



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/28/2015 01:14 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/28/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 05/28/2015 04:01 PM
 First Team Leader Assigned: [REDACTED] Date/Time 05/28/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 05/28/2015 12:00 AM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: [REDACTED]
 Notification: E-mail
 Narrative: Family Case IDs: [REDACTED]
 Open Court Custody: None
 Closed Court Custody: None
 Open: INV# [REDACTED] /PHA, MDM/05-26-2015 [REDACTED]
 Substantiated: None
 Death: None
 Number of Screen Outs: 0
 History (not listed above): None



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

Pending: No
Awaiting Screening: No
Submitted: No

County: [REDACTED]
Notification: Email
School/ Daycare: None
Native American Descent: None
Directions: No
Reporter's name/relationship: [REDACTED] [REDACTED]

Reporter states:

The child is not custody

[REDACTED] (4 m/o) lived with her brother [REDACTED] (2 y/o), her brother [REDACTED] (4 m/o), her father [REDACTED] and her mother [REDACTED]

At 6:30 a.m. this morning May 28, 2015 [REDACTED] laid [REDACTED] down on her back in her crib. [REDACTED] went to check on [REDACTED] at 8:50 a.m. and found [REDACTED] purple and non-responsive. [REDACTED] was found lying on her stomach. At 08:56 a.m. 911 was called. [REDACTED] was found dead in her bedroom. [REDACTED] was pronounced dead at 10:02 a.m. today May 28, 2015.

There were no visible injuries to [REDACTED]. Law enforcement responded to [REDACTED] [REDACTED] [REDACTED] will be transferred to [REDACTED] for an autopsy. It is unknown when the autopsy will be performed.

[REDACTED] and [REDACTED] are in the hospital chapel at this time. [REDACTED] and [REDACTED] were briefly interviewed by law enforcement but DCS has not interviewed the parents at this time. [REDACTED] stated she found the baby on her stomach and she was purple and non-responsive.

There are two other children in the home. The children have not been interviewed. There are no other deaths reported in the home. This death is very concerning because [REDACTED] brother [REDACTED] suffered a skull fracture in the home less than two weeks ago.

[REDACTED] had two prior DUI' s prior to the children being born. Law enforcement has not reported responding to this residence in the past. It is unknown if anyone in the home has any alcohol and drug issues. It is unknown if there are any mental health or domestic violence issues in the home.

The investigator that is taking over the investigation is [REDACTED] [REDACTED] who is out of [REDACTED] [REDACTED] Child Protective Services. There is a forensic medical death investigator on scene. An investigator with [REDACTED] [REDACTED] [REDACTED], Lt. [REDACTED], is also on scene. Law enforcement, [REDACTED] and the forensic investigator will go to the home for further investigation.

Special Needs or Disabilities: unknown
Child's current location/is the child safe at this time: [REDACTED] [REDACTED]
Perpetrator's location at this time: unknown
Any other safety concerns for the child(ren) or worker who may respond: No
Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P1

[REDACTED] [REDACTED] @ 3:24 p.m. on 5/28/2015

Notified [REDACTED] [REDACTED] at 3:24 p.m. on 5/28/15



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

A Notification was sent to [REDACTED]

The [REDACTED] [REDACTED] [REDACTED] was notified at 3:24 p.m. on 5/28/15



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 22 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 27 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: Mother's Cell; Father's cell phone [REDACTED]

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 2 Yrs 11 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]
 Referral Date: 05/28/2015
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 05/28/2015

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/18/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Though the autopsy showed evidence of an old subdural hemorrhage and could not rule out an asphyxial death, there is not any evidence showing that anyone caused the death of [REDACTED]. The autopsy report said that the cause and manner of [REDACTED] death cannot be determined.

D. Case Workers

Case Worker: [REDACTED]

Date: 10/18/2015

Team Leader: [REDACTED]

Date: 10/19/2015

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:

CPSI [REDACTED] saw the body of [REDACTED] at the hospital. Her body was in a room on a gurney. She had on a diaper only. There were bruises from CPR on her chest. Her body appeared bruised in places, but Investigator [REDACTED] explained that that was due to blood pooling where she had laid. There was significant bruising on the right side of the child's face. Investigator [REDACTED] said that that could have been where [REDACTED] had had her head tilted that way so the blood pooled there. There was some concern because the bruising to the child's face had become darker as time passed. [REDACTED] appeared to be of healthy weight and size.

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

[REDACTED] reviewed the autopsy of [REDACTED]. She said the only thing out of the ordinary in this case is the presence of bloody emesis (vomit)/secretions. This is unusual and can indicate intentional suffocation, but it can also occasionally be found in accidental suffocation. As with most infant suffocation deaths, the classic adage holds true the only thing to differentiate accidental vs. inflicted is a confession.



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

Case Name : ██████████

Investigation ID: ██████████

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

The alleged perpetrator was listed as unknown. Ms. ██████████ who was ██████████ mother and the last to see her alive said that nothing had been different in the last 24 hours with ██████████. She said that there had been no fall and no accidents and no injuries in, at least, the last 72 hours. Ms. ██████████ reported that yesterday morning at about 8:55, ██████████ was found dead in her bed on her stomach with her face down into the mattress. Her mom said that at about 6:30, she had both twins in her bed, and ██████████ was falling asleep, but ██████████ was awake and kicking. She said ██████████ movement kept waking ██████████ so she put ██████████ in her crib alone on her back. She said that at about 8:50, she went to check on ██████████. She said that when she turned ██████████ over, there were streaks of blood coming from both sides of her mouth. She also said that ██████████ felt sweaty and a little stiff. She said that ██████████ had not eaten since 6pm the night before.

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

██████████ (4 m/o) lived with her brother ██████████ (2 y/o), her brother ██████████ (4 m/o), her father, ██████████ and her mother ██████████. At 6:30 a.m. this morning May 28, 2015 ██████████ laid ██████████ down on her back in her crib. ██████████ went to check on ██████████ at 8:50 a.m. and found ██████████ purple and non-responsive. ██████████ was found lying on her stomach. At 08:56 a.m. 911 was called. ██████████ was found dead in her bedroom. ██████████ was pronounced dead at 10:02 a.m. today May 28, 2015. There were no visible injuries to ██████████. ██████████ stated she found the baby on her stomach and she was purple and non-responsive. There are two other children in the home. The children have not been interviewed. There are no other deaths reported in the home. This death is very concerning because ██████████ brother ██████████ suffered a skull fracture in the home less than two weeks ago.

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

This is the second case that the family has had with DCS. The first case came in 5/22/15 because the twin of ██████████ had a head fracture. .

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2015	Contact Method:	
Contact Time:	10:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/04/2015
Completed date:	11/04/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/04/2015 10:25 AM Entered By: [REDACTED]

Case has been submitted for closure upon the results of the autopsy. The case has been approved by upper management in Central Office and will be unsubstantiated for neglect death on the parents of [REDACTED]. Case file has 740 completed and safety assessments added for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

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

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/03/2015 01:32 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	12:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/03/2015 12:47 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been referred for further review by the [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/27/2015 Contact Method:
 Contact Time: 03:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/27/2015
 Completed date: 11/03/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 10/27/2015 03:33 PM Entered By: [REDACTED]

The referral for the alleged neglect death of alleged child victim, [REDACTED] was received 5/28/15. [REDACTED] had two brothers: two year old [REDACTED] and 4 month old [REDACTED]. The boys were removed from the custody of their parents, [REDACTED] and [REDACTED] because the Department had received allegations of physical abuse and medical maltreatment of alleged child victim, [REDACTED], on 5/21/15. On May 20, 2015, [REDACTED] was sent to [REDACTED] due to a CT scan that showed a skull fracture. At [REDACTED] [REDACTED] had a head CT scan that showed that he had a right parietal skull fracture, an epidural hematoma, and a subdural hematoma. The injury was reported to have occurred on May 13, 2015 when [REDACTED] fell off a bed onto a tile floor. On May 28, 2015, [REDACTED] twin sister, [REDACTED] was found unresponsive in her bed. [REDACTED] reported that on May 28, 2015 at about 6:30AM, she had both twins in her bed, and [REDACTED] was falling asleep, but [REDACTED] was awake and kicking. She said [REDACTED] movement kept waking [REDACTED] so she put [REDACTED] in her crib alone on her back. She said that at about 8:50, she went to check on [REDACTED]. She said that she had given [REDACTED] his bottle and had made one for [REDACTED]. She said that she went to her room to get her phone and went in [REDACTED] room to check on her. She said that [REDACTED] was on her stomach. She said that when she turned [REDACTED] over, there were streaks of blood coming from both sides of her mouth. She also said that [REDACTED] felt sweaty and a little stiff. She said that [REDACTED] had not eaten since 6pm the night before. [REDACTED] was pronounced dead at [REDACTED] on May 28, 2015 by [REDACTED] at 10:02AM. There was no explanation for her death. Two severe traumas occurring in 15 days within one family led to the removal of [REDACTED] and [REDACTED]. They were removed 5/28/15 and placed with their paternal grandmother, [REDACTED]. Ms. [REDACTED] had a stroke and could no longer care for the children on June 6, 2015. The children were moved to the home of their maternal great-grandparents, [REDACTED] and [REDACTED], who is the [REDACTED] Investigator from the [REDACTED] and the [REDACTED] in [REDACTED] Investigator [REDACTED] Lead Investigator [REDACTED] from the Office of Child Safety of the Department of Children's Services, and Child Protective Services Investigator [REDACTED] from the Office of Child Safety of the Department of Children's Services investigated this case. The alleged perpetrator was listed as unknown on the case. Interviews were done with the following people:

[REDACTED] mother
 Ms. [REDACTED] said that she was a stay-at-home mom and that she was her children's primary caregiver. She confirmed that her fiancé, [REDACTED], is the father of the children. Ms. [REDACTED] said that nothing had been different in the last 24 hours with [REDACTED]. She said that there had been no fall and no accidents and no injuries in, at least, the last 72 hours. She reported that [REDACTED] was wearing a diaper and a teal onesie when she died. Miss [REDACTED] said that



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she had a video baby monitor in her room watching the baby. She said that she had turned the swing music on in the room for [REDACTED] but by the time she left, it was off. Ms. [REDACTED] reported that morning at about 8:55, [REDACTED] was found dead in her bed on her stomach with her face down into the mattress. Her mom said that at about 6:30, she had both twins in her bed, and [REDACTED] was falling asleep, but [REDACTED] was awake and kicking. She said [REDACTED] movement kept waking [REDACTED] so she put [REDACTED] in her crib alone on her back. She said that at about 8:50, she went to check on [REDACTED]. She said that she had given [REDACTED] his bottle and had made one for [REDACTED]. She said that she went to her room to get her phone and went in [REDACTED] room to check on her. She said that when she turned [REDACTED] over, there were streaks of blood coming from both sides of her mouth. She also said that [REDACTED] felt sweaty and a little stiff. She said that [REDACTED] had not eaten since 6pm the night before. Ms. [REDACTED] did say that it was unusual for [REDACTED] to have rolled over. She said that she had placed [REDACTED] on her back and walked out of the room. She said that she found the baby on her stomach and face down. She said that [REDACTED] had been trying to roll. Ms. [REDACTED] said that there was a blanket over [REDACTED] but she was not swaddled. She said that there was not a sheet on the bed. She said that the blanket was tucked under [REDACTED] legs. She said that it was a fleece blanket. She said again that nothing had been different with [REDACTED] in the 72 hours before her death. She reported no vomiting, no diarrhea, no temperature, and no injuries. Ms. [REDACTED] said that [REDACTED] had no allergies and no health problems. She said that [REDACTED] was "the healthy one". She said that [REDACTED] had been to see Mrs. [REDACTED] twice since she was discharged from the hospital when she was born. Ms. [REDACTED] explained that [REDACTED] had been seen at [REDACTED] when she was first born. She said she got her two week shots at [REDACTED]. She said that she got her prenatal care at the [REDACTED] and that [REDACTED] and [REDACTED] were born at [REDACTED]. She said that they were born on [REDACTED] and got out of the hospital on either the 22nd or possibly the 23rd. She said that [REDACTED] was 16 inches long and weighed 5 pounds and 6 ounces when she was born. [REDACTED] and [REDACTED] were born at 37 weeks gestation which is normal for twin pregnancy according to Ms. [REDACTED]. She said that [REDACTED] was the second to be born. She said that there were no complications during the birth of [REDACTED] and [REDACTED]. She said that [REDACTED] was last fed at 5 PM on May 27th the night before she died. She said that the morning that she died, [REDACTED] really just wanted her pacifier. She said that [REDACTED] ate just formula in the last 24 hours of her life. She ate Similac Total Care formula. Miss [REDACTED] said that [REDACTED] had eaten nothing new in the last 24 hours. She said that [REDACTED] was not a placed to sleep with a bottle. She said that she began prenatal care when she found out she was pregnant. She said she was 12 weeks pregnant when she found out that she was pregnant. She saw [REDACTED] in [REDACTED] until she found out she was pregnant with twins. At that time she decided she wanted the babies to be born at [REDACTED] in case they needed care at the neonatal intensive care unit. Mrs. [REDACTED] again said there were no pregnancy complications and no injuries to her or the babies when she was pregnant. Miss [REDACTED] reported that she used prenatal vitamins and folic acid when she was pregnant. She said that she did not use any herbal remedies. She said that she smoked half a pack of cigarettes when she was pregnant. She said that she drank no alcohol then and does not now. She said that she does now smoke about a pack a day of cigarettes. She said that she will take ibuprofen and a pill that she has for headaches. She did not know with name of that pill was. She said they have central heat and air. She said they have box fans in their bedroom. Ms. [REDACTED] asked about why the baby had blood on her face when she found her. Investigator [REDACTED] explained that when [REDACTED] died everything in her body stopped working. He said because of her very young age, her lungs were very thin which would allow blood to start sleeping through the lungs. He said that the blood on [REDACTED] face was just the normal process that the body takes when someone dies.

