [REDACTED] or [REDACTED], until she is able to secure her own apartment [REDACTED] asked for a listing of low income housing, which this CPSI agreed to mail her. [REDACTED] also reports that although she doesn't work, she has been braiding hair and saving her money. [REDACTED] also reports that she continues to go to church and is receiving counseling services from her pastor which is why she is declining services with DCS. [REDACTED] reports that she has not been informed of the status of her [REDACTED] autopsy and was told that she could call back in a couple of weeks. [REDACTED] also reports she is undecided what kind of memorial service she wants.



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: 05/28/2015 Contact Method:
 Contact Time: 12:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/03/2015
 Completed date: 06/03/2015 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: 06/03/2015 11:13 AM Entered By: [REDACTED]

Medical Records were received from The [REDACTED] for [REDACTED] and have been placed in the file. Medical records report the following:

Required and recommended vaccines have been completed and updated for [REDACTED] with the last vaccine administered on 8/28/2014. [REDACTED] last well being check up was completed on 5/5/2015. On 5/5/2015 [REDACTED] was diagnosed with an ear infection and an upper respiratory infection which he was prescribed amoxicillin, benadryl, and children's Tylenol. No others problems noted.



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: 05/19/2015 Contact Method: Correspondence
 Contact Time: 09:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/03/2015
 Completed date: 06/03/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2015 11:00 AM Entered By: [REDACTED]

This case was presented back to Morning CPIT Review and requested to return to CPIT Review after an autopsy has been 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: 05/07/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/03/2015
 Completed date: 06/03/2015 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: 06/03/2015 11:02 AM Entered By: [REDACTED]

Medical records were requested for [REDACTED] from [REDACTED] Medical Records were also requested for [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: 05/06/2015 Contact Method:
 Contact Time: 09:20 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/06/2015
 Completed date: 05/06/2015 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: 05/06/2015 09:25 AM Entered By: [REDACTED]

Notation

[REDACTED] sent information to [REDACTED] in regards to the autopsy report for [REDACTED]. Once the autopsy is received, the information will be documented and placed in the file.



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: 05/06/2015 Contact Method: Correspondence
 Contact Time: 09:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/07/2015
 Completed date: 05/07/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2015 02:38 PM Entered By: [REDACTED]

This case was presented to Morning CPIT and stamped DCS Handle & Return by 5/20/2015.



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: 05/05/2015 Contact Method:
 Contact Time: 03:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/03/2015
 Completed date: 06/03/2015 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: 06/03/2015 11:23 AM Entered By: [REDACTED]

[REDACTED] were received for [REDACTED] from [REDACTED] and have been placed in the file. Medical records for [REDACTED] reported no complications, no health issues, no drugs, or safety issues regarding [REDACTED]. Birth mother had a normal delivery with [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: 05/05/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/07/2015
 Completed date: 05/07/2015 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: 05/07/2015 03:21 PM Entered By: [REDACTED]
 This Investigator requested Medical Records from [REDACTED] where [REDACTED] was born.



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: 05/05/2015 Contact Method: Face To Face
 Contact Time: 07:45 AM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 05/07/2015
 Completed date: 05/07/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2015 03:40 PM Entered By: [REDACTED]

This Investigator transported [REDACTED] and her son [REDACTED] to and from the [REDACTED] for [REDACTED] Well Being Check Up. [REDACTED] signed a Non-Custodial Consent for Transportation form which has been placed in the file.

This Investigator observed no marks or bruises on [REDACTED] was dressed appropriately and appeared to be happy while waiting to be seen for his doctor's appointment. [REDACTED] became very emotional during [REDACTED] doctor visit and stated seeing newborns' and their mother made her cry. This Investigator consoled [REDACTED].

During [REDACTED] Well Being Check Up [REDACTED] reported the following on [REDACTED]

1. [REDACTED] is slightly overweight;
2. Has an ear infection;
3. Immunizations are current;
4. Return for follow up visit in 2 months.



