



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/08/2015 05:02 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/08/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 05/08/2015 09:08 AM
 First Team Leader Assigned: [REDACTED] Date/Time 05/08/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 05/08/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: None
 Narrative: *** Child was not in DCS custody ***

TFACTS:

Family Case IDs: # [REDACTED] CASE NAME: [REDACTED]

Open Court Custody: Yes / [REDACTED] / effective date: 06-02-2014 / CASE ID # [REDACTED] / CM [REDACTED]
 [REDACTED] / supervisor: [REDACTED]

Closed Court Custody: Yes
 [REDACTED] DOB: [REDACTED] (2 years old) / end date: 02-12-2015 / CASE ID # [REDACTED] ***
 [REDACTED] DOB: [REDACTED] (23 years old) / end date: 03-11-2008 / CASE ID # [REDACTED] ***

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Substantiated: Yes

INV # [REDACTED] / DEC*DEI / ACV: [REDACTED] * [REDACTED] / perpetrator: [REDACTED]
[REDACTED] * [REDACTED] / Substantiated / end date: 08-07-2014 ***INV # [REDACTED] / DEC*DEI / ACV: [REDACTED] * [REDACTED] / perpetrator: [REDACTED]
[REDACTED] / Substantiated / end date: 09-09-2013 ***

INV # [REDACTED] / SRPI / ACV: [REDACTED] / perpetrator: [REDACTED] / Substantiated / end date: 10-17-2006 ***

Number of Screen Outs: 1 (# [REDACTED])

History (not listed above): Yes

ASMT # [REDACTED] / DEC / ACV: [REDACTED] * [REDACTED] / perpetrator: [REDACTED]
[REDACTED] / Services Recommended & Accepted / end date: 02-06-2009 ***

County [REDACTED]

Notification: None

School/ Daycare: No

Native American Descent: No

Directions: None given

Reporter's name/relationship: [REDACTED]

Reporter states: *** Child was not in DCS custody ***

[REDACTED] lived in [REDACTED] County with his parents [REDACTED] (a.k.a. [REDACTED] and [REDACTED]). The parents are not married. The mother reported that her last name is [REDACTED] but her driver's license has her name as [REDACTED]. The child and parents live with [REDACTED] father, [REDACTED].

[REDACTED] (a.k.a. [REDACTED]) has four other children that do not live with her, but the reporter does not have their names. One child is in DCS custody, another child lives with that child's father, and the other children live with [REDACTED] mother and father (names unknown).

The mother called 911 this morning (05-08-2015) at 4:40am ([REDACTED]) and said that her child had been awake an hour before, but he was now not breathing and that he was bleeding. When police arrived at the home, a very small amount of blood was seen coming from his nose. It is possible that the blood was caused from CPR being performed on the child by the mother. When the reporter arrived at the home, the mother was doing chest compressions on the child in the living room floor just as you entered the front door. Other than the small amount of blood that had come from the child's nose, the reporter did not see any marks, injuries or bruises.

The mother said the child was sleeping in the bed with her and the child's father because she had been breast feeding the child. She stated that when she woke up, the child was not breathing and was white and stiff.

The home is in good condition and is clean.

The Medical Examiner has released the child, and he is being transported to the medical examiner's office. The parents and the grandfather are still at the home with the police. Investigators with the [REDACTED] have arrived at the home and will be interviewing the parents and the grandfather.

The reporter is not aware of any other incidents of serious injuries to a child or death of any other child. [REDACTED] and [REDACTED] (a.k.a. [REDACTED]) have a history with Law Enforcement. The reporter is aware that they have a prior charge of simple possession and possession of drug paraphernalia, but



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the reporter does not know the type drug. The reporter does not know if anyone in the home has any current drug or alcohol issues or mental health issues.

Do the adults or child(ren) have any special needs or disabilities? No
Is there any domestic violence present in the home? Not aware of any.

Child's current location/is the child safe at this time: [REDACTED] body is being transported to the medical examiner's officer.

Alleged perpetrator's location at this time: The parents and grandfather are at home with the police.

Any other safety concerns for the child(ren)? No

Are there any hazards or safety risks for a DCS worker who may respond? Not aware of any.

Per SDM: Investigation Track / Priority 1

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	05-08-15 06:13:33 AM	[REDACTED] ---	[REDACTED] +	Left Message
	05-08-15 06:13:35 AM CDT	---	[REDACTED]	
Email Sent				
	05-08-15 06:18:35 AM	[REDACTED] ---	[REDACTED] +	Voicemail
	05-08-15 06:23:35 AM	[REDACTED] ---	[REDACTED] +	Voicemail
	05-08-15 06:25:08 AM	05-08-15 06:25:34 AM	[REDACTED]	[REDACTED] Received

Email notification sent to [REDACTED] Email notification also sent to regional notification group on 05-08-15 @ 06:30am, [REDACTED] TL



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Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 35 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]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 1 Yr

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: father's cell

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 60 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:** White **Age:** 33 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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/08/2015

Assignment Date: 05/08/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED] [REDACTED] [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 12/09/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case came to the attention of the Department of Children's Services on 5/8/15 with allegations of Neglect Death. The Alleged Child Victim is listed as [REDACTED] ([REDACTED] days), The Alleged perpetrator is listed as unknown. The family has four prior cases with allegations of physical abuse and drug exposed child. All of these cases were substantiated. The mother has four other children, all of whom have been placed into the care of relatives, and are no longer in the mother's care. The child was found deceased, the autopsy revealed that this was due to unsafe sleep practices. The mother failed two drug screens, and admitted to using THC, Percocet, and Suboxone a day prior to the infant's death. This case has been staffed and the case will be closed as of 12/9/15 as allegations unsubstantiated, perpetrator unsubstantiated for the allegation of neglect death.

