



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/17/2015 02:09 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/17/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 05/18/2015 10:32 AM
 First Team Leader Assigned: [REDACTED] Date/Time 05/18/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 05/18/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	10 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Grandmother

Referent(s)

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

Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open: None
 Substantiated:
 4-19-2005 / INV-[REDACTED] / PHA, SRPI / [REDACTED]



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

Death: None

Number of Screen Outs: 0

History (not listed above): Yes

4-19-2005 / INV: [REDACTED] / PHA / unsubstantiated

3-22-2004 / INV: [REDACTED] / PHA, ABN / unsubstantiated

2-12-2004 / INV: [REDACTED] / LOS / unsubstantiated

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School/Dismissal: Unknown

Native American Descent: Unknown

Directions: None Given

This child is not in custody.

*****FAXED REPORT ENTERED IN VERBATIM*****

Reporter's name/relationship: [REDACTED]

Central Intake:

This will serve as notification that the [REDACTED] County Medical Examiner is investigating the death of [REDACTED] (DOB: [REDACTED]). This 4 month old infant was discovered unresponsive in an adult bed shared the mother, father, decedent, and a 23 month old male sibling who was discovered lying on top of the victim. [REDACTED] Fire Department Engine [REDACTED] responded and asystole was confirmed at 0330 hours at the scene, which was a single family residence at [REDACTED]. A scene investigator was conducted by this office and the City Police Department. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED] (DOB: [REDACTED] SSN# [REDACTED]), and the father is [REDACTED] (DOB: [REDACTED] SSN# [REDACTED]). Two siblings, [REDACTED] 23 months, and [REDACTED] age 8, also live at the residence along with the maternal great grandmother. Our case # is [REDACTED]

[REDACTED], Investigator

05/17/2015

Special Needs or Disabilities: Unknown

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

Perpetrator's location at this time: Unknown

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

Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P1

[REDACTED] @ 2:47 p.m. on 5/17/15

**A copy of this referral was emailed to the [REDACTED] Regional Administrator, Ms. [REDACTED] and the [REDACTED] email notification group. **



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

	05-17-15 14:52:45	---	Mobile Phone	Voicemail
received	05-17-15 14:52:45	05-17-15 14:53:31	Mobile Phone	
	05-17-15 14:52:46	---	Work Email	Automated Email Response



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 35 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age: 10 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

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: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] [REDACTED]

Gender: [REDACTED] **Date of Birth:** [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED]

Age: 2 Yrs 4 Mos (Est)

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: [REDACTED]

Contact Comments: [REDACTED]

External History Search Results: [REDACTED]

DCS History Search Results: [REDACTED]

DCS Intake Search Results: [REDACTED]



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

Name: Unknown Participant [REDACTED] [REDACTED]

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 8 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/17/2015

Assignment Date: 06/02/2015

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Participant, Participant	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/05/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegations of Neglect Death against the unknown grandmother regarding the child, [REDACTED]
 (Allegations Unsubstantiated/Perpetrator Unsubstantiated)

D. Case Workers

Case Worker: [REDACTED]

Date: 08/05/2015

Team Leader: [REDACTED]

Date: 08/18/2015

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:

This investigator was unable to conduct an interview with the child, [REDACTED] due to the child being deceased.

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

This investigator received a copy of the medical autopsy and observed the statement " after consideration of the medical history, scene investigation, autopsy findings, Toxicology Report, and the circumstances surrounding the death, as currently understood, the cause of death is asphyxia due to overlay. The manner of death is listed as accident. Co-Sleeping is listed as a contributing condition.

This investigator spoke with Ms. [REDACTED] (collateral contact). Ms. [REDACTED] stated [REDACTED] and [REDACTED] are great parents, but feel they need counseling because they appear depressed at times. Ms. [REDACTED] stated [REDACTED] is currently working and [REDACTED] is currently working as well. Ms. [REDACTED] expressed no additional concerns.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

This investigator was unable to speak with the alleged perpetrator due to the perpetrator being unknown.

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

This agency received a referral on 05/17/15 stating allegations of Neglect Death. The referral stated this will serve as notification that the [REDACTED] Medical Examiner is investigating the death of [REDACTED] (DOB [REDACTED]). This 4 month old infant was discovered unresponsive in an adult bed shared the mother, father, decedent, and a 23 month old male sibling who was discovered lying on top of the victim [REDACTED] Fire Department Engine [REDACTED] responded and asystole was confirmed at 0330 hours at the scene, which was a single family residence at [REDACTED]. A scene investigator was conducted by this office and the City Police Department. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time.

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

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities. a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.
A near death, per Tennessee Code Annotated (TCA) 375-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect.

This agency received a referral on 5/16/15 stating allegations of Neglect Death regarding the child, [REDACTED]. This investigator received a copy of the medical autopsy and observed the statement " after consideration of the medical history, scene investigation, autopsy findings, Toxicology Report, and the circumstances surrounding the death, as currently understood, the cause of death is asphyxia due to overlay. The manner of death is listed as accident. Co-Sleeping is listed as a contributing condition.

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/19/2015	Contact Method:	
Contact Time:	11:41 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/19/2015
Completed date:	10/19/2015	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: 10/19/2015 11:42 AM Entered By: [REDACTED]
 This case was reviewed and approved for closure by Deputy Director of Investigation [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/16/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/16/2015
Completed date:	10/16/2015	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: 10/16/2015 03:35 PM Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [REDACTED] and has been referred for further review by the Deputy Director of Investigations, [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/08/2015
Completed date:	10/16/2015	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: 10/08/2015 11:37 AM Entered By: [REDACTED]

This case will be submitted for review and closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/02/2015 Contact Method:
 Contact Time: 09:32 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/02/2015
 Completed date: 10/02/2015 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: 10/02/2015 09:32 AM Entered By: [REDACTED]

The Tennessee Department of Children Services received a referral on 05/17/15 stating allegations of Neglect Death regarding 4 month old [REDACTED]. The alleged perpetrator is Unknown grandmother. At the time of the referral, [REDACTED] was in the custody of her mother, [REDACTED] and the father [REDACTED]. TFACTS does reflect history regarding this family (March 30, 2011; Psychological Harm; ASPS against [REDACTED]).

It is reported that a deceased child, 4 months old [REDACTED] was discovered unresponsive in an adult bed shared by the mother, father, decedent and a 23 month old male sibling who was discovered lying on top of the victim. [REDACTED] Fire Department Engine 27 responded and asytole was confirmed at 0330 hours at the scene, which was a single family residence at [REDACTED]. A scene investigator was conducted by this office and the City Police Department. The descendants' remains were transported to the office for autopsy.