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:
 Contact Time: 05:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/07/2015
 Completed date: 05/07/2015 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: 05/07/2015 02:58 PM Entered By: [REDACTED]

This CPSI completed checks on all the following individuals:

[REDACTED]
 JSSI: Disorderly Conduct (2014)
 Sex Offender - negative
 Felony Offender - negative
 Meth Offender - negative
 Health Abuse- negative

[REDACTED]
 JSSI: negative
 Sex Offender - negative
 Felony Offender - negative
 Meth Offender - negative
 Health Abuse- negative

[REDACTED]
 JSSI: negative
 Sex Offender - negative
 Felony Offender - negative
 Meth Offender - negative
 Health Abuse- negative



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:
 Contact Time: 02:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/07/2015
 Completed date: 05/07/2015 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: 05/07/2015 02:52 PM Entered By: [REDACTED]
 This Investigator faxed a request for [REDACTED] Autopsy to [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: 05/04/2015 Contact Method:
 Contact Time: 01:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/07/2015
 Completed date: 05/07/2015 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: 05/07/2015 02:47 PM Entered By: [REDACTED]

This Investigator completed a Notice of Child Death/Preliminary Near Death Form. A hard copy has been placed in the file.



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: Phone Call
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/24/2015
 Completed date: 11/24/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Referent Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/24/2015 11:54 AM Entered By: [REDACTED]

[REDACTED] spoke with the Referent on the telephone. Referent informed this CPSI that the autopsy for the deceased [REDACTED] has not been completed and the cause and manner of death are still pending. Referent stated this CPSI must submit a request for the autopsy. Referent reports deceased [REDACTED] was found unresponsive at her residence on the sofa.



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: Phone Call
 Contact Time: 11:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/07/2015
 Completed date: 05/07/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2015 03:10 PM Entered By: [REDACTED]

This Investigator scheduled a Well Being Check Up on 5/5/2015 @ 8:30 a.m. for [REDACTED] [REDACTED] located at [REDACTED]. This Investigator informed [REDACTED] about the scheduled appointment which she agreed to.



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:
 Contact Time: 09:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/07/2015
 Completed date: 05/07/2015 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: 05/07/2015 03:16 PM Entered By: [REDACTED]

CPSI completed the Initial Safety Assessment. The safety decision is: 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.



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:
 Contact Time: 08:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/24/2015
 Completed date: 11/24/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/24/2015 10:54 AM Entered By: [REDACTED]
 Case Assignment

[REDACTED] assigned this case to [REDACTED] on 5/3/15 with allegation of Neglect Death. [REDACTED] will complete all investigative tasks on this case in order to submit case for closure. The referent will be contacted regarding the case. The Judge and the District Attorney will be notified of referral and classification of the case per local protocol and policy.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 05/03/2015 Contact Method: Face To Face
 Contact Time: 02:50 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 05/06/2015
 Completed date: 05/06/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Other Persons Living in Home
 Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/06/2015 02:26 PM Entered By: [REDACTED]

Child Protective Services [REDACTED] made a face to face home visit at [REDACTED] to initiate the investigation.

Birth mother [REDACTED], her son [REDACTED], and paramour [REDACTED] were present during this visit.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

* Private Interview with victim [REDACTED] Child had expired on 5/2/2015 in the residence located at [REDACTED]. Cause of death is unknown at the present time.

* Private Interview with sibling [REDACTED] - This [REDACTED] was unable to interview [REDACTED] about the referral due to his age. This Investigator was able to ask [REDACTED] to point to his mother which he identified and pointed to [REDACTED]. This Investigator was able to ask [REDACTED] to point to his father who he identified and pointed to [REDACTED]. This Investigator observed two year old [REDACTED] to be appropriately dressed with no marks or bruises. This Investigator observed that [REDACTED] appeared to be happy and has a close bond/relationship with his birth parents. This Investigator observed [REDACTED] playing with his father; his father changing his clothes and pamper. This Investigator observed [REDACTED] hugging, kissing and telling [REDACTED] she loves him, and also playing with him.