D. Case Workers

Case Worker: [REDACTED]

Date: 12/09/2015

Team Leader: [REDACTED]

Date: 12/09/2015

E. Investigation Summary

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

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

The child is deceased.

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 case was presented to CPIT on 7/15/15. CPSI obtained the postmortem toxicology report which showed the infant was negative for drugs at death. The death was ruled an accident due to unsafe sleep practices. A



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

copy of all of these documents are located within the hard file.

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

[REDACTED] reports that [REDACTED] is in foster care [REDACTED] and [REDACTED] are in the custody of maternal grandmother [REDACTED]. [REDACTED] is in the custody of his father, [REDACTED]. Ms. [REDACTED] reported that the family had Dinner at approximately 1030pm [REDACTED]. Feeding occurred @1100pm 1130pm (breast feeding) this was reported to be normal. After feeding Ms. [REDACTED] placed [REDACTED] in the crib that is beside her bed. Following this Ms. [REDACTED] and Mr. [REDACTED] went to bed (same bed). At 200am [REDACTED] starts crying (normal for time frame and feeding) Ms. [REDACTED] gets [REDACTED] out of the crib and began feeding. Ms. [REDACTED] said that she was tired and could not stand up and feed so she lays down and feeds [REDACTED] in the bed. Ms. [REDACTED] reported that when he finishes eating she felt him "unlatch" and roll to the center of the bed between she and Mr. [REDACTED]. Ms. [REDACTED] was positioned on her right side facing the center of the bed and Mr. [REDACTED] positioned on his right side facing the window away from Ms. [REDACTED] and [REDACTED]. Ms. [REDACTED] reported that @ 442am on 05-08-2015 she awakens and rubbed her nipple on [REDACTED] mouth as this normally stimulates [REDACTED] to start feeding. At this point Ms. [REDACTED] reported that [REDACTED] did not respond and she felt of his hand and it was cold. Ms. [REDACTED] then called to Mr. [REDACTED] and he immediately called 911 for assistance. Ms. [REDACTED] reported that she was instructed on how to perform Cardio Pulmonary Resuscitation (CPR) and continued that until Emergency Medical Personnel arrived on scene and they took over resuscitative efforts on [REDACTED]. Ms. [REDACTED] submitted to a Urine Drug Screen and the results of that screen were Positive results for Oxycodone, THC, & Buprenorphine but denied any use of any substances with exception of her prescribed medications. Ms. [REDACTED] reported that she is prescribed Celexa 40 mg 1 at bedtime, Remeron , Ibuprophen 800mg as needed. Ms. [REDACTED] reported that she had a drug problem in the past and has other children that were removed from her care. She stated that after this she attended and successfully completed an Intensive Out-patient program at [REDACTED]. Following this she reported that she became pregnant with [REDACTED] and has not used any illicit drugs during this pregnancy. Ms. [REDACTED] reported that she has prenatal care throughout her pregnancy with Dr. [REDACTED] at [REDACTED]. [REDACTED] was born at 35 weeks gestation but had no complications as a result and was released within 72hrs of his birth. Ms. [REDACTED] reported that she had no positive drug screens throughout her pregnancy and was drug screened at the provider's office. Ms. [REDACTED] did not appear to be under the influence of any intoxicant at the time of the interview with Office of Child Safety Investigator [REDACTED].

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

[REDACTED] (a.k.a. [REDACTED]) has four other children that do not live with her, but the reporter does not have their names. One child is in DCS custody, another child lives with that child's father, and the other children live with [REDACTED] mother and father (names unknown).

The mother called 911 this morning (05-08-2015) at 4:40am [REDACTED] and said that her child had been awake an hour before, but he was now not breathing and that he was bleeding. When police arrived at the home, a very small amount of blood was seen coming from his nose. It is possible that the blood was caused from CPR being performed on the child by the mother. When the reporter arrived at the home, the mother was doing chest compressions on the child in the living room floor just as you entered the front door. Other than the small amount of blood that had come from the child's nose, the reporter did not see any marks, injuries or bruises.

The mother said the child was sleeping in the bed with her and the child's father because she had been breast feeding the child. She stated that when she woke up, the child was not breathing and was white and stiff.

The home is in good condition and is clean.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

This case came to the attention of the Department of Children's Services on 5/8/15 with allegations of Neglect Death. The Alleged Child Victim is listed as [REDACTED] ([REDACTED] days), The Alleged perpetrator is listed as unknown. The family has four prior cases with allegations of physical abuse and drug exposed child. All of these cases were substantiated. The mother has four other children, all of whom have been placed into the care of relatives, and are no longer in the mother's care. The child was found deceased, the autopsy revealed that this was due to unsafe sleep practices. The mother failed two drug screens, and admitted to using THC, Percocet, and Suboxone a day prior to the infant's death. This case has been staffed and the case will be closed as of 12/9/15 as allegations unsubstantiated, perpetrator unsubstantiated for the allegation of neglect death.