[REDACTED] reported [REDACTED] laid in the bed next to [REDACTED]. Approximately between 11:20 P.M. and 11:30 P.M. [REDACTED] stated she picked [REDACTED] up to take her in the room with her, [REDACTED] and [REDACTED]. [REDACTED] made a stretching sound when [REDACTED] I picked her up. [REDACTED] age 8, got in the bed with [REDACTED]. [REDACTED] took [REDACTED] and placed her at the head of the bed on her stomach with her head on a flat pillow. [REDACTED], age 23 months, was placed on the other side of the head of the bed [REDACTED] and [REDACTED] biological father, laid at the foot of the bed. [REDACTED] reported the baby usually wakes up around 3:00 a.m. for a feeding and a diaper change. [REDACTED] stated she automatically woke up at approximately 3:05 a.m. and went to the bathroom. [REDACTED] came back to the bedroom to check [REDACTED] pampers and feed her. [REDACTED] turned the light on in the bedroom and saw [REDACTED] 23 months old, asleep on top of [REDACTED]. [REDACTED] was lying on [REDACTED] back. [REDACTED] moved [REDACTED] off [REDACTED] back to the other side of the bed, turned [REDACTED] over onto her back, and observed a bluish purple color around [REDACTED] mouth. [REDACTED] also observed some wetness under [REDACTED] nose and a little blood and wetness on the sheet.

[REDACTED] reported before [REDACTED] went to bed they were all laughing and playing. [REDACTED] went to sleep in her great-grandmother's room, [REDACTED] after she was given her bottle. [REDACTED] went to sleep next to [REDACTED]. [REDACTED] got [REDACTED] out of [REDACTED] room when they were ready to go to bed after 11:00 P.M. [REDACTED] was sleeping at the head of the bed and [REDACTED] was sleeping next to [REDACTED] on the other side of the bed. Mr. [REDACTED] stated that him and [REDACTED] went to sleep at the foot of the bed. Later, Mr. [REDACTED] heard [REDACTED] saying [REDACTED] is not breathing. Mr. [REDACTED] is not sure about what time [REDACTED] woke him up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Mr. [REDACTED] started trying to wake [REDACTED] up by calling her name and patting her on her leg. [REDACTED] went into [REDACTED] room telling her that [REDACTED] was not breathing. [REDACTED] told [REDACTED] to dial 911. The 911 operator told [REDACTED] how to resuscitate [REDACTED] kept trying to resuscitate [REDACTED] and the Mr. [REDACTED] stated he took over trying to resuscitate [REDACTED] by blowing into her mouth and nose and then pumping her chest according to what 911 operator was telling them to do. The paramedics arrived a few minutes later. [REDACTED] did not observe [REDACTED] on [REDACTED] but [REDACTED] later told Mr. [REDACTED] that she found [REDACTED] on top of [REDACTED] back asleep and she moved him off her.

[REDACTED] reported she placed [REDACTED] on her stomach in the bed between 9:00 and 9:50 p.m. [REDACTED] went to sleep next to her. [REDACTED] biological mother, came and got [REDACTED] at approximately 11:20 p.m. and put her in the bed next to her brother, [REDACTED]. The mother and father were sleeping at the foot of bed. [REDACTED] rushed into her bedroom a little after 3:00 A.M. hollering that she could not wake [REDACTED] up. [REDACTED] told [REDACTED] to dial 911. [REDACTED] dialed 911 and they told her to lie [REDACTED] down on the floor and instructed her how to resuscitate her. [REDACTED] stated they laid her on the floor where the carpet was and [REDACTED] kept trying to resuscitate her and then [REDACTED] tried to resuscitate her. The paramedics arrived a few moments later and put a machine on [REDACTED]. The paramedics could not revive her.

This investigator received the medical records from [REDACTED] Pediatrics regarding the siblings [REDACTED] aka [REDACTED] and [REDACTED] and observed the children were seen by Dr. [REDACTED] and observed for the well child visit it noted "Concerns none".

This investigator received the medical records on the child [REDACTED] from [REDACTED] Health Center. This investigator observed the child was seen on February 11, 2015 and the comments stated no acute distress. Well nourished. Well developed. It was also observed Hepatitis B Vaccine was given and the child passed her hearing test. It was noted the mother expressed the child jumps a lot and the symptoms began 1 week ago and the symptoms are reported as being moderate. The notes stated the symptoms occur occasionally and the mom states baby has startling movement with shaking. It was recommended the child will be referred to Dr. [REDACTED] (Clinic Radiology [REDACTED] of head ASAP).

This investigator observed the medical records from [REDACTED] Health Center regarding the child, [REDACTED] and observed the child attended the recommended appointment at [REDACTED] Clinic on 2-12-15 to complete an Ultra Sound of Neonatal head and the results stated No evidence of IVH or ICH is seen and No hydrocephalus is noted.

This investigator observed the medical records from [REDACTED] Health Center regarding the child and observed the child attended a follow-up appointment on 3-10-15 and it was noted immunization due, age appropriate developmental mile stones discussed and he plan orders: the child is scheduled a follow up visit Preventive care 2 months. It was observed the history of the present illness was noted that the mother reported the shakiness, startle movement, when someone comes to her room and make noise less from last visit.

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities.

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

A near death, per Tennessee Code Annotated (TCA) 375-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect.

[REDACTED] Protective Investigative Team was convened on June 3, 2015 and it recommended by Attorney General [REDACTED] for the Department of Children's Services to bring back when autopsy report is completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The Autopsy was completed by Office of the Medical Examiner [REDACTED] Regional Forensic Center concluded the Manner of Death: Accident

On 7/30/15, the autopsy report was forwarded for review to [REDACTED] Assistant District Attorney General for Special Victims Unit for [REDACTED] County.

On 7-31-15 After Assistant District Attorney [REDACTED] review of the autopsies, she ruled the child's death as Accident

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

"The case will be closed and classified as Allegations Unsubstantiated/ Perpetrator Unsubstantiated for the allegations of Child Neglect Death"



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/02/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/02/2015
 Completed date: 10/02/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/02/2015 09:36 AM Entered By: [REDACTED]
 This investigator completed the closing FAST (No identified need for service) and SDM on the family and the score was safe



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/01/2015 Contact Method:
 Contact Time: 08:50 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/08/2015
 Completed date: 10/08/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/08/2015 10:39 AM Entered By: [REDACTED]
 This investigator scanned the medical records from [REDACTED] Health Center regarding the child, [REDACTED] ([REDACTED]) into TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/01/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/02/2015
 Completed date: 10/02/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/02/2015 08:52 AM Entered By: [REDACTED]

This investigator visited [REDACTED] and received the medical records on the child, [REDACTED]. This investigator observed the child was seen on February 11, 2015 and the comments stated no acute distress. Well nourished. Well developed. It was also observed Hepatitis B Vaccine was given and the child passed her hearing test. It was noted the mother expressed the child jumps a lot and the symptoms began 1 week ago and the symptoms are reported as being moderate. The notes stated the symptoms occur occasionally and the mom states baby has startling movement with shaking. It was recommended the child will be referred to Dr. [REDACTED] (Clinic Radiology [REDACTED] of head ASAP).

