



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 05/10/2015 06:39 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 05/10/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 05/11/2015 10:01 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 05/10/2015 12:00 AM  
 First Case Manager [REDACTED] Date/Time 05/10/2015 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	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: E-mail  
 Narrative: TFACTS History:

Note: No history was found for either of the children ([REDACTED] & [REDACTED]). There was history found for the father, [REDACTED] as well as history found for the mother, [REDACTED] as a juvenile.

## Family Case ID:

Case ID # [REDACTED] Past history for [REDACTED]  
 Case ID # [REDACTED] Closed DCS Probation case for [REDACTED] as a Juvenile

Open Court Custody/FSS/FCIP None found

## Closed Court Custody:

Case ID # [REDACTED] was in DCS Custody from 9-30-2013 1-9-2014.



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Open CPS None found

Death None found

Substantiated:

Note: [REDACTED] is listed as a First Cousin to the alleged victim in this case.

Substantiated: 3-26-2009/Case ID # [REDACTED]/ENN, LOS, [REDACTED], & [REDACTED]

Screened out 1

History (not listed above): None found

County: [REDACTED]

Notification: Email

School/ Daycare: Unknown

Native American Descent: No.

Directions: None Given

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

Reporter states:

The child is not in state custody.

[REDACTED] (age 2) and [REDACTED] (age 1 month) reside with their mother, [REDACTED] and father, [REDACTED]. No one else resides in the home with the family.

[REDACTED] is currently unresponsive and is being transported to [REDACTED] Hospital in [REDACTED] County). [REDACTED] condition is unknown at this time.

DCS was contacted by [REDACTED] with the [REDACTED] who stated that the mother, [REDACTED], had contacted 911 on 5/10/2015 due to not being able to find [REDACTED]. When Law Enforcement responded to the home, [REDACTED] had found [REDACTED] unresponsive. [REDACTED] was located under the pillow in the crack of the couch. The child was found in between the back of the couch where the cushions were located. The child was reported to be upside down and unresponsive. The mother stated that last night [REDACTED] had fallen asleep in her car seat and the parents went to lay down on an L-shaped sectional in the home. The mother and father slept on opposite sides of the sectional. During the night the mother removed [REDACTED] from the car seat and laid her between herself and the father.

[REDACTED] had gone to spend the night with her grandmother (information not known) and was not present in the home at the time of the incident.

It is unknown how long that it took for [REDACTED] to be found. [REDACTED] is reported to have been unresponsive "for a while." The referent has not observed [REDACTED] at this time. The referent has not spoken with [REDACTED] or [REDACTED] at this time. The home has not been observed by the referent. It is unknown if there are currently any injuries to [REDACTED]

It is unknown if there is any history with the family or if there are any known patterns of abuse or neglect in the home. It is unknown if the parents have a history with Law Enforcement. It is unknown if the parents have any drug or alcohol related issues at this time. It is unknown if there is any domestic violence in the home. It is unknown if anyone in the home has any mental health issues.

It is unknown when [REDACTED] will be back in the care of her parents.

Note: Supervisor [REDACTED] contacted the referent back at 7:58 A.M. for updated status of the



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case. The child has now been pronounced deceased. The parents have not yet been interviewed. DCS is actively working the case with Law Enforcement. No other information is available at this time.

Special Needs or Disabilities: Unknown.

Child's current location/is the child safe at this time: [REDACTED] is currently with her grandmother but their location is unknown.

Perpetrator's location at this time: [REDACTED] and [REDACTED] are currently at [REDACTED] Hospital

Any other safety concerns for the child(ren) or worker who may respond: Unknown.

History of domestic violence in the home: Unknown.

Per SDM: Child Death - Investigative Track/Priority 1 - [REDACTED] CM 3 on 5-10-15 at 8:30 A.M.

[REDACTED] County paged at 8:40 A.M.

[REDACTED] 05-10-15 08:50:40 AM [REDACTED] 05-10-15 08:51:47 AM [REDACTED] Received

Email notification sent to [REDACTED] and the [REDACTED] email notification group.



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**Participant(s)**

**Name:** [REDACTED]  
**Gender:** Female                      **Date of Birth:** [REDACTED]                      **Participant ID:** [REDACTED]  
**SSN:**                                      **Race:** White                                      **Age:** 3 Yrs  
**Address:** [REDACTED]

**Deceased Date:**  
**School/ ChildCare Comments:**

**Alleged Perpetrator:** No  
**DCS Foster Child:** No  
**Contact:** Unknown.  
**Contact Type:** UNKNOWN  
**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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**Name:** [REDACTED]

**Gender:** Female

**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:** Unknown.

**Contact Type:** UNKNOWN

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** White      **Age:** 20 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:**



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Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** White      **Age:** 19 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:**

**Participant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/10/2015

Assignment Date: 05/11/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By Classified Date
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 06/03/2015
2	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 12/23/2015
3	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 12/23/2015
4	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 06/03/2015
5	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 12/23/2015
6	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 12/17/2015
7	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 05/14/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Finding Statement:

A copy of the Classification and Summary will be submitted to Lead Investigator [REDACTED] for review and a copy sent to the Juvenile Court Judge.  
At this time there is evidence to support the allegations of Drug Exposed Child (Severe) and Neglect Death (Severe) as defined by Department of Children's Services Policy.



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**and Classification Decision of Child Abuse/Neglect Referral**

Case Name : [REDACTED]

Investigation ID: [REDACTED]

1. The investigation is closed as Allegation Substantiated/ Perpetrator Substantiated as to Drug Exposed Child (Severe) [REDACTED] Drug Exposed Child [REDACTED] and Abuse Death (Severe) [REDACTED] by Mr. [REDACTED] and [REDACTED]. Department of Children's Services policy 14.7 states that this allegation is appropriate when there is sufficient evidence to support the opinion that the alleged incident occurred or harmful situation excised, and the alleged perpetrator classified in the report was found to be responsible for the child's condition

"Notice of classification pursuant to 37-105 sent to [REDACTED]"

**D. Case Workers**

Case Worker: [REDACTED]

Date: 12/23/2015

Team Leader: [REDACTED]

Date: 12/23/2015

**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:**

Appearance of Children [REDACTED] (2) was observed at [REDACTED] located at [REDACTED] on May 10th, 2015. [REDACTED] was dressed appropriately. [REDACTED] was dressed in shorts, a tank top and shoes. [REDACTED] was observed in [REDACTED] Hospital Emergency Room once being pronounced deceased.

[REDACTED] (2) was observed at [REDACTED] located at [REDACTED] on May 10th, 2015. [REDACTED] was dressed appropriately for the weather. [REDACTED] was dressed in shorts, a tank top and shoes. Mr. and Ms. [REDACTED] reported that [REDACTED] is healthy and up to date on all of her checkups and immunizations. It is reported that [REDACTED] has an upcoming appointment a [REDACTED] for her 2 year checkup and immunizations. [REDACTED] was not seen by any medical professional on this date. [REDACTED] was not present with Mr. and Ms. [REDACTED] during the time in which 911 was contacted on May 10th, 2015. [REDACTED] had stayed with her paternal grandmother, [REDACTED] s, at [REDACTED] since May 9th, 2015 being dropped off at approximately 4:00 p.m. [REDACTED] was brought to [REDACTED] Hospital by Ms [REDACTED] on this date [REDACTED] appeared playful and wanted a muffin which was on the food tray in the Chapel. Child Protective Services Investigator [REDACTED] did not observe any marks or bruises on her visible extremities.

Investigator [REDACTED] responded to [REDACTED] Hospital and met with Investigator [REDACTED] and Lieutenant [REDACTED] and Assistant District Attorney [REDACTED]. Investigator [REDACTED] was already present in the emergency room where [REDACTED] was located. [REDACTED] was born [REDACTED] weighing 7 pounds 5 ½ ounces and her current weight at death is 8 pounds 3.6 ounces with a current length at approximately 22 inches long. [REDACTED] was nude lying on the hospital bed at the time of which Child Protective Services Investigator [REDACTED] arrived in the room. Investigator [REDACTED] learned that [REDACTED] arrived to first responders with no diaper on and unclothed. Investigator [REDACTED] observed [REDACTED] have more wide spread discoloration on the right side of her body. Investigator [REDACTED] also observed what appeared to be lasting impressions from the couch cushions on [REDACTED] face, torso, and along the right leg. Investigator [REDACTED] observed what appeared to be feces along her bottom and on the heels of her feet. Dr. [REDACTED] pronounced her deceased at 6:17 a.m. at [REDACTED]. Investigator [REDACTED] obtained photos of [REDACTED] or the file. Investigator [REDACTED] with District Attorney's office also took photographs of [REDACTED]. Assistant District Attorney General ordered an Autopsy to be completed on [REDACTED] on this date.



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**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)?**

[REDACTED] was transported by [REDACTED] County Medic Unit [REDACTED] Paramedic [REDACTED] and EMT partner [REDACTED] to [REDACTED] Hospital located at [REDACTED] [REDACTED] was pronounced deceased by Dr. [REDACTED] at 6:17 a.m. on May 10th, 2015. Autopsy was ordered by Assistant District Attorney General [REDACTED]

[REDACTED] was followed up by [REDACTED] and was sent to [REDACTED] due [REDACTED] (2 years old) expanded hair results from [REDACTED] [REDACTED] was positive for Methamphetamine level 2,644 pg/mg.

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

Investigator [REDACTED] Assistant District Attorney General [REDACTED] and Lieutenant Detective [REDACTED] met with Mr. [REDACTED] in the ICU/Waiting room privately on this date. Mr. [REDACTED] reported that he and Ms. [REDACTED] had taken [REDACTED] to his mother's residence Ms. [REDACTED] on [REDACTED] on May 9th, 2015. Mr. [REDACTED] reported that they (he, Ms. [REDACTED] and [REDACTED]) went to [REDACTED] "or some store". Mr. [REDACTED] reported that he didn't remember. Mr. [REDACTED] stated that after going to the store they went home to the apartment. Mr. [REDACTED] reported that Mr. [REDACTED] and Mr. [REDACTED] came over to his residence later in the evening. Mr. [REDACTED] stated they all were just watching movies in the living room. Mr. [REDACTED] reported that he doesn't remember what time they (Mr. [REDACTED] and Mr. [REDACTED]) left. Mr. [REDACTED] stated that he remembers going outside to smoke a cigarette and there have been lots of issues over the neighbor [REDACTED] (last name unknown), because Ms. [REDACTED] thinks that [REDACTED] wants Mr. [REDACTED]. Mr. [REDACTED] stated that Ms. [REDACTED] had been mad also over Mr. [REDACTED] and Mr. [REDACTED] coming over. Mr. [REDACTED] reported that when he went back into the apartment he just laid down on the long side of the L shaped sectional and went to sleep. Mr. [REDACTED] reported he doesn't remember if Ms. [REDACTED] and [REDACTED] were asleep or not. Mr. [REDACTED] reported going to sleep and not waking up until the same time Ms. [REDACTED] did this morning. Mr. [REDACTED] reported that Ms. [REDACTED] pulled [REDACTED] from the couch and she was pale, and purple and cold. Mr. [REDACTED] reported that he doesn't remember if Ms. [REDACTED] handed him [REDACTED] or he took her from Ms. [REDACTED]. Mr. [REDACTED] reported he called 911 but let Ms. [REDACTED] talk to them. Mr. [REDACTED] reported that Ms. [REDACTED] was attempting CPR when the first responders arrived to the residence. Mr. [REDACTED] reported that [REDACTED] had not been fussy and he did not hear her cry all night.