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: 11/10/2015 Contact Method:
 Contact Time: 10:27 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/10/2015
 Completed date: 11/10/2015 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: 11/10/2015 09:27 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and [REDACTED]. The case has now been sent to [REDACTED] for review on this date via email.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/28/2015	Contact Method:
Contact Time: 02:36 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/28/2015
Completed date: 10/28/2015	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: 10/28/2015 01:37 PM Entered By: [REDACTED]

This case came to the attention of the Department of Children's Services on 5/8/15 with allegations of Neglect Death. The Alleged Child Victim is listed as [REDACTED] ([REDACTED] days), The Alleged perpetrator is listed as unknown. The family has four prior cases with allegations of physical abuse and drug exposed child. All of these cases were substantiated. The mother has four other children, all of whom have been placed into the care of relatives, and are no longer in the mother's care.

On 5/8/15 the Department of Children's Services received a report of harm. Ms. [REDACTED] reported that the family had Dinner at approximately 1030pm. [REDACTED] Feeding occurred at 1100pm 1130pm (breast feeding) this was reported to be normal. After feeding Ms. [REDACTED] placed [REDACTED] in the crib that is beside her bed. Following this Ms. [REDACTED] and Mr. [REDACTED] went to bed (same bed) . At 200am [REDACTED] starts crying (normal for time frame and feeding). Ms. [REDACTED] gets [REDACTED] out of the crib and began feeding. Ms. [REDACTED] said that she was tired and could not stand up an feed so she lays down and feeds [REDACTED] in the bed. Ms. [REDACTED] reported that when he finishes eating she felt him "unlatch" and roll to the center of the bed between she and Mr. [REDACTED] Ms. [REDACTED] positioned on her right side facing the center of the bed and Mr. [REDACTED] positioned on his right side facing the window away from Ms. [REDACTED] and [REDACTED] Ms. [REDACTED] reported that @ 442am on 05-08-2015 she awakens and rubbed her nipple on [REDACTED] mouth as this normally stimulates [REDACTED] to start feeding. At this point Ms. [REDACTED] reported that [REDACTED] did not respond and she felt of his hand and it was cold. Ms. [REDACTED] then called to Mr. [REDACTED] and he immediately called 911 for assistance. Ms. [REDACTED] reported that she was instructed on how to perform Cardio Pulmonary Resuscitation (CPR) and continued that until Emergency Medical Personnel arrived on scene and they took over resuscitative efforts on [REDACTED] Ms. [REDACTED] submitted to a Urine Drug Screen and the results of that screen were Positive results for Oxycodone, THC, & Buprenorphine but denied any use of any substances with exception of her prescribed medications. Ms. [REDACTED] reported that she is prescribed Celexa 40 mg 1 at bedtime, Remeron , Ibuprophen 800mg as needed. Ms. [REDACTED] reported that she had a drug problem in the past and has other children that were removed from her care. She stated that after this she attended and successfully completed a Intensive Out-patient program at [REDACTED] Following this she reported that she became pregnant with [REDACTED] and has not used any illicit drugs during this pregnancy.

[REDACTED] was pronounced deceased on 5/8/15 at 5:35 AM.

Involved in the investigation were:
 [REDACTED] Office of Child Safety Investigator



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] Office of Child Safety Investigator

[REDACTED] Police Department Detective

[REDACTED] Police Department Detective

[REDACTED] Medical Examiner

The Alleged Perpetrator was listed as unknown in the report. Interviews were conducted on the mother, [REDACTED] and the father [REDACTED].

Interview with Ms. [REDACTED] reports that [REDACTED] is in foster care, [REDACTED] and [REDACTED] are in the custody of maternal grandmother [REDACTED]. [REDACTED] is in the custody of his father, [REDACTED]. Ms. [REDACTED] reported that the family had Dinner at approximately 1030pm. Feeding occurred @1100pm 1130pm (breast feeding) this was reported to be normal. After feeding Ms. [REDACTED] placed [REDACTED] in the crib that is beside her bed. Following this Ms. [REDACTED] and Mr. [REDACTED] went to bed (same bed). At 200am [REDACTED] starts crying (normal for time frame and feeding) Ms. [REDACTED] gets [REDACTED] out of the crib and began feeding. Ms. [REDACTED] said that she was tired and could not stand up and feed so she lays down and feeds [REDACTED] in the bed. Ms. [REDACTED] reported that when he finishes eating she felt him "unlatch" and roll to the center of the bed between she and Mr. [REDACTED]. Ms. [REDACTED] was positioned on her right side facing the center of the bed and Mr. [REDACTED] positioned on his right side facing the window away from Ms. [REDACTED] and [REDACTED]. Ms. [REDACTED] reported that @ 442am on 05-08-2015 she awakens and rubbed her nipple on [REDACTED] mouth as this normally stimulates [REDACTED] to start feeding. At this point Ms. [REDACTED] reported that [REDACTED] did not respond and she felt of his hand and it was cold. Ms. [REDACTED] then called to Mr. [REDACTED] and he immediately called 911 for assistance. Ms. [REDACTED] reported that she was instructed on how to perform Cardio Pulmonary Resuscitation (CPR) and continued that until Emergency Medical Personnel arrived on scene and they took over resuscitative efforts on [REDACTED]. Ms. [REDACTED] submitted to a Urine Drug Screen and the results of that screen were Positive results for Oxycodone, THC, & Buprenorphine but denied any use of any substances with exception of her prescribed medications. Ms. [REDACTED] reported that she is prescribed Celexa 40 mg 1 at bedtime, Remeron, Ibuprophen 800mg as needed. Ms. [REDACTED] reported that she had a drug problem in the past and has other children that were removed from her care. She stated that after this she attended and successfully completed an Intensive Out-patient program at [REDACTED]. Following this she reported that she became pregnant with [REDACTED] and has not used any illicit drugs during this pregnancy. Ms. [REDACTED] reported that she has prenatal care throughout her pregnancy with Dr. [REDACTED] at [REDACTED]. [REDACTED] was born at 35 weeks gestation but had no complications as a result and was released within 72hrs of his birth. Ms. [REDACTED] reported that she had no positive drug screens throughout her pregnancy and was drug screened at the provider's office. Ms. [REDACTED] did not appear to be under the influence of any intoxicant at the time of the interview with Office of Child Safety Investigator [REDACTED].