[REDACTED] father

Mr. [REDACTED] said that the 911 operator instructed him on how to do CPR. He said that he did what he was told. He said that he did 2 finger deep compression 30 times. He said that he did deep breaths covering mouth and nose. He said that he did almost 3 cycles before EMS came. He said that [REDACTED] had been normal for the last three days. He said that she had not been injured in any way. He said that he was out of town when [REDACTED] sustained a skull fracture. He said that he was outside taking the garbage out when [REDACTED] started screaming that she needed help the morning that [REDACTED] was found unresponsive in her crib. He said that he slept on the couch the night before [REDACTED] died.

During the interviews of [REDACTED] and [REDACTED] both Ms. [REDACTED] and Mr. [REDACTED] seemed to be struggling with [REDACTED] death. They held hands during the interview. She seemed to be struggling more than he was. Both cried during the interview.

[REDACTED] said that he wanted CPSI [REDACTED] to know that the baby who died, [REDACTED] had a twin brother named [REDACTED] who had had a linear skull fracture and a small hematoma last week. He said that that was concerning to him. He said that what he understood about this case so far was that [REDACTED] had been placed on her back in her crib about 6:30am. He said that Ms. [REDACTED] found [REDACTED] at 8:54am unresponsive on her stomach
Child Protective Services Investigator (CPSI) [REDACTED] from the Office of Child Safety of the Department of



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Children's Services

CPSI [REDACTED] reported that in her investigation of [REDACTED] skull fracture, Ms. [REDACTED] mother said, "I know we're not supposed to lay them on their stomachs, but he likes a little pressure on him, so I layed him on his tummy in the middle of our king size bed and put the comforter in a rolled circle around him and he was asleep. I went to make bottles and then I heard [REDACTED] crying and I ran to the bedroom and he was on the floor and the comforter was still on the bed. I don't know how that happened. I didn't think he could scoot yet. I picked him up- he was screaming, and I held him and comforted him and after five minutes he calmed and took his bottle, but I didn't let him go to sleep after that. I called his granny, [REDACTED] because she is a nurse and she said to check his pupils with a flashlight and check his breathing and make sure he wasn't throwing up and to keep a good eye on him. I was going to take him to the hospital, I was so tore up and it was like I was having a mini-heart attack, but he calmed down and went back to his playful self".

[REDACTED] said that 6:30AM was the last known time that [REDACTED] was alive. He said that there were copious amounts of blood in the esophagus/airway or the endotracheal tube. He said that [REDACTED] fontanelle was swollen. He said that there was swelling around [REDACTED] eyes. CPSI [REDACTED] asked what that meant. Investigator [REDACTED] said that there was a lot of blood which was from the baby's body decomposition. He said though that he would not expect that level of decomposition since [REDACTED] had not been deceased very long. He went on to say that it did not necessarily mean anything as everybody is different. He said that the autopsy would tell more information.

CPSI [REDACTED] spoke with the EMS Staff. CPSI [REDACTED] was told that when [REDACTED] and [REDACTED] arrived at the home, [REDACTED] was outside in the grass. [REDACTED] was doing CPR on [REDACTED] CPSI [REDACTED] was told that Mr. [REDACTED] was performing CPR as he was instructed by the staff at the 911 operation center.

[REDACTED] Investigator from the [REDACTED] and the [REDACTED] in [REDACTED]

When viewing the body of [REDACTED] helped explain what was being seen. There were bruises from CPR on her chest. Her body appeared bruised in places, but Investigator [REDACTED] explained that that was due to blood pooling where she had laid. There was significant bruising on the right side of the child's face. Investigator [REDACTED] said that that could have been where [REDACTED] had had her head tilted that way so the blood pooled there. There was some concern because the bruising to the child's face had become darker as time passed. [REDACTED] said that 6:30AM was the last known time that [REDACTED] was alive. He said that there were copious amounts of blood in the esophagus/airway or the endotracheal tube. He said that [REDACTED] fontanelle was swollen. He said that there was swelling around [REDACTED] eyes. CPSI [REDACTED] asked what that meant. Investigator [REDACTED] said that there was a lot of blood which was from the baby's body decomposition. He said though that he would not expect that level of decomposition since [REDACTED] had not been deceased very long. He went on to say that it did not necessarily mean anything as everybody is different. He said that the autopsy would tell more information.

CPSI [REDACTED] called [REDACTED] She had treated [REDACTED] for his skull fracture. CPSI [REDACTED] explained that [REDACTED] had passed away that morning. CPSI [REDACTED] gave [REDACTED] information about the case. [REDACTED] said that she did not like the sound of what CPSI [REDACTED] had said. She said that she was concerned about "copious amounts of blood in the endo-tracheal tube as well as a swollen fontanel". She said that she could not see how DCS could leave the other children in the home considering everything she had been told. She said that the following had been in her notes from 5/21/15: "Diagnostic Assessment: [REDACTED] is a now 4 month old infant brought to [REDACTED] due to skull fracture. While the mechanism of injury is plausible (3 foot fall to tiled surface), mom has not seen [REDACTED] roll or crawl yet. She does note that he uses his feet to push himself, and perhaps he self-propelled himself over the edge of the bed. We are concerned that a 4 month old with limited mobility would not be capable of going over a rolled comforter barrier. It remains unclear if this injury was obtained via accident vs. non-accidental trauma. He has no other visible fractures on trauma series x-rays. He has continued to behave normally and is noted to be alert on exam".

[REDACTED] provider at the [REDACTED] [REDACTED] was the primary medical provider for the [REDACTED] children. She said that she saw [REDACTED] and [REDACTED] last on May 20. [REDACTED] seemed to be doing well, but Mrs. [REDACTED] was disturbed by the right side scalp swelling of [REDACTED] She did a CT scan on [REDACTED] and found a linear fracture. CPSI [REDACTED] asked her if she believed the mother's story about [REDACTED] falling off the bed and getting the skull fracture. Mrs. [REDACTED] said that her problem was that [REDACTED] did not have the ability developmentally to move as his mother described that he did. She said that it was not possible due to [REDACTED] developmental age for him to have rolled off the middle of a king sized bed especially as he



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was surrounded by comforters. She said that [REDACTED] was not even holding up his head well when he supposedly moved himself from the center of a king sized bed and over a rolled up comforter so that he fell off the bed. Mrs. [REDACTED] said that that story could not be true. She said that CPSI [REDACTED] should note when she had recorded that [REDACTED] had a "head lag" which means that he was not holding up his head. CPSI [REDACTED] said that she would do that. Mrs. [REDACTED] said that she would fax the records. CPSI [REDACTED] thanked her and hung up.

[REDACTED] paternal grandmother

CPSI [REDACTED] spoke to [REDACTED] who was caring for [REDACTED] and [REDACTED] when they were removed from the custody of their parents. CPSI [REDACTED] explained that she had wanted to find out how much [REDACTED] was eating; CPSI [REDACTED] explained that Ms. [REDACTED] had said that [REDACTED] had gone for 13 hours without eating and was not fussy. CPSI [REDACTED] asked her if [REDACTED] could have done that. Ms. [REDACTED] said that [REDACTED] ate more frequently than that. She said that she was surprised to hear that [REDACTED] could have gone that long without eating. She said that she knew that Ms. [REDACTED] was a good mother because she worked so hard to get things right for [REDACTED] when he was having so much trouble eating. She said that [REDACTED] had been diagnosed as failure to thrive. She said that Ms. [REDACTED] advocated for him and made sure that he got what he needed. She said that [REDACTED] was doing great now because of his mother. CPSI [REDACTED] asked Ms. [REDACTED] about [REDACTED] ability to move. She said that he had not rolled over yet. CPSI [REDACTED] said that Ms. [REDACTED] had said that she put [REDACTED] down in the middle of her king sized bed on his tummy with a rolled up comforter surrounding him so that he would not fall off the bed, but he fell off. CPSI [REDACTED] asked Ms. [REDACTED] if she thought that [REDACTED] was mobile enough to move himself off the bed so that he fell off the bed. Ms. [REDACTED] said that she did not know. She said that she knew that neither [REDACTED] nor her son, [REDACTED] had hurt the children. She said that she did not want to talk about this with CPSI [REDACTED] because she did not want to say anything that would hurt anyone

Staff at the [REDACTED]

CPSI [REDACTED] received the background results on [REDACTED]. The following incidents were listed on her record: 4/24/15 Family Offenses non-violent 7/17/11 Simple Assault CPSI [REDACTED] called the [REDACTED] to get the incident reports from the two listed on [REDACTED] background report. CPSI [REDACTED] learned that in 2011, [REDACTED] was a juvenile. She was fighting with her mother and someone tried to intervene. [REDACTED] hit that person. That person reported that [REDACTED] had assaulted her mother and her. The person had swelling around her left eyebrow area. [REDACTED] mother agreed that this was true. A juvenile petition was signed July 10, 2011. In April 2015, [REDACTED] and [REDACTED] were in a fight. Mr. [REDACTED] called the police. He said that [REDACTED]

was talking about taking custody of the children. Both agreed that that was what had happened. They agreed that Mr. [REDACTED] would spend the night elsewhere that night. It was a non-violent situation. CPSI [REDACTED] received the background results on [REDACTED]. The following incidents were listed on his record: 8/21/2008 family offenses non-violent 4/2/2009 driving on revoked, suspended, or cancelled driver's license; leaving the scene of property damage crash ; reckless driving/seatbelt law/reg violation, insurance 5/18/09 contributing to the delinquency of a minor 7/10/2009 financial responsibility, violation registration, driving on revoked, suspended, or cancelled driver's license 8/28/09 public drunk 10/1/09 failure to pay costs and fees Narrative Type: Original Entry Date/Time: 10/22/2015 02:42 PM Entered By: [REDACTED] CR - Summary Page 53 of 74 10/27/15 11:10 AM

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Case Status: Open Organization: [REDACTED] 8/11/10 - failure to pay costs and fees 6/15/10 appearance bond cited into court 7/28/10 capias bench warrant 9/2/10 failure to appear 12/31/11 public drunk 1/1/12 appearance bond 3/30/12 intimidation 7/29/12 DUI 1st offense; improper passing; seatbelt law; speeding 1/19/13 driving on revoked

[REDACTED] assessment after seeing [REDACTED] on 6/8/15 was as follows: No evidence of child physical abuse; however, a normal examination today does not rule out the possibility of previous physical abuse.

[REDACTED] maternal grandmother

[REDACTED] (mother of [REDACTED]) reported that she has been taking care of children since [REDACTED] had stroke and supervising visits between the parents and children. [REDACTED] reported that she could not care for the children at this time like [REDACTED] did. [REDACTED] reported that [REDACTED] and [REDACTED] will be a great placement option. Ms. [REDACTED] said that she thought the investigation was going to be between eight and 12 weeks, and it would be 12 weeks next Thursday. CPSI [REDACTED] explained that it was 8 to 12 weeks until the results of the autopsy should come back. CPSI [REDACTED] explained that when the autopsy comes back, it does not necessarily mean that Ms. [REDACTED] and Mr. [REDACTED] will get their children back right away. CPSI [REDACTED] explained that legal will get the documents, and a team of people will discuss what they think about the results of the entire investigation. CPSI [REDACTED] said that she would do her best to get to case resolution as quickly as she could; CPSI [REDACTED] did say that she was not sure what the resolution of the case would look like. CPSI [REDACTED] said that there will be a process. CPSI [REDACTED] explained that the judge has the ultimate decision. Ms. [REDACTED] asked if the if the autopsy comes in with everything showing that the baby died of natural causes, could she get her children back that very day. CPSI [REDACTED] said that if everything in the investigation showed clear, she would do her best to help



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Ms. [REDACTED] get her children back. Ms. [REDACTED] and Ms. [REDACTED] did not seem to hear the fact that the children might not be returned to Ms. [REDACTED] and Mr. [REDACTED] as soon as the autopsy report is back. Ms. [REDACTED] said that she did not understand why DCS had removed the children.

[REDACTED] and [REDACTED] maternal great grandparents

The [REDACTED] said that [REDACTED] had been having a very hard time. She said that he really missed his parents. She said that every time the phone rings, [REDACTED] ran to the phone asking to speak to his mommy or daddy. She said that he got mad at them when it was not [REDACTED] or [REDACTED]. She said that he cried when they visited and then left him. Ms. [REDACTED] said that [REDACTED] and [REDACTED] had been through so much, that it seemed wrong to take their children from them when they had just lost a baby. CPSI [REDACTED] agreed. CPSI [REDACTED] said that she could understand the family being mad about the situation because it really had been a hard time and now Ms. [REDACTED] was in rehab after a horrible stroke. CPSI [REDACTED] said that she could see that the family had been through a lot. CPSI [REDACTED] said that she knew that it had been a very difficult time for the family. CPSI [REDACTED] said that her job was to protect children, and while she hated to do it, she had to remove the children because of the suspicious circumstances. Mr. [REDACTED] got on the floor with CPSI [REDACTED] and showed her how [REDACTED] would belly laugh if he was tickled on his ribs. [REDACTED] laughed and squealed. Mrs. [REDACTED] reported that [REDACTED] eats cereal mixed in with milk. She said that he ate 6.5 ounces every 4 hours or so. She said that he did sleep well at night.

[REDACTED] Staff

[REDACTED] from [REDACTED] gave CPSI [REDACTED] a copy of the first [REDACTED] evaluation that was done 6/5/15. It showed that [REDACTED] had significant delays for his age. Ms. [REDACTED] said that on this date, [REDACTED] seemed like a different child. She said that she did not note any delays that were noted on 6/5/15.