This investigator observed the medical records from [REDACTED] Health Center regarding the child, [REDACTED] and observed the child attended the recommended appointment at [REDACTED] Clinic on 2-12-15 to complete an Ultra Sound of Neonatal head and the results stated No evidence of IVH or ICH is seen and No hydrocephalus is noted.

This investigator observed the medical records from [REDACTED] Health Center regarding the child and observed the child attended a follow-up appointment on 3-10-15 and it was noted immunization due, age appropriate developmental mile stones discussed and he plan orders: the child is scheduled a follow up visit Preventive care 2 months. It was observed the history of the present illness was noted that the mother reported the shakiness, startle movement, when someone comes to her room and make noise less from last visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/15/2015	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/08/2015
Completed date:	10/08/2015	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: 10/08/2015 11:00 AM Entered By: [REDACTED]
 Follow up with [REDACTED] Mental Center on the status of medical records that were requested.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/10/2015
Completed date:	09/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/10/2015 11:02 AM Entered By: [REDACTED]

This case has been 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] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/31/2015 Contact Method:
 Contact Time: 10:35 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/31/2015
 Completed date: 08/31/2015 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: 08/31/2015 10:36 AM Entered By: [REDACTED]

This investigator initiated a FAST and an FFA on 8/17/15 regarding the family.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/31/2015	Contact Method:
Contact Time: 09:58 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/31/2015
Completed date: 08/31/2015	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: 08/31/2015 10:05 AM Entered By: [REDACTED]

This case was reviewed. The 740 has been completed and will be forwarded to Juvenile Court Judge and District Attorney for classification. The case was reviewed by District Attorney, [REDACTED] Lead Prosecutor Special Victims Unit. The case was presented to CPIT on 8-14-15, classification Allegation Unsubstantiated Perpetrator Unsubstantiated, signed by District Attorney [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/31/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/31/2015
Completed date:	08/31/2015	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: 08/31/2015 09:57 AM Entered By: [REDACTED]

This case was staffed for updates. Continue to follow up on status of medical records requested from [REDACTED] Health Center ([REDACTED] location).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/21/2015 Contact Method: Phone Call
 Contact Time: 03:52 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/21/2015
 Completed date: 08/21/2015 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: 08/21/2015 03:52 PM Entered By: [REDACTED]

This investigator called to speak with the referent, but the attempt was unsuccessful. This investigator was unable to leave a voice message due to the system not being set up.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

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

The Tennessee Department of Children Services received a referral on 05/17/15 stating allegations of Neglect Death regarding 4 month old [REDACTED]. The alleged perpetrator is Unknown grandmother. At the time of the referral [REDACTED] was in the custody of her mother [REDACTED] and the father [REDACTED]. TFACTS does reflect history regarding this family (March 30, 2011; Psychological Harm; ASPS against [REDACTED]).

It is reported that a deceased child, 4 months old [REDACTED] was discovered unresponsive in an adult bed shared by the mother, father, decedent and a 23 month old male sibling who was discovered lying on top of the victim. [REDACTED] Fire Department Engine [REDACTED] responded and asytole was confirmed at 0330 hours at the scene, which was a single family residence at [REDACTED]. A scene investigator was conducted by this office and the City Police Department. The descendants' remains were transported to the office for autopsy.

[REDACTED] reported [REDACTED] laid in the bed next to [REDACTED]. Approximately between 11:20 P.M. and 11:30 P.M. [REDACTED] stated she picked [REDACTED] up to take her in the room with her, [REDACTED] and [REDACTED] made a stretching sound when [REDACTED] picked her up. [REDACTED] age 8, got in the bed with [REDACTED] [REDACTED] took [REDACTED] and placed her at the head of the bed on her stomach with her head on a flat pillow. [REDACTED] age 23 months, was placed on the other side of the head of the bed. [REDACTED] and [REDACTED] biological father, laid at the foot of the bed. [REDACTED] reported the baby usually wakes up around 3:00 a.m. for a feeding and a diaper change. [REDACTED] stated she automatically woke up at approximately 3:05 a.m. and went to the bathroom [REDACTED] came back to the bedroom to check [REDACTED] pampers and feed her. [REDACTED] turned the light on in the bedroom and saw [REDACTED] 23 months old, asleep on top of [REDACTED] [REDACTED] was lying on [REDACTED] back. [REDACTED] moved [REDACTED] off [REDACTED] back to the other side of the bed, turned [REDACTED] over onto her back, and observed a bluish purple color around [REDACTED] mouth. [REDACTED] also observed some wetness under [REDACTED] nose and a little blood and wetness on the sheet.

[REDACTED] reported before [REDACTED] went to bed they were all laughing and playing. [REDACTED] went to sleep in her great-grandmother's room [REDACTED] after she was given her bottle. [REDACTED] went to sleep next to [REDACTED] [REDACTED] got [REDACTED] out of [REDACTED] room when they were ready to go to bed after 11:00 P.M. [REDACTED] was sleeping at the head of the bed and [REDACTED] was sleeping next to [REDACTED] on the other side of the bed. Mr. [REDACTED] stated that him and [REDACTED] went to sleep at the foot of the bed. Later, Mr. [REDACTED] heard



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] saying [REDACTED] is not breathing. Mr. [REDACTED] is not sure about what time [REDACTED] woke him up. Mr. [REDACTED] started trying to wake [REDACTED] up by calling her name and patting her on her leg. [REDACTED] went into [REDACTED] room telling her that [REDACTED] was not breathing. [REDACTED] told [REDACTED] to dial 911. The 911 operator told [REDACTED] how to resuscitate [REDACTED]. [REDACTED] kept trying to resuscitate [REDACTED] and the Mr. [REDACTED] stated he took over trying to resuscitate [REDACTED] by blowing into her mouth and nose and then pumping her chest according to what 911 operator was telling them to do. The paramedics arrived a few minutes later. [REDACTED] did not observe [REDACTED] on [REDACTED] but [REDACTED] later told Mr. [REDACTED] that she found [REDACTED] on top of [REDACTED] back asleep and she moved him off her.

[REDACTED] reported she placed [REDACTED] on her stomach in the bed between 9:00 and 9:50 p.m. [REDACTED] went to sleep next to her [REDACTED] biological mother, came and got [REDACTED] at approximately 11:20 p.m. and put her in the bed next to her brother [REDACTED]. The mother and father were sleeping at the foot of bed. [REDACTED] rushed into her bedroom a little after 3:00 A.M. hollering that she could not wake [REDACTED] up. [REDACTED] told [REDACTED] to dial 911. [REDACTED] dialed 911 and they told her to lie [REDACTED] down on the floor and instructed her how to resuscitate her. [REDACTED] stated they laid her on the floor where the carpet was and [REDACTED] kept trying to resuscitate her and then [REDACTED] tried to resuscitate her. The paramedics arrived a few moments later and put a machine on [REDACTED]. The paramedics could not revive her.