Interview with Mr. [REDACTED] Mr. [REDACTED] reported that he went to sleep after dinner and did not wake up until his wife woke him at around 440 AM and told him to call 911 because the baby was not breathing. He reported he called 911 and the police came within minutes. He reports he was then outside while the emergency personnel worked on [REDACTED]. Ms. [REDACTED] reported that [REDACTED] had no medical diagnosis and was following through with regularly scheduled appointments and following medical recommendations regarding well child checkup and immunizations. Ms. [REDACTED] added that on 05-01-2015 she noticed a small "bump" on his abdomen and had taken him to [REDACTED] Hospital Emergency Department ([REDACTED] CH) and was informed that it may be a hernia and was to follow up with her clinic [REDACTED]. This appointment was scheduled for 05-06-2015 however this appointment was rescheduled secondary to transportation issues for Ms. [REDACTED]. Ms. [REDACTED] submitted to another drug screen on 5/14/15 and was positive for oxycodone and THC. The mother admitted to using drugs obtained from the street.

The Department of Children's Services defines neglect death as:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

treated as severe child abuse.

4. Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.

This case was presented to the Child Protective Investigative Team in [REDACTED] County on 7/15/15. All of the team except for the District Attorney agreed to substantiate the mother [REDACTED] for neglect death. The District Attorney disagreed based on the policy definition.

There is a preponderance of evidence to substantiate the allegation of neglect death with alleged child victim [REDACTED], and Alleged perpetrator [REDACTED] based on the mothers drug use while caring for the child, her failed drug screens, and her admission to using illegally obtained pills off of the street.

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

Narrative Type: Addendum 2 Entry Date/Time: 12/14/2015 03:10 PM Entered By: [REDACTED]

After discussions regarding the Allegation of Neglect Death, it was determined that Ms. [REDACTED] was Co-Sleeping and had used of Non prescribed medications within the 24hrs prior to [REDACTED] death, however the investigation team members were unable to establish a direct link of parental drug use to [REDACTED] death. In addition Co-Sleeping is a parental choice. Although Ms. [REDACTED] reported that she did not practice co-sleeping routinely, this was one of the times she did co-sleep.

Narrative Type: Addendum 1 Entry Date/Time: 12/09/2015 01:30 PM Entered By: [REDACTED]

The case was staffed and the case will be classified as Allegations 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:	10/15/2015	Contact Method:	
Contact Time:	09:26 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/15/2015
Completed date:	10/15/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/15/2015 09:14 AM Entered By: [REDACTED]

Medical records have been obtained and reviewed by DCS Staff Nurse. Note is entered

All records have been uploaded into Tennessee Family and Child Tracking System (TFACTS)

This case will be presented to the Child Protection Investigative Team for review and classification

At this time all investigative task are complete.

The file will be reviewed and submitted to Investigations Coordinator [REDACTED] for 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: 10/14/2015 Contact Method:
 Contact Time: 02:47 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: DCS Office Created Date: 10/14/2015
 Completed date: 10/14/2015 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: 10/14/2015 01:55 PM Entered By: [REDACTED]

Background Checks on [REDACTED]
 DOB [REDACTED]
 SSN: [REDACTED]

10/14/15 Tennessee Bureau of Investigation Meth Offender Registry search: CPSI [REDACTED] searched the database and no records were found. A copy of such finding is contained within the hard file. <https://apps.tn.gov/methor/>

10/14/15 National Felony Offender search: CPSI [REDACTED] searched the database and no records were found. A copy of such finding is contained within the hard file. <http://www.nsopw.gov/en-US/Search>

10/14/15 TN Dept of Health Abuse Registry search: CPSI [REDACTED] searched the database and no records were found. A copy of such finding is contained within the hard file. <http://health.state.tn.us/AbuseRegistry/default.aspx>

10/14/15 Background Check:CPSI ran JIMS on the mother.