This Investigator has ensured that [REDACTED] have a medical checkup on 5/5/2015 at 8:30 a.m. and will accompany the family for support. This Investigator has also offered grief counseling to the family which the family has accepted the



Tennessee Department of Children's Services
Case Recording Summary

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

offer. This Investigator will obtain birth records on [REDACTED] and all medical records for [REDACTED]

*Private Interview with birth mother [REDACTED] - [REDACTED] reports she [REDACTED] were the only ones in the home. [REDACTED] reported that she and her two children [REDACTED] along with [REDACTED] were in the bedroom asleep. [REDACTED] states [REDACTED] was asleep in her car seat. [REDACTED] reports [REDACTED] usually have to lay down with [REDACTED] so that he will go to sleep [REDACTED] reports after observing that [REDACTED] and his father [REDACTED] were asleep, she and [REDACTED] went to the living room to sleep on the sofa.

[REDACTED] stated after the assault on [REDACTED] a month and a few weeks ago, [REDACTED] take turns sleeping in the living room [REDACTED] reports she was not present when the assault occurred. [REDACTED] reported a man was trying to fight one of [REDACTED] friends' over a woman that he thought was in the home but wasn't. This man then busted out [REDACTED] front living room window which has not been replaced yet and has a sturdy board covering the window until it is replaced by the maintenance.

[REDACTED] reports she went into the living room and supported [REDACTED] on the sofa with a medium size pillow and a small sheet covering her legs. [REDACTED] stated shortly afterwards she went to check on [REDACTED] in the bedroom with [REDACTED] to make sure he was still asleep, which [REDACTED] were. [REDACTED] reports she went back into the living room to make sure [REDACTED] was still asleep on the pillow on the sofa, which she was.

[REDACTED] stated about twenty minutes later she went to the bathroom. [REDACTED] stated she went back to the living room and was going to finally lay down on the sofa with [REDACTED] since she had not awakened for her bottle. [REDACTED] reports she picked [REDACTED] up off the pillow and observed blood coming out of her nose. [REDACTED] reports she began yelling, crying, and screaming [REDACTED] name. [REDACTED] reports [REDACTED] came into the living room. [REDACTED] states she was crying and told [REDACTED] that [REDACTED] was dead. [REDACTED] reports [REDACTED] got the cell phone and dialed 911 and reported what happened. [REDACTED] states the 911 Operator told her "to lay [REDACTED] on the floor and began telling her how to perform CPR on [REDACTED]

[REDACTED] reports the 911 Operator told her to place two fingers on the breastbone; put one hand on [REDACTED] head and tilt her head back; press down on [REDACTED] chest 30 times real fast [REDACTED] stated after she did exactly what the 911 Operator instructed her do she heard [REDACTED] wheeze twice and told the 911 Operator. [REDACTED] reports she didn't hear [REDACTED] wheeze anymore and relayed this to the 911 Operator. [REDACTED] reports the 911 Operator instructed her to administer quick and small breaths ten to fifteen times into [REDACTED] mouth, which she did. [REDACTED] reports a few minutes later Emergency Services and the Fire Department arrived and also began trying to resuscitate [REDACTED]. [REDACTED] reports minutes later, Emergency Services pronounced [REDACTED] dead.

[REDACTED] reports there were several detectives and [REDACTED] that were present in her home but none of which she remembers. [REDACTED] reports that she was told that [REDACTED] body would be taken to [REDACTED] for an autopsy.

[REDACTED] reports the birth father of [REDACTED] is [REDACTED]. [REDACTED] denies knowing any contact information for [REDACTED] as she has tried several times to reach him but his cell phone is disconnected. [REDACTED] reports she doesn't know how long [REDACTED] cell phone has been disconnected because she hasn't had any contact with him since before [REDACTED] was born.

[REDACTED] admits she did not receive any prenatal care prior to giving birth because she did not have adequate and reliable transportation. [REDACTED] denies any mental or health issues, domestic issues, substance abuse issues, nor any sibling rivalry between her two children. [REDACTED] also reported she and [REDACTED] smoke cigarettes but never exposed [REDACTED] nor her newborn. [REDACTED] reports she and [REDACTED] would take turns smoking a cigarette outside when possible.

[REDACTED] also reports [REDACTED] did not have her first baby well-being checkup which wasn't scheduled until May 24, 2015 at [REDACTED] located on [REDACTED] [REDACTED] also reports that she had a normal pregnancy without any complications. This Investigator did identify a strong family support system that is very cooperative and concerned which consists of her mother, 4 siblings, a host of church members, close friends, as well as [REDACTED].