This investigator received the medical records from [REDACTED] Pediatrics regarding the siblings [REDACTED] aka [REDACTED] and [REDACTED] and observed the children were seen by Dr. [REDACTED] and observed for the well child visit it noted "Concerns none".

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities. a) Any child death caused by abuse or neglect.
 b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
 c) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.
 A near death, per Tennessee Code Annotated (TCA) 375-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect.

[REDACTED] County Protective Investigative Team was convened on June 3, 2015 and it recommended by Attorney General [REDACTED] Corman for the Department of Children's Services to bring back when autopsy report is completed.

The Autopsy was completed by Office of the Medical Examiner [REDACTED] Regional Forensic Center concluded the Manner of Death: Accident

On 7/30/15, the autopsy report was forwarded for review to [REDACTED] Assistant District Attorney General for Special Victims Unit for [REDACTED] County.

On 7-31-15 After Assistant District Attorney [REDACTED] review of the autopsy, she ruled the child's death as Accident

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

"The case will be closed and classified as Allegations Unsubstantiated/ Perpetrator Unsubstantiated for the allegations of Child Neglect Death"



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/21/2015	Contact Method:	
Contact Time:	11:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/21/2015
Completed date:	08/21/2015	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: 08/21/2015 02:59 PM Entered By: [REDACTED]

This investigator received the medical records from [REDACTED] Pediatrics regarding the siblings [REDACTED] aka [REDACTED] and [REDACTED] and observed the children were seen by Dr. [REDACTED] and observed for the well child visit it noted "Concerns none".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/18/2015 Contact Method:
 Contact Time: 02:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/31/2015
 Completed date: 08/31/2015 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: 08/31/2015 10:08 AM Entered By: [REDACTED]

This investigator faxed an Authorization of Release to [REDACTED] Health Center (Crump location) to receive the medical records on the child, [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/14/2015	Contact Method: Correspondence
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/31/2015
Completed date: 08/31/2015	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: 08/31/2015 10:06 AM Entered By: [REDACTED]

This case was presented to morning CPIT at the [REDACTED] Child Advocacy Center [REDACTED] with DA ([REDACTED]).
 It was recommended there was not enough evidence to substantiate the allegations.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/13/2015	Contact Method:
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/08/2015
Completed date: 10/08/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/08/2015 12:53 PM Entered By: [REDACTED]

A Child and Family Team Meeting (CFTM) was considered regarding services for the mother (Grief Counseling), but due to the mother stating she did not feel she need the services and this investigator mailing her a list of providers the meeting is no longer needed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/13/2015 Contact Method:
 Contact Time: 03:58 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/13/2015
 Completed date: 08/13/2015 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: 08/13/2015 03:59 PM Entered By: [REDACTED]

This investigator mailed a copy a list of providers to Ms. [REDACTED] from her insurance providers list.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/13/2015 Contact Method: Correspondence
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/13/2015
 Completed date: 08/13/2015 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: 08/13/2015 04:03 PM Entered By: [REDACTED]

This investigator submitted the Handle and Return to morning CPIT.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/12/2015	Contact Method:
Contact Time: 03:16 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/13/2015
Completed date: 08/13/2015	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: 08/13/2015 04:17 PM Entered By: [REDACTED]
 This investigator faxed an authorization of release to [REDACTED] Pediatrics to receive medical records on the children, [REDACTED] and [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/12/2015	Contact Method: Phone Call
Contact Time: 02:44 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/13/2015
Completed date: 08/13/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/13/2015 03:33 PM Entered By: [REDACTED]

This investigator called [REDACTED] and spoke with Ms. [REDACTED] regarding the grief counseling. Ms. [REDACTED] stated she contacted the providers which was provided to her by the insurance company [REDACTED] and the providers stated they did not accept her insurance. Ms. [REDACTED] stated she is not going to worry about the counseling because she is doing fine. She stated she thought about her children being in school and her having to work and and getting home late, she will not have time for the counseling. Ms. [REDACTED] stated she feel she will do fine. This investigator asked Ms. [REDACTED] if she was able to take the children to their medical appointment. Ms. [REDACTED] stated the children attended their medical appointment as scheduled on August 3, 2015. This investigator informed Ms. [REDACTED] the case will be staffed and if there are any questions, this investigator will contact her.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/12/2015	Contact Method: Phone Call
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/13/2015
Completed date: 08/13/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/13/2015 03:46 PM Entered By: [REDACTED]

This investigator contacted [REDACTED] [REDACTED] to verify if the mother's insurance will provide Grief Counseling. This investigator was informed the services are not broken down into categories. It was stated the insurance covers Psychologists and they are able to provide all services. This investigator was given three different Psychiatrist within the network of the mother's insurance ([REDACTED]; [REDACTED]; [REDACTED]). This investigator was also provided an email address to [REDACTED] for services [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/31/2015	Contact Method: Correspondence
Contact Time: 12:22 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/05/2015
Completed date: 08/05/2015	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: 08/05/2015 11:11 PM Entered By: [REDACTED]

This investigator received an email from DA [REDACTED] stating no concerns were observed on the review of autopsy report. It was also stated the classification recommended there is not enough evidence to substantiate the allegations.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/30/2015	Contact Method: Correspondence
Contact Time: 12:02 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/05/2015
Completed date: 08/05/2015	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: 08/05/2015 11:08 PM Entered By: [REDACTED]

This investigator emailed the autopsy report to DA [REDACTED] to review the report regarding the child, [REDACTED]. This investigator informed DA [REDACTED] this agency has purchased a Toddler Bed for the sibling [REDACTED] who was co-sleeping with the ACV [REDACTED] and seeking Grief Counseling for the mother.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/30/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/05/2015
Completed date: 08/05/2015	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: 08/05/2015 10:51 PM Entered By: [REDACTED]

This investigator called [REDACTED] regarding Grief Counseling. This investigator was advised to have the parent seek the services through their insurance and if their insurance does not offer the services to receive a denial letter.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/29/2015 Contact Method: Face To Face
 Contact Time: 01:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/05/2015
 Completed date: 08/05/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/05/2015 10:50 PM Entered By: [REDACTED]

This investigator visited [REDACTED] and spoke with the mother, [REDACTED] and the maternal grandmother, [REDACTED] regarding the autopsy report on the child, [REDACTED]. This investigator explained to Ms [REDACTED] the autopsy report stated the child died from Asphyxia and contributing to co-sleeping. This investigator explained to Ms [REDACTED] and Ms. [REDACTED] the importance of refraining from Co-sleeping. Ms. [REDACTED] was able to review the autopsy report and asked this investigator "Do you think she cried?". This investigator expressed to Ms. [REDACTED] and Ms. [REDACTED] that due to the sleeping arrangement of the children [REDACTED] laying on her stomach and [REDACTED] laying on top of [REDACTED] this investigator does not feel the child cried because she was sleep. Ms. [REDACTED] stated she will ensure the Toddler bed is put together. She stated the children are not co-sleeping at this time and the mother is working towards seeking her own home. Ms [REDACTED] stated she will have someone clear out the computer desk and have the bed placed in the area. Ms. [REDACTED] also stated her children [REDACTED] has an appointment with their Physician on Monday (August 3, 2015) at 11:30 am at [REDACTED] Pediatrics.