Mr. [REDACTED] submitted to a field urine drug screen and failed for methamphetamine, amphetamine, THC and MDMA (ecstasy). Mr. [REDACTED] only gave admissions to marijuana stating it was around 3 weeks ago. Mr. [REDACTED] also submitted to an oral swab that was sent off to [REDACTED]. Mr. [REDACTED] and Ms. [REDACTED] had already made arrangements for [REDACTED] to stay with his mother Ms. [REDACTED] for a few days. Mr. [REDACTED] reported that Ms. [REDACTED] was on her way to [REDACTED] currently with [REDACTED]. Investigator [REDACTED] told Mr. and Ms. [REDACTED] she (Investigator [REDACTED]) was going to take their sealed oral swabs to the Department of Children's Services Office to schedule pick up and placed in locked assigned [REDACTED] box. Investigator [REDACTED] told Mr. and Ms. [REDACTED] to let Ms. [REDACTED] know that Investigator [REDACTED] would be right back to see [REDACTED]. Mr. and Ms. [REDACTED] were getting ready to leave to go to their apartment with Assistant District Attorney [REDACTED]. Investigator [REDACTED] and [REDACTED] Detective [REDACTED] [REDACTED] Investigator [REDACTED] arrived to observe the residence once all of the above listed parties were already present.

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

Reporter states: The child is not in state custody. [REDACTED] (age 2) and [REDACTED] (age 1 month) reside with their mother, [REDACTED] and father, [REDACTED]. No one else resides in the home with



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

the family. [REDACTED] is currently unresponsive and is being transported to [REDACTED] Hospital in [REDACTED] County). [REDACTED] condition is unknown at this time. Department of Children Services was contacted by [REDACTED] with the [REDACTED] Police Department who stated that the mother, [REDACTED] had contacted 911 on 5/10/2015 due to not being able to find [REDACTED]. When Law Enforcement responded to the home, [REDACTED] had found [REDACTED] unresponsive. [REDACTED] was located under the pillow in the crack of the couch. The child was found in between the back of the couch where the cushions were located. The child was reported to be upside down and unresponsive. The mother stated that last night [REDACTED] had fallen asleep in her car seat and the parents went to lay down on an L-shaped sectional in the home. The mother and father slept on opposite sides of the sectional. During the night the mother removed [REDACTED] from the car seat and laid her between herself and the father. [REDACTED] had gone to spend the night with her grandmother (information not known) and was not present in the home at the time of the incident. It is unknown how long that it took for [REDACTED] to be found. [REDACTED] is reported to have been unresponsive "for a while." The referent has not observed [REDACTED] at this time. The referent has not spoken with [REDACTED] or [REDACTED] at this time. The home has not been observed by the referent. It is unknown if there are currently any injuries to [REDACTED]. It is unknown if there is any history with the family or if there are any known patterns of abuse or neglect in the home. It is unknown if the parents have a history with Law Enforcement. It is unknown if the parents have any drug or alcohol related issues at this time. It is unknown if there is any domestic violence in the home. It is unknown if anyone in the home has any mental health issues. It is unknown when [REDACTED] will be back in the care of her parents. Note: Supervisor [REDACTED] contacted the referent back at 7:58 A.M. for updated status of the case. The child has now been pronounced deceased. The parents have not yet been interviewed. Department of Children Services is actively working the case with Law Enforcement. No other information is available at this time.

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

**FINAL CASE SUMMARY**

DCS Policy defines that Drug Exposed Child and Neglect Death is

1. Drug exposed child:

This allegation pertains to a person, under the age of 18 who:

- a) Has been exposed to or is at risk of exposure to a drug or chemical substance (including but not limited to alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamine, heroin, inhalants) that could adversely affect the child's physical, mental or emotional functioning; or
- b) Has a parent/caregiver that uses drugs or chemical substances that impacts or is at risk of impacting their ability to adequately care for the child.

NOTE: The manufacturing of methamphetamine where children are present or in close proximity will always be considered severe abuse.

2. Child Death and Near Death:

Please utilize the Child Death summary and required documents for any death or near death cases.

**ACV Interview:**

Investigator [REDACTED] responded to [REDACTED] Hospital and met with Investigator [REDACTED] and Lieutenant [REDACTED] and Assistant District Attorney [REDACTED]. Investigator [REDACTED] was already present in the emergency room where [REDACTED] was located. [REDACTED] was born [REDACTED] weighing 7 pounds 5 ½ ounces and her current weight at death is 8 pounds 3.6 ounces with a current length at approximately 22 inches long. [REDACTED] was nude lying on the hospital bed at the time of which Child Protective Services Investigator [REDACTED] arrived in the room. Investigator [REDACTED] learned that [REDACTED] arrived to first responders with no diaper on and unclothed. Investigator [REDACTED] observed [REDACTED] to have more wide spread discoloration on the right side of her body. Investigator [REDACTED] also observed what appeared to be lasting impressions from the



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

couch cushions on [REDACTED] face, torso, and along the right leg. Investigator [REDACTED] observed what appeared to be feces along her bottom and on the heels of her feet. Dr. [REDACTED] pronounced her deceased at 6:17 a.m. at [REDACTED] Hospital. Investigator [REDACTED] obtained photos of [REDACTED] for the file. Investigator [REDACTED] with District Attorney's office also took photographs of [REDACTED]. Assistant District Attorney General ordered an Autopsy to be completed on [REDACTED] on this date.

[REDACTED], (2) was observed at [REDACTED] Hospital located at [REDACTED] on May 10th, 2015. [REDACTED] was dressed appropriately for the weather. [REDACTED] was dressed in shorts, a tank top and shoes. Mr. and Ms. [REDACTED] and [REDACTED] reported that [REDACTED] is healthy and up to date on all of her checkups and immunizations. It is reported that [REDACTED] has an upcoming appointment at [REDACTED] for her 2 year checkup and immunizations. [REDACTED] was not seen by any medical professional on this date. [REDACTED] was not present with Mr. and Ms. [REDACTED] during the time in which 911 was contacted on May 10th, 2015. [REDACTED] had stayed with her paternal grandmother, [REDACTED] at [REDACTED] since May 9th, 2015 being dropped off at approximately 4:00 p.m. [REDACTED] was brought to [REDACTED] Hospital by Ms. [REDACTED] on this date. [REDACTED] appeared playful and wanted a muffin which was on the food tray in the Chapel. Child Protective Services Investigator [REDACTED] did not observe any marks or bruises on her visible extremities.

## AP Interview:

Assistant District Attorney General [REDACTED] Lieutenant Detective with [REDACTED] Police Department [REDACTED] Investigator [REDACTED] with the District Attorney General's Office, Child Protective Services Investigator [REDACTED] Mr. [REDACTED] and Ms. [REDACTED] were present during this visit.

Child Protective Services Investigator [REDACTED] District Attorney Investigator [REDACTED] Assistant District Attorney General [REDACTED] and [REDACTED] Police Department Lieutenant Detective [REDACTED] interviewe

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 District Attorney in Severe Child Abuse Cases  
 Regional Supervising Attorney



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/26/2015 Contact Method:  
 Contact Time: 06:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/26/2015  
 Completed date: 12/26/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/26/2015 01:45 PM Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/23/2015 Contact Method:  
 Contact Time: 10:50 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/23/2015  
 Completed date: 12/23/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/23/2015 10:59 AM Entered By: [REDACTED]

Lead Investigator [REDACTED] has reviewed this case with the Investigator and the case is ready for closure. A copy of the 740 will be sent to the office of the Juvenile Judge. The hard file will be stored in the DCS office.



## 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: 12/21/2015 Contact Method: Face To Face  
Contact Time: 02:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 12/21/2015  
Completed date: 12/21/2015 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: 12/21/2015 03:07 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] met with Ms. [REDACTED] and [REDACTED] on this date. [REDACTED] was wearing red leggings with a red shirt with snow flakes on it. [REDACTED] had a baby doll in her hands. Child Protective Services Investigator [REDACTED] asked [REDACTED] about her baby doll. [REDACTED] stated that she wanted a pink Kitty for Christmas. [REDACTED] appeared healthy and happy on this date. [REDACTED] is reported to be doing really well still with her [REDACTED] and [REDACTED] (The [REDACTED] maternal [REDACTED]). Ms. [REDACTED] stated that she got a copy of [REDACTED] autopsy the day it came in an she has talked to [REDACTED] about it. Ms [REDACTED] stated that she goes to see [REDACTED] every week and also talks to her on the phone. Ms. [REDACTED] stated that she also talks to [REDACTED] on the phone. Child Protective Services Investigator [REDACTED] explained a court date has not yet been set for the Adjudicatory Hearing yet for this matter but it will more than likely be in February of 2016 with the Criminal portion set for April 18th, 2015. Ms. [REDACTED] stated that [REDACTED] is trying to stay strong and focus on getting out one day and getting [REDACTED] back. [REDACTED] appeared very active and bonded with Ms [REDACTED] Child Protective Services Investigator [REDACTED] thanked Ms. [REDACTED] or bringing [REDACTED] by on this date and that Investigator [REDACTED] was going to be turning her portion of the matter in for closure but case would be open as to court matter which hasn't been set yet.



**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: 12/17/2015 Contact Method:  
 Contact Time: 05:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 04:50 PM Entered By: [REDACTED]

The Substantiated Perpetrator Letter A and attachment was completed and due process is initiated.



**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: 12/17/2015 Contact Method:  
 Contact Time: 02:41 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 02:48 PM Entered By: [REDACTED]

**Case Summary**

On May 10th, 2015, The Department of Children's Services, Office of Child Safety received a referral with an allegation of Child Neglect Death regarding non-custodial child, [REDACTED] one month old, by an Unknown Perpetrator.

Child Protective Services Investigator [REDACTED] began an investigation. [REDACTED] Police Department Detective [REDACTED] and Assistant District Attorney [REDACTED] with The [REDACTED] County District Attorney's Office and Investigator [REDACTED] with the [REDACTED] County District Attorney's Office assisted in the investigation.

Assistant District Attorney General [REDACTED] Lieutenant Detective with [REDACTED] Police Department [REDACTED] Investigator [REDACTED] with the District Attorney General's Office, Child Protective Services Investigator [REDACTED] Mr. [REDACTED] and Ms. [REDACTED] were present during this visit.