Tennessee Department of Children's Services

Case Recording Summary

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

[REDACTED] and [REDACTED] did agree to grief counseling which This Investigator will make a referral.

*Private Interview with [REDACTED] reports he, his son whom he calls [REDACTED], [REDACTED] were in the bedroom asleep. [REDACTED] reports [REDACTED] was asleep in her car seat; he, [REDACTED] were asleep in the bed [REDACTED] reports [REDACTED] usually have to go to bed with [REDACTED] and pretend like they are sleeping so that he will go to sleep. [REDACTED] reports [REDACTED] try to be consistent with [REDACTED] sleeping schedule.

[REDACTED] reports he was asleep and had no knowledge of [REDACTED] leaving the bedroom and going into the living room. [REDACTED] reports [REDACTED] takes turns sleeping in the living room on the sofa after someone assaulted him. [REDACTED] stated a month or so ago a male came to his apartment looking for a friend of his to fight over a woman they all knew. [REDACTED] stated that when he didn't allow the male to enter his home, he kicked and threw an object through his living room window. [REDACTED] stated this male was arrested and charged with Aggravated Assault. [REDACTED] reports he isn't responsible for replacing the window, because maintenance for the apartments' will.

[REDACTED] reports he was woke up out of his sleep and heard [REDACTED] screaming, crying, and calling his name. [REDACTED] reports he immediately got up out of the bed and went into the living room where [REDACTED] were. [REDACTED] reports [REDACTED] was still sleeping. [REDACTED] stated [REDACTED] was yelling and crying "my baby dead; [REDACTED] dead". [REDACTED] reports he got the cell phone and dialed 911 and reported what happened. [REDACTED] stated the 911 Operator began telling [REDACTED] how to administer CPR to [REDACTED] which she did but it was too late. [REDACTED] reports the ambulance arrived with the Fire department and they were not able to revive [REDACTED].

[REDACTED] reported even though [REDACTED] was not his daughter he loved and treated her as if she were. [REDACTED] reports he and [REDACTED] rekindled their relationship while she was still pregnant. [REDACTED] reported he asked [REDACTED] to move in with him so that he could take care of them and assist when [REDACTED] gave birth. [REDACTED] reports [REDACTED] has made some mistakes early on during after giving birth to their son but admits [REDACTED] has completely committed herself to be a better mother and does wonderful with her children. [REDACTED] reports he fully supports [REDACTED] and their [REDACTED]

CPSI observed:

This Investigator observed no safety hazards in the home. This Investigator observed plenty of clothes, food, nonperishable items, pampers, baby wipes, bottles, pacifiers, appropriate bedding, and toys throughout the home. This Investigator also observed the sofa [REDACTED] were sleeping on to be dark brown leather with three sections and a clean white full size sheet, and two decorative medium sized pillows.

CPSI along with the family obtained the following information regarding all family members in order to assess the family's strengths and possible needs/risk:

Pediatrician: [REDACTED]

Are children current on Immunizations : Yes

Mental Health: N/R

Physical Health/disability: N/R

Medications: N/R

School Attendance/Performance: N/R

Education Level of Adults: High school

Government Assistance: Food stamps \$368; WIC

Employment: Unemployed

Domestic Violence: N/R

Alcohol/Drug Use: N/R

Department History:

[REDACTED] /2-2014/ENN/No services Needed, [REDACTED]

[REDACTED] /ABN/5-2014/Services Recommend & Accepted, [REDACTED]

Household Composition:

[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED]

Narrative Type: Created In Error Entry Date/Time: 10/06/2015 03:42 PM Entered By: [REDACTED]

AP Header not included



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: 05/03/2015 Contact Method: Face To Face
 Contact Time: 02:50 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/06/2015
 Completed date: 10/06/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/06/2015 03:45 PM Entered By: [REDACTED]

Child Protective Services [REDACTED] made a face to face home visit at [REDACTED] to initiate the investigation.

Birth mother [REDACTED] were present during this visit.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

* Private Interview with victim [REDACTED] - Child had expired on 5/2/2015 in the residence located at [REDACTED]. Cause of death is unknown at the present time.