This investigator also spoke with Ms [REDACTED] regarding the Grief Counseling. This investigator told Ms [REDACTED] a request will be submitted for Grief Counseling and this investigator will also schedule for a Child and Family Team Meeting to have the case transferred to another department for monitoring and services being provided in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/29/2015	Contact Method:	Phone Call
Contact Time:	11:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/05/2015
Completed date:	08/05/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/05/2015 11:03 PM Entered By: [REDACTED]

This investigator received a telephone call from Ms. [REDACTED] stating her grandmother provided her the message to contact this investigator. This investigator informed Ms. [REDACTED] this investigator contacted her insurance company and it was stated her insurance provided Grief Counseling and she will have to seek the services through her insurance company. Ms. [REDACTED] stated she will contact the insurance company and provide the information to this investigator. This investigator asked Ms. [REDACTED] to contact his investigator after she leave her children's medial appointment.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/29/2015	Contact Method: Phone Call
Contact Time: 10:45 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/05/2015
Completed date: 08/05/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact, Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/05/2015 10:57 PM Entered By: [REDACTED]

This investigator called [REDACTED] regarding Grief Counseling. This investigator was informed their agency does not provide Grief Counseling, but the vendor will be contacted to see if individual counseling can be provided. This investigator was asked to complete the referral [REDACTED] and contact will be made to the mother.

This investigator faxed the referral of [REDACTED] referral regarding counseling for the mother.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/29/2015	Contact Method: Phone Call
Contact Time: 10:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/05/2015
Completed date: 08/05/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact, Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/05/2015 10:55 PM Entered By: [REDACTED]

This investigator called [REDACTED] (Counseling) and was informed the agency provide counseling, but does not provide in-home counseling. This investigator was informed the services are offered at their facility in [REDACTED] TN.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/29/2015	Contact Method: Phone Call
Contact Time: 10:15 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/05/2015
Completed date: 08/05/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact, Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/05/2015 10:53 PM Entered By: [REDACTED]

This investigator called [REDACTED] insurance company and inquired about the services of Grief Counseling. This investigator was informed the mother's insurance cover Therapy. This investigator asked if the Therapy specifically address Grief Counseling. This investigator was informed the Therapy address various services and the mother would need to call and ask for information in the Network of the insurance company.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/28/2015	Contact Method:
Contact Time: 03:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/28/2015
Completed date: 07/28/2015	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: 07/28/2015 07:17 AM Entered By: [REDACTED]

This investigator received a copy of the Medical Examiner autopsy report on the child, [REDACTED]. According to summary and interpretation, on the evening of May 16, 2015, this 4 month old female infant was reportedly placed to sleep on her stomach (prone) in an adult bed in which her parents and sibling (approximately 2 years old) also slept. Early the next morning her mother found her unresponsive. The sibling was found lying on top of the decedent (later reconfirmed during scene enactment). 911 was called and upon first responders' arrival her death was confirmed at the scene.

The autopsy documented a well-developed, infant with no evidence of trauma or pre-existing natural disease. Her foramen ovale was probe patent. There were epicardial and thymic petechiae. Cultures of cerebrospinal fluid, lung, and spleen detected no organisms. A nasopharyngeal swab detected no viruses. Blood culture results likely represent postmortem contamination. Toxicology testing detected no alcohol, common drugs or abuse, or medications. Testing detected a low concentration of methemoglobin (1.0%). A vitreous chemistry panel was non-contributory.

After consideration of the medical history, scene investigation, autopsy findings, Toxicology Report, and the circumstances surrounding the death, as currently understood, the cause of death is asphyxia due to overlay. The manner of death is listed as accident. Co-Sleeping is listed as a contributing condition.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/06/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/27/2015
Completed date:	07/27/2015	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: 07/27/2015 03:40 PM Entered By: [REDACTED]

Case was staffed for updates. Follow up on grief counseling for the family. Complete FAST and FFA. Inquire on status of Autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/19/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/28/2015
 Completed date: 07/28/2015 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: 07/28/2015 07:29 AM Entered By: [REDACTED]
 This investigator received a copy of the receipt from the purchase of toddler bed for [REDACTED] (sibling of [REDACTED])



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 06/10/2015 Contact Method: Face To Face
 Contact Time: 04:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/28/2015
 Completed date: 07/29/2015 Completed By: TFACTS, Person Merge
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

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

Narrative Type: Created In Error Entry Date/Time: 09/02/2015 09:43 AM Entered By: [REDACTED]

No Documentation



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/10/2015 Contact Method: Face To Face
 Contact Time: 04:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 09/02/2015
 Completed date: 09/02/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/02/2015 09:42 AM Entered By: [REDACTED]

This investigator visited [REDACTED] and observed the children [REDACTED], the mother, [REDACTED] and the father [REDACTED] in the home. This investigator observed the home to be neat and clean and adequate space for the family.

This investigator spoke with the child, [REDACTED] at the home. This investigator observed the child to be dressed appropriately and appeared healthy and happy at the time of the visit. This investigator did not observe any safety concerns regarding the child at the time of the visit. This investigator did not observe any visible marks or bruises on the child at the time of the visit. The child stated she was doing well at home. She stated she lives in the home with her mother, father, brother and her grandmother. The child stated she loves to spend time with her family and she was enjoying her summer break.

This investigator observed the child [REDACTED] in the home. This investigator observed the child to be dressed appropriately and appeared healthy and happy. This investigator did not observe any visible marks or bruises on the child at the time of the visit. This investigator did not observe any safety concerns at the time of the visit. This investigator observed the child interacting appropriately with his sibling while in the home. This investigator made attempts to speak with the child during the home visit, but the child would not talk to this investigator and would only smile.