10/14/15 Background Check Results: The results are as follows:

Charge-Date-Disposition

Driving without a license in possession-10/10/08-Conviction after plea of guilty
 Driving without a valid license for type of vehicle-7/14/09-Conviction after plea of guilty
 Driving without a valid license for type of vehicle-5/30/10-Conviction after plea of guilty
 Possession of drug paraphernalia-8/8/09-dismissed per plea
 Simple Possession/ casual exchange-8/8/09-conviction after plea of guilty
 Theft-2/24/10-Conviction after plea of guilty

A copy of these findings are located within the hard 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: 10/14/2015 Contact Method: Correspondence
 Contact Time: 02:27 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: [REDACTED] Created Date: 10/14/2015
 Completed date: 10/14/2015 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: 10/14/2015 01:32 PM Entered By: [REDACTED]

DCS Nurse [REDACTED] reviewed the medical records from [REDACTED] and [REDACTED] CH. Nurse [REDACTED] reported that after reviewing the records from [REDACTED] it appeared that everything appeared "normal" regarding the delivery of the child. Nurse [REDACTED] noted that the mother only had 3 prenatal care visits , was Hep C Positive, and suffered from depression and anxiety. It was noted that the prenatal UDS was negative. The Apgars were normal (8 and then 9). It is noted by Nurse [REDACTED] that the newborn hearing screening test was failed. Nurse [REDACTED] reports that it is noted in the records that there was drug screen done on the child on 4/9/15 and the baby was positive for buprenorphine and oxycodone, which was present in cord blood.

On the records from Children's Hospital Nurse [REDACTED] noted, there were a couple notes stating that mother was very anxious and was repeatedly interrupting the MD when trying to provide information and instructions on baby's hernia. Nurse [REDACTED] did not note anything else that was odd.



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: 10/01/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 10/14/2015
 Completed date: 10/14/2015 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: 10/14/2015 01:27 PM Entered By: [REDACTED]

CPSI obtained Medical Records from [REDACTED] and [REDACTED]. A copy of these records are located within the hard file, and have been uploaded under the documents tab.



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: 09/28/2015 Contact Method:
 Contact Time: 03:35 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/28/2015
 Completed date: 09/28/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/28/2015 02:37 PM Entered By: [REDACTED]

Discussed this case on this date with Inv. [REDACTED]

In. [REDACTED] stated that she is going to [REDACTED] Children's Hospital to obtain Medical Records

Once these records have been received they will be reviewed and case will be placed on the [REDACTED] Docket for 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: 08/27/2015 Contact Method:
Contact Time: 03:15 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: [REDACTED] Created Date: 08/28/2015
Completed date: 08/28/2015 Completed By: [REDACTED]
Purpose(s): Service Planning
Contact Type(s): Administrative Review
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/28/2015 10:19 AM Entered By: [REDACTED]
Discussed this case on this date.

Inv. [REDACTED] reported that she has not received the medical records from Primary care providers and that the Appropriate releases has been sent.



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: 08/18/2015 Contact Method:
 Contact Time: 01:31 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 08/18/2015
 Completed date: 08/18/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/18/2015 12:46 PM Entered By: [REDACTED]

LI [REDACTED] along with Inv. [REDACTED] discussed this case on this date.

At this time Inv. [REDACTED] is awaiting the Medical Records from Primary care Physician, and [REDACTED] Children's Hospital.

The case was presented to Child Protection Investigation Team and not all members were in agreement with the classification of Substantiation.

The evidence presented was birth mother's Urine Drug Screens (UDS) positive for Oxycodone, THC, and Buprenorphin and admission that she used prior to placing the child to bed. Based on the results of the UDS, Birth mother's admission to poly substance abuse, coupled with the unsafe sleep it is the opinion of Investigator [REDACTED] that this evidence reaches the burden of proof to substantiate the allegations of Neglect Death by Preponderance of the Evidence

Once the Medical Records have been obtained the case will be submitted by Investigator [REDACTED] for 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:	08/17/2015	Contact Method:	
Contact Time:	12:55 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	08/17/2015
Completed date:	08/17/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/17/2015 11:57 AM Entered By: [REDACTED]
 Autopsy up-loaded into TFACTS in the investigation Tab - documents
 SUDI Form uploaded into TFACTS in the investigation Tab - documents



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: 07/15/2015 Contact Method: Face To Face
Contact Time: 09:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: [REDACTED] Created Date: 12/09/2015
Completed date: 12/09/2015 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: 12/09/2015 06:05 PM Entered By: [REDACTED]
Child Protective Services Investigator (CPSI) [REDACTED] and [REDACTED] PD Detective [REDACTED] presented this case to the CPIT team meeting, located at [REDACTED] at [REDACTED] in [REDACTED]

Present from the CPIT team were:

CPSI: [REDACTED]
[REDACTED] PD: Detective [REDACTED]
[REDACTED] PD: Detective [REDACTED]
Juvenile Court: [REDACTED]
Mental Health: [REDACTED]
CAC: [REDACTED]
DCS Supervisor: [REDACTED]

All members of the team agreed to classify the case as Allegations Substantiated, Perpetrator Substantiated. The DA, disagreed with the classification, due to not feeling like the definition fit the case. All member of the CPIT team signed the CPIT form. This form is located within the hard 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:	06/19/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	08/17/2015
Completed date:	08/17/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/17/2015 11:48 AM Entered By: [REDACTED]
 Final Autopsy report dated 06-10-2015 with physician signature [REDACTED] MD
 Fax Date 06-18-20145

"...in consideration of the totality of the autopsy findings, investigative information, and ancillary testing, the cause of death is best classified as probable accidental asphyxia due to an unsafe sleep environment. The manner of death is accidental."