Child Protective Services Investigator [REDACTED] District Attorney Investigator [REDACTED] Assistant District Attorney General [REDACTED] and [REDACTED] Police Department Lieutenant Detective [REDACTED] interviewed Ms. [REDACTED] privately in the Chapel at [REDACTED] Hospital located at [REDACTED] Ms. [REDACTED] stated that she and her husband had dropped off [REDACTED] at her paternal grandmother, Ms. [REDACTED] residence on [REDACTED] in [REDACTED] on Saturday night May 9th, 2015 in the afternoon hours. Ms. [REDACTED] stated that she, Mr. [REDACTED] and [REDACTED] arrived back to their residence at [REDACTED] Ms. [REDACTED] stated that she fed [REDACTED] 4 ounces of formula between 6:00 and 6:30 p.m. Ms. [REDACTED] stated that [REDACTED] burped well but still acted hungry around 7:00 p.m. so she (Ms. [REDACTED]) decided to give [REDACTED] 2 more ounces of formula. Ms. [REDACTED] reported that [REDACTED] had a runny nose and had been more fussy than usual. Ms. [REDACTED] reported that [REDACTED] slept a lot more than her other daughter, [REDACTED] did. Ms. [REDACTED] reported that [REDACTED] got to where she didn't want to sleep in her sleeper, or the bouncer. Ms. [REDACTED] originally stated that she and Mr. [REDACTED] were watching movies in the living room and [REDACTED] was sitting in her car seat. Ms. [REDACTED] stated she got her out of her car seat and she (Ms. [REDACTED]) was lying on the shorter side of the L shaped sectional couch in the living room. Ms. [REDACTED] stated that Mr. [REDACTED] lay down on the longer side of the sectional and that she (Ms. [REDACTED]) propped [REDACTED] up (shoulders and head) on a body pillow in between she and Mr. [REDACTED] in the corner of the sectional. Ms. [REDACTED] reported going to sleep around 11:00 p.m. on Saturday night May 9th, 2015. Ms. [REDACTED] reported that she slept all night long and did not hear [REDACTED] cry all night. Ms. [REDACTED] reports she awoke on Sunday Morning around 5:50 a.m. and originally didn't see [REDACTED] and started panicking due to not seeing her where she should be. Ms. [REDACTED] she then found her in between the couch cushions. Ms. [REDACTED] stated that she got her [REDACTED] out and she was cold and pale and purple. Ms. [REDACTED] stated that she began screaming and Mr. [REDACTED] got up and called 911. Ms. [REDACTED] stated that she took her [REDACTED] diaper off because it was really wet with pee and



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

poop. Ms. [REDACTED] stated that she was trying to listen to 911 on how to do CPR when first responder arrived at her home and the first responders took over at this point. Later Ms. [REDACTED] reported that [REDACTED] and [REDACTED] had come over the night of May 9th, 2015. Ms. [REDACTED] reported they are friends of Mr. [REDACTED]. Ms. [REDACTED] reported that [REDACTED] is "no good" and that she didn't like him. Ms. [REDACTED] initially reported that she was on no medication then later stated she was unsure of all the medication she is on. Ms. [REDACTED] submitted to a field urine drug screen and failed for methamphetamine, amphetamine, benzodiazepines, MDMA (Ecstasy), and THC. Ms. [REDACTED] gave no admissions for any substances. An Oral Swab collected was taken on this date as well and sent off to [REDACTED]. Ms. [REDACTED] signed a consent for their residence to be searched for Lieutenant Detective [REDACTED].

Investigator [REDACTED], Assistant District Attorney General [REDACTED] and Lieutenant Detective [REDACTED] met with Mr. [REDACTED] in the ICU/Waiting room privately on this date. Mr. [REDACTED] reported that he and Ms. [REDACTED] had taken [REDACTED] to his mother's residence Ms. [REDACTED] on [REDACTED] on May 9th, 2015. Mr. [REDACTED] reported that they (he, Ms. [REDACTED] and [REDACTED]) went to [REDACTED] "or some store". Mr. [REDACTED] reported that he didn't remember. Mr. [REDACTED] stated that after going to the store they went home to the apartment. Mr. [REDACTED] reported that Mr. [REDACTED] and Mr. [REDACTED] came over to his residence later in the evening. Mr. [REDACTED] stated they all were just watching movies in the living room. Mr. [REDACTED] reported that he doesn't remember what time they (Mr. [REDACTED] and Mr. [REDACTED]) left. Mr. [REDACTED] stated that he remembers going outside to smoke a cigarette and there have been lots of issues over the neighbor [REDACTED] (last name unknown), because Ms. [REDACTED] thinks that [REDACTED] wants Mr. [REDACTED]. Mr. [REDACTED] stated that Ms. [REDACTED] had been mad also over Mr. [REDACTED] and Mr. [REDACTED] coming over. Mr. [REDACTED] reported that when he went back into the apartment he just laid down on the long side of the L shaped sectional and went to sleep, Mr. [REDACTED] reported he doesn't remember if Ms. [REDACTED] and [REDACTED] were asleep or not. Mr. [REDACTED] reported going to sleep and not waking up until the same time Ms. [REDACTED] did this morning. Mr. [REDACTED] reported that Ms. [REDACTED] pulled [REDACTED] from the couch and she was pale, and purple and cold. Mr. [REDACTED] reported that he doesn't remember if Ms. [REDACTED] handed him [REDACTED] or he took her from Ms. [REDACTED]. Mr. [REDACTED] reported he called 911 but let Ms. [REDACTED] talk to them. Mr. [REDACTED] reported that Ms. [REDACTED] was attempting CPR when the first responders arrived to the residence. Mr. [REDACTED] reported that [REDACTED] had not been fussy and he did not hear her cry all night.

Mr. [REDACTED] submitted to a field urine drug screen and failed for methamphetamine, amphetamine, THC and MDMA (ecstasy). Mr. [REDACTED] only gave admissions to marijuana stating it was around 3 weeks ago. Mr. [REDACTED] also submitted to an oral swab that was sent off to [REDACTED]. Mr. [REDACTED] and Ms. [REDACTED] had already made arrangements for [REDACTED] to stay with his mother Ms. [REDACTED] for a few days. Mr. [REDACTED] reported that Ms. [REDACTED] was on her way to [REDACTED] currently with [REDACTED]. Investigator [REDACTED] told Mr. and Ms. [REDACTED], she (Investigator [REDACTED]) was going to take their sealed oral swabs to the Department of Children's Services Office to schedule pick up and placed in locked assigned [REDACTED] box. Investigator [REDACTED] told Mr. and Ms. [REDACTED] to let Ms. [REDACTED] know that Investigator [REDACTED] would be right back to see [REDACTED]. Mr. and Ms. [REDACTED] were getting ready to leave to go to their apartment with Assistant District Attorney [REDACTED], Investigator [REDACTED], and Lieutenant Detective [REDACTED]. Lead Investigator [REDACTED] arrived to observe the residence once all of the above listed parties were already present.

Child Protective Services Investigator [REDACTED] took oral swabs to the [REDACTED] County Department of Children's Services Office located at [REDACTED] with Mr. and Ms. [REDACTED] sealed oral swabs and contacted [REDACTED] to come and collect the swabs. Investigator [REDACTED] placed the swabs which were in individualized plastic sealed bags in the assigned [REDACTED] locked container and scheduled for pick up on Sunday May 10th, 2015 with instructions to contact Investigator [REDACTED] prior so Investigator [REDACTED] could open the office for the [REDACTED] Collector.

Investigator [REDACTED] arrived back to [REDACTED] Hospital located at [REDACTED]. Investigator [REDACTED] walked into Emergency Room and observed a female holding a child. Investigator [REDACTED] stated "Are you Ms. [REDACTED]?" Ms. [REDACTED] responded yes. Ms. [REDACTED] was holding [REDACTED] in her lap. Investigator [REDACTED] asked Ms. [REDACTED] to come down to the Chapel with [REDACTED]. Mr. [REDACTED] was also present. Mr. [REDACTED] is the elder sibling to Mr. [REDACTED] and paternal uncle to [REDACTED] and [REDACTED]. [REDACTED] was drinking what appeared to be juice out of a baby bottle. Ms. [REDACTED] stated that [REDACTED] sometimes only wants baby bottles but she mostly drinks out of Sippy cups. [REDACTED] appeared quiet and wanted to walk around the room. Investigator [REDACTED] spoke with Ms. [REDACTED] and Mr. [REDACTED]. Investigator [REDACTED] asked each of them together/ privately in the chapel if they had any concerns. Both reported concerns about Ms. [REDACTED] mental stability. Ms. [REDACTED] stated that, Mr. [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

[REDACTED] has called her before stating that Ms. [REDACTED] wanted to and was going to kill herself. Ms. [REDACTED] reported telling Mr. [REDACTED] to call the law and get Ms. [REDACTED] some help. Ms. [REDACTED] reported that Mr. [REDACTED] was on the phone with her and Ms. [REDACTED] went to the bathroom and came back and she was fine. Ms. [REDACTED] reported that Ms. [REDACTED] has black out spells. Ms. [REDACTED] stated that she was unsure if they were real or not real but she knows that Ms. [REDACTED] talks out of her head when they happen and doesn't know where she (Ms. [REDACTED] is).

Ms. [REDACTED] reported a previous incident when Mr. and Ms. [REDACTED] was staying with when [REDACTED] was a baby. Ms. [REDACTED] stated to [REDACTED] well [REDACTED] tell her (Investigator [REDACTED] what happened? Mr. [REDACTED] stated well I don't know what was wrong with Ms. [REDACTED] but she was flopping on the floor with [REDACTED] and [REDACTED] was a baby. Mr. [REDACTED] reported taking [REDACTED] from Ms. [REDACTED] and placed [REDACTED] in a car seat. Mr. [REDACTED] reported that he yelled for his mom Ms. [REDACTED] to get out there. Mr. [REDACTED] stated that Ms. [REDACTED] was flopping around the floor stating that she was talking to his (Mr. [REDACTED] grandparents). Mr. [REDACTED] stated "My grandparents were deceased" and Ms. [REDACTED] was going on and on that she was talking to them. Mr. [REDACTED] stated I think something is really wrong with Ms. [REDACTED] mentally.

Ms. [REDACTED] reported that Mr. and Ms. [REDACTED] had brought [REDACTED] to her home on Saturday May 9th after 4 p.m. Ms. [REDACTED] stated that [REDACTED] was asleep in her car seat. Ms. [REDACTED] stated that she had begged Mr. and Ms. [REDACTED] to let her get [REDACTED] out of the car seat and hold her. Ms. [REDACTED] stated that Ms. [REDACTED] told her no that [REDACTED] was asleep and they didn't want to get her out. Ms. [REDACTED] stated that she got [REDACTED] and Mr. and Ms. [REDACTED] left her residence. Ms. [REDACTED] stated that she typically keeps [REDACTED] every weekend or Saturday night.