[REDACTED] from [REDACTED]

Ms. [REDACTED] said that Ms. [REDACTED] had some questions about court. Ms. [REDACTED] said that she wanted to know how long it was going to take before her children came home.

[REDACTED] from the [REDACTED] who provided parenting for the family and who leads the [REDACTED] Child Protective and Investigative Team (CPIT)

CPSI [REDACTED] asked [REDACTED] to work with the parents of [REDACTED] on 6/03/15. Ms. [REDACTED] said that she enjoyed working with Ms. [REDACTED] on parenting. She said that she would work with Ms. [REDACTED] and Mr. [REDACTED] about grief as well. She said that she could cover anything that CPSI [REDACTED] thought should be covered. CPSI [REDACTED] said that she would let her know if there was anything extra that she thought should be discussed with Ms. [REDACTED] and Mr. [REDACTED].

[REDACTED] out of [REDACTED] provided grief counseling for the family

CPSI [REDACTED] spoke to [REDACTED] Staff about providing services for the family. The family has their own insurance now so the Department of Children's Services does not need to make the referral. CPSI [REDACTED] asked them to restart grief counseling based on the information that she had given them when she had made a referral in June.

The Department of Children's Services defines a child death/near death in the following way: 1. Child death: Child death is defined as: a) Any child death caused by abuse or neglect. b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. c) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse. 2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect. NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline will select Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician. NOTE: Preliminary near deaths are always treated as severe child abuse.

The [REDACTED] Child Protective and Investigative Team (CPIT) had jurisdiction over the case. CPIT met at the hospital on 5/28/15 about the case first. The case was presented in front of the CPIT on 7/7/15. The case was discussed by the CPIT on 10/6/15 after the autopsy came in. The autopsy report said that the cause and manner of [REDACTED] death cannot be determined. Because of this, it was determined that the allegations of neglect death would be classified as allegation unsubstantiated and perpetrator unsubstantiated.

There was evidence in this case that caused the investigators concern. This evidence included the following: the fact that [REDACTED] sustained a skull fracture for which the family did not seek medical care; the fact that three medical professionals said that Mrs. [REDACTED] story about what happened to [REDACTED] could not have been true because of [REDACTED] developmental ability; the fact that on autopsy an old subdural hemorrhage was found on the brain of [REDACTED] the fact that the ME could not rule out an asphyxial death; the fact that at the hospital, Investigator [REDACTED] made



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comments about the baby's state of decomposition seeming to be further along than what the parents were saying as if the time of death were off; the fact that [REDACTED] said that [REDACTED] had not eaten for 13 hours before she died yet she was only 4 months old, and the fact that [REDACTED] both voiced concern over the the presence of bloody emesis (vomit)/secretions on [REDACTED] body shortly after she died. However, none of these facts conclusively prove anything. The autopsy report said that the cause and manner of [REDACTED] death cannot be determined. The case will be closed and classified as allegation unsubstantiated and perpetrator unsubstantiated.



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Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/27/2015 Contact Method:
 Contact Time: 11:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/27/2015
 Completed date: 10/27/2015 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: 10/27/2015 02:41 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] and [REDACTED] answered the phone. CPSI [REDACTED] asked her about the grief counseling for the [REDACTED]. [REDACTED] asked CPSI [REDACTED] if she wanted to make a referral. CPSI [REDACTED] said that she thought she had already made the referral. [REDACTED] said that she had to have a referral, and she had not received the information before. CPSI [REDACTED] made a referral for grief counseling for the [REDACTED]. CPSI [REDACTED] gave [REDACTED] all the information so that the counseling could be started.



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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/27/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/27/2015
 Completed date: 10/27/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2015 04:57 PM Entered By: [REDACTED]

CPSI [REDACTED] realized that the initial safety on the case that had been done was done by CPSI [REDACTED]. That safety was done 5/26/15 and showed conditionally safe. CPSI [REDACTED] completed an initial safety for the case on 8/10/15. It showed that the children were conditionally safe. CPSI [REDACTED] completed a reassessment safety on 10/18/15. It showed that the children were safe. CPSI [REDACTED] did a closing safety 10/27/15, and it showed that the children were safe.

CPSI [REDACTED] started the FFA on 8/15/15. CPSI [REDACTED] updated it over th course of the investigation.

The 740 for this case was printed and one copy was placed in the file. One copy was sent to the DCS [REDACTED]. One copy was sent to the [REDACTED] Juvenile Court.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/19/2015 Contact Method:
 Contact Time: 02:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/19/2015
 Completed date: 10/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, 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 02:49 PM Entered By: [REDACTED]

Lead Investigator [REDACTED] was reviewing case for monthly review. Case was presented to CPIT 10-6-15 after the autopsy report was received. The final assessment of the autopsy had no conclusive indications that there was any foul play. Hard copy of the final autopsy will be downloaded into forms in TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/19/2015 Contact Method: Face To Face
 Contact Time: 02:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/20/2015
 Completed date: 10/20/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2015 10:24 PM Entered By: [REDACTED]

CPSI [REDACTED] went to [REDACTED] to see [REDACTED] and [REDACTED]. CPSI [REDACTED] knocked on the door, and a young woman answered the door. She said that she was the sitter for [REDACTED] and [REDACTED]. She did not give her name. CPSI [REDACTED] saw [REDACTED] who was being held by the babysitter. He was fussy. The sitter said that he was tired. She said that she was going to put him down for a nap in a few minutes. His hair had grown in some which made him look older. He had on a pair of jean short overalls and a t-shirt. He was clean and appeared well groomed. CPSI [REDACTED] saw [REDACTED] too. He was wearing a pair of jeans and a white t-shirt. When CPSI [REDACTED] knocked on the door, [REDACTED] called out, "Mommy, Daddy!". When the sitter opened the door, and [REDACTED] saw CPSI [REDACTED] he said, "where Mommy, Daddy?". CPSI [REDACTED] said that his mommy and daddy were coming home soon. [REDACTED] was clean and well-groomed as well. CPSI [REDACTED] asked the sitter how [REDACTED] and [REDACTED] were doing. She said that both boys were fine. CPSI [REDACTED] asked her if she had any safety concern for either boy. She said that she did not. Both [REDACTED] and [REDACTED] were too young to interview so CPSI [REDACTED] just observed them, spoke to the sitter, and left.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/19/2015 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 10/20/2015
 Completed date: 10/20/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Court Hearing
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2015 09:58 PM Entered By: [REDACTED]

CPSI [REDACTED] went to court in [REDACTED] on the [REDACTED] case. DCS [REDACTED] had spoken to [REDACTED] and it was decided that DCS would dismiss the case against the [REDACTED] because the autopsy said the manner of death could not be determined. The case was dropped, and [REDACTED] and [REDACTED] were returned to the custody of their parents, [REDACTED] and [REDACTED]. After court, CPSI [REDACTED] asked Mrs. [REDACTED] if she could see [REDACTED] and [REDACTED] so that the case could be closed. Mrs. [REDACTED] agreed. She said that [REDACTED] and [REDACTED] were at her home. She said that CPSI [REDACTED] could go by the her home at [REDACTED] and see them. Mrs. [REDACTED] said that she and [REDACTED] were going to [REDACTED] to get [REDACTED] and [REDACTED] furniture so they might not be home. CPSI [REDACTED] said that was fine as long as Mrs. [REDACTED] was okay with that. She said yes. CPSI [REDACTED] thanked her and hung up the phone.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/19/2015 Contact Method:
 Contact Time: 10:55 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/27/2015
 Completed date: 10/27/2015 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: 10/27/2015 03:43 PM Entered By: [REDACTED]
 CPSI [REDACTED] uploaded the [REDACTED] medical documents and the autopsy of [REDACTED] to TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/16/2015 Contact Method: Phone Call
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/21/2015
 Completed date: 10/21/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/21/2015 12:20 AM Entered By: [REDACTED]

In reviewing medical records, CPSI [REDACTED] could not find the actual notes about the delivery of [REDACTED] and [REDACTED]. CPSI [REDACTED] was interested in knowing whether [REDACTED] had been born with forceps or a vacuum which might explain her old brain bleed that was found in the autopsy. CPSI [REDACTED] called medical records at [REDACTED]. CPSI [REDACTED] requested the actual delivery note, and it was sent to her. CPSI [REDACTED] could not tell for sure whether any instrument had been used to deliver [REDACTED]. CPSI [REDACTED] called [REDACTED] who delivered [REDACTED] to find out about this. [REDACTED] said that [REDACTED] had been born breech which meant she came out feet first. She said that no forceps or vacuum was used. She said that [REDACTED] could have sustained a brain bleed at that time. She said that the birth was actually easy. She said that it could happen have happened at birth. CPSI [REDACTED] thanked her for her time and hung up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/13/2015	Contact Method:	
Contact Time:	10:34 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:55 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/06/2015 Contact Method: Face To Face
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Provider Office Created Date: 11/03/2015
 Completed date: 11/03/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/03/2015 03:13 PM Entered By: [REDACTED]

The [REDACTED] Child Protective and Investigative Team met about this case as the autopsy had come in. The autopsy report said that the cause and manner of [REDACTED] death cannot be determined. The fact that [REDACTED] may have died of asphyxiation in her mother's bed came up. It was discussed that Investigator [REDACTED] might interview Ms. [REDACTED] again to determine whether or not she was sleeping with [REDACTED] at the time of [REDACTED] death. Ms. [REDACTED] had said in the past that she had put [REDACTED] back in her crib on her back and later found her on her stomach unresponsive. Because of this, it was later determined that the allegations of neglect death would be classified as allegation unsubstantiated and perpetrator unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/29/2015	Contact Method:
Contact Time: 08:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/29/2015
Completed date: 09/29/2015	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: 09/29/2015 10:34 AM Entered By: [REDACTED]

CPSI [REDACTED] received the medical records that were requested from [REDACTED]

The records showed a problem list for [REDACTED] had been diagnosed as failure to thrive in February 2015. [REDACTED] said that this was common in twins.

He went to [REDACTED] for a CT head scan without contrast. The final diagnosis was: other closed skull fracture with subarachnoid, subdural, and extradural hemorrhage, with no loss of consciousness.

[REDACTED] went to [REDACTED] on 6/8/2015 for an X-Ray of his complete skeleton. The doctor saw no calvarial fracture; no fracture in the cervical, thoracic, or lumbar spine; no evidence for consolidation or effusion; no pneumothorax; no rib fractures; no clavical fractures; no bilateral upper or lower extremity fracture or periosteal reaction. The doctor noted that the cardiac silhouette was within normal limits for size.

The records included the birth records of [REDACTED]. She was born [REDACTED]. The final diagnosis from her birth was twin, mate liveborn, born in hospital, delivered without mention of cesarean Section.

[REDACTED] prenatal records were included as well. It was noted that [REDACTED] smoked while she was pregnant. The first record received from the [REDACTED] regarding prenatal care was dated 11/20/14. The notes seemed to be a continuation though as it says, "Doing well, compliant with iron without constipation issues." This note also mentioned [REDACTED] pyelectasis which is a dilation of the renal pelvis. It is a relatively common ultrasound finding and is three times more common in male fetuses. It has been associated with some chromosomal abnormalities according to the Contemporary Obgyn/ Modern Medicine website. However there are usually other risk factors present including: advanced maternal age, abnormal or borderline serum screening, or other features suggestive of Down syndrome. Ms. [REDACTED] mentioned that she was having some ligament pain. Ms. [REDACTED] was seen again 12/03/14. She had had one contraction 3 days before the visit. She continued to smoke while pregnant. She was thoroughly educated on the risks that smoking poses to the baby and herself. At some point an FFN test was done, (Fetal fibronectin: A protein produced during pregnancy and the basis of a test for preterm delivery. Fetal fibronectin (FFN) functions as a "glue" attaching the fetal sac to the uterine lining. The presence of FFN during weeks 22-34 of a high-risk pregnancy, along with symptoms of labor, suggests that the "glue" is disintegrating ahead of



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

schedule and raises the possibility of a preterm delivery. This information came from the Medicine Net website.), because it was noted that on 12/18/15, Ms. [REDACTED] was called and asked to come in to Labor & Delivery for steroids, a group b strep test, cultures, and to rule out pre-term labor. On 12/19/15, it was noted that [REDACTED] had gone to Labor & Delivery with no change to her cervix. She reported she was having contractions especially in her lower back. She reported good fetal movement. She received 2 doses of Betamethasone which relieves pain, swelling, and itching caused by skin diseases; this medicine is a corticosteroid according to Drugs.com. A note from 12/22/14 said that [REDACTED] had complained of more contractions over the weekend. She had had 3 that day in 9 hours. She also had worsening back pain which did not get better with Tylenol and heat. Preterm Labor precautions were given. A note from 12/29/15 said that Ms. [REDACTED] had cramps all day yesterday and 2 contractions that day. She was given a 2nd dose of betamethasone on 12/19/15. She was given a tetanus, diphtheria, acellular pertussis vaccine on 12/3/14. Group Strep B test came back negative 12/18/15. The last note was 1/12/15. It said that Ms. [REDACTED] was miserable.

The baby was seen at [REDACTED] on December 8, 2014 and January 5, 2015. This is a [REDACTED] Ms. [REDACTED] was seen at the clinic because she was pregnant with twins. Everything was fine. The pyelectasis noted earlier was not present on 12/8/14.

A Newborn Risk Assessment for Perinatal Illicit Drug Use was done on 1/21/15. The answer to all the questions asked was no so there was no risk for perinatal illicit drug use.