* Private Interview with sibling [REDACTED] This [REDACTED] was unable to interview [REDACTED] about the referral due to his age. This Investigator was able to ask [REDACTED] to point to his mother which he identified and pointed to [REDACTED]. This Investigator was able to ask [REDACTED] to point to his father who he identified and pointed to [REDACTED]. This Investigator observed two year old [REDACTED] to be appropriately dressed with no marks or bruises. This Investigator observed that [REDACTED] appeared to be happy and has a close bond/relationship with his birth parents. This Investigator observed [REDACTED] playing with his father; his father changing his clothes and pamper. This Investigator observed [REDACTED] hugging, kissing and telling [REDACTED] she loves him, and also playing with him.

This Investigator has ensured that [REDACTED] have a medical checkup on 5/5/2015 at 8:30 a.m. and will accompany the



Tennessee Department of Children's Services
Case Recording Summary

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

family for support. This Investigator has also offered grief counseling to the family which the family has accepted the offer. This Investigator will obtain birth records on [REDACTED] and all medical records for [REDACTED]

*Private Interview with Alleged Perp/Birth mother [REDACTED] reports [REDACTED] were the only ones in the home. [REDACTED] reported that she and her two children [REDACTED] were in the bedroom asleep [REDACTED] states [REDACTED] was asleep in her car seat. [REDACTED] reports [REDACTED] usually have to lay down with [REDACTED] so that he will go to sleep. [REDACTED] reports after observing that [REDACTED] were asleep, she and [REDACTED] went to the living room to sleep on the sofa.

[REDACTED] stated after the assault on [REDACTED] a month and a few weeks ago, [REDACTED] take turns sleeping in the living room. [REDACTED] reports she was not present when the assault occurred. [REDACTED] reported a man was trying to fight one of [REDACTED] friends' over a woman that he thought was in the home but wasn't. This man then busted out [REDACTED] front living room window which has not been replaced yet and has a sturdy board covering the window until it is replaced by the maintenance.

[REDACTED] reports she went into the living room and supported [REDACTED] on the sofa with a medium size pillow and a small sheet covering her legs. [REDACTED] stated shortly afterwards she went to check on [REDACTED] in the bedroom with [REDACTED] to make sure he was still asleep, which [REDACTED] were. [REDACTED] reports she went back into the living room to make sure [REDACTED] was still asleep on the pillow on the sofa, which she was.

[REDACTED] stated about twenty minutes later she went to the bathroom. [REDACTED] stated she went back to the living room and was going to finally lay down on the sofa with [REDACTED] since she had not awakened for her bottle. [REDACTED] reports she picked [REDACTED] up off the pillow and observed blood coming out of her nose. [REDACTED] reports she began yelling, crying, and screaming [REDACTED] name. [REDACTED] reports [REDACTED] came into the living room. [REDACTED] states she was crying and told [REDACTED] that [REDACTED] was dead. [REDACTED] reports [REDACTED] got the cell phone and dialed 911 and reported what happened. [REDACTED] states the 911 Operator told her "to lay [REDACTED] on the floor and began telling her how to perform CPR on [REDACTED]."

[REDACTED] reports the 911 Operator told her to place two fingers on the breastbone; put one hand on [REDACTED] head and tilt her head back; press down on [REDACTED] chest 30 times real fast. [REDACTED] stated after she did exactly what the 911 Operator instructed her do she heard [REDACTED] wheeze twice and told the 911 Operator. [REDACTED] reports she didn't hear [REDACTED] wheeze anymore and relayed this to the 911 Operator. [REDACTED] reports the 911 Operator instructed her to administer quick and small breaths ten to fifteen times into [REDACTED] mouth, which she did. [REDACTED] reports a few minutes later Emergency Services and the Fire Department arrived and also began trying to resuscitate [REDACTED]. [REDACTED] reports minutes later, Emergency Services pronounced [REDACTED] dead.

[REDACTED] reports there were several detectives and [REDACTED] that were present in her home but none of which she remembers. [REDACTED] reports that she was told that [REDACTED] body would be taken to [REDACTED] for an autopsy.