[REDACTED] (2) was observed at [REDACTED] Hospital located at [REDACTED] on May 10th, 2015. [REDACTED] was dressed appropriately for the weather. [REDACTED] was dressed in shorts, a tank top and shoes. Mr. and Ms. [REDACTED], reported that [REDACTED] is healthy and up to date on all of her checkups and immunizations. It is reported that [REDACTED] has an upcoming appointment at [REDACTED] for her 2 year checkup and immunizations. [REDACTED] was not seen by any medical professional on this date. [REDACTED] was not present with Mr. and Ms. [REDACTED] during the time in which 911 was contacted on May 10th, 2015. [REDACTED] had stayed with her paternal grandmother [REDACTED] at [REDACTED] since May 9th, 2015 being dropped off at approximately 4:00 p.m. [REDACTED] was brought to [REDACTED] Hospital by Ms. [REDACTED] on this date. [REDACTED] appeared playful and wanted a muffin which was on the food tray in the Chapel. Child Protective Services Investigator [REDACTED] did not observe any marks or bruises on her visible extremities. [REDACTED] had made arrangements and were in agreement to let the paternal grandmother [REDACTED] keep [REDACTED] for a few days.

[REDACTED] was transported by [REDACTED] County Medic [REDACTED] Paramedic [REDACTED] and EMT partner [REDACTED] to [REDACTED] located at [REDACTED] [REDACTED] was pronounced deceased by Dr. [REDACTED] at 6:17 a.m. on May 10th, 2015. Autopsy was ordered by Assistant District Attorney General [REDACTED] [REDACTED] was sent for an autopsy on May 11th, 2015. [REDACTED] M.D. "The Decedent was a 1 month old white female infant who was placed to sleep on an "L" shaped sectional couch with her parents. When they awoke they initially could not locate the baby but then found her unresponsive wedged between the cushions of the couch. She was pronounced dead at [REDACTED] Hospital. An agent from the [REDACTED] police department described a white "V" shaped mark on the baby's forehead The [REDACTED] County medical examiner ordered and autopsy. The baby had been born at an estimated 38 weeks gestation via an uncomplicated vaginal delivery. Her postnatal health had been benign. Newborn metabolic screening was negative. Given the circumstances under which the baby was found and the lack of other findings at autopsy to account for death, the cause of death is asphyxia due to wedging. The manner of death is accident. [REDACTED] M.D Associate Medical Examiner"

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

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The case was presented to the [REDACTED] County Child Protective Investigation Team on June 3rd, 2015 and again on July 1st, 2015. Team members were in agreement that was agreed upon by Child Protective Investigative Team Members to classify the case as Allegations Substantiated/ Perpetrator Substantiated to the allegations of Drug Exposed Child (Severe) as to [REDACTED] and Neglect Death allegations [REDACTED]. This is defined by Policy 14.7 1. Allegation Substantiated, Perpetrator Substantiated. a) This classification is appropriate when there is sufficient information and evidence to support the opinion that: The alleged incident occurred or harmful situation existed, and The alleged perpetrator classified in the report was found to be responsible for the child's condition. b) To indicate the allegations and perpetrator, the case must have been based on one of the following allegations: Any report of harm that constituted severe child abuse as defined in Work Aid 1 - Categories and Definitions of Child Abuse/Neglect. Any report of child sexual abuse; Any report of the following injuries per TCA 37-1-406: i. Head trauma; ii. Broken bones; iii. Inflicted burns; iv. Organic functional impairment (injury to internal organs) as defined by the department; v. Broken skin; vi. Shaken baby syndrome; vii. Defensive injuries; viii. Injuries related to physical confinement; or ix. Infants exposed to illegal narcotics, including methamphetamine. c) Any report of harm of the following types of neglect per TCA 37-1-406: A child left without supervision in a dangerous environment; Lack of food or nurturance resulting in failure to thrive; Abandonment of a child under the age of eight (8); Lack of care that results in a life-threatening condition or hospitalization; and Inaction of the parent resulting in serious physical injury. d) Any report that: Results in the removal of a child from the home if the removal is due to abuse or neglect. (Note: a removal does not always require substantiation. Regional Legal Counsel will be consulted on the need to substantiate.) Involves a caretaker at any institution, including but not limited to any licensed daycare center, public or private school, or hospital. Results in any other class of injury.

The case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for the allegation of Drug Exposed Child (Severe) and Child Neglect Death (Severe) as to parents Mr. [REDACTED] and Ms. [REDACTED]

Narrative Type: Addendum 1    Entry Date/Time: 12/23/2015 03:28 PM    Entered By: [REDACTED]

Department of Children's Services converted Neglect Death into only an Abuse Death substantiation as of June 2015. Case will be classified as Abuse Death as Neglect Death no longer exists.



**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: 12/17/2015 Contact Method:  
 Contact Time: 11:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 04:02 PM Entered By: [REDACTED]

The FFA, Family Functional Assessment, was completed and printed for the file on 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: Completed  
 Contact Date: 12/17/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 04:02 PM Entered By: [REDACTED]  
 CS-740 form was completed on this date and a 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: 12/10/2015 Contact Method:  
 Contact Time: 05:11 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 02:13 PM Entered By: [REDACTED]

Summary of [REDACTED] Autopsy

"The Decedent was a 1 month old white female infant who was placed to sleep on an "L" shaped sectional couch with her parents. When they awoke they initially could not locate the baby but then found her unresponsive wedged between the cushions of the couch. She was pronounced dead at [REDACTED] Hospital. An agent from the [REDACTED] police department described a white "V" shaped mark on the baby's forehead The [REDACTED] County medical examiner ordered and autopsy.

The baby had been born at an estimated 38 weeks gestation via an uncomplicated vaginal delivery. Her postnatal health had been benign. Newborn metabolic screening was negative.

Given the circumstances under which the baby was found and the lack of other findings at autopsy to account for death, the cause of death is asphyxia due to wedging. The manner of death is accident.

[REDACTED], M.D.  
 [REDACTED] Medical Examiner"



**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: 12/10/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/23/2015  
 Completed date: 12/23/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/23/2015 10:54 AM Entered By: [REDACTED]

The [REDACTED] Judicial district child Fatality Review Team met today with [REDACTED] RN. and [REDACTED] ADA. The autopsy has still not been received.



**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:	11/02/2015	Contact Method:	
Contact Time:	01:59 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	[REDACTED]
Completed date:	11/02/2015	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: 11/02/2015 12:59 PM      Entered By: [REDACTED]  
 This case was reviewed by Regional Investigations Director [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: 10/14/2015 Contact Method: Attempted Face To Face  
 Contact Time: 08:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 12/21/2015  
 Completed date: 12/21/2015 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**

[REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/21/2015 01:23 PM Entered By: [REDACTED]

10/14/2015-(GOOD FAITH ATTEMPT)-Child Protective Services Investigator [REDACTED] went to the family's residence. No one was home 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:	09/24/2015	Contact Method:	
Contact Time:	09:08 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/02/2015
Completed date:	11/02/2015	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: 11/02/2015 01:23 PM      Entered By: [REDACTED]

This case has been reviewed by Investigations Coordinator [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: 09/24/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/23/2015  
 Completed date: 12/23/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/23/2015 10:52 AM Entered By: [REDACTED]

The [REDACTED] Judicial District Child Fatality review Team convened and discussed this case. No findings as the autopsy report has not been received.



**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: 09/21/2015 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 12/17/2015  
 Completed date: 12/17/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Court Hearing,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/17/2015 01:59 PM Entered By: [REDACTED]  
 09-21-2015 The Adjudicatory Hearing was held in [REDACTED] County Juvenile Court before Honorable Judge [REDACTED] located at [REDACTED] Ms. [REDACTED] was present with her attorney [REDACTED]. Mr. [REDACTED] was present with his attorney [REDACTED]. The Adjudicatory Hearing was agreed to be continued by all parties and attorneys until October 26th, 2015 at 9:00 a.m. in the [REDACTED] County Juvenile Court.



**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:	09/14/2015	Contact Method:	
Contact Time:	07:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/14/2015	Contact Method:	
Contact Time:	07:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

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



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

Case Id: [REDACTED]  
 Case 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: 01:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/21/2015  
 Completed date: 12/21/2015 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**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/21/2015 01:29 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] spoke with Ms. [REDACTED] she reports [REDACTED] is doing well and there hasn't been any issues.

Parents remain incarcerated at the [REDACTED] County Jail and there is a no visitation down between the parents and [REDACTED] still.



**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:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/23/2015
Completed date:	12/24/2015	Completed By:	System Completed
Purpose(s):			
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

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



**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: 07/07/2015 Contact Method: Face To Face  
 Contact Time: 10:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 12/21/2015  
 Completed date: 12/21/2015 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**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/21/2015 01:21 PM Entered By: [REDACTED]

07/07/2015-(GOOD FAITH ATTEMPT)-Child Protective Services Investigator [REDACTED] went to the family's residence. No one was home at this time 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: 07/02/2015 Contact Method: Correspondence  
 Contact Time: 08:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 01:45 PM Entered By: [REDACTED]

A copy of the Classification and Summary will be submitted to Lead Investigator [REDACTED] for review and a copy sent to the Juvenile Court Judge.

At this time there is evidence to support the allegations of Drug Exposed Child (Severe) and Neglect Death (Severe) as defined by Department of Children's Services Policy.

1. The investigation is closed as Allegation Substantiated/ Perpetrator Substantiated as to Drug Exposed Child (Severe) [REDACTED] and Neglect Death (Severe) [REDACTED] by Mr. [REDACTED] and [REDACTED]. Department of Children's Services policy 14.7 states that this allegation is appropriate when there is sufficient evidence to support the opinion that the alleged incident occurred or harmful situation excised, and the alleged perpetrator classified in the report was found to be responsible for the child's condition

"Notice of classification pursuant to 37-105 sent to Juvenile Court, District Attorney, and Law Enforcement."

Narrative Type: Addendum 1 Entry Date/Time: 12/23/2015 03:29 PM Entered By: [REDACTED]

Department of Children's Services converted Neglect Death into only an Abuse Death substantiation as of June 2015. Case will be classified as Abuse Death as Neglect Death no longer exists.



**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:	07/01/2015	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/17/2015
Completed date:	12/17/2015	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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/17/2015 01:36 PM      Entered By: [REDACTED]  
 07/01/2015-Child Protective Services Investigator [REDACTED] staffed this case with the Child Protective Investigative Team on this date. The Child Protective Investigative Team made an agreement to classify this case as Allegation Substantiated/Perpetrator Substantiated as to Neglect Death Severe in regard to [REDACTED] by Mr. [REDACTED] and by Ms. [REDACTED].

All members were in agreement with this decision. Documented on Child Protective Investigative Team Review document and placed in file.

Members present and signed are as follows

- [REDACTED] - Department of Children's Services [REDACTED]
- [REDACTED] - County Sherriff's Department [REDACTED]
- [REDACTED] - County District Attorney Office [REDACTED]
- [REDACTED] - Police Department [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: 06/17/2015 Contact Method:  
 Contact Time: 05:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/17/2015 11:12 AM Entered By: [REDACTED]

Mr. [REDACTED] was discharged from [REDACTED] Intensive Outpatient Program IOP on this date. Mr. [REDACTED] did not complete the IOP program.



**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: 06/15/2015 Contact Method:  
 Contact Time: 05:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 11:09 AM Entered By: [REDACTED]

Ms [REDACTED] was discharged from [REDACTED] Intensive Outpatient Program IOP on this date. Ms. [REDACTED] did not complete the IOP program.