Autopsy will be uploaded into TFACT



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: System Completed
 Contact Date: 06/18/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 12/09/2015
 Completed date: 12/10/2015 Completed By: System Completed
 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: 12/09/2015 10:44 AM Entered By: [REDACTED]

CPSI [REDACTED] obtained a copy of the autopsy from Dr. [REDACTED] Medical Examiner for [REDACTED] County. In the report Dr. [REDACTED] indicates that the child, [REDACTED] toxicology on post postmortem blood is negative. A copy of this report has been scanned into TFACTS, and is also in the hard copy 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: 06/08/2015 Contact Method:
Contact Time: 09:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: [REDACTED] Created Date: 08/17/2015
Completed date: 08/17/2015 Completed By: [REDACTED]
Purpose(s): Service Planning
Contact Type(s): Administrative Review
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/17/2015 11:41 AM Entered By: [REDACTED]
Results of the autopsy have not been received as of this date.



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: System Completed
Contact Date: 05/14/2015 Contact Method: Face To Face
Contact Time: 01:27 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: [REDACTED] Created Date: 12/09/2015
Completed date: 12/10/2015 Completed By: System Completed
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Alleged Perpetrator Interview
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2015 10:50 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] and [REDACTED] PD Detective [REDACTED] met with [REDACTED] in the [REDACTED] located at [REDACTED]. FSW [REDACTED] was also present for the interview.

The interview took place in Detective [REDACTED] office within the [REDACTED]. The interview was recorded and a copy of the interview is on a DVD located within the hard file.

[REDACTED] was read her rights by Detective [REDACTED] and she signed saying she fully understood her rights and was willing to speak with Detective [REDACTED] and CPS [REDACTED]. [REDACTED] reports she is in the process of trying to move to an apartment on [REDACTED] in [REDACTED]. [REDACTED] was tearful during the interview. [REDACTED] reported she can be reached at [REDACTED]. Detective [REDACTED] expressed to [REDACTED] how sorry Detective [REDACTED] was for [REDACTED] loss. Detective [REDACTED] questioned [REDACTED] about her positive drug screen on the day of [REDACTED] death. On the scene of the incident [REDACTED] denied her drug use. Now [REDACTED] admitted to Detective [REDACTED] and CPSI [REDACTED] that she had been taking medication not prescribed to her. [REDACTED] admitted to taking two percocets, she believes a day or two before [REDACTED] death. She reports she took the Percocet at the same time, and she believed it was 7.5 mg. She reports this is the first time she had used since giving birth to [REDACTED]. She reports that she got the two Percocet off of the street and they were not prescribed to her. She also reported she had smoked THC about a week before [REDACTED] death. She reported that she smoked one blunt that she shared with four other people. She reports that [REDACTED] drug of choice is THC as well. When the couple was smoking marijuana [REDACTED] was with a babysitter. [REDACTED] reported she also took a 1/2 strip of suboxone the day before [REDACTED] death. [REDACTED] reports she also got the suboxone from someone off the street. She reports that she felt pressure and was very depressed and felt the need to use drugs. She reports her depression medication had stopped working so she relapsed. She reports she is going back to the doctor on June 5th to address her depression. [REDACTED] reported that she wasn't worried about taking the drugs because she had taken the same thing in the hospital so she thought it would be safe. She reports she didn't consider the suboxone as dangerous. She reports while she was using and breastfeeding [REDACTED] did not act drowsy or any differently to make her think that he was being effected by the drugs. [REDACTED] reports she knows she needs to change her life around so maybe she will see [REDACTED] again in heaven again. [REDACTED] reports she knows that taking pills every now and then still makes her an addict, and she knows she messed up and needs to change. This is all [REDACTED] had to report 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: 05/08/2015 Contact Method:
 Contact Time: 03:18 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 05/08/2015
 Completed date: 05/08/2015 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: 05/08/2015 03:04 PM Entered By: [REDACTED]

CPSI [REDACTED] completed the FAST, the result is moderate risk/need.

CPSI [REDACTED] completed the Safety assessment , the result is safe.

A copy of these are located within the hard 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: 05/08/2015 Contact Method:
 Contact Time: 03:14 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: [REDACTED] Created Date: 05/08/2015
 Completed date: 05/08/2015 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: 05/08/2015 02:18 PM Entered By: [REDACTED]

TFACTS History:

Investigation ID-Date-ACV-Allegation-AP-Classification

[REDACTED]-8/2/06-[REDACTED] Substantial Risk of Physical Injury-[REDACTED]-ASPS

[REDACTED]-10/13/08-[REDACTED] and [REDACTED] DEC-[REDACTED] Services recommended and accepted

[REDACTED]-5/11/13-[REDACTED] and [REDACTED]-DEC and DEI-[REDACTED]-ASPS

[REDACTED]-5/1/14-[REDACTED] and [REDACTED]-DEC and DEI-[REDACTED] and [REDACTED] ASPS



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: 05/08/2015 Contact Method: Face To Face
 Contact Time: 11:04 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Family Home Created Date: 05/08/2015
 Completed date: 05/08/2015 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,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/08/2015 01:32 PM Entered By: [REDACTED]
 Demographics:

Mother: [REDACTED]
 DOB: [REDACTED]
 SSN: [REDACTED]