When the twins were discharged 1/22/15, Ms. [REDACTED] was given a packet of information including the following information: feeding your baby; stools, urine, diaper changing; circumcision care; dressing and nail care; bathing and skin care; newborn breast swelling; umbilical cord care; taking your baby's temperature; Call your pediatrician if you notice . . . ; dehydration - what to look for; Safety - Sudden Infant Death Syndrome (SIDS); Safety: Home; Safety: Bulb Syringe; Additional Instructions; CPR Classes; What to do when you call your doctor; Car Seat Safety for Infants; Smoking and Your Child; Caring for Common Problems of Your Infant at Home including teething, vomiting, diarrhea, colic, diaper rash, and constipation. There was information including Tennessee's New Child Restraint Law; a Child Safety Seat Use Chart; The ABC's of Safe Sleep; breastfeeding; tummy time; pacifier use; smoking, drugs, and alcohol; Shaken Baby Syndrome.

A nurse named [REDACTED] filled out a form about education given. She noted "verbalizes understanding" next to the following topics of education that she covered with Ms. [REDACTED] on 5/22/15: Activity Expectations; Allergies; Bathing/Hygiene; Bladder Management; Bowel Management; Choking/CPR; Diet/Nutrition: Exercise; Immunizations; Importance of Follow-Up Visits; Med Generic/Brand Name, Purpose, Action; Med Preadministration Procedures; Medication precautions; Oral Care; Pain Management; Plan of Care; Safe Sleep - Infant; Safety - Bathtub; Safety - Carbon Monoxide Detectors; Safety - Fall; safety - Fire; Safety - Firearms; Safety - Latex; Safety - Medication; Safety - Smoke Detectors; Safety - Second Hand Smoke; Safety - Smoking Cessation: When to Call Health Care Provider; Mom Activity Expectations; Mom Pain Management; Mom Plan of Care; Mom Safety - Fall; Mom Activity Expectations; Mom Diagnostic Results; Mom Drug to Drug Interactions; Mom Drug to Food Interactions; Mom Equipment and Devices; Mom Dosage, Route, and Scheduling; Mom Med Generic, Brand, Purpose, Action; Mom Medication Precautions; Mom Pain Management; Mom Plan of Care; Mom Postoperative Instructions; Mom Preoperative Instructions, Mom safety - Fall.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/18/2015	Contact Method:	
Contact Time:	02:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/20/2015
Completed date:	09/20/2015	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: 09/20/2015 04:14 PM Entered By [REDACTED]

CPSI [REDACTED] received a text from [REDACTED] asking if she had heard anything. CPSI [REDACTED] texted her back and said that though she had seen [REDACTED] that day, she had not heard that her review was finished.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/16/2015 Contact Method:
 Contact Time: 04:19 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/20/2015
 Completed date: 09/20/2015 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: 09/20/2015 04:07 PM Entered By: [REDACTED]

CPSI [REDACTED] received the SUIDI form from [REDACTED] at [REDACTED] CPSI [REDACTED] faxed the form to [REDACTED]
 CPSI [REDACTED] texted [REDACTED] and told her this. [REDACTED] texted [REDACTED] back and asked if [REDACTED] could have everything done
 by the end of the week. CPSI [REDACTED] responded and said that she could not say that but she knew that [REDACTED] had what she
 had asked for to do the review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/15/2015 Contact Method:
 Contact Time: 01:40 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/20/2015
 Completed date: 09/20/2015 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: 09/20/2015 04:12 PM Entered By: [REDACTED]

CPSI [REDACTED] took detailed notes when she sat with [REDACTED] when he filled out the SUIDI. CPSI [REDACTED] took a photo of each of the 6 pages of notes that she had taken while the SUIDI was being filled out by Investigator [REDACTED] in case that might help [REDACTED]. [REDACTED] thanked CPSI [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/15/2015	Contact Method: Correspondence
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/20/2015
Completed date: 09/20/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Referent Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/20/2015 03:35 PM Entered By: [REDACTED]

CPSI [REDACTED] received a text from [REDACTED] asking if she had heard anything. CPSI [REDACTED] Texted [REDACTED] to find out if she might have gotten the SUIDI directly from [REDACTED] in [REDACTED]. She said that she had not. CPSI [REDACTED] called [REDACTED] at the [REDACTED] who said that she had forgotten to email it to CPSI [REDACTED]. She said that she would email the SUIDI in the morning to CPSI [REDACTED]. CPSI [REDACTED] thanked her and hung up. CPSI [REDACTED] texted [REDACTED] and told her this information.

Narrative Type: Addendum 1 Entry Date/Time: 09/20/2015 04:08 PM Entered By: [REDACTED]

This was not a referent interview.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/10/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/20/2015
 Completed date: 09/20/2015 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: 09/20/2015 03:26 PM Entered By: [REDACTED]
 CPSI [REDACTED] sent an email to [REDACTED] > requesting that she send a copy of the SUIDI
 to CPSI [REDACTED] would send it to [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/10/2015	Contact Method: Face To Face
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Other Caretaker Home	Created Date: 09/11/2015
Completed date: 09/20/2015	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: 09/11/2015 02:50 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the home of the [REDACTED] in [REDACTED] Tennessee. CPSI [REDACTED] arrived at the home and was invited into the home by Mr. [REDACTED]. In the living room, CPSI [REDACTED] found Mrs. [REDACTED] and [REDACTED]. CPSI [REDACTED] came into the home and greeted everyone. The [REDACTED] were very concerned about having court on September 14th. CPSI [REDACTED] explained that though the Mr. [REDACTED] autopsy was received by DCS on September 4, 2015, DCS was not ready yet to move forward because DCS had sent the autopsy to be reviewed by a medical doctor who was an expert in child abuse. CPSI [REDACTED] explained that DCS would not be ready for court on September 14. Mr. [REDACTED] said that [REDACTED] said that he did not want the investigation to go over three months. CPSI [REDACTED] assured Mr. [REDACTED] that she was doing her best to get things moved along as quickly as she could. Mr. [REDACTED] said that he had received a letter in August saying that the letter had been mailed to DCS on August 27th. CPSI [REDACTED] said that she had spoken to [REDACTED] at [REDACTED] who had agreed to email the autopsy to her when it was ready. CPSI [REDACTED] said that she had not even been aware herself that the DCS Legal Department had received that autopsy when they did. CPSI [REDACTED] said that she had known that [REDACTED] was going to review the medical results. CPSI [REDACTED] said that DCS [REDACTED] had received the autopsy on the 4th of September and had sent them to [REDACTED] that day. CPSI [REDACTED] said that she understood that [REDACTED] wanted to see the SUIDI form which is the form that the [REDACTED] Investigator, [REDACTED] had filled out when he interviewed [REDACTED] and [REDACTED]. CPSI [REDACTED] explained that she was trying to get the form for [REDACTED]. CPSI [REDACTED] said that she had spoken to a woman that day at the Medical Examiner's Office who said that she just needed CPSI [REDACTED] to email her the request for the SUIDI, and she would send it. CPSI [REDACTED] said that she planned to do that as soon as possible. CPSI [REDACTED] said that there were many pieces to the investigation, and she believed that it was important that each part be done meticulously and with great care. Mr. [REDACTED] said that the autopsy showed that [REDACTED] and [REDACTED] had not done anything. CPSI [REDACTED] said that this was a conversation that she should probably have with [REDACTED]. CPSI [REDACTED] said that she did feel like it was important for the [REDACTED] to know that she had never seen a child be returned to his parents without there being baby steps toward that. CPSI [REDACTED] said that it was likely that [REDACTED] and [REDACTED] would get unsupervised visitation first for some period of time like Friday to Sunday. CPSI [REDACTED] said that she just did not want the [REDACTED] feeling like they were being treated differently than how other people were treated in similar situations. CPSI [REDACTED] said that she would work hard to get this case to its conclusion.

CPSI [REDACTED] saw [REDACTED]. He was on the floor on a blanket. CPSI [REDACTED] watched him as he attempting to crawl. He is able to lift his arms, legs, and head off the floor while he is on his stomach on the floor. [REDACTED] had bright eyes and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

interacted with CPSI [REDACTED]. He babbled and moved himself around. He is quite mobile. [REDACTED] was not fussy at all, and he seemed completely content to play on the floor. He was wearing a onesie that was clean. He was clean and smelled clean. CPSI [REDACTED] saw [REDACTED] as well. He talked to CPSI [REDACTED] some, but he was not easy to understand. He had on a clean pair of shorts and a t-shirt. He played around the room exploring and walking around and then returning to his grandfather if CPSI [REDACTED] spoke to him. He was not fussy or discontent. He appeared happy and healthy.

CPSI [REDACTED] asked the [REDACTED] if they had any concerns regarding the children. Mr. [REDACTED] said that they wanted the case to be over. CPSI [REDACTED] said that she heard that. CPSI [REDACTED] asked Mr. [REDACTED] if they were any questions that he had or any that Mrs. [REDACTED] had that she might be able to answer. Mr. [REDACTED] asked if it would help for him to call DCS staff who supervise CPSI [REDACTED]. CPSI [REDACTED] said that if he wanted to do that, she would certainly not discourage him from doing so. CPSI [REDACTED] explained that she did not think that there was anything else for Mr. [REDACTED] to call about and that it was likely that he would be told the same thing that she had told him. CPSI [REDACTED] encouraged Mr. [REDACTED] to call if he felt that it might help. CPSI [REDACTED] asked the [REDACTED] if there was anything that the boys needed. The [REDACTED] said no. CPSI [REDACTED] said that she hoped she would see them in court soon. CPSI [REDACTED] thanked the [REDACTED] for letting her come to their home and for letting her see [REDACTED] and [REDACTED]. CPSI [REDACTED] left the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/26/2015 Contact Method:
 Contact Time: 05:52 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/29/2015
 Completed date: 09/29/2015 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: 09/29/2015 10:37 AM Entered By: [REDACTED]
 DCS Legal re-requested medical records from [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/26/2015 Contact Method: Phone Call
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/27/2015
 Completed date: 10/27/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2015 11:52 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke to [REDACTED] at [REDACTED] in [REDACTED] about providing services for the family. The family has their own insurance now so the Department of Children's Services does not need to make the referral. CPSI [REDACTED] asked them to restart grief counseling based on the information that she had given them when she had made a referral in June.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/26/2015 Contact Method:
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/27/2015
 Completed date: 10/27/2015 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: 10/27/2015 12:18 PM Entered By: [REDACTED]

CPSI [REDACTED] requested grief counseling for the family through [REDACTED] Mother, [REDACTED] has reported two different stories to CPS & during Child & Family Team Meeting. [REDACTED] and his two year old sibling, [REDACTED] were removed after [REDACTED] death. [REDACTED] and [REDACTED] were originally placed in non-custodial placement with paternal grandmother [REDACTED] 05/28/2015. Ms. [REDACTED] had a massive stroke on 06/06/2015 and is unable to provide care for the children at this time. On 6/9/2015, [REDACTED] & [REDACTED] were placed with [REDACTED] grandparents, [REDACTED] & [REDACTED]. During CFTM on 6/10/2015, mother displayed no emotions, spoke in matter of fact tones as if nothing were wrong in her family. It wasn't until she was told to turn her WIC Vouchers over to her grandfather, that [REDACTED] became upset and very emotional. Intensive In Home services have been recommended for the parents by the Child and Family Team due to all the recent trauma the family has endured. Neither parent currently have any insurance. CPSI [REDACTED] saw the family in August and was informed that the intensive in home services with a focus on trauma had stopped when a [REDACTED] Counselor left. The family would like these services to continue. CPSI [REDACTED] is requesting intensive in home services with a focus on trauma. Parents contact information: [REDACTED] mom's cell [REDACTED] dad's cell [REDACTED]

Fiscal sent it back saying to change the wording. CPSI [REDACTED] found out that the family does have insurance now. CPSI [REDACTED] decided to call [REDACTED] directly.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████ ██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	08/17/2015	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:	DCS Office	Created Date:	08/18/2015
Completed date:	08/18/2015	Completed By:	██████████
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: 08/18/2015 09:02 PM Entered By: ██████████

Investigator ██████████ called CPSI ██████████ and told her that the ME had called him from ██████████ to tell him about the results of the ██████████ autopsy. Investigator ██████████ said that the ME said that he had found no medical reason for ██████████ to have died. He said that the ME said that he could not rule out asphyxiation. Investigator ██████████ said that he did not have any paperwork from the ME yet. Investigator ██████████ said that he planned to call ██████████ ██████████ for DCS, about the case. CPSI ██████████ thanked him for the information and the conversation ended.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method:
 Contact Time: 04:21 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/14/2015
 Completed date: 08/14/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/14/2015 04:22 PM Entered By: [REDACTED]
 Case was reviewed on this date. All documentation needs to be entered and prepare for closure.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/12/2015	Contact Method: Face To Face
Contact Time: 04:20 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 08/13/2015
Completed date: 08/18/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/13/2015 09:01 AM Entered By: [REDACTED]