**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: 06/15/2015 Contact Method: Face To Face  
 Contact Time: 04:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 12/21/2015  
 Completed date: 12/21/2015 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**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/21/2015 01:18 PM Entered By: [REDACTED]

CPSI [REDACTED] observed [REDACTED] [REDACTED] appeared to be healthy, clean and well groomed. CPSI [REDACTED] did not observe marks, bruises or concerns on this date. Mr. and Ms. [REDACTED] report no issues and that [REDACTED] is doing well.



**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: 06/15/2015 Contact Method:  
 Contact Time: 12:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 01:50 PM Entered By: [REDACTED]

Mr. [REDACTED] and Mrs. [REDACTED] were arrested on this date with charges of Aggravated Child Abuse and 1st degree murder. Mr. and Ms. [REDACTED] will be incarcerated in the [REDACTED] County Jail located at [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: 06/09/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 11:07 AM Entered By: [REDACTED]

CPS [REDACTED] received confirmation that Mr. and Ms. [REDACTED] completed Residential Substance Abuse Treatment at [REDACTED] with [REDACTED]. Both Mr. and Ms. [REDACTED] are due to start Intensive Outpatient Program with [REDACTED] Health Services in [REDACTED] on June 10th, 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: 05/28/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 11:03 AM Entered By: [REDACTED]

CPS [REDACTED] received documentation that Mrs. [REDACTED] had a Drug and Alcohol Assessment on this date with [REDACTED] Health Services. Ms. [REDACTED] was recommended Residential Substance Abuse Treatment which he was admitted for on this date in [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: 05/27/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 10:57 AM Entered By: [REDACTED]

CPSI [REDACTED] received documentation that Mr. [REDACTED] had a Drug and Alcohol Assessment on this date with [REDACTED] Health Services. Mr. [REDACTED] was recommended Residential Substance Abuse Treatment which he was admitted for on this date in [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: 05/18/2015 Contact Method:  
 Contact Time: 10:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/15/2015  
 Completed date: 06/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/15/2015 05:36 PM Entered By: [REDACTED]  
 Child Protective Services Investigator [REDACTED] received Mr. [REDACTED] oral swabs from [REDACTED]  
 [REDACTED] Mr. [REDACTED] was positive for Methamphetamine level 16,830.000 ng/mL, and Amphetamine level  
 1,705.000 ng/mL. Investigator [REDACTED] printed results for the file and provided Legal [REDACTED] with a copy of the results as  
 well.



**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: 05/18/2015 Contact Method:  
 Contact Time: 10:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/15/2015  
 Completed date: 06/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/15/2015 05:35 PM Entered By: [REDACTED]  
 Child Protective Services Investigator [REDACTED] received Ms. [REDACTED] oral swabs from [REDACTED]  
 [REDACTED] Ms. [REDACTED] was positive for Methamphetamine level 530.00 ng/mL, and Amphetamine level  
 79.00 ng/mL. Investigator [REDACTED] printed results for the file and provided Legal [REDACTED] with a copy of the results as well.



**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: 05/18/2015 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 12/17/2015  
 Completed date: 12/17/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Court Hearing  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/17/2015 10:51 AM Entered By: [REDACTED]  
 First Court appearance was held on this date. Guardian at Litem appointed [REDACTED] Ms. [REDACTED] was appointed [REDACTED] Mr. [REDACTED] was appointed [REDACTED]. It was determined to continue the preliminary hearing on until June 15th, 2015 at 9:00 a.m. in [REDACTED] County Juvenile Court before Honorable Judge [REDACTED]. It was requested for CPSI [REDACTED] not to speak with Mr. or Ms. [REDACTED] via their appointed counsel on 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: Completed  
 Contact Date: 05/17/2015 Contact Method:  
 Contact Time: 08:03 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/15/2015  
 Completed date: 06/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/15/2015 05:32 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] received Mr. [REDACTED] expanded urine drug screen results from [REDACTED] Mr. [REDACTED] was positive for Methamphetamine level 324,329 ng/mL, Amphetamine level 29,218 ng/mL, and Marijuana Metabolite 55 ng/mL. Investigator [REDACTED] printed results for the file and provided Legal [REDACTED] with a copy of the results as well.



**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: 05/15/2015 Contact Method:  
 Contact Time: 02:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/18/2015  
 Completed date: 12/19/2015 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: 12/18/2015 10:02 AM Entered By: [REDACTED]

After receiving documentation of [REDACTED] expanded hair follicle which was positive for Methamphetamine, Child Protective Services Investigator [REDACTED] staffed with Lead Investigator [REDACTED] Child Protective Services Investigator [REDACTED] then contacted [REDACTED] office for further medical instruction as they are [REDACTED] primary care physicians. Child Protective Services Investigator [REDACTED] also contacted poison control as instructed by primary care physician. It was determined to send [REDACTED] on to [REDACTED] Children's Hospital in [REDACTED] Child Protective Services Investigator [REDACTED] contacted custodian's Mr and Ms. [REDACTED] who were in agreement to take [REDACTED] on to [REDACTED] at this moment.

[REDACTED] was evaluated at [REDACTED] instructions were given to monitor her activity and signs of withdrawals were given. [REDACTED] was not hospitalized.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/15/2015 Contact Method:  
 Contact Time: 01:26 PM Contact Duration:  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Created Date: 06/15/2015  
 Completed date: 06/15/2015 Completed By: [REDACTED] [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: 06/15/2015 05:26 PM Entered By: [REDACTED] [REDACTED]  
 Child Protective Services Investigator [REDACTED] [REDACTED] received [REDACTED] [REDACTED] (2 years old) expanded hair results from [REDACTED]  
 [REDACTED]. [REDACTED] was positive for Methamphetamine level 2,644 pg/mg. Investigator [REDACTED] printed results for the file  
 and provided Legal [REDACTED] [REDACTED] with a copy of the results as well.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/15/2015	Contact Method:
Contact Time: 01:26 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 06/15/2015
Completed date: 06/15/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 06/15/2015 05:28 PM      Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] received Mr. [REDACTED] [REDACTED] expanded hair results from [REDACTED] [REDACTED]. Mr. [REDACTED] [REDACTED] was positive for Methamphetamine level 96,875 pg/mg, Amphetamine level 8,935 pg/mg, and THC Metabolite 3.16 pg/mg. Investigator [REDACTED] printed results for the file and provided Legal [REDACTED] [REDACTED] with a copy of the results as well.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/15/2015 Contact Method:  
 Contact Time: 09:52 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/15/2015  
 Completed date: 05/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/15/2015 10:50 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] received Ms. [REDACTED] expanded hair results from [REDACTED]. Ms. [REDACTED] was positive for Methamphetamine level 21,532 pg/mg, and Amphetamine level 2,465 pg/mg. Investigator [REDACTED] printed results for the file and provided Legal [REDACTED] [REDACTED] with a copy of the results as well.



**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: 05/14/2015 Contact Method:  
Contact Time: 10:03 AM Contact Duration: Less than 05  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 05/14/2015  
Completed date: 05/15/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2015 10:47 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] received Ms. [REDACTED] [REDACTED] urine drug screen results from [REDACTED]. Ms. [REDACTED] [REDACTED] was positive for Methamphetamine level 14,324 ng/mL, and Amphetamine level 2,895 ng/mL. Investigator [REDACTED] printed results for the file and provided Legal [REDACTED] [REDACTED] with a copy of the results as well.



**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: 05/13/2015 Contact Method:  
 Contact Time: 09:15 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 05/14/2015  
 Completed date: 05/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2015 10:21 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] picked up a disc which obtains photographs of Mr. and Ms. [REDACTED] residence which were taken by Investigator [REDACTED] with the District Attorney Office on this date at the District Attorney's office for the [REDACTED] Judicial District which is located at [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: 05/13/2015 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 05/14/2015  
 Completed date: 05/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Court Hearing  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2015 09:59 AM Entered By: [REDACTED]

Investigator [REDACTED] filed the Kinship Protective Custody Order along with the Summons to appear for all parties, Mr. [REDACTED], Ms. [REDACTED], Mr. [REDACTED], and Ms. [REDACTED] in the Juvenile Court of [REDACTED] County Tennessee located at [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: 05/12/2015 Contact Method:  
 Contact Time: 05:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/14/2015  
 Completed date: 05/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2015 09:10 AM Entered By: [REDACTED]

DOCUMENTATION OF SDM  
 05/12/2015

The SDM, Safety Assessment was completed on this date and notes a harm factor. The following safety intervention is being used [REDACTED] was placed in the custody of [REDACTED] and [REDACTED] the maternal great-grand parents. At this time the children appear unsafe and will be placed in protective custody.



**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: 05/12/2015 Contact Method: Face To Face  
 Contact Time: 04:25 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 05/14/2015  
 Completed date: 05/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Court Hearing  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2015 09:12 AM Entered By: [REDACTED]

05-12-2015

Child Protective Services Investigator [REDACTED] filed an Affidavit of Reasonable Efforts, A Petition to declare child dependent and neglected with immediate protective custody order, and Kinship Protective Custody Order in the Juvenile Court of [REDACTED] County [REDACTED] located at [REDACTED] Honorable Judge [REDACTED] signed Kinship Order on May 12, 2015, appointing [REDACTED] as Guardian At Litem for the child and setting the preliminary hearing for May 18th, 2015 at 9:00 a.m. in Juvenile Court of [REDACTED] County. [REDACTED] County Clerk's office stamped the Affidavit of Reasonable Efforts, and Petition to declare a child dependent and neglected with immediate protective custody order on this date. The Clerk's office was closed after Judge [REDACTED] signed the Kinship Protective Custody Oder. Investigator [REDACTED] will follow up on May 13th, 2015 to have the Kinship Order stamped filed.



**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: 05/12/2015 Contact Method:  
 Contact Time: 03:07 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/14/2015  
 Completed date: 05/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2015 09:54 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] faxed a signed release of information by Ms. [REDACTED] to obtain all of [REDACTED] and [REDACTED] medical records from [REDACTED] phone [REDACTED] fax [REDACTED]

Child Protective Services Investigator [REDACTED] faxed a signed release of information by Ms. [REDACTED] to obtain Ms. [REDACTED] medical records from Dr. [REDACTED] phone [REDACTED] fax [REDACTED]

Child Protective Investigator [REDACTED] faxed a signed release of information by Ms. [REDACTED] to Dr. [REDACTED] on this date to obtain Ms. [REDACTED] medical records. Dr. [REDACTED] phone number is [REDACTED] and fax [REDACTED]

Child Protective Investigator [REDACTED] faxed a signed release of information by Ms. [REDACTED] to Dr. [REDACTED] on this date to obtain Ms. [REDACTED] medical records. Dr. [REDACTED] phone number is [REDACTED] and fax [REDACTED]

Child Protective Services Investigator [REDACTED] faxed a signed release of information by Ms. [REDACTED] to obtain Ms. [REDACTED] medical records from [REDACTED] Hospital from 2012 until present, phone [REDACTED] fax [REDACTED]

Investigator [REDACTED] also faxed a signed release of information by Ms. [REDACTED] to obtain all of [REDACTED] medical records from [REDACTED] Hospital.