[REDACTED] reports the [REDACTED]. [REDACTED] denies knowing any contact information for [REDACTED] as she has tried several times to reach him but his cell phone is disconnected. [REDACTED] reports she doesn't know how long [REDACTED] cell phone has been disconnected because she hasn't had any contact with him since before [REDACTED] was born.

[REDACTED] admits she did not receive any prenatal care prior to giving birth because she did not have adequate and reliable transportation [REDACTED] denies any mental or health issues, domestic issues, substance abuse issues, nor any sibling rivalry between her two children. [REDACTED] also reported she and [REDACTED] smoke cigarettes but never exposed [REDACTED] nor her newborn. [REDACTED] reports [REDACTED] would take turns smoking a cigarette outside when possible.

[REDACTED] also reports [REDACTED] did not have her first baby well-being checkup which wasn't scheduled until May 24, 2015 a [REDACTED] located on [REDACTED]. [REDACTED] also reports that she had a normal pregnancy without any complications. This Investigator did identify a strong family support system that is very cooperative and concerned which consists of her mother, 4 siblings, a host of church members, close friends, as well as [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

[REDACTED] did agree to grief counseling which This Investigator will make a referral.

*Private Interview with [REDACTED] reports he, his son whom he calls [REDACTED], [REDACTED] were in the bedroom asleep. [REDACTED] reports [REDACTED] was asleep in her car seat; [REDACTED] were asleep in the bed. [REDACTED] reports [REDACTED] usually have to go to bed with [REDACTED] and pretend like they are sleeping so that he will go to sleep. [REDACTED] reports [REDACTED] try to be consistent with [REDACTED] sleeping schedule.

[REDACTED] reports he was asleep and had no knowledge of [REDACTED] leaving the bedroom and going into the living room. [REDACTED] reports [REDACTED] takes turns sleeping in the living room on the sofa after someone assaulted him. [REDACTED] stated a month or so ago a male came to his apartment looking for a friend of his to fight over a woman they all knew. [REDACTED] stated that when he didn't allow the male to enter his home, he kicked and threw an object through his living room window. [REDACTED] stated this male was arrested and charged with Aggravated Assault. [REDACTED] reports he isn't responsible for replacing the window, because maintenance for the apartments' will.

[REDACTED] reports he was woke up out of his sleep and heard [REDACTED] screaming, crying, and calling his name. [REDACTED] reports he immediately got up out of the bed and went into the living room where [REDACTED] were. [REDACTED] reports [REDACTED] was still sleeping. [REDACTED] stated [REDACTED] was yelling and crying "my baby dead; [REDACTED] dead". [REDACTED] reports he got the cell phone and dialed 911 and reported what happened. [REDACTED] stated the 911 Operator began telling [REDACTED] how to administer CPR to [REDACTED] which she did but it was too late. [REDACTED] reports the ambulance arrived with the Fire department and they were not able to revive [REDACTED]

[REDACTED] reported even though [REDACTED] was not his daughter he loved and treated her as if she were. [REDACTED] reports [REDACTED] rekindled their relationship while she was still pregnant. [REDACTED] reported he asked [REDACTED] to move in with him so that he could take care of them and assist when [REDACTED] gave birth. [REDACTED] reports [REDACTED] has made some mistakes early on during after giving birth to their son but admits [REDACTED] has completely committed herself to be a better mother and does wonderful with her children. [REDACTED] reports he fully supports [REDACTED] and their [REDACTED]

CPSI observed:

This Investigator observed no safety hazards in the home. This Investigator observed plenty of clothes, food, nonperishable items, pampers, baby wipes, bottles, pacifiers, appropriate bedding, and toys throughout the home. This Investigator also observed the sofa [REDACTED] were sleeping on to be dark brown leather with three sections and a clean white full size sheet, and two decorative medium sized pillows.