CPSI [REDACTED] went to the home of [REDACTED] and [REDACTED] at [REDACTED] in [REDACTED] for a follow-up visit. When CPSI [REDACTED] arrived at the home, she found Ms. [REDACTED] Ms. [REDACTED] (who is the mother of [REDACTED]), and [REDACTED] and [REDACTED] at the home. [REDACTED] from [REDACTED] and [REDACTED] from the [REDACTED] [REDACTED] also were at home. CPSI [REDACTED] was invited into the home by Ms. [REDACTED] Ms. [REDACTED] said that Ms. [REDACTED] had some questions about court. Ms. [REDACTED] said that she wanted to know how long it was going to take before her children came home. Ms. [REDACTED] said that she thought it was going to be between eight and 12 weeks, and it would be 12 weeks next Thursday. CPSI [REDACTED] explained that it was 8 to 12 weeks until the results of the autopsy should come back. CPSI [REDACTED] explained that when the autopsy comes back, it does not necessarily mean that Ms. [REDACTED] and Mr. [REDACTED] will get their children back right away. CPSI [REDACTED] explained that legal will get the documents, and a team of people will discuss what they think about the results of the entire investigation. CPSI [REDACTED] said that she would do her best to get to case resolution as quickly as she could; CPSI [REDACTED] did say that she was not sure what the resolution of the case would look like. CPSI [REDACTED] said that there will be a process. CPSI [REDACTED] explained that the judge has the ultimate decision. Ms. [REDACTED] asked if the if the autopsy comes in with everything showing that the baby died of natural causes, could she get her children back that very day. CPSI [REDACTED] said that if everything in the investigation showed clear, she would do her best to help Ms. [REDACTED] get her children back. Ms. [REDACTED] and Ms. [REDACTED] did not seem to hear the fact that the children might not be returned to Ms. [REDACTED] and Mr. [REDACTED] as soon as the autopsy report is back. Ms. [REDACTED] said that she was very excited to get her children back. CPSI [REDACTED] asked Ms. [REDACTED] about how grief counseling was going. She said that grief counseling had stopped. She said that she had [REDACTED] and she had said that no more Counseling had been approved so [REDACTED] stopped coming. CPSI [REDACTED] said that she could request that the counseling be restarted for the family. Ms. [REDACTED] said that she hoped that Ms. [REDACTED] would be their counselor again. Ms. [REDACTED] said that she believed that [REDACTED] had left [REDACTED] and had let some of her clients go in anticipation of having to transfer her caseload. Ms. [REDACTED] said that she had difficulty trusting people and she trusted Ms. [REDACTED] CPSI [REDACTED] asked if Ms. [REDACTED] still wanted more grief counseling if Ms. [REDACTED] would not be the one to do it. She said that she did, but she hoped it would be Ms. [REDACTED] CPSI [REDACTED] said that she had been at the [REDACTED] home when [REDACTED] was seen for the second time by [REDACTED] She said that she had understood that [REDACTED] was doing very well and did not need any services. CPSI [REDACTED] asked if that was correct.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ ██████████

Ms. ██████ said that it was. CPSI ██████ said that Ms. ██████ had mentioned that ██████ might need speech services. CPSI ██████ asked Ms. ██████ what they had decided about that. Ms. ██████ said that they had decided not to do speech yet. She said that they felt that ██████ would outgrow any speech problems that he had. She said that they felt like the children were already dealing with a lot and did not need to add anything to their schedule.

CPSI ██████ asked Ms. ██████ how parenting classes were going. Ms. ██████ said that things were going well. She said that she and Ms. ██████ had also developed a bond and worked well together. Ms. ██████ said that she enjoyed working with Ms. ██████ too. She said that she would work with Ms. ██████ and Mr. ██████ about grief as well. She said that she could cover anything that CPSI ██████ thought should be covered. CPSI ██████ said that she would let her know if there was anything extra that she thought should be discussed with Ms. ██████ and Mr. ██████.

CPSI ██████ saw ██████. He was wearing a blue onesie which was appropriate for the hot summer weather. He was clean. His mother had him on the floor on his back and was playing with him. He smiled at her and cooed at her. She picked him up and held him, and he squealed. CPSI ██████ did not see ██████ role over, but everyone in the room except ██████ said that she had seen him role to his stomach. Ms. ██████ said that she felt that ██████ was doing well and did not need anything except to be placed back with his parents. CPSI ██████ saw ██████. He was wearing plaid shorts and a blue t-shirt both of which were clean. ██████ walked among the people in the home. CPSI ██████ tried to speak to him and he said "NO". His mother explained that he always said that. CPSI ██████ tried to speak to ██████ and he ran to his mother or to his grandmother for comfort when she tried to speak to him. CPSI ██████ did play peek-a-boo with ██████ when he tried to hide from her. When he stuck his head out to look at CPSI ██████ CPSI ██████ covered her eyes and quickly uncovered them and said peek-a-boo. ██████ laughed and hid again. CPSI ██████ and ██████ played this game for a few minutes. ██████ seemed to be happy and healthy. CPSI ██████ asked Ms. ██████ if she had concerns for her boys. She said that she was worried that they were not doing as well as they could be if they were living with their parents. She said that she was particularly worried about ██████. She said that her grandparents are older and may not be able to keep the boys for as long as the investigation took. CPSI ██████ said that she had not been told that by the ██████ and she certainly hoped that was not the case so that the children would not have to be moved again.

Ms. ██████ said that she did not understand why DCS had removed the children. CPSI ██████ said that the children were removed to make sure that they were safe. CPSI ██████ said that DCS 's goal is always to reunite children with their parents as quickly as possible.

CPSI ██████ walked through the new home of Ms. ██████ and Mr. ██████. CPSI ██████ noted that the home appeared to have plenty of space for the family including ██████ and ██████. It was clean, orderly with furniture in good repair. The kitchen had plenty of food. There were no risks of harm for the children noted.

CPSI ██████ thanked Ms. ██████ for letting CPSI ██████ come visit her and see the children. CPSI ██████ said that Ms. ██████ can call her anytime should she need anything. CPSI ██████ left the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 08/10/2015 Contact Method: Phone Call
Contact Time: 11:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 08/10/2015
Completed date: 08/10/2015 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: 08/10/2015 10:08 PM Entered By: [REDACTED]

CPSI [REDACTED] called Investigator [REDACTED] to find out if the results of the autopsy were in. Investigator [REDACTED] said that the results were still pending. CPSI [REDACTED] thanked him and hung up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/10/2015 Contact Method:
 Contact Time: 08:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/10/2015
 Completed date: 08/10/2015 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: 08/10/2015 10:50 PM Entered By: [REDACTED]

CPSI [REDACTED] texted [REDACTED] about court. She said that court was postponed until October 2015. CPSI [REDACTED] called Mrs. [REDACTED] and Ms. [REDACTED] and passes this information along. Ms. [REDACTED] said that she hoped that court would be before October. Ms. [REDACTED] said that her mother was keeping [REDACTED] and [REDACTED] on Wednesday night. She said that she would be visiting them while her mother had them. CPSI [REDACTED] said that she wanted to see [REDACTED] and [REDACTED]. Ms. [REDACTED] said that CPSI [REDACTED] could come Wednesday at 4pm when she had her parenting classes. CPSI [REDACTED] said that sounded good and that she would be there on the 12th at 4pm. CPSI [REDACTED] thanked Ms. [REDACTED] and hung up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/07/2015 Contact Method: Phone Call
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/10/2015
 Completed date: 08/10/2015 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: 08/10/2015 10:46 PM Entered By: [REDACTED]

CPSI [REDACTED] called the [REDACTED] to see when she could come see [REDACTED] and [REDACTED]. She asked if there would be court on Monday. CPSI [REDACTED] said that since there were no results from the autopsy yet, she doubted it. Mrs. [REDACTED] said that she needed to know for sure. CPSI [REDACTED] said that she would try to find out from DCS legal what the plan was. Mrs. [REDACTED] said that she would talk to her husband about what time worked for them for CPSI [REDACTED] to visit. CPSI [REDACTED] said that she might see them at court. Mrs. [REDACTED] agreed. CPSI [REDACTED] said that she would be in touch.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 08/06/2015 Contact Method: Correspondence
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/21/2015
 Completed date: 10/21/2015 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/21/2015 12:39 AM Entered By: [REDACTED]
 CPSI [REDACTED] received the medical records from [REDACTED] [REDACTED] from when the children had been seen after 5/28/15.

The medical record for [REDACTED] showed a visit on July 27, 2015
 The complaint was fever and decreased appetite after cousin positive for strep
 Diagnosis: strep throat
 Plan:
 Lab - strep performed in clinic
 Instructions:
 increase PO fluids
 avoid school and new contacts during first 24 hours after beginning antibiotics
 monitor for signs of dehydration or worsening of symptoms
 tylenol or advil for pain and fever
 follow up as scheduled, sooner if symptoms persist or worsen



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/06/2015	Contact Method: Correspondence
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/21/2015
Completed date: 10/21/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/21/2015 11:09 AM Entered By: [REDACTED]

CPSI [REDACTED] received the medical records from [REDACTED] [REDACTED] from when the children had been seen after 5/28/15 when the first set of records were sent.

The medical record for [REDACTED] showed a visit on July 27, 2015
 The complaint was fever and decreased appetite after cousin positive for strep
 Diagnosis: strep throat
 Plan:

Lab - strep performed in clinic

Instructions:

increase PO fluids

avoid school and new contacts during first 24 hours after beginning antibiotics

monitor for signs of dehydration or worsening of symptoms

tylenol or advil for pain and fever

follow up as scheduled, sooner if symptoms persist or worsen

[REDACTED] record showed the following:

June 5, 2015

Hospital follow-up: Skull fracture.

Diagnosis:

Other follow up examination and skull fracture

Skeletal survey pediatric perform outside clinic 6/5/2015, results to [REDACTED] [REDACTED]

Instructions:

Plan reviewed with patient.

Return to clinic as needed.

July 28, 2015

Fever

Brother tested positive for strep yesterday.

Diagnosis: fever and acute otitis media

Plan:

Instructions:

Return to clinic in two weeks for ear re-check



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Encouraged good nutrition

Increase PO fluids

Use nasal saline and suctioning as directed. Use of antihistamine not recommended at this time. Mother to call back should patient continue with symptoms. Tylenol every 4 hours nad Ibuprofen every 6 hours as needed for fever. Good handwashing.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/28/2015 Contact Method: Phone Call
 Contact Time: 02:22 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/10/2015
 Completed date: 08/10/2015 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: 08/10/2015 10:40 PM Entered By: [REDACTED]

CPSI [REDACTED] called Investigator [REDACTED] to find out if the results of the autopsy were in. Investigator [REDACTED] said that the results were still pending. CPSI [REDACTED] thanked him and hung up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 07/28/2015 Contact Method:
Contact Time: 12:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Other Community Site Created Date: 09/29/2015
Completed date: 09/29/2015 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: 09/29/2015 10:36 AM Entered By: [REDACTED]
DCS Legal requested medical records from [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 10/20/2015 11:37 PM Entered By: [REDACTED]
Legal requested records from [REDACTED] and the [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/24/2015 Contact Method: Phone Call
 Contact Time: 08:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/10/2015
 Completed date: 08/10/2015 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: 08/10/2015 10:39 PM Entered By: [REDACTED]
 CPSI [REDACTED] called Investigator [REDACTED] to find out if the results of the autopsy were in. Investigator [REDACTED] said that the results were still pending. CPSI [REDACTED] thanked him and hung up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/21/2015 Contact Method: Phone Call
 Contact Time: 03:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/10/2015
 Completed date: 08/10/2015 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: 08/10/2015 10:34 PM Entered By: [REDACTED]

CPSI [REDACTED] called Investigator [REDACTED] to find out if the results of the autopsy were in. Investigator [REDACTED] said that the results were still pending. CPSI [REDACTED] thanked him and hung up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/17/2015 Contact Method: Phone Call
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/10/2015
 Completed date: 08/10/2015 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: 08/10/2015 10:31 PM Entered By: [REDACTED]
 CPSI [REDACTED] called Investigator [REDACTED] to find out if the results of the autopsy were in. Investigator [REDACTED] said that the results were still pending. CPSI [REDACTED] thanked him and hung up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/14/2015 Contact Method: Phone Call
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/10/2015
 Completed date: 08/10/2015 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: 08/10/2015 10:29 PM Entered By: [REDACTED]

CPSI [REDACTED] called Investigator [REDACTED] to find out if the results of the autopsy were in. Investigator [REDACTED] said that the results were still pending. CPSI [REDACTED] thanked him and hung up.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/10/2015	Contact Method: Face To Face
Contact Time: 03:15 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Other Caretaker Home	Created Date: 09/29/2015
Completed date: 09/29/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/29/2015 10:00 AM Entered By: [REDACTED]

CPSI [REDACTED] went to the home of [REDACTED] and [REDACTED] at [REDACTED] to see [REDACTED] and [REDACTED]. When CPSI [REDACTED] arrived, Mr. [REDACTED] answered the door. He invited CPSI [REDACTED] into the home. He led CPSI [REDACTED] into the home where [REDACTED] was lying on a blanket playing and [REDACTED] was sitting on the couch watching him. Mrs. [REDACTED] said that [REDACTED] was sleeping upstairs. She said that they would wake him before CPSI [REDACTED] left so that she could see him. CPSI [REDACTED] said that she understood that they might have negative feelings toward her, and if they wanted to discuss that, it would be fine. Ms. [REDACTED] said that [REDACTED] had been having a very hard time. She said that he really missed his parents. She said that every time the phone rings, [REDACTED] ran to the phone asking to speak to his mommy or daddy. She said that he got mad at them when it was not [REDACTED] or [REDACTED]. She said that he cried when they visit and then leave him. CPSI [REDACTED] said that that sounded sad and frustrating. CPSI [REDACTED] asked them to tell her more. Ms. [REDACTED] said that [REDACTED] and [REDACTED] had been through so much, and it seemed wrong to take their children from them when they had just lost a baby. CPSI [REDACTED] agreed. CPSI [REDACTED] said that she could understand the family being mad about the situation because it really had been a hard time and now Ms. [REDACTED] was in rehab after a horrible stroke. CPSI [REDACTED] said that she could see that the family had been through a lot. CPSI [REDACTED] said that she knew that it had been a very difficult time for the family. CPSI [REDACTED] said that her job was to protect children, and while she hated to do it, she had to remove the children because of the suspicious circumstances. CPSI [REDACTED] asked permission to sit on the floor with [REDACTED]. The [REDACTED] said that would be fine. CPSI [REDACTED] sat on the floor with [REDACTED]. He looked at CPSI [REDACTED] and smiled. Mr. [REDACTED] got on the floor with CPSI [REDACTED] and showed her how [REDACTED] would belly laugh if he was tickled on his ribs. [REDACTED] laughed and squealed. CPSI [REDACTED] held a toy, and [REDACTED] reached for it. He held on to the toy and shook it. He put his fingers in his mouth and closely looked at his fingers and hands. CPSI [REDACTED] held his hands and pulled him to sitting. One time, [REDACTED] held his head up and the next, his head lagged. CPSI [REDACTED] saw him flip from his stomach to his back. CPSI [REDACTED] did not see him flip from his back to his stomach. He was happy and playful until he needed a diaper change. He quit fussing as soon as his diaper was changed. Mrs. [REDACTED] reported that [REDACTED] eats cereal mixed in with milk. She said that he ate 6.5 ounces every 4 hours or so. She said that he did sleep well at night. While CPSI [REDACTED] was at the home, [REDACTED] from [REDACTED] came to the home. She worked for [REDACTED] out of [REDACTED]. Her number was [REDACTED]. She did an evaluation of [REDACTED] while CPSI [REDACTED] was there. She gave CPSI [REDACTED] a copy of the first [REDACTED] evaluation that was done 6/5/15. It showed that [REDACTED] had significant delays for his age. This form has been placed in the hard copy of the file. Ms. [REDACTED] said that on this date, [REDACTED] seemed like a different child. She said that she did not note any delays that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