Investigator [REDACTED] also faxed a signed release of information by Ms. [REDACTED] to obtain all of [REDACTED] medical records from [REDACTED] Hospital.

Child Protective Services Investigator [REDACTED] faxed a signed release of information by Ms. [REDACTED] to obtain Ms. [REDACTED] pharmacy records from [REDACTED] Pharmacy, phone [REDACTED] fax [REDACTED]

Child Protective Services Investigator [REDACTED] faxed a signed release of information by Ms. [REDACTED] to obtain Ms. [REDACTED] pharmacy records from [REDACTED] Pharmacy, phone [REDACTED] fax [REDACTED]

Child Protective Services Investigator [REDACTED] faxed a signed release of information by Ms. [REDACTED] to obtain Ms. [REDACTED] medical records from Dr. [REDACTED] phone [REDACTED] fax [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: 05/11/2015 Contact Method:  
 Contact Time: 04:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 04:25 PM Entered By: [REDACTED]

FAST, Family advocacy and support tool was completed and the scoring showed:  
 Immediate Intervention/ Risk Result High Need/Risk



**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: 05/11/2015 Contact Method: Face To Face  
 Contact Time: 03:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 05/14/2015  
 Completed date: 06/11/2015 Completed By: System Completed  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2015 06:10 PM Entered By: [REDACTED]

Lead Investigator saw Mrs. [REDACTED] sitting near a table in the Department of Children's Services Office. I took her into a private area. She was obviously agitated and upset. She and Mr. [REDACTED] had been arguing. I explained to her that I was extremely sorry for her loss. She cried some and said she should not have placed her baby on the sofa. I told her to try very hard to take care of herself and seek medical attention if needed. She will have several days ahead of her with the funeral and court that will be difficult. She asked about the court proceeding and I explained that court would most likely be on Monday but we would let her know. She would most likely be appointed By the Judge her own attorney and she should rely on an attorney. She did comment that she wished that she had never moved to [REDACTED]. She did use drugs some and she now regrets that. She told me that she intended to do whatever was necessary to regain custody of [REDACTED]. I told her we would meet very soon and plan what steps were necessary for the safety of her daughter. She then spent some time with her daughter in the play room with other adults present.



**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: 05/11/2015 Contact Method: Face To Face  
 Contact Time: 02:10 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 05/14/2015  
 Completed date: 05/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2015 09:09 AM Entered By: [REDACTED]

A Child and Family Team Meeting was held on Monday May 11th, 2015 with Mr. and Ms. [REDACTED] maternal grandfather [REDACTED] maternal great grandmother [REDACTED] maternal aunt [REDACTED] paternal grandmother [REDACTED] Lead Investigator [REDACTED] Department of Children's Services Facilitator [REDACTED] and Child Protective Services Investigator [REDACTED] to discuss some concerns that have arose as a part of the investigation and to come to a decision on where to place [REDACTED] due to positive drug screens by Mr. and Ms. [REDACTED] It was determined by the team that [REDACTED] would be best with Mr. and Ms. [REDACTED] and [REDACTED] the maternal great-grandparents. An expedited home study was completed; Mr. and Ms. [REDACTED] all checks came out clear, along with two positive collateral contacts. Investigator [REDACTED] made a home visit and took photos for the file of Mr. and Ms. [REDACTED] home. The home was approved by Regional Administrator [REDACTED]

[REDACTED] was taken to the large playroom visitation room, [REDACTED] kept [REDACTED] in playroom then rotated with Ms. [REDACTED] so [REDACTED] didn't have to be present in the room while the Child and Family Team Meeting.

Mr. [REDACTED] wished to speak to Investigator [REDACTED] privately. Investigator [REDACTED] agreed and met with Mr. [REDACTED] privately in the small visitation room at the [REDACTED] County Department of Children's Services office. Investigator [REDACTED] asked Mr. [REDACTED] how he was feeling after the meeting. Mr. [REDACTED] stated that he feels out numbered and outweighed with Ms. [REDACTED] family. Mr. [REDACTED] reported "her family is probably going to get her a high dollar attorney. Investigator [REDACTED] let Mr. [REDACTED] know that he will have the right to ask for counsel in court. Mr. [REDACTED] became very tearful and stated to Investigator [REDACTED] that he (Mr. [REDACTED] needs help. Investigator [REDACTED] stated she will help them get started with that but first the family has got to get through funeral arrangements or burial wishes. Mr. [REDACTED] stated that he understood. Mr. [REDACTED] still tearful stated to Investigator [REDACTED] "I promise you I will do everything you (Investigator [REDACTED] asks him to do"



**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: 05/11/2015 Contact Method:  
Contact Time: 01:30 PM Contact Duration: Less than 02 Hour  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 05/14/2015  
Completed date: 06/11/2015 Completed By: System Completed  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Administrative Review  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2015 05:51 PM Entered By: [REDACTED]

A child and family team meeting was held today regarding the safety of [REDACTED]. The details of this meeting are in the hard file. Lead Investigator, [REDACTED] and Investigator [REDACTED] discussed the merits and safety issues regarding this case. LI conferred with legal, [REDACTED] and Investigative Coordinator, [REDACTED] and the decision was made to petition the court for custody of [REDACTED] to be transferred to her maternal Great Grandparents [REDACTED] and [REDACTED]. Mr. and Mrs. [REDACTED] had custody of Mrs. [REDACTED] most of her life and [REDACTED] was very comfortable and familiar with the family. This would be the easiest transition for the child. Mr. and Mrs. [REDACTED] were in agreement and they signed an Immediate Protection Agreement for their child to remain with Mr. and Mrs. [REDACTED]. An expedited home study was completed and approved for Mr. and Mrs. [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: System Completed  
 Contact Date: 05/10/2015 Contact Method:  
 Contact Time: 10:45 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/14/2015  
 Completed date: 06/10/2015 Completed By: System Completed  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2015 05:45 PM Entered By: [REDACTED]

Lead Investigator [REDACTED] arrived at [REDACTED] Hospital to become updated on the facts of this case. I spoke with Investigator [REDACTED] regarding the details. She was in the process of acquiring drug screens on both parents. Law enforcement and the Assistant district Attorney left the hospital to go to the home. I responded to the home to confer with [REDACTED] Assistant District Attorney and Lt [REDACTED] with the [REDACTED] Police Department. They were in the process of searching the apartment as a part of their investigation. We all returned to [REDACTED] Hospital to continue taling to the family. I spoke with ADA [REDACTED] regarding the DCS history of this family. The investigation was continuing as I left. Mr. [REDACTED] recognized that he and his wife were very upset as was expected. He asked his mother, [REDACTED] to take his daughter [REDACTED] to her home. [REDACTED] was too young to be interviewed and she was noticing that her parents were very upset. The family agreed that she needed to be somewhere else. She had spent the previous night with her grandmother. Arrangements were made for a child and family team meeting for the next day.



## 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: 05/10/2015 Contact Method: Face To Face  
Contact Time: 07:15 AM Contact Duration: More than 5 Hours  
Entered By: [REDACTED] Recorded For:  
Location: Hospital Created Date: 05/14/2015  
Completed date: 05/15/2015 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: 05/14/2015 08:56 AM Entered By: [REDACTED]

[REDACTED] was transported by [REDACTED] County Medic [REDACTED] Paramedic [REDACTED] and EMT partner [REDACTED] to [REDACTED] Hospital located at [REDACTED]. [REDACTED] was pronounced deceased by Dr. [REDACTED] at 6:17 a.m. on May 10th, 2015. Autopsy was ordered by Assistant District Attorney General [REDACTED].

Investigator [REDACTED] responded to [REDACTED] Hospital and met with Investigator [REDACTED] and Lieutenant Detective [REDACTED] and Assistant District Attorney [REDACTED]. Investigator [REDACTED] was already present in the emergency room where [REDACTED] was located. [REDACTED] was born [REDACTED] weighing 7 pounds 5 ½ ounces and her current weight at death is 8 pounds 3.6 ounces with a current length at approximately 22 inches long. [REDACTED] was nude lying on the hospital bed at the time of which Child Protective Services Investigator [REDACTED] arrived in the room. Investigator [REDACTED] learned that [REDACTED] arrived to first responders with no diaper on and unclothed. Investigator [REDACTED] observed [REDACTED] to have more wide spread discoloration on the right side of her body. Investigator [REDACTED] also observed what appeared to be lasting impressions from the couch cushions on [REDACTED] face, torso, and along the right leg. Investigator [REDACTED] observed what appeared to be feces along her bottom and on the heels of her feet. Dr. [REDACTED] pronounced her deceased at 6:17 a.m. at [REDACTED] Hospital. Investigator [REDACTED] obtained photos of [REDACTED] for the file. Investigator [REDACTED] with District Attorney's office also took photographs of [REDACTED]. Assistant District Attorney General ordered an Autopsy to be completed on [REDACTED] on this date.

House Supervisor Registered Nurse, [REDACTED] with [REDACTED] Hospital noted it was apparent that [REDACTED] has been deceased for some time. Ms. [REDACTED] reported that the maternal great grandfather Mr. [REDACTED] had words with Mr. [REDACTED] in the lobby, calling Mr. [REDACTED] "retarded" and stating that Mr. [REDACTED] should be arrested. Mr. [REDACTED] punched the wall with his fist and was given band-aids due to his knuckles bleeding.

Doctor [REDACTED] stuck his head in the curtain to the room which Child Protective Services [REDACTED] Lieutenant Detective [REDACTED], Investigator [REDACTED] and Assistant District Attorney [REDACTED] were present observing [REDACTED]. Dr. [REDACTED] stated "I have my suspensions and I hope I am wrong, and that is all I'm going to say." Dr. [REDACTED] would not comment any further on what he was meaning.



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

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

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Date: 05-10-2015

Location of Contact: [REDACTED] Hospital [REDACTED]

Time: 7:15 a.m.

Type of Contact: Face to Face

Primary Person(s) to be interviewed: Ms. [REDACTED] and Mr. [REDACTED]

Documentation of the Contact: Speak with Mr. and Ms. [REDACTED] about allegations of Neglect Death.

Face to Face

Child Protective Services Investigator [REDACTED] [REDACTED] made a face to face to initiate the investigation.

In order to engage the family, Child Protective Services Investigator explained the current report made to the Tennessee Department of Children's Services and the Multi Response System/Assessment process. Child Protective Services Investigator also provided the family with a brochure describing the Multiple Response Approach. Child Protective Services In 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. Child Protective Services Investigator obtained signed acknowledgements by both Mr. and Ms. [REDACTED] of such and copies have been placed into the file.

Assistant District Attorney General [REDACTED] Lieutenant Detective with [REDACTED] Police Department [REDACTED] Investigator [REDACTED] with the District Attorney General's Office, Child Protective Services Investigator [REDACTED] Mr. [REDACTED] and Ms. [REDACTED] were present during this visit.