CPSI along with the family obtained the following information regarding all family members in order to assess the family's strengths and possible needs/risk:

Pediatrician: [REDACTED]

Are children current on Immunizations : Yes

Mental Health: N/R

Physical Health/disability: N/R

Medications: N/R

School Attendance/Performance: N/R

Education Level of Adults: High school

Government Assistance: Food stamps \$368; WIC

Employment: Unemployed

Domestic Violence: N/R

Alcohol/Drug Use: N/R

Department History:

* [REDACTED] /2-2014/ENN/No services Needed, [REDACTED]

[REDACTED] /ABN/5-2014/Services Recommend & Accepted, [REDACTED]

Household Composition:

[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/03/2015	Contact Method: Face To Face
Contact Time: 02:10 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/07/2015
Completed date: 05/07/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact,Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2015 02:42 PM Entered By: [REDACTED]

This Investigator arrived at the residence located at [REDACTED]. CPSI was greeted by [REDACTED] reported that her [REDACTED] was residing with her but moved in with her child's father, [REDACTED], a month or so ago.

[REDACTED] reported [REDACTED] called her crying and emotional. [REDACTED] stated [REDACTED] kept "screaming [REDACTED] is dead and why God took her away from her." [REDACTED] stated she talked [REDACTED] down and asked her what happened. [REDACTED] told [REDACTED] laying on top of a pillow on the sofa sleep; she went to the bathroom ; when she returned and picked [REDACTED] up [REDACTED] was bleeding form the nose; [REDACTED] and [REDACTED] were in the bedroom sleep; she yelled for [REDACTED] and he called 911 and [REDACTED] was instructed on how to perform 911 on [REDACTED]; she heard her breath but she stopped; the Fire Department and Ambulance ER arrived and [REDACTED] died.

[REDACTED] reported she saw [REDACTED] after she was born and she appeared to be happy and healthy. [REDACTED] stated [REDACTED] is a good mother and has grown up a lot. [REDACTED] was excited to have a baby girl and talked about all of the pink clothes she was going to buy her and how she was going to comb her hair [REDACTED] began to cry and became very emotional. [REDACTED] stated she knows her daughter nor [REDACTED] would never do anything to hurt their children.

[REDACTED] then contacted [REDACTED] on the phone. CPSI spoke with [REDACTED] and gave my condolences; introduced myself and stated that a home visit is required immediately which she agreed to.



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: 05/03/2015 Contact Method:
Contact Time: 01:31 PM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: Created Date: 05/04/2015
Completed date: 05/04/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Case Summary
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/04/2015 02:25 PM Entered By: [REDACTED]

Child Protective Services [REDACTED] was assigned this case alleging Neglect Death involving victim [REDACTED] and the alleged perp/birth mother [REDACTED]. This case was assigned as a P1, Investigative/case. The referral was assessed and assigned by [REDACTED]. Response is due on 5/4/2015.

Referent states: The [REDACTED] is investigating the death of [REDACTED] [REDACTED] was discovered unresponsive on a sofa at approximately 0715 hours on 05/02/2015 by her mother. Emergency services were summoned to the address of [REDACTED], with [REDACTED] responding. Paramedics confirmed asystole at 0724 hours. A scene investigation was conducted by the [REDACTED] and the decedent's remain were transported to this office for autopsy. The cause and manner of death are pending at this time. The mother's name is [REDACTED] and she resides at the address of [REDACTED] with a contact phone number of [REDACTED]. There is also a [REDACTED] that resides at the aforementioned address. Our case number is [REDACTED].

**Per TFACTS sibling is listed as [REDACTED] **

TFACTS: Yes

Family Case ID: [REDACTED]

Open Court Custody/FSS/FCIP: None located
Closed Court Custody: None located
Open CPS: None located

Substantiated: 2-7-2001/Case ID # [REDACTED] /Minor PHA [REDACTED]

Death: None located

Screened out: Yes (1) [REDACTED]

History (not listed above):



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] ABN / Services Recommended and Accepted / 05-16-14
[REDACTED] / ENN / No Services Needed / 02-04-14
[REDACTED] / DEC, PHA / Unsubstantiated / 11-1-2009

County: [REDACTED]

Notification: None

School/ Daycare: Not provided

Native American Descent: Not provided

Directions: None provided

The child is not in state custody.

Narrative Type: Addendum 1 Entry Date/Time: 09/09/2015 04:35 PM Entered By: [REDACTED]

The Judge and the District Attorney will be notified of referral and classification of the case per local protocol and policy.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 5/3/15 1:31 PM Date of Assessment: 5/3/15 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 2

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: _____