This investigator informed the family this investigator was assigned the case due to investigator [REDACTED] no longer working the department. This investigator explained to the parents this investigator wanted to complete a walk-through of the home to assist the family with purchasing a bed for the child, [REDACTED]. This investigator spoke with the parents of the importance of co-sleeping and ensuring the children have their own beds. Ms. [REDACTED] showed this investigator the bedroom, which the toddler bed will be located in the home. This investigator observed the bedroom to the right of the hall, which the family stated [REDACTED] will be sleeping in the bedroom as well. This investigator spoke with the family regarding services this agency can provide to the family. Ms. [REDACTED] expressed to this investigator about her receiving grief counseling. This investigator informed Ms. [REDACTED] a request will be submitted regarding her receiving counseling. This investigator provided the family with contact information and stated they can call anytime if they had any questions concerning the process of the investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 06/10/2015 Contact Method:

Contact Time: 01:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/27/2015

Completed date: 07/27/2015 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: 07/27/2015 03:47 PM Entered By: [REDACTED]

Case was staffed for updates. Ms [REDACTED] needs to schedule the children to be seen by their Primary Care Physician. While at the home ask if she can schedule those appointments. Follow up on status of autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/10/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/30/2015
Completed date: 06/30/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/30/2015 12:13 PM Entered By: [REDACTED]

This investigator completed a PSG for the family requesting a toddler bed for the sibling ([REDACTED])



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/02/2015	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/30/2015
Completed date:	06/30/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/30/2015 11:59 AM Entered By: [REDACTED]

This case was presented to morning CPIT at the [REDACTED] Child Advocacy Center [REDACTED] with DA ([REDACTED]). It was recommended to return DCS handle and Return when the autopsy report is completed.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/22/2015	Contact Method:
Contact Time: 03:30 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/02/2015
Completed date: 06/02/2015	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: 06/02/2015 09:16 AM Entered By: [REDACTED]

This case was staffed. CPSI [REDACTED] has been re-assigned the case of [REDACTED] CPSI is to follow with [REDACTED] of [REDACTED] and [REDACTED] of [REDACTED] on the status of obtaining a toddler bed for [REDACTED]. A visit with the minor siblings [REDACTED] and [REDACTED] needs to be scheduled with the children's Primary Care Physician. Gather safe sleeping information via the internet and a copy of the safe sleeping brochure for the parents, Ms. [REDACTED] and Mr. [REDACTED]. Follow up on status of autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/19/2015 Contact Method: Correspondence
Contact Time: 02:36 PM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: Created Date: 05/20/2015
Completed date: 05/20/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Collateral Contact,Medical Exam,Notation
Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2015 11:59 AM Entered By: [REDACTED]
[REDACTED] with [REDACTED] emailed CPSI [REDACTED] stating: our office is in receipt of your report request for [REDACTED] (# [REDACTED]). Upon investigation completion, we will mail the final report to you.

[REDACTED] Administration [REDACTED] Forensic Center
[REDACTED]
&# [REDACTED] | &# [REDACTED] | &# [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/19/2015 Contact Method:
Contact Time: 10:20 AM Contact Duration: Less than 45
Entered By: [REDACTED] Recorded For:
Location: Created Date: 05/20/2015
Completed date: 05/20/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Notation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2015 11:53 AM Entered By: [REDACTED]

CPSI [REDACTED] observed jssi history for [REDACTED]: driving while license s/r/c. There was no drug offender, sexual offender, or felony offender history observed for [REDACTED] or [REDACTED]

CPSI [REDACTED] observed a felony for [REDACTED] in which his sentenced ended on 11/25/11, [REDACTED] # [REDACTED]. There was no drug offender or sexual offender history observed for [REDACTED]. [REDACTED] shows an order of protection and ex parte for an [REDACTED] with no date of birth listed.

CPSI [REDACTED] observed [REDACTED] history for [REDACTED] poss marijuana w/i man/del/sell and aggravated robbery.

Narrative Type: Addendum 1 Entry Date/Time: 05/20/2015 04:19 PM Entered By: [REDACTED]

Also found in [REDACTED] for [REDACTED] is aggravated robbery, and ex parte



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/19/2015 Contact Method: Correspondence
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/30/2015
 Completed date: 06/30/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/30/2015 12:03 PM Entered By: [REDACTED]

This case was presented in morning CPIT at the [REDACTED] Child Advocacy Center ([REDACTED]) with DA ([REDACTED]). It was recommended DCS TO Handle and Return, Get Medical records and receive autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/18/2015 Contact Method:
 Contact Time: 11:50 PM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/19/2015
 Completed date: 05/19/2015 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: 05/19/2015 12:24 AM Entered By: [REDACTED]
 Notice of Child Death form completed and emailed to lead investigator, [REDACTED] and coordinator, [REDACTED] for review.



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

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/18/2015 Contact Method:
 Contact Time: 11:28 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/19/2015
 Completed date: 05/19/2015 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: 05/19/2015 12:21 AM Entered By: [REDACTED]
 Department of Children Services History

3/30/11, Case# [REDACTED] Psychological harm naming [REDACTED] and [REDACTED] as the alleged victims and naming [REDACTED] as the alleged perpetrator; allegations substantiated and perpetrator substantiated.

Household Composition

[REDACTED]-biological mother
 date of birth [REDACTED]

[REDACTED] biological father of [REDACTED] and [REDACTED]
 date of birth [REDACTED]

[REDACTED]-maternal great-grandmother
 date of birth [REDACTED]

[REDACTED] brother
 date of birth [REDACTED]

[REDACTED] sister
 date of birth [REDACTED]

[REDACTED] maternal uncle
 date of birth unknown-age 19



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/18/2015	Contact Method: Attempted Face To Face
Contact Time: 03:28 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 07/28/2015
Completed date: 07/28/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Initial ACV Face To Face	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/28/2015 08:09 AM Entered By: [REDACTED]

CPSI [REDACTED] visited [REDACTED], but was unable to observe the child, [REDACTED] due to the child being deceased and transported by the medical examiner prior to the investigator making response to the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/18/2015 Contact Method: Face To Face
 Contact Time: 03:28 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/08/2015
 Completed date: 10/08/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/08/2015 11:26 AM Entered By: [REDACTED]

According to Work Aid 2; It is not require for the DCS Case Manager to observe the deceased child.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/18/2015	Contact Method:
Contact Time: 02:45 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/19/2015
Completed date: 05/19/2015	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: 05/19/2015 12:30 AM Entered By: [REDACTED]

On 5/17/15, referral intake number [REDACTED] was received with an allegation of Neglect Death naming [REDACTED] age 4 months, as the alleged victim. The alleged perpetrator is an Unknown Participant.

According to the reporter, the [REDACTED] County Medical Examiner is investigating the death of [REDACTED] age 4 months. [REDACTED] was found unresponsive in a bed shared by her mother, [REDACTED] father [REDACTED] and brother, 23 month old [REDACTED] who was found lying on top of [REDACTED] age 8, also resides in the home. The [REDACTED] Fire Department Engine [REDACTED] responded and confirmed asystole at 0330 hours when they arrived at the great-grandmother's home, [REDACTED]. The scene was investigated by the [REDACTED] County Medical Examiner's office and the [REDACTED] Police Department. [REDACTED] remains were transported for an autopsy. The cause or manner of death is currently pending.