Child Protective Services Investigator [REDACTED] District Attorney Investigator [REDACTED] Assistant District Attorney General [REDACTED] and [REDACTED] Police Department Lieutenant Detective [REDACTED] interviewed Ms. [REDACTED] Ms. [REDACTED], privately in the Chapel at [REDACTED] Hospital located at [REDACTED] Ms. [REDACTED] stated that she and her husband had dropped off [REDACTED] at her paternal grandmother, Ms. [REDACTED] residence on [REDACTED] in [REDACTED] on Saturday night May 9th, 2015 in the afternoon hours. Ms. [REDACTED] stated that she, Mr. [REDACTED] and [REDACTED] arrived back to their residence a [REDACTED] Ms. [REDACTED] stated that she fed [REDACTED] 4 ounces of formula between 6:00 and 6:30 p.m. Ms. [REDACTED] stated that [REDACTED] burped well but still acted hungry around 7:00 p.m. so she (Ms. [REDACTED]) decided to give [REDACTED] 2 more ounces of formula. Ms. [REDACTED] reported that [REDACTED] had a runny nose and had been more fussy than usual. Ms. [REDACTED] reported that [REDACTED] slept a lot more than her other daughter, [REDACTED] did. Ms. [REDACTED] reported that [REDACTED] got to where she didn't want to sleep in her sleeper, or the bouncer. Ms. [REDACTED] originally stated that she and Mr. [REDACTED] were watching movies in the living room and [REDACTED] was sitting in her car seat. Ms. [REDACTED] stated she got her out of her car seat and she (Ms. [REDACTED]) was lying on the shorter side of the L shaped sectional couch in the living room. Ms. [REDACTED] stated that Mr. [REDACTED] lay down on the longer side of the sectional and that she (Ms. [REDACTED]) propped [REDACTED] up (shoulders and head) on a body pillow in between she and Mr. [REDACTED] in the corner of the sectional. Ms. [REDACTED] reported going to sleep around 11:00 p.m. on Saturday night May 9th, 2015. Ms. [REDACTED] reported that she slept all night long and did not hear [REDACTED] cry all night. Ms. [REDACTED] reports she awoke on Sunday Morning around 5:50 a.m. and originally didn't see [REDACTED] and started panicking due to not seeing her where she should be. Ms. [REDACTED] she then found her in between the couch cushions. Ms. [REDACTED] stated that she got her [REDACTED] out and she was cold and pale and purple. Ms. [REDACTED] stated that she began screaming and Mr. [REDACTED] got up and called 911. Ms. [REDACTED] stated that she took her [REDACTED] diaper off because it was really wet with pee and poop. Ms. [REDACTED] stated that she was trying to listen to 911 on how to do CPR when first responder arrived at her



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

home and the first responders took over at this point. Later Ms. [REDACTED] reported that [REDACTED] and [REDACTED] had come over the night of May 9th, 2015. Ms. [REDACTED] reported they are friends of Mr. [REDACTED]. Ms. [REDACTED] reported that [REDACTED] is "no good" and that she didn't like him. Ms. [REDACTED] initially reported that she was on no medication then later stated she was unsure of all the medication she is on. Ms. [REDACTED] submitted to a field urine drug screen and failed for methamphetamine, amphetamine, benzodiazepines, MDMA (Ecstasy), and THC. Ms. [REDACTED] gave no admissions for any substances. An Oral Swab collected was taken on this date as well and sent off to [REDACTED]. Ms. [REDACTED] signed a consent for their residence to be searched for Lieutenant Detective [REDACTED].

Investigator [REDACTED], Assistant District Attorney General [REDACTED], and Lieutenant Detective [REDACTED] met with Mr. [REDACTED] in the ICU/Waiting room privately on this date. Mr. [REDACTED] reported that he and Ms. [REDACTED] had taken [REDACTED] to his mother's residence Ms. [REDACTED] on [REDACTED] on May 9th, 2015. Mr. [REDACTED] reported that they (he, Ms. [REDACTED] and [REDACTED] went to [REDACTED] "or some store". Mr. [REDACTED] reported that he didn't remember. Mr. [REDACTED] stated that after going to the store they went home to the apartment. Mr. [REDACTED] reported that Mr. [REDACTED] and Mr. [REDACTED] came over to his residence later in the evening. Mr. [REDACTED] stated they all were just watching movies in the living room. Mr. [REDACTED] reported that he doesn't remember what time they (Mr. [REDACTED] and Mr. [REDACTED] left. Mr. [REDACTED] stated that he remembers going outside to smoke a cigarette and there have been lots of issues over the neighbor [REDACTED] (last name unknown), because Ms. [REDACTED] thinks that [REDACTED] wants Mr. [REDACTED]. Mr. [REDACTED] stated that Ms. [REDACTED] had been mad also over Mr. [REDACTED] and Mr. [REDACTED] coming over. Mr. [REDACTED] reported that when he went back into the apartment he just laid down on the long side of the L shaped sectional and went to sleep, Mr. [REDACTED] reported he doesn't remember if Ms. [REDACTED] and [REDACTED] were asleep or not. Mr. [REDACTED] reported going to sleep and not waking up until the same time Ms. [REDACTED] did this morning. Mr. [REDACTED] reported that Ms. [REDACTED] pulled [REDACTED] from the couch and she was pale, and purple and cold. Mr. [REDACTED] reported that he doesn't remember if Ms. [REDACTED] handed him [REDACTED] or he took her from Ms. [REDACTED]. Mr. [REDACTED] reported he called 911 but let Ms. [REDACTED] talk to them. Mr. [REDACTED] reported that Ms. [REDACTED] was attempting CPR when the first responders arrived to the residence. Mr. [REDACTED] reported that [REDACTED] had not been fussy and he did not hear her cry all night.

Mr. [REDACTED] submitted to a field urine drug screen and failed for methamphetamine, amphetamine, THC and MDMA (ecstasy). Mr. [REDACTED] only gave admissions to marijuana stating it was around 3 weeks ago. Mr. [REDACTED] also submitted to an oral swab that was sent off to [REDACTED]. Mr. [REDACTED] and Ms. [REDACTED] had already made arrangements for [REDACTED] to stay with his mother Ms. [REDACTED] for a few days. Mr. [REDACTED] reported that Ms. [REDACTED] was on her way to [REDACTED] currently with [REDACTED]. Investigator [REDACTED] told Mr. and Ms. [REDACTED] she (Investigator [REDACTED] was going to take their sealed oral swabs to the Department of Children's Services Office to schedule pick up and placed in locked assigned [REDACTED] box. Investigator [REDACTED] told Mr. and Ms. [REDACTED] to let Ms. [REDACTED] know that Investigator [REDACTED] would be right back to see [REDACTED]. Mr. and Ms. [REDACTED] were getting ready to leave to go to their apartment with Assistant District Attorney [REDACTED], Investigator [REDACTED] and Lieutenant Detective [REDACTED]. Lead Investigator [REDACTED] arrived to observe the residence once all of the above listed parties were already present.

Child Protective Services Investigator [REDACTED] took oral swabs to the [REDACTED] County Department of Children's Services Office located at [REDACTED] with Mr. and Ms. [REDACTED] sealed oral swabs and contacted [REDACTED] to come and collect the swabs. Investigator [REDACTED] placed the swabs which were in individualized plastic sealed bags in the assigned [REDACTED] locked container and scheduled for pick up on Sunday May 10th, 2015 with instructions to contact Investigator [REDACTED] prior so Investigator [REDACTED] could open the office for the [REDACTED] Collector.

Investigator [REDACTED] arrived back to [REDACTED] Hospital located at [REDACTED]. Investigator [REDACTED] walked into Emergency Room and observed a female holding a child. Investigator [REDACTED] stated "Are you Ms. [REDACTED]?" Ms. [REDACTED] responded yes. Ms. [REDACTED] was holding [REDACTED] in her lap. Investigator [REDACTED] asked Ms. [REDACTED] to come down to the Chapel with [REDACTED]. Mr. [REDACTED] was also present. Mr. [REDACTED] is the elder sibling to Mr. [REDACTED] and paternal uncle to [REDACTED] and [REDACTED]. [REDACTED] was drinking what appeared to be juice out of a baby bottle. Ms. [REDACTED] stated that [REDACTED] sometimes only wants baby bottles but she mostly drinks out of Sippy cups. [REDACTED] appeared quiet and wanted to walk around the room. Investigator [REDACTED] spoke with Ms. [REDACTED] and Mr. [REDACTED]. Investigator [REDACTED] asked each of them together/ privately in the chapel if they had any concerns. Both reported concerns about Ms. [REDACTED] mental stability. Ms. [REDACTED] stated that, Mr. [REDACTED] has called her before stating that Ms. [REDACTED] wanted to and was going to kill herself. Ms. [REDACTED]



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

reported telling Mr. [REDACTED] to call the law and get Ms. [REDACTED] some help. Ms. [REDACTED] reported that Mr. [REDACTED] was on the phone with her and Ms. [REDACTED] went to the bathroom and came back and she was fine. Ms. [REDACTED] reported that Ms. [REDACTED] has black out spells. Ms. Myers stated that she was unsure if they were real or not real but she knows that Ms. [REDACTED] talks out of her head when they happen and doesn't know where she (Ms. [REDACTED]) is.

Ms. [REDACTED] reported a previous incident when Mr. and Ms. [REDACTED] was staying with when [REDACTED] was a baby. Ms. [REDACTED] stated to [REDACTED] well [REDACTED] tell her (Investigator [REDACTED] what happened? Mr. [REDACTED] stated well I don't know what was wrong with Ms. [REDACTED] but she was flopping on the floor with [REDACTED] and [REDACTED] was a baby. Mr. [REDACTED] reported taking [REDACTED] from Ms. [REDACTED] and placed [REDACTED] in a car seat. Mr. [REDACTED] reported that he yelled for his mom Ms. [REDACTED] to get out there. Mr. [REDACTED] stated that Ms. [REDACTED] was flopping around the floor stating that she was talking to his (Mr. [REDACTED] grandparents). Mr. [REDACTED] stated "My grandparents were deceased" and Ms. [REDACTED] was going on and on that she was talking to them. Mr. [REDACTED] stated I think something is really wrong with Ms. [REDACTED] mentally.

Ms. [REDACTED] reported that Mr. and Ms. [REDACTED] and [REDACTED] had brought [REDACTED] to her home on Saturday May 9th after 4 p.m. Ms. [REDACTED] stated that [REDACTED] was asleep in her car seat. Ms. [REDACTED] stated that she had begged Mr. and Ms. [REDACTED] to let her get [REDACTED] out of the car seat and hold her. Ms. [REDACTED] stated that Ms. [REDACTED] told her no that [REDACTED] was asleep and they didn't want to get her out. Ms. [REDACTED] stated that she got [REDACTED] and Mr. and Ms. [REDACTED] left her residence. Ms. [REDACTED] stated that she typically keeps [REDACTED] every weekend or Saturday night.