were noted on 6/5/15. She said that she could close [REDACTED] case if the grandmother wanted that. Mrs. [REDACTED] said that she wanted to do what the court had ordered. Ms. [REDACTED] explained that she had by allowing her to come to the home to do the evaluations. She said that she did not think that, based upon her evaluation, [REDACTED] would be eligible for services. Ms. [REDACTED] said that she would talk to [REDACTED] about what to do. Ms. [REDACTED] asked Mrs. [REDACTED] if she had any concerns about [REDACTED] development. Ms. [REDACTED] said that she had no concerns about [REDACTED]. She said that she was concerned about [REDACTED] because his speech was not clear. Ms. [REDACTED] said that she could set up an evaluation for [REDACTED] to determine if he needed services or not. Mrs. [REDACTED] said that she would talk to [REDACTED] about that because she did not want to step on her toes. Ms. [REDACTED] said that she understood that. Mrs. [REDACTED] said that she wanted to make sure that they did everything that the court had asked them to do. CPSI [REDACTED] said that it might be a good idea to have [REDACTED] tested since he seemed to Mrs. [REDACTED] that he was behind, but she agreed that Mrs. [REDACTED] should talk to [REDACTED] about that. Mr. [REDACTED] said that he thought he should wake [REDACTED] up so that CPSI [REDACTED] and Ms. [REDACTED] could see him. [REDACTED] was asleep in a room up the stairs from the living room in which the interview was taking place. He returned to the room carrying [REDACTED] who had on a diaper only. Mr. [REDACTED] took him to the bathroom. [REDACTED] was shy at first. CPSI [REDACTED] tried to talk to him, but he just said an emphatic no. He clung to his great grandfather. There were dogs barking in another room, and after waking up some, [REDACTED] said to CPSI [REDACTED] "Come see dog". CPSI [REDACTED] followed him into another room where two dachshunds were in small crates. CPSI [REDACTED] and [REDACTED] looked at the dogs. CPSI [REDACTED] asked what their names were, and he answered, but CPSI [REDACTED] did not know what he said. [REDACTED] and CPSI [REDACTED] walked back into the living room with the rest of the family. CPSI [REDACTED] noted that [REDACTED] saw his cowboy boots and pointed and said boots. He walked between his great-grandfather and other parts of the room. He would walk toward CPSI [REDACTED] a few steps and then go back to his great-grandfather for assurance. He seemed to be attached to his great-grandfather based on this behavior. CPSI [REDACTED] was not able to interview [REDACTED] or [REDACTED] based on their ages. The home that they are living in with the [REDACTED] is very clean and uncluttered. The furniture was in good repair. The house had all utilities. There was plenty of food for everyone. There was plenty of space in the home for everyone. The [REDACTED] seem to be able to take care of the children well and seem to enjoy having them at their home. [REDACTED] and [REDACTED] seem to be doing very well and thriving in the care of their great-grandparents. CPSI [REDACTED] thanked the [REDACTED] for their time and for letting her see [REDACTED] and [REDACTED]. CPSI [REDACTED] left the home.

Narrative Type: Addendum 1 Entry Date/Time: 09/29/2015 10:03 AM Entered By: [REDACTED]

This occurred 7/2/15 not 7/10/15.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/10/2015 Contact Method: Phone Call
 Contact Time: 02:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/10/2015
 Completed date: 08/10/2015 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: 08/10/2015 10:24 PM Entered By: [REDACTED]

CPSI [REDACTED] called Investigator [REDACTED] to find out if the results of the autopsy were in. Investigator [REDACTED] said that the results were still pending. CPSI [REDACTED] thanked him and hung up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/07/2015 Contact Method: Phone Call
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/07/2015
 Completed date: 07/14/2015 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: 07/07/2015 11:55 AM Entered By: [REDACTED]

CPSI [REDACTED] participated by phone today in the [REDACTED] CPIT. The details of the case were discussed. It was decided that the case would be brought back because the autopsy is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/06/2015 Contact Method: Phone Call
 Contact Time: 04:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/10/2015
 Completed date: 08/10/2015 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: 08/10/2015 10:23 PM Entered By [REDACTED]

CPSI [REDACTED] called Investigator [REDACTED] to find out if the results of the autopsy were in. Investigator [REDACTED] said that the results were still pending. CPSI [REDACTED] thanked him and hung up.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 07/02/2015	Contact Method: Face To Face
Contact Time: 03:15 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Other Caretaker Home	Created Date: 07/03/2015
Completed date: 08/02/2015	Completed By: System Completed
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: 07/03/2015 12:34 AM Entered By: [REDACTED]

CPSI [REDACTED] went to the home of [REDACTED] and [REDACTED] at [REDACTED] to see [REDACTED] and [REDACTED]. When CPSI [REDACTED] arrived, Mr. [REDACTED] answered the door. He invited CPSI [REDACTED] into the home. He led CPSI [REDACTED] into the home where [REDACTED] lying on a blanket playing and [REDACTED] was sitting on the couch watching him. Mrs. [REDACTED] said that [REDACTED] was sleeping upstairs. She said that they would wake him before CPSI [REDACTED] left so that she could see him. CPSI [REDACTED] said that she understood that they might have negative feelings toward her, and if they wanted to discuss that, it would be fine. Ms. [REDACTED] said that [REDACTED] had been having a very hard time. She said that he really missed his parents. She said that every time the phone rings, [REDACTED] ran to the phone asking to speak to his mommy or daddy. She said that he got mad at them when it was not [REDACTED] or [REDACTED]. She said that he cried when they visit and then leave him. CPSI [REDACTED] said that that sounded sad and frustrating. CPSI [REDACTED] asked them to tell her more. Ms. [REDACTED] said that [REDACTED] and [REDACTED] had been through so much, and it seemed wrong to take their children from them when they had just lost a baby. CPSI [REDACTED] agreed. CPSI [REDACTED] said that she could understand the family being mad about the situation because it really had been a hard time and now Ms. [REDACTED] was in rehab after a horrible stroke. CPSI [REDACTED] said that she could see that the family had been through a lot. CPSI [REDACTED] said that she knew that it had been a very difficult time for the family. CPSI [REDACTED] said that her job was to protect children, and while she hated to do it, she had to remove the children because of the suspicious circumstances. CPSI [REDACTED] asked permission to sit on the floor with [REDACTED]. The [REDACTED] said that would be fine. CPSI [REDACTED] sat on the floor with [REDACTED]. He looked at CPSI [REDACTED] and smiled. Mr. [REDACTED] got on the floor with CPSI [REDACTED] and showed her how [REDACTED] would belly laugh if he was tickled on his ribs. [REDACTED] laughed and squealed. CPSI [REDACTED] held a toy, and [REDACTED] reached for it. He held on to the toy and shook it. He put his fingers in his mouth and closely looked at his fingers and hands. CPSI [REDACTED] held his hands and pulled him to sitting. One time, [REDACTED] held his head up and the next, his head lagged. CPSI [REDACTED] saw him flip from his stomach to his back. CPSI [REDACTED] did not see him flip from his back to his stomach. He was happy and playful until he needed a diaper change. He quit fussing as soon as his diaper was changed. Mrs. [REDACTED] reported that [REDACTED] eats cereal mixed in with milk. She said that he ate 6.5 ounces every 4 hours or so. She said that he did sleep well at night. While CPSI [REDACTED] was at the home, [REDACTED] from [REDACTED] came to the home. She worked for [REDACTED] out of [REDACTED]. Her number was [REDACTED]. She did an evaluation of [REDACTED] while CPSI [REDACTED] was there. She gave CPSI [REDACTED] a copy of the first [REDACTED] evaluation that was done 6/5/15. It showed that [REDACTED] had significant delays for his age. Ms. [REDACTED] said that on this date, [REDACTED] seemed like a different child. She said that she did not note any delays that were noted on 6/5/15. She said that she could close [REDACTED] case if the grandmother wanted that. Mrs. [REDACTED] said that she wanted to do what the court had ordered. Ms.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] explained that she had by allowing her to come to the home to do the evaluations. She said that she did not think that, based upon her evaluation, [REDACTED] would be eligible for services. Ms. [REDACTED] said that she would talk to [REDACTED] about what to do. Ms. [REDACTED] asked Mrs. [REDACTED] if she had any concerns about [REDACTED] development. Ms. [REDACTED] said that she had no concerns about [REDACTED]. She said that she was concerned about [REDACTED] because his speech was not clear. Ms. [REDACTED] said that she could set up an evaluation for [REDACTED] to determine if he needed services or not. Mrs. [REDACTED] said that she would talk to [REDACTED] about that because she did not want to step on her toes. Ms. [REDACTED] said that she understood that. Mrs. [REDACTED] said that she wanted to make sure that they did everything that the court had asked them to do. CPSI [REDACTED] said that it might be a good idea to have [REDACTED] tested since he seemed to Mrs. [REDACTED] that he was behind, but she agreed that Mrs. [REDACTED] should talk to [REDACTED] about that. Mr. [REDACTED] said that he thought he should wake [REDACTED] up so that CPSI [REDACTED] and Ms. [REDACTED] could see him. [REDACTED] was asleep in a room up the stairs from the living room in which the interview was taking place. He returned to the room carrying [REDACTED] who had on a diaper only. Mr. [REDACTED] took him to the bathroom. [REDACTED] was shy at first. CPSI [REDACTED] tried to talk to him, but he just said an emphatic no. He clung to his great grandfather. There were dogs barking in another room, and after waking up some, [REDACTED] said to CPSI [REDACTED] "Come see dog". CPSI [REDACTED] followed him into another room where two dachshunds were in small crates. CPSI [REDACTED] and [REDACTED] looked at the dogs. CPSI [REDACTED] asked what their names were, and he answered, but CPSI [REDACTED] did not know what he said.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/02/2015	Contact Method: Face To Face
Contact Time: 03:15 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/19/2015
Completed date: 10/19/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/19/2015 11:08 AM Entered By: [REDACTED]

CPSI [REDACTED] went to the home of [REDACTED] and [REDACTED] at [REDACTED] to see [REDACTED] and [REDACTED]. When CPSI [REDACTED] arrived, Mr. [REDACTED] answered the door. He invited CPSI [REDACTED] into the home. He led CPSI [REDACTED] into the home where [REDACTED] was lying on a blanket playing and [REDACTED] was sitting on the couch watching him. Mrs. [REDACTED] said that [REDACTED] was sleeping upstairs. She said that they would wake him before CPSI [REDACTED] left so that she could see him. CPSI [REDACTED] said that she understood that they might have negative feelings toward her, and if they wanted to discuss that, it would be fine. Ms. [REDACTED] said that [REDACTED] had been having a very hard time. She said that he really missed his parents. She said that every time the phone rings, [REDACTED] ran to the phone asking to speak to his mommy or daddy. She said that he got mad at them when it was not [REDACTED] or [REDACTED]. She said that he cried when they visit and then leave him. CPSI [REDACTED] said that that sounded sad and frustrating. CPSI [REDACTED] asked them to tell her more. Ms. [REDACTED] said that [REDACTED] and [REDACTED] had been through so much, and it seemed wrong to take their children from them when they had just lost a baby. CPSI [REDACTED] agreed. CPSI [REDACTED] said that she could understand the family being mad about the situation because it really had been a hard time and now Ms. [REDACTED] was in rehab after a horrible stroke. CPSI [REDACTED] said that she could see that the family had been through a lot. CPSI [REDACTED] said that she knew that it had been a very difficult time for the family. CPSI [REDACTED] said that her job was to protect children, and while she hated to do it, she had to remove the children because of the suspicious circumstances. CPSI [REDACTED] asked permission to sit on the floor with [REDACTED]. The [REDACTED] said that would be fine. CPSI [REDACTED] sat on the floor with [REDACTED]. He looked at CPSI [REDACTED] and smiled. Mr. [REDACTED] got on the floor with CPSI [REDACTED] and showed her how [REDACTED] would belly laugh if he was tickled on his ribs. [REDACTED] laughed and squealed. CPSI [REDACTED] held a toy, and [REDACTED] reached for it. He held on to the toy and shook it. He put his fingers in his mouth and closely looked at his fingers and hands. CPSI [REDACTED] held his hands and pulled him to sitting. One time, [REDACTED] held his head up and the next, his head lagged. CPSI [REDACTED] saw him flip from his stomach to his back. CPSI [REDACTED] did not see him flip from his back to his stomach. He was happy and playful until he needed a diaper change. He quit fussing as soon as his diaper was changed. Mrs. [REDACTED] reported that [REDACTED] eats cereal mixed in with milk. She said that he ate 6.5 ounces every 4 hours or so. She said that he did sleep well at night. While CPSI [REDACTED] was at the home [REDACTED] from [REDACTED] came to the home. She worked for [REDACTED] out of [REDACTED]. Her number was [REDACTED]. She did an evaluation of [REDACTED] while CPSI [REDACTED] was there. She gave CPSI [REDACTED] a copy of the first [REDACTED] evaluation that was done 6/5/15. It showed that [REDACTED] had significant delays for his age. Ms. [REDACTED] said that on this date, [REDACTED] seemed like a different child. She said that she did not note any delays that were noted on 6/5/15. She said that she could close