Father: [REDACTED]
 DOB: [REDACTED]
 SSN: [REDACTED]

Grandfather: [REDACTED] (lives in home, paternal grandfather)
 DOB: [REDACTED]

Child: [REDACTED]
 DOB: [REDACTED]
 SSN: newborn, hasn't been issued yet

Family phone numbers: [REDACTED] and [REDACTED]

Family Address: [REDACTED]

The mother reports she has four children who were removed from her custody due to drug use. The mother identified these children as :

[REDACTED] (DOB: [REDACTED])
 [REDACTED] (DOB: [REDACTED])
 [REDACTED] (DOB: [REDACTED])



Tennessee Department of Children's Services
Case Recording Summary

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

[REDACTED] (DOB: [REDACTED])

[REDACTED] reports that [REDACTED] is in foster care, [REDACTED] and [REDACTED] are in the custody of maternal grandmother [REDACTED], [REDACTED] is in the custody of his father, [REDACTED]

Office of Child Safety, Child Protective Services Investigator [REDACTED], CPSI [REDACTED] and PD Investigator [REDACTED] went to the family home located at [REDACTED], in [REDACTED], in order to meet response and initiate the investigative process.

CPSI [REDACTED], CPSI [REDACTED] and PD [REDACTED] met with the parents, [REDACTED] and [REDACTED] on the front porch of the family home. CPSI expressed condolences to the family and proceeded with the interview. In regards to the incident the mother reported all of the following to CPSI [REDACTED] and PD [REDACTED]

On the night of the incident [REDACTED] reported

Ms. [REDACTED] reported that the family had Dinner at approximately 1030pm
 [REDACTED] Feeding occurred @1100pm 1130pm (breast feeding) this was reported to be normal
 After feeding Ms. [REDACTED] placed [REDACTED] in the crib that is beside her bed.

Following this Ms. [REDACTED] and Mr. [REDACTED] went to bed (same bed)

@200am [REDACTED] starts crying (normal for time frame and feeding)

Ms. [REDACTED] gets [REDACTED] out of the crib and began feeding. Ms. [REDACTED] said that she was tired and could not stand up an feed so she lays down and feeds [REDACTED] in the bed. Ms. [REDACTED] reported that when he finishes eating she felt him "unlatch" and roll to the center of the bed between she and Mr. [REDACTED] Ms. [REDACTED] positioned on her right side facing the center of the bed and Mr. [REDACTED] positioned on his right side facing the window away from Ms. [REDACTED] and [REDACTED]

Ms. [REDACTED] reported that @ 442am on 05-08-2015 she awakens and rubbed her nipple on [REDACTED] mouth as this normally stimulates [REDACTED] to start feeding. At this point Ms. [REDACTED] reported that [REDACTED] did not respond and she felt of his hand and it was cold.

Ms. [REDACTED] then called to Mr. [REDACTED] and he immediately called 911 for assistance. Ms. [REDACTED] reported that she was instructed on how to perform Cardio Pulmonary Resuscitation (CPR) and continued that until Emergency Medical Personnel arrived on scene and they took over resuscitative efforts on [REDACTED].

Ms. [REDACTED] submitted to a Urine Drug Screen and the results of that screen were Positive results for Oxycodone, THC, & Buprenorphine but denied any use of any substances with exception of her prescribed medications. Ms. [REDACTED] reported that she is prescribed Celexa 40 mg 1 at bedtime, Remeron, Ibuprophen 800mg as needed.

Ms. [REDACTED] reported that she had a drug problem in the past and has other children that were removed from her care. She stated that after this she attended and successfully completed a Intensive Out-patient program at [REDACTED] Following this she reported that she became pregnant with [REDACTED] and has not used any illicit drugs during this pregnancy

Ms. [REDACTED] reported that she has prenatal care throughout her pregnancy with Dr. [REDACTED] at [REDACTED] [REDACTED] was born at 35 weeks gestation but had no complications as a result and was released within 72hrs of his birth. Ms. [REDACTED] reported that she had no positive drug screens throughout her pregnancy and was drug screened at the provider's office

Ms. [REDACTED] did not appear to be under the influence of any intoxicant at the time of the interview with Office of Child Safety Investigator [REDACTED]

Mr. [REDACTED] reported that he went to sleep after dinner and did not wake up until his wife woke him at around 440 AM



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

and told him to call 911 because the baby was not breathing. He reported he called 911 and the police came within minutes. He reports he was then outside while the emergency personnel worked on [REDACTED]
 Medical

Ms. [REDACTED] reported that [REDACTED] had no medical diagnosis and was following through with regularly scheduled appointments and following medical recommendations regarding well child checkup and immunizations. Ms. [REDACTED] added that on 05-01-2015 she noticed a small "bump" on his abdomen and had taken him to [REDACTED] Children's Hospital Emergency Department ([REDACTED] CH) and was informed that it may be a hernia and was to follow up with her clinic [REDACTED]. This appointment was scheduled for 05-06-2015 however this appointment was rescheduled secondary to transportation issues for Ms. [REDACTED]

Collateral

[REDACTED] Paternal grandfather

Mr. [REDACTED] stated that she was sleeping during the incident and was awoken when the events began to unfold. Mr. [REDACTED] reported that once the Emergency Personnel along with Law Enforcement arrived he was asked to go outside the home.