[REDACTED] (2) was observed at [REDACTED] Hospital located at [REDACTED] on May 10th, 2015. [REDACTED] was dressed appropriately for the weather. [REDACTED] was dressed in shorts, a tank top and shoes. Mr. and Ms. [REDACTED], reported that [REDACTED] is healthy and up to date on all of her checkups and immunizations. It is reported that [REDACTED] has an upcoming appointment at [REDACTED] for her 2 year checkup and immunizations. [REDACTED] was not seen by any medical professional on this date. [REDACTED] was not present with Mr. and Ms. [REDACTED] during the time in which 911 was contacted on May 10th, 2015. [REDACTED] had stayed with her paternal grandmother, [REDACTED] at [REDACTED] since May 9th, 2015 being dropped off at approximately 4:00 p.m. [REDACTED] was brought to [REDACTED] Hospital by Ms. [REDACTED] on this date. [REDACTED] appeared playful and wanted a muffin which was on the food tray in the Chapel. Child Protective Services Investigator [REDACTED] did not observe any marks or bruises on her visible extremities.

Mr. and Ms. [REDACTED] had made arrangements and were in agreement to let the paternal grandmother [REDACTED] keep [REDACTED] for a few days.

Allegations of Drug Exposed Child, was added in regard to [REDACTED] due to positive drug screens on this date by Mr. and Ms. [REDACTED]. Drug exposed child: This allegation pertains to a person, under the age of 18 who: a) Has been exposed to or is at risk of exposure to a drug or chemical substance (including but not limited to alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamine, heroin, inhalants) that could adversely affect the child's physical, mental or emotional functioning; or b) Has a parent/caregiver that uses drugs or chemical substances that impacts or is at risk of impacting their ability to adequately care for the child. NOTE: The manufacturing of methamphetamine where children are present or in close proximity will always be considered severe abuse.

## Worker Observation:

Safety: Allegations of Neglect Death in regard to [REDACTED] by Unknown perpetrator. This is Defined in Work Aid One as the following: 1. Child Death Child death is defined as: a) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. b) 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 child abuse. There are some Environmental concerns with piles of dirty dishes being located in the kitchen. Large amounts of laundry on what appeared to be Mr. and Ms. [REDACTED] bed.

Permanency: Both [REDACTED] and [REDACTED] maintained permanency with their parents for the duration of their lives.

Well Being: [REDACTED] was transported by [REDACTED] County Medic [REDACTED] Paramedic [REDACTED] and EMT partner [REDACTED] to [REDACTED] Hospital located at [REDACTED] [REDACTED] was pronounced deceased by Dr. [REDACTED] at 6:17 a.m. on May 10th, 2015. Autopsy was ordered by Assistant District Attorney General [REDACTED]



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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Mr. and Ms. [REDACTED] report that [REDACTED] is healthy and up to date on checkups and immunizations. It is reported that [REDACTED] goes to [REDACTED] and is seen by Dr. [REDACTED].

Appearance of Children [REDACTED], (2) was observed at [REDACTED] Hospital located at [REDACTED] [REDACTED] on May 10th, 2015. [REDACTED] was dressed appropriately. [REDACTED] was dressed in shorts, a tank top and shoes.

[REDACTED] was observed in [REDACTED] Hospital Emergency Room once being pronounced deceased.

Plan: Interview Mr. [REDACTED] and Ms. [REDACTED] in regard to allegations, request drug screens, (urine, oral and hair) to be sent off to the lab, create a plan to work with family's needs at this point in 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: System Completed  
 Contact Date: 05/10/2015 Contact Method:  
 Contact Time: 07:15 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/14/2015  
 Completed date: 06/10/2015 Completed By: System Completed  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2015 05:32 PM Entered By: [REDACTED]  
 5/10/2015 Investigator [REDACTED] called me, Lead Investigator [REDACTED] and notified me that [REDACTED] Police Officer [REDACTED] reported to her that he was responding to a child death at [REDACTED] [REDACTED]. The child has been transported to [REDACTED] Hospital. Investigator [REDACTED] and I discussed the plan for the investigation will be for her to call Central Intake and respond to [REDACTED] Hospital. I made a notification to Investigative Coordinator, [REDACTED] and to [REDACTED], legal.



**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: 05/10/2015 Contact Method: Phone Call  
 Contact Time: 07:10 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/14/2015  
 Completed date: 05/15/2015 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: 05/14/2015 08:41 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] convened the [REDACTED] County Child Protective Investigative Team, consisted of, Assistant District Attorney [REDACTED] Detective [REDACTED] Investigator [REDACTED] and [REDACTED] Investigator [REDACTED] due to allegations of Neglect Death in regard to [REDACTED] Per Policy 14.6: B. Convening Child Protective Investigative Team and developing case strategy 1. Child Protective Services will immediately convene the appropriate Child Protective Investigative Team per local Child Protective Investigative Team protocols when a report of child sexual or severe abuse has been received. 2. The Child Protective Services investigator must submit written documentation notifying the District Attorney of a case alleging sexual abuse or severe child abuse within three (3) days of convening Child Protective Investigative Team. 3. The Child Protective Investigative Team will determine investigative tasks and assign responsibilities to team members when convening Child Protective Investigative Team. 4. The Child Protective Investigative Team will determine immediate safety risks to the Alleged Child Victims (ACV) or other children. All named members of the Child Protective Investigative Team met together to begin this investigation.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/10/2015 Contact Method: Correspondence  
 Contact Time: 07:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/17/2015  
 Completed date: 12/17/2015 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: 12/17/2015 04:27 PM Entered By: [REDACTED]  
 Referent Notification:  
 1. Notification of the referral was emailed to the referent.



**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: 05/10/2015 Contact Method:  
 Contact Time: 06:39 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/14/2015  
 Completed date: 05/15/2015 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: 05/14/2015 08:37 AM Entered By: [REDACTED]

## Family Composition:

[REDACTED] D.O.B. [REDACTED], Mother  
 [REDACTED] D.O.B. [REDACTED], Father  
 [REDACTED] D.O.B. [REDACTED], Daughter  
 [REDACTED] D.O.B. [REDACTED], Daughter

Address: [REDACTED]

Phone: [REDACTED]

05/10/2015 Priority 1 assigned to Child Protective Services Investigator [REDACTED] Reporter states: The child is not in state custody. [REDACTED] (age 2) and [REDACTED] (age 1 month) reside with their mother, [REDACTED] and father, [REDACTED]. No one else resides in the home with the family. [REDACTED] is currently unresponsive and is being transported to [REDACTED] Hospital in [REDACTED] County). [REDACTED] condition is unknown at this time. Department of Children Services was contacted by [REDACTED] with the [REDACTED] Police Department who stated that the mother, [REDACTED] had contacted 911 on 5/10/2015 due to not being able to find [REDACTED] When Law Enforcement responded to the home, [REDACTED] had found [REDACTED] unresponsive. [REDACTED] was located under the pillow in the crack of the couch. The child was found in between the back of the couch where the cushions were located. The child was reported to be upside down and unresponsive. The mother stated that last night [REDACTED] had fallen asleep in her car seat and the parents went to lay down on an L-shaped sectional in the home. The mother and father slept on opposite sides of the sectional. During the night the mother removed [REDACTED] from the car seat and laid her between herself and the father. [REDACTED] had gone to spend the night with her grandmother (information not known) and was not present in the home at the time of the incident. It is unknown how long that it took for [REDACTED] to be found. [REDACTED] is reported to have been unresponsive "for a while." The referent has not observed [REDACTED] at this time. The referent has not spoken with [REDACTED] or [REDACTED] at this time. The home has not been observed by the referent. It is unknown if there are currently any injuries to [REDACTED] It is unknown if there is any history with the family or if there are any known patterns of abuse or neglect in the home. It is unknown if the parents have a history with Law Enforcement. It is unknown if the parents have any drug or alcohol related issues at this time. It is unknown if there is any domestic violence in the home. It is unknown if anyone in the home has any mental health issues. It is unknown when [REDACTED] will be back in the care of her parents.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

Note: Supervisor [REDACTED] contacted the referent back at 7:58 A.M. for updated status of the case. The child has now been pronounced deceased. The parents have not yet been interviewed. Department of Children Services is actively working the case with Law Enforcement. No other information is available at this time.

**History and Notations:**

TFacts History: Note: No history was found for either of the children [REDACTED] & [REDACTED]. There was history found for the father, [REDACTED] as well as history found for the mother [REDACTED] as a juvenile.

**Family Case ID:**

Case ID # [REDACTED] Past history for [REDACTED]  
 Case ID # [REDACTED] Closed Department of Children Services Probation case for [REDACTED] [REDACTED] as a Juvenile  
 Open Court Custody/Family Social Services/ Family Crisis Intervention Prevention None found  
 Closed Court Custody:

Case ID # [REDACTED] [REDACTED] was in Department of Children Services Custody from 9-30-2013 1-9-2014.

Open Child Protective Services None found

Death None found

Substantiated:

Note: [REDACTED] is listed as a First Cousin to the alleged victim in this case.

Substantiated: 3-26-2009/Case ID # [REDACTED] Environmental Neglect, Lack Of Supervision, Physical Abuse [REDACTED]  
 [REDACTED] & [REDACTED]  
 Screened out 1

CPS Child Abuse Hotline received this report on 05/10/2015 at 6:27 a.m. and assigned as Priority 1 response. The case was assigned to this Child Protective Services Investigator [REDACTED] [REDACTED] on 05/10/2015 with the response due on 05/11/2015.

This Child Protective Services Investigator [REDACTED] [REDACTED] verified the family's history of involvement with Department of Children Services through a search on this date the following history was noted: No prior history with the children [REDACTED] and [REDACTED] but Mr. and Ms. [REDACTED] have history as Juveniles.

Referent notification: email

Notification is made monthly to the Juvenile Court Judge as requested per Juvenile Court Judge [REDACTED]

CM did a search of the Tennessee Bureau Of Investigation sex offender registry [http://www.tbi.tn.gov/sex\\_ofender\\_reg/sex\\_ofender\\_reg.shtml](http://www.tbi.tn.gov/sex_ofender_reg/sex_ofender_reg.shtml) as to [REDACTED] and [REDACTED] No Findings.

CM did a search of the Tennessee Bureau of Investigation Meth Offender Registry as to <http://www.tennesseeanytime.org/methor/> as to [REDACTED] and [REDACTED] No Findings.

CM did a Tennessee felony offender search for [\\_ \(https://www.tennesseeanytime.org/foil/search.jsp\)](https://www.tennesseeanytime.org/foil/search.jsp) as to [REDACTED], and [REDACTED]. No Findings.

National Sexual Offender Registry: <http://www.nsopr.gov/> as to [REDACTED] and [REDACTED] No Findings.

Tennessee Department of Health Vulnerable Person (abuse registry): <http://health.state.tn.us/abuseregistry/index.html> as to [REDACTED] and [REDACTED] No Findings.

Background forms were completed and can be found in the hard copy file.



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 5/10/15 6:39 AM

Date of Assessment: 5/12/15 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 ( 1 )

████████████████████

Children Not Removed ( 1 )

████████████████████

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

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

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

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