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

[REDACTED] case if the grandmother wanted that. Mrs. [REDACTED] said that she wanted to do what the court had ordered. Ms. [REDACTED] explained that she had by allowing her to come to the home to do the evaluations. She said that she did not think that, based upon her evaluation, [REDACTED] would be eligible for services. Ms. [REDACTED] said that she would talk to [REDACTED] about what to do. Ms. [REDACTED] asked Mrs. [REDACTED] if she had any concerns about [REDACTED] development. Ms. [REDACTED] said that she had no concerns about [REDACTED]. She said that she was concerned about [REDACTED] because his speech was not clear. Ms. [REDACTED] said that she could set up an evaluation for [REDACTED] to determine if he needed services or not. Mrs. [REDACTED] said that she would talk to [REDACTED] about that because she did not want to step on her toes. Ms. [REDACTED] said that she understood that. Mrs. [REDACTED] said that she wanted to make sure that they did everything that the court had asked them to do. CPSI [REDACTED] said that it might be a good idea to have [REDACTED] tested since he seemed to Mrs. [REDACTED] that he was behind, but she agreed that Mrs. [REDACTED] should talk to [REDACTED] about that. Mr. [REDACTED] said that he thought he should wake [REDACTED] up so that CPSI [REDACTED] and Ms. [REDACTED] could see him. [REDACTED] was asleep in a room up the stairs from the living room in which the interview was taking place. He returned to the room carrying [REDACTED] who had on a diaper only. Mr. [REDACTED] took him to the bathroom. [REDACTED] was shy at first. CPSI [REDACTED] tried to talk to him, but he just said an emphatic no. He clung to his great grandfather. There were dogs barking in another room, and after waking up some, [REDACTED] said to CPSI [REDACTED] "Come see dog". CPSI [REDACTED] followed him into another room where two dachshunds were in small crates. CPSI [REDACTED] and [REDACTED] looked at the dogs. CPSI [REDACTED] asked what their names were, and he answered, but CPSI [REDACTED] did not know what he said. [REDACTED] warmed up to CPSI [REDACTED] and showed her his boots. He mostly stuck close to his great grandfather, but he wandered around the room some as well. He sat on the floor with [REDACTED] and looked at toys. He liked a fire truck. He did verbalize some while CPSI [REDACTED] was there. CPSI [REDACTED] said that things at the home looked good. She thanked the [REDACTED] for letting her see [REDACTED] and [REDACTED]. CPSI [REDACTED] said good-bye and left the home.

Narrative Type: Addendum 1 Entry Date/Time: 10/21/2015 02:03 PM Entered By: [REDACTED]

The [REDACTED] report from June 3, 2015 showed the following on [REDACTED]

Motor Skills - 30% delay
 Cognitive - 40% delay
 Communication - 30% delay
 DQ - 23% delay
 Personal/Social - 30% delay
 The full [REDACTED] report is in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/01/2015 Contact Method: Phone Call
 Contact Time: 08:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/10/2015
 Completed date: 08/10/2015 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: 08/10/2015 10:10 PM Entered By: [REDACTED]

CPSI [REDACTED] called Investigator [REDACTED] to find out if the results of the autopsy were in. Investigator [REDACTED] said that the results were still pending. CPSI [REDACTED] thanked him and hung up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/30/2015 Contact Method:
 Contact Time: 11:10 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/02/2015
 Completed date: 07/02/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2015 11:12 AM Entered By: [REDACTED]
 Case was reviewed on this date. A follow up with the ACV needs to be entered and case needs to be prepared for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/26/2015 Contact Method:
 Contact Time: 03:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/20/2015
 Completed date: 10/20/2015 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: 10/20/2015 11:57 PM Entered By: [REDACTED]

CPSI [REDACTED] went to DCS Legal and spoke to [REDACTED] and [REDACTED]. CPSI [REDACTED] explained that [REDACTED] had said that she wanted her to go through her attorney to get releases of information signed. [REDACTED] said that she would contact [REDACTED] attorney or [REDACTED] attorney, about getting the releases signed. CPSI [REDACTED] filled out the releases for [REDACTED] and the [REDACTED] said that she would do the rest. CPSI [REDACTED] thanked her and requested that Ms. [REDACTED] let her know when medical records came in. Ms. [REDACTED] agreed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/26/2015 Contact Method: Phone Call
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/20/2015
 Completed date: 10/20/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2015 11:53 PM Entered By: [REDACTED]

CPSI [REDACTED] called Ms. [REDACTED] and asked that she sign releases of information so CPSI [REDACTED] could get medical records for the investigation. Ms. [REDACTED] said that CPSI [REDACTED] needed to go through her attorney for that. CPSI [REDACTED] agreed to do that.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/16/2015 Contact Method:
 Contact Time: 08:37 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/27/2015
 Completed date: 10/27/2015 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: 10/27/2015 12:11 PM Entered By: [REDACTED]
 Grief Counseling through [REDACTED] was approved.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/15/2015 Contact Method:
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/10/2015
 Completed date: 08/10/2015 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: 08/10/2015 10:21 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke to Lead Investigator [REDACTED] about this case. CPSI [REDACTED] said that since [REDACTED] and [REDACTED] had been moved to [REDACTED] it was going to be difficult for her to see them every other week. Lead Investigator [REDACTED] said that CPSI [REDACTED] need only see the boys once a month. CPSI [REDACTED] thanked LI [REDACTED] and left.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/10/2015	Contact Method:
Contact Time: 04:31 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/27/2015
Completed date: 10/27/2015	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: 10/27/2015 12:10 PM Entered By: [REDACTED]

FSW [REDACTED] put in a second request for grief counseling for the family. She wrote: Currently DCS has two CPS open cases. On 05/22/2015 DCS received a referral stating 4 month old [REDACTED] had a skull fracture that was several days old; parents, [REDACTED] and [REDACTED], had not provided [REDACTED] medical treatment until [REDACTED] sent him to [REDACTED] in [REDACTED]. Mother's explanation of skull fracture, per medical provider, is not consistent with [REDACTED] injury; father, Mr. [REDACTED] wasn't home at the time injury reportedly occurred. CPS received a second referral on 5/28/2015: [REDACTED] twin sister, [REDACTED] died in the home. Mother, [REDACTED], has reported two different stories to CPS & during Child & Family Team Meeting. [REDACTED] and his two year old sibling, [REDACTED], were removed after [REDACTED] death. [REDACTED] and [REDACTED] were originally placed in non-custodial placement with paternal grandmother, [REDACTED], 05/28/2015. Ms. [REDACTED] had a massive stroke on 06/06/2015 and is unable to provide care for the children at this time. On 6/9/2015, [REDACTED] & [REDACTED] were placed with [REDACTED] grandparents, [REDACTED] & [REDACTED]. During CFTM on 6/10/2015, mother displayed no emotions, spoke in matter of fact tones as if nothing were wrong in her family. It wasn't until she was told to turn her WIC Vouchers over to her grandfather, that [REDACTED] became upset and very emotional. Intensive In Home services have been recommended for the parents by the Child and Family Team due to all the recent trauma the family has endured. Neither parent currently have any insurance. CPSI [REDACTED] requested counseling services, but is currently in [REDACTED] until next week. [REDACTED] director did not want services to be delayed that long. FSW [REDACTED] agreed to complete service request for 6 hrs. of intensive in home services with a focus on trauma. Parents contact information: [REDACTED] [REDACTED] mom's cell ([REDACTED]): [REDACTED] dad's cell ([REDACTED])



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/10/2015 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Provider Office Created Date: 10/27/2015
 Completed date: 10/27/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2015 05:25 PM Entered By: [REDACTED]

A CFTM was held today because [REDACTED] could no longer keep the children because she had a stroke. It was decided that the children would be placed in the care of [REDACTED] and [REDACTED] the maternal great-grandparents of [REDACTED]. Grief Counseling and parenting classes will be set up. An expedited home study will be done on the [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 06/09/2015 Contact Method: Face To Face
Contact Time: 11:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Other Caretaker Home Created Date: 06/11/2015
Completed date: 06/11/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2015 11:19 AM Entered By: [REDACTED]

CPSI [REDACTED] completed a visit with the family to determine placement option for the children and work on completing an expedited home study for a possible placement option. CPSI [REDACTED] observed [REDACTED] to be in a pampers pull up and was running around the apartment. The child appeared very healthy and taken care of at this time. [REDACTED] pointed to Daddy and said "daddy" and pointed mommy said "mommy" and pointed sibling [REDACTED] and said [REDACTED] CPSI [REDACTED] observed [REDACTED] to be on ground under infant toy that had rattle and spinners that made noise when child touched them. [REDACTED] was in a onesie and was very healthy and appeared doing well. [REDACTED] reported that still heart broken and that [REDACTED] was really upset and still bothering him and all family of [REDACTED] having stroke and [REDACTED] finding her. [REDACTED] reported that his mother is hanging on at [REDACTED] at this time. The family reported that a placement option is the other grandparents Maternal Grandparents [REDACTED] and [REDACTED] that live in [REDACTED] TN. Code X was completed and clear on both individuals and all back ground checks were clear.

[REDACTED] (mother of [REDACTED] reported that she has been taking care of children since [REDACTED] had stroke and supervising visits between the parents and children. [REDACTED] reported that she could not care for the children at this time like [REDACTED] did. [REDACTED] reported that [REDACTED] and [REDACTED] will be a great placement option. CPSI [REDACTED] completed all paperwork for home study at CAC in [REDACTED] TN and followed the family along with assistance of [REDACTED] [REDACTED] to [REDACTED] and [REDACTED] residence of [REDACTED] TN and arrived at residence 03:45p.m. and discussed home study and had all paperwork filled out and fingerprint cards completed. A CFTM was set up for 06/10/2015 at 11:00a.m. at the [REDACTED] in [REDACTED] TN. The [REDACTED] reported at this time will be a placement option for the family and help out as long as needed and understood could be long term until all court issues have been resolved with family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/08/2015 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Provider Office Created Date: 10/21/2015
 Completed date: 10/21/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Medical Exam
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/21/2015 12:12 AM Entered By: [REDACTED]

[REDACTED] brought [REDACTED] to the [REDACTED] to see [REDACTED] [REDACTED] assessment was as follows: No evidence of child physical abuse; however, a normal examination today does not rule out the possibility of previous physical abuse. A copy of the full report from this medical exam is in the hard copy of the file.

A later note from this date recorded that [REDACTED] went to [REDACTED] [REDACTED] on 6/8/2015 for an X-Ray of his complete skeleton. The doctor saw no calvarial fracture; no fracture in the cervical, thoracic, or lumbar spine; no evidence for consolidation or effusion; no pneumothorax; no rib fractures; no clavical fractures; no bilateral upper or lower extremity fracture or periosteal reaction. The doctor noted that the cardiac silhouette was within normal limits for size.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████ ██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	06/06/2015	Contact Method:	Phone Call
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:	Other Community Site	Created Date:	06/29/2015
Completed date:	06/29/2015	Completed By:	██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/29/2015 11:54 PM Entered By: ██████████

CPSI ██████ got a call from ██████ who informed her that ██████ had had a major stroke. She said that ██████ was in the hospital and not expected to be out anytime soon. She asked CPSI ██████ where the children could go. Ms. ██████ wanted her maternal grandparents, ██████ and ██████ who lived in ██████ to take the children. Their contact numbers are: ██████ or ██████ CPSI ██████ thanked her for calling and said that she would call Ms. ██████ back as soon as possible.

CPSI ██████ called Lead Investigator ██████ who was the supervisor on call. She said that the children could go to the ██████ home, and the expedited could be handled the following week.

CPSI ██████ called Lead Investigator ██████ and explained what had happened with Ms. ██████ and that she was out of town and would be at ██████ the following week. He said that he would have it handled while CPSI ██████ was at ██████ CPSI ██████ thanked him and hung up.