CPSI [REDACTED] observed the home. The home was appropriate with no apparent hazards. The home appeared clean (no dirty dishes, floors appeared vacuumed, swept and mopped, there was no excessive dust, no visible pests, no excessive trash, no dirty clothes on the floor etc.). There was food present in the home. The family had safe sleep measures such as a crib for the child but report they were not utilizing these measures at the time of the infant's death.

In order to engage the family, CPSI explained the current report made to the [REDACTED] 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, 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.

The mother was very emotional during the whole interview. The mother was crying and could not stand without breaking down and crying. The mother kept repeating "I just want to see him and hold him one more time". She reports "I can't believe he's gone, I want my baby back".

CPSI confirmed with [REDACTED] PD [REDACTED] and Major Crimes Detective [REDACTED] that the child was deceased and was transported to the Medical Examiner's office in [REDACTED]
 The interview was concluded at 12:38 PM

Next Steps

Obtain medical records regarding Ms [REDACTED] and [REDACTED]
 Conversation with Medical Examiner's office inquire preliminary case of death
 Enter date of death in Tfacts
 Enter all notes into Tfacts

Narrative Type: Addendum 1 Entry Date/Time: 10/23/2015 01:27 PM Entered By: [REDACTED]

Per Work-Aid 2, Face to Face is not required on deceased children



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: 05/08/2015 Contact Method: Phone Call
 Contact Time: 08:10 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 09/30/2015
 Completed date: 09/30/2015 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: 09/30/2015 03:32 PM Entered By: [REDACTED]

CPS [REDACTED] called the reporter, there was no additional information to give to CPSI [REDACTED] at this time. CPSI thanked the reporter, and the call was concluded.



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: 05/08/2015 Contact Method: Phone Call
Contact Time: 08:08 AM Contact Duration: Less than 01 Hour
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: [REDACTED] Created Date: 05/08/2015
Completed date: 05/08/2015 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: 05/08/2015 01:02 PM Entered By: [REDACTED]

CPSI [REDACTED] called PD Investigator [REDACTED] in order to convene CPIT. [REDACTED] PD Investigator [REDACTED] let CPSI know that [REDACTED] PD Investigator [REDACTED] had already been to the scene and completed her investigation. CPSI [REDACTED] thanked Investigator [REDACTED] and the call was concluded.



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: 05/08/2015 Contact Method: Phone Call
 Contact Time: 07:38 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: [REDACTED] Created Date: 05/08/2015
 Completed date: 05/08/2015 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: 05/08/2015 01:00 PM Entered By: [REDACTED]

CPSI [REDACTED] received notification of a P1, via telephone call with LI [REDACTED] LI [REDACTED] instructed CPSI to convene CPIT and follow up with investigative tasks. The call was concluded.



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: 05/08/2015 Contact Method:
 Contact Time: 05:02 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: [REDACTED] Created Date: 05/08/2015
 Completed date: 05/08/2015 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: 05/08/2015 12:57 PM Entered By: [REDACTED]

This case came to the attention of the Department on 5/8/15 and was assigned to CPSI [REDACTED] on 5/8/15 as a P1. Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification is made to the District Attorney's Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff) as requested per Juvenile Court Judge [REDACTED]

TFacts history check has been completed. The family has extensive history with the Department. A separate note will be entered with TFACT History.

No notification was given to the referent , as it was requested at time of intake.

The reporter states:

[REDACTED] [REDACTED] days old) lived in [REDACTED] with his parents [REDACTED] (a.k.a. [REDACTED] and [REDACTED]. The parents are not married. The mother reported that her last name is [REDACTED] but her driver's license has her name as [REDACTED]. The child and parents live with [REDACTED] father, [REDACTED].

[REDACTED] (a.k.a. [REDACTED]) has four other children that do not live with her, but the reporter does not have their names. One child is in DCS custody, another child lives with that child's father, and the other children live with [REDACTED] s mother and father (names unknown).

The mother called 911 this morning (05-08-2015) at 4:40am [REDACTED] and said that her child had been awake an hour before, but he was now not breathing and that he was bleeding. When police arrived at the home, a very small amount of blood was seen coming from his nose. It is possible that the blood was caused from CPR being performed on the child by the mother. When the reporter arrived at the home, the mother was doing chest compressions on the child in the living room floor just as you entered the front door. Other than the small amount of blood that had come from the child's nose, the reporter did not see any marks, injuries or bruises.

The mother said the child was sleeping in the bed with her and the child's father because she had been breast feeding



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

the child. She stated that when she woke up, the child was not breathing and was white and stiff.

The home is in good condition and is clean.

The Medical Examiner has released the child, and he is being transported to the medical examiner's office. The parents and the grandfather are still at the home with the police. Investigators with the [REDACTED] Police Department have arrived at the home and will be interviewing the parents and the grandfather.

The reporter is not aware of any other incidents of serious injuries to a child or death of any other child. [REDACTED] and [REDACTED] (a.k.a. [REDACTED]) have a history with Law Enforcement. The reporter is aware that they have a prior charge of simple possession and possession of drug paraphernalia, but the reporter does not know the type drug. The reporter does not know if anyone in the home has any current drug or alcohol issues or mental health issues.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker [REDACTED]

Date of Referral: 5/8/15 5:02 AM

Date of Assessment: 5/8/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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.



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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: _____