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

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/18/2015	Contact Method:	
Contact Time:	01:45 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/18/2015
Completed date:	05/18/2015	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: 05/18/2015 01:59 PM Entered By: [REDACTED]

A P (1) referral was called in to Central Intake on (5-17-15), at (2:09) p.m. Case assigned to Team 6 on (5-17-15) with the allegation of (Neglect Death) in regard to ([REDACTED]), age (4 months) years. The alleged perpetrator is Unknown, Grandmother.

Response is due on (5-18-15 response time met on call by CPSI [REDACTED]); (2:09) p.m. The referent letter was email on (none). Juvenile Court (Judge) and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/17/2015 Contact Method: Face To Face
Contact Time: 04:58 PM Contact Duration: Less than 30
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 05/19/2015
Completed date: 05/19/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Sibling Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/19/2015 12:08 AM Entered By: [REDACTED]

CPSI [REDACTED] observed [REDACTED], age 23 months, was very active. [REDACTED] was playing with pillows on the couch and told CPSI [REDACTED] "hey." CPSI [REDACTED] told [REDACTED] hey and identified herself. CPSI [REDACTED] did not observe any visual signs of abuse or neglect on [REDACTED] [REDACTED] was dressed appropriately for the weather conditions. [REDACTED] is unable to communicate besides saying hey and bye due to his age. [REDACTED] was following his father around, [REDACTED] when he walked outside. [REDACTED] appears to have a close bond with his mother and father.

CPSI [REDACTED] interviewed [REDACTED] age 8, privately and separately in the living room. CPSI [REDACTED] did not observe any visual signs of abuse or neglect on [REDACTED] [REDACTED] was dressed appropriately for the weather conditions. [REDACTED] is in the 2nd grade at [REDACTED] Elementary. CPSI [REDACTED] asked [REDACTED] what does she like to do. [REDACTED] stated she likes to read and write. The teacher said she is the smartest student in her class. [REDACTED] reported that her mother, [REDACTED] helps her with her math problems. CPSI [REDACTED] asked [REDACTED] does she know what happened to her sister [REDACTED] [REDACTED] stated she sleeps in the bed with her great-grandmother [REDACTED]. [REDACTED] stated she does not know what happened to [REDACTED] When she woke up this morning she asked her mom, [REDACTED], where was the baby and her mom told her that she died. [REDACTED] stated everyone was crying and she began to cry. [REDACTED] said that is all she knows.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/17/2015 Contact Method: Face To Face
Contact Time: 03:28 PM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 05/19/2015
Completed date: 05/19/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/19/2015 12:01 AM Entered By: [REDACTED]

On 5/17/15, CPSI [REDACTED] arrived at [REDACTED]; [REDACTED] TN and observed several family members and children outside on the porch and driveway talking. [REDACTED], biological mother, approached CPS [REDACTED] as she was walking toward the driveway. CPSI [REDACTED] introduced herself to Ms. [REDACTED] and biological father, [REDACTED] who was also standing outside. CPS [REDACTED] told Ms. [REDACTED] and Mr. [REDACTED] that she was sorry for their loss and gave her condolences. CPS [REDACTED] informed Ms. [REDACTED] and Mr. [REDACTED] that a referral was received in regards to [REDACTED] death and CPSI [REDACTED] needs to interview them privately and separately as well as their children and great-grandmother. Ms. [REDACTED] and Mr. [REDACTED] both stated that was fine and Ms. [REDACTED] walked CPSI [REDACTED] into the home in which there were several other family members sitting in the den area.

CPSI [REDACTED] interviewed [REDACTED], privately and separately in the living room. [REDACTED] great-grandmother walked into the living room and sat down. CPSI [REDACTED] informed [REDACTED] that [REDACTED] needed to be interviewed privately and separately which is standard procedure. CPS [REDACTED] told [REDACTED] she would interview her later. Ms. [REDACTED] said okay and left the room. CPSI [REDACTED] asked [REDACTED] to tell CPSI what happened. [REDACTED] stated last night, on 5/16/15 she was cutting up vegetables and preparing them for the next day because her grandmother, [REDACTED] cooks a big meal every Sunday. Approximately, at 9:50 P.M. [REDACTED], maternal great-grandmother, finished giving [REDACTED] age 4 months, a bottle and [REDACTED] fell asleep. [REDACTED] laid [REDACTED] down in [REDACTED] bed on her stomach. [REDACTED] stated she does not lay [REDACTED] on her back because she tried that several times when she first came home, but [REDACTED] would not go to sleep; therefore, she always placed [REDACTED] on her stomach. [REDACTED] laid in the bed next to [REDACTED]. Approximately between 11:20 P.M. and 11:30 P.M., [REDACTED] stated she picked [REDACTED] up to take her in the room with her, [REDACTED], and [REDACTED]. [REDACTED] made a stretching sound when [REDACTED] picked her up. [REDACTED] age 8, got in the bed with [REDACTED]. [REDACTED] I took [REDACTED] and placed her at the head of the bed on her stomach with her head on a flat pillow. [REDACTED], age 23 months, was placed on the other side of the head of the bed. [REDACTED] and [REDACTED] biological father, laid at the foot of the bed. [REDACTED] reported the baby usually wakes up around 3:00 a.m. for a feeding and a diaper change. [REDACTED] stated she automatically woke up at approximately 3:05 a.m. and went to the bathroom. [REDACTED] came back to the bedroom to check [REDACTED] pampers and feed her. [REDACTED] turned the light on in the bedroom and saw [REDACTED] 23 months old, asleep on top of [REDACTED]. [REDACTED] was lying on [REDACTED] back [REDACTED] moved [REDACTED] off [REDACTED] back to the other side of the bed, turned [REDACTED] over onto



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her back, and observed a bluish purple color around [REDACTED] mouth. [REDACTED] also observed some wetness under [REDACTED] nose and a little blood and wetness on the sheet. [REDACTED] called [REDACTED] name and tried to wake her. [REDACTED] stated she began hollering [REDACTED] name when it appeared that she was not breathing and she woke up [REDACTED] biological father. [REDACTED] told [REDACTED] that [REDACTED] was not breathing. Mr. [REDACTED] began patting on [REDACTED] leg and kept calling her name trying to wake her up. [REDACTED] ran and woke up her grandmother, [REDACTED] hollering that [REDACTED] was not waking up. [REDACTED] told [REDACTED] to dial 911. [REDACTED] called 911 about 3:15 A.M. and was instructed how to resuscitate [REDACTED] until the paramedics arrived. [REDACTED] attempted to resuscitate [REDACTED] after [REDACTED] kept trying. The paramedics arrived a few minutes later and pronounced [REDACTED] deceased upon arrival. [REDACTED] was sent to the city morgue.

CPS [REDACTED] asked [REDACTED] what doctor did [REDACTED] and the other children see. [REDACTED] stated all the children are seen at the [REDACTED] or [REDACTED] by Dr. [REDACTED] CPS [REDACTED] asked [REDACTED] did [REDACTED] or the other children have any medical issues [REDACTED] could not remember the last date that [REDACTED] was seen at the [REDACTED] Health Center. [REDACTED] stated that [REDACTED] was referred once to the [REDACTED] for an ultrasound to check if she had access fluid on her brain. The [REDACTED] Health Center was unable to find any results of fluid on [REDACTED] brain as far as [REDACTED] knows. [REDACTED] has ear infections sometimes. The [REDACTED] Daycare sent a letter home to [REDACTED] last Wednesday or Thursday stating that [REDACTED] was wheezing. [REDACTED] stated she did not take [REDACTED] to the doctor because she did not hear her wheezing, but [REDACTED] did have a cold. [REDACTED] put 1 nasal drop in each of [REDACTED] nostrils and suctioned it out with a syringe at approximately 10:00 A.M. Saturday, 5/16/15.

[REDACTED] stated she works for [REDACTED] 20 hours per week, but was promoted to WM Bar through [REDACTED] [REDACTED] was supposed to start working at her new job 10 hours per day on 5/18/15. CPSI [REDACTED] explained the Department of Children Services forms to [REDACTED] and she signed the paperwork. CPSI [REDACTED] advised [REDACTED] that she will need to make doctor appointments for [REDACTED] and [REDACTED] so they can be medically cleared [REDACTED] stated she will schedule the doctor appointments for her children.

CPSI [REDACTED] observed the home has 3 bedrooms, living room, den, kitchen, and 1 bathroom. The home was neat and clean. CPSI [REDACTED] did not observe any safety hazards or concerns in the home.

CPS [REDACTED] reviewed the following forms with Ms. [REDACTED] and she signed them:

- [REDACTED] Authorization to Release Medical Records
- Authorization for Release of Info and HIPAA Protected Health Info
- Notification of Equal Access to Programs and Services and Grievance Procedures
- HIPAA Notice of Privacy Practices
- Native American Heritage Veto Verification
- Acknowledgement of Receipt of Clients' Rights Handbook

Mr. [REDACTED] was also given a copy of the Multiple Response Brochure and HIPAA Notice of Privacy Practices.

CPS [REDACTED] interviewed [REDACTED], great-grandmother, privately and separately. According to [REDACTED] she placed [REDACTED] on her stomach in the bed between 9:00 and 9:50 p.m. [REDACTED] went to sleep next to her. [REDACTED] biological mother, came and go [REDACTED] at approximately 11:20 p.m. and put her in the bed next to her brother, [REDACTED]. The mother and father were sleeping at the foot of bed. [REDACTED] rushed into her bedroom a little after 3:00 A.M. hollering that she could not wake [REDACTED] up. [REDACTED] told [REDACTED] to dial 911. [REDACTED] dialed 911 and they told her to lie [REDACTED] down on the floor and instructed her how to resuscitate her. [REDACTED] stated they laid her on the floor where the carpet was and [REDACTED] kept trying to resuscitate her and then [REDACTED] tried to resuscitate her. The paramedics arrived a few moments later and put a machine on [REDACTED]. The paramedics could not revive her. [REDACTED] stated that [REDACTED] was happy and playing before being put to bed earlier in the evening. [REDACTED] reported that [REDACTED] only had a cold. CPS [REDACTED] asked did [REDACTED] have a baby crib. [REDACTED] stated they have a bassinet in the attic. [REDACTED] stated [REDACTED] age 8, sleeps with her every night. [REDACTED] is the bus driver for [REDACTED] Daycare where the children also attend. [REDACTED] would drive her great grandchildren to the Daycare center with her in the morning. Another Daycare bus driver drops [REDACTED] age 8, off a [REDACTED] Elementary along with other children at about 8:30 A.M.

CPSI [REDACTED] interviewed [REDACTED] biological father, privately and separately in the living room. [REDACTED] stated before [REDACTED] went to bed they were all laughing and playing. [REDACTED] went to sleep in her great-grandmother's room, [REDACTED], after she was given her bottle. [REDACTED] went to sleep next to [REDACTED]



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[REDACTED] got [REDACTED] out of [REDACTED] room when they were ready to go to bed after 11:00 P.M. [REDACTED] was sleeping at the head of the bed and [REDACTED] was sleeping next to [REDACTED] on the other side of the bed. Mr. [REDACTED] stated that him and [REDACTED] went to sleep at the foot of the bed. Later, Mr. [REDACTED] heard [REDACTED] saying [REDACTED] is not breathing. Mr. [REDACTED] is not sure about what time [REDACTED] woke him up. Mr. [REDACTED] started trying to wake [REDACTED] up by calling her name and patting her on her leg. [REDACTED] went into [REDACTED] room telling her that [REDACTED] was not breathing [REDACTED] told [REDACTED] to dial 911. The 911 operator told [REDACTED] how to resuscitate [REDACTED] [REDACTED] kept trying to resuscitate [REDACTED] and the Mr. [REDACTED] stated he took over trying to resuscitate [REDACTED] by blowing into her mouth and nose and then pumping her chest according to what 911 operator was telling them to do. The paramedics arrived a few minutes later. [REDACTED] did not observe [REDACTED] on [REDACTED] but [REDACTED] later told Mr. [REDACTED] that she found [REDACTED] on top of [REDACTED] back asleep and she moved him off her. Mr. [REDACTED] stated he does not blame his son because he is just a little boy and he was asleep.



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Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/17/2015	Contact Method:
Contact Time: 02:09 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/30/2015
Completed date: 06/30/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/30/2015 12:06 PM Entered By: [REDACTED]

This agency received a referral on 05/17/15 stating allegations of Neglect Death. The referral stated this will serve as notification that the [REDACTED] County Medical Examiner is investigating the death of [REDACTED] (DOB [REDACTED]). This 4 month old infant was discovered unresponsive in an adult bed shared the mother, father, decedent, and a 23 month old male sibling who was discovered lying on top of the victim. [REDACTED] Fire Department Engine [REDACTED] responded and asystole was confirmed at 0330 hours at the scene, which was a single family residence at [REDACTED]. A scene investigator was conducted by this office and the City Police Department. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED] (DOB: [REDACTED], SSN# [REDACTED]), and the father is [REDACTED] (DOB: [REDACTED], SSN# [REDACTED]). Two siblings, [REDACTED] 23 months, and [REDACTED] age 8, also live at the residence along with the maternal great grandmother. Our case # is [REDACTED].

[REDACTED], Investigator
05/17/2015