CPSI ██████ called Ms. ██████ back and told her that the children could go with the ██████ CPSI ██████ explained that another investigator would be handling the case because she was being sent to a training in ██████ Ms. ██████ said ok.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/05/2015	Contact Method: Face To Face
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Other Caretaker Home	Created Date: 06/29/2015
Completed date: 06/30/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/30/2015 12:05 AM Entered By: [REDACTED]

CPSI [REDACTED] went to the home of [REDACTED] to see [REDACTED] and [REDACTED]. Ms. [REDACTED] asked CPSI [REDACTED] to come into the home. She had [REDACTED] in the living room floor on his back on a pillow. [REDACTED] seemed happy. He was dressed appropriately and was clean. CPSI [REDACTED] explained that she had wanted to find out how much [REDACTED] was eating; CPSI [REDACTED] explained that Ms. [REDACTED] had said that [REDACTED] had gone for 13 hours without eating and was not fussy. CPSI [REDACTED] asked her if [REDACTED] could have done that. Ms. [REDACTED] said that [REDACTED] ate more frequently than that. She said that she was surprised to hear that [REDACTED] could have gone that long without eating. She said that she knew that Ms. [REDACTED] was a good mother because she worked so hard to get things right for [REDACTED] when he was having so much trouble eating. She said that [REDACTED] had been diagnosed as failure to thrive. She said that Ms. [REDACTED] advocated for him and made sure that he got what he needed. She said that [REDACTED] was doing great now because of his mother. CPSI [REDACTED] asked Ms. [REDACTED] about [REDACTED] ability to move. She said that he had not rolled over yet. CPSI [REDACTED] said that Ms. [REDACTED] had said that she put [REDACTED] down in the middle of her king sized bed on his tummy with a rolled up comforter surrounding him so that he would not fall off the bed, but he fell off. CPSI [REDACTED] asked Ms. [REDACTED] if she thought that [REDACTED] was mobile enough to move himself off the bed so that he fell off the bed. Ms. [REDACTED] said that she did not know. She said that she knew that neither [REDACTED] nor her son, [REDACTED], had hurt the children. She said that she did not want to talk about this with CPSI [REDACTED] because she did not want to say anything that would hurt anyone. [REDACTED] was at the home interacting with his uncle [REDACTED]. He would run from the living room back to the room where [REDACTED] was. He was laughing and smiling. He was wearing a diaper. He was clean. CPSI [REDACTED] did not have any concerns for the children based on this visit. CPSI [REDACTED] thanked Ms. [REDACTED] for talking to her and for taking care of the children. CPSI [REDACTED] left the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/05/2015 Contact Method:
 Contact Time: 09:35 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/27/2015
 Completed date: 10/27/2015 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: 10/27/2015 12:05 PM Entered By: [REDACTED]
 Fiscal returned the request for grief counseling asking for the new address for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/03/2015 Contact Method:
 Contact Time: 02:40 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/27/2015
 Completed date: 10/27/2015 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: 10/27/2015 12:03 PM Entered By: [REDACTED]

CPSI [REDACTED] put in a PSG for the [REDACTED] to get grief counseling. Mr. [REDACTED] and Ms. [REDACTED] had custody of their three children: [REDACTED] and [REDACTED]. DCS got a case on the family on 5/21/15 due to physical abuse allegations. On 5/28/15, [REDACTED] was found dead in her bed. The family lost custody of their children due to the physical abuse allegations and the death all of which happened within 15 days of each other. The family does not have insurance. They will not qualify for the Safety Net Programs because neither Mr. [REDACTED] nor Ms. [REDACTED] have alcohol or drug problems. Grief counseling for the family is requested. The family lived at [REDACTED] TN. Mr. [REDACTED] number is [REDACTED] Ms. [REDACTED] number is [REDACTED]. The family reported that they are going to move from the place where their daughter died. Please call Mr. [REDACTED] and Ms. [REDACTED] to find out if they have moved.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████ ██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	06/03/2015	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:	Provider Office	Created Date:	10/27/2015
Completed date:	10/27/2015	Completed By:	██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/27/2015 05:20 PM Entered By: ██████████

This child family team meeting is needed to discuss safety, well-being and permanency for ██████████ and ██████████. Confidentiality agreement was reviewed with all participants present and via phone, verbal consent was provided by phone participants. Introduction was made by all participants present/via phone. Meeting guidelines with comfort rules was established and agreed upon. CPS Investigator ██████████ reviewed the situation and Ms ██████████ (mother) shared how events transpired, as this was the second referral for allegations of child neglect. some events of the referral was discussed. ██████████ stated that ██████████ is able to push and scoot his body with his feet. ██████████ (father) validated the statement, by saying he has observed ██████████ pushing with his feet. Medical information was disclosed at the consent of both parents. Confidentiality agreement was restated to maintain the privacy of the family and their right to privacy. Pertinent information regarding the deceased infant ██████████ was not available. The team explored services that could be offered to the family. The ██████████ ██████████ requested grief counseling for both parents and the parents' and members of the team felt this was an appropriate service needed. ██████████

██████████ developmental evaluation has been completed on ██████████ and ██████████. The team processed next steps.

Foster Care Team Leader ██████████ informed the parents and team members of what the meeting was about. CPS Investigator ██████████ explained that reason removal and the process of the investigation. It was explained to the team members and parents that attending parenting classes is not an inference of wrong doing on either parent, but services is just to ensure strengthening parenting skills prevalent.

Decision Made

The children ██████████ will remain in the care of the paternal grandmother and the parents' visitations will be supervised by the family or an appropriate adult. ██████████ & ██████████ (parents), ██████████ (Father's Attorney), ██████████ (Mother's Attorney) were not in agreement with the removal of the children, however, they were in agreement with services being offered.

Next Steps

CPS Investigator ██████████ will refer the family to ██████████ for Grief Counseling (in-home) by 6/3/15.

CPS Investigator ██████████ will assist the parents in setting up parenting through ██████████ by 6/3/15.

The Caregiver ██████████) of ██████████ and ██████████ will ensure that the full scale skeletal examination appointment is kept on 6/5/15.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/02/2015 Contact Method:
 Contact Time: 02:25 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/27/2015
 Completed date: 10/27/2015 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: 10/27/2015 04:34 PM Entered By: [REDACTED]
 The FAST was completed. The return code is: [REDACTED] It showed a moderate risk or need of services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/29/2015 Contact Method:
 Contact Time: 04:23 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/27/2015
 Completed date: 10/27/2015 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: 10/27/2015 03:58 PM Entered By: [REDACTED]
 CPSI [REDACTED] completed the Child Death Notification Form and sent it to Team Leader [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████ ██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	05/29/2015	Contact Method:	Face To Face
Contact Time:	09:20 AM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:	Other Caretaker Home	Created Date:	10/20/2015
Completed date:	10/20/2015	Completed By:	██████████
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: 10/20/2015 11:29 PM Entered By: ██████████

CPSI ██████ drove by the home of ██████████ to see how the night had gone. CPSI ██████ knocked on the door, and Ms. ██████ came to the door. CPSI ██████ explained that she would be around often to check on the children and make sure that everything was okay. CPSI ██████ asked her how the children had done. Ms. ██████ said that after CPSI ██████ left the home, ██████ and ██████ left the home as well. She said that ██████ had not understood what was happening, but once he settled down, he was okay. She said that ██████ had done well. She said that both boys were still sleeping, and she did not want to wake them. CPSI ██████ said that there would be some appointments that she would need Ms. ██████ to get the boys to in ██████ including a medical exam for ██████. Ms. ██████ said that that would be fine. CPSI ██████ said that she had spoken with ██████ who would be doing the medical exam and there was an available appointment on June 8 at 1PM. Ms. ██████ said that that was fine. CPSI ██████ asked Ms. ██████ if she needed anything. She said that she did not. She said that she knew that no one had hurt ██████ or ██████. CPSI ██████ thanked her for talking to her and left the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/29/2015 Contact Method:
 Contact Time: 08:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 10/20/2015
 Completed date: 10/20/2015 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: 10/20/2015 11:09 PM Entered By: [REDACTED]
 CPSI [REDACTED] went to [REDACTED] and had [REDACTED] sign the 4A and the order. CPSI [REDACTED] then took these documents to the [REDACTED] courthouse in [REDACTED] and filed them.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/28/2015 Contact Method: Face To Face
Contact Time: 08:30 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Other Caretaker Home Created Date: 06/29/2015
Completed date: 06/29/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Collateral Contact,Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 11:45 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the home of [REDACTED] who is the mother of [REDACTED]. Her home was at [REDACTED] in [REDACTED]. CPSI [REDACTED] walked through the home to make sure that it was an appropriate place for [REDACTED] and [REDACTED]. Both children were at the home when CPSI [REDACTED] got there. They both seemed fine. CPSI [REDACTED] saw no hazards in the home for the two little boys. Ms. [REDACTED] younger son, [REDACTED] who was 15 years old was there as well. He played with [REDACTED] who seemed bonded to [REDACTED]. [REDACTED] was asleep in a crib. Mr. [REDACTED] and Ms. [REDACTED] were at the home. They were polite but upset. Ms. [REDACTED] said that her baby girl had died that day and now CPSI [REDACTED] was making it so that she lost all three of her children in one day. CPSI [REDACTED] said that she understood that they were upset. CPSI [REDACTED] said that she was not sure exactly what DCS would ask for them to do in this case, but she said that a CFTM would need to be held to discuss that. CPSI [REDACTED] said that because she was limiting their rights, the case would go to court. CPSI [REDACTED] said that she would get everything scheduled and let them know what was happening. CPSI [REDACTED] said that they should call whenever they had questions or concerns. CPSI [REDACTED] thanked for their time and left the home.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/28/2015	Contact Method: Face To Face
Contact Time: 07:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/22/2015
Completed date: 10/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/22/2015 02:42 PM Entered By: [REDACTED]

CPSI [REDACTED] checked the SSMS record for [REDACTED] and [REDACTED]. It was clear for [REDACTED] and [REDACTED]

Sex Offender Registry was clear for [REDACTED] and [REDACTED]
 TN felony Offender Database was clear for [REDACTED] and [REDACTED]
 Adult Abuse Registry was clear for [REDACTED] and [REDACTED]
 Drug Offender Registry was clear for [REDACTED] and [REDACTED]

CPSI [REDACTED] contacted the [REDACTED] about background checks on [REDACTED] and [REDACTED]
 CPSI [REDACTED] received the background results on [REDACTED]. The following incidents were listed on her record:

4/24/15 Family Offenses non-violent
 7/17/11 Simple Assault

CPSI [REDACTED] called the [REDACTED] to get the incident reports from the two listed on [REDACTED] background report. CPSI [REDACTED] learned that in 2011, [REDACTED] was a juvenile. She was fighting with her mother and someone tried to intervene. [REDACTED] hit that person. That person reported that [REDACTED] had assaulted her mother and her. The person had swelling around her left eyebrow area. [REDACTED] mother agreed that this was true. A juvenile petition was signed July 10, 2011. In April 2015, [REDACTED] and [REDACTED] were in a fight. Mr. [REDACTED] called the police. He said that [REDACTED] was talking about taking custody of the children. Both agreed that that was what had happened. They agreed that Mr. [REDACTED] would spend the night elsewhere that night. It was a non-violent situation.

CPSI [REDACTED] received the background results on [REDACTED]. The following incidents were listed on his record:

8/21/2008 family offenses non-violent
 4/2/2009 driving on revoked, suspended, or cancelled driver's license; leaving the scene of property damage crash ; reckless driving/seatbelt law/reg violation, insurance
 5/18/09 contributing to the delinquency of a minor
 7/10/2009 financial responsibility, violation registration, driving on revoked, suspended, or cancelled driver's license

8/28/09 public drunk
 10/1/09 failure to pay costs and fees



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

8/11/10 - failure to pay costs and fees
6/15/10 appearance bond cited into court
7/28/10 capias bench warrant
9/2/10 failure to appear
12/31/11 public drunk
1/1/12 appearance bond
3/30/12 intimidation
7/29/12 DUI 1st offense; improper passing; seatbelt law; speeding
1/19/13 driving on revoked



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 05/28/2015 Contact Method: Correspondence
 Contact Time: 06:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/21/2015
 Completed date: 10/21/2015 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/21/2015 12:34 AM Entered By: [REDACTED]
 CPSI [REDACTED] received medical records from the [REDACTED] [REDACTED] where the [REDACTED] children received their primary care.

[REDACTED] records showed the following:

April 17, 2015 - well child visit and child pulling at his ears, cough
 The diagnosis was: well baby and acute serous otitis media
 PLAN:

anticipatory guidance-health, dental care, elimination, sleep, family relationships
 anticipatory guidance-nutrition, Milk - maximum amount, discontinue bottle if not already done, juice, table foods, safe foods, variable appetite
 anticipatory guidance - safety-auto/car seats, poisons, water, falls, electrical outlets, sun, burns-smoke detectors, choking, guns, toys
 anticipatory guidance - behavior, social, communication skills, cognitive skills, motor skills, discipline
 discussed immunizations/schedule sheet given, see vaccine administration records
 follow up in one year

[REDACTED] record showed the following:

May 20, 2015 - well child visit 4 months
 Impression: well baby with good growth and development at today's visit
 Diagnosis: well baby
 Plan:

immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered, 3 units performed in clinic

Instructions:

anticipatory guidance-health, elimination, sleep
 anticipatory guidance-nutrition, Milk - breastfeeding or formula-supplement if not breastfed, solid foods when and how to add, no honey
 anticipatory guidance - safety-auto/car seats, burns - water heater, fire safety-smoke detectors, falls, choking, sun, guns,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

anticipatory guidance - behavior, social, communication skills, physical, child care
 discussed immunizations/schedule sheet given, see vaccine administration records
 follow up in 2 months

[REDACTED] record showed the following:

April 17, 2015 - weight check and skin redness

Diagnosis: body weight and/or growth problem and blister of toe without infection

Plan:

anticipatory guidance-health, elimination, sleep - back to sleep; growth/development

anticipatory guidance-nutrition, Milk - breastfeeding or formula-supplement if not breastfed, solid foods when and how to add, no honey

anticipatory guidance - safety-auto/car seats, burns - water heater, fire safety-smoke detectors, sun, sleep position, smoking,

poisoning - lpecac, guns,

anticipatory guidance - behavior, social, communication skills, physical, child care, reach out and read book

discussed immunizations/schedule sheet given, see vaccine administration records,

follow up in 2 months

May 20, 2015 - well child visit-4 months, fall

Diagnosis: well baby, cephalohematoma (Cephalohematoma is a collection of blood under the periosteum of a skull bone.

Because of its location, it is impossible for cephalohematoma to cross suture lines.), and head lag in the newborn

Plan:

immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered, 3 units performed in clinic, xray of skull - performed outside of clinic



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2015 Contact Method: Correspondence
 Contact Time: 06:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/21/2015
 Completed date: 10/21/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/21/2015 11:07 AM Entered By: [REDACTED]

On 5/28/15 received these records from [REDACTED]:
 CPSI [REDACTED] received medical records from the [REDACTED] where the [REDACTED] children received their primary care.

[REDACTED] records showed the following:

April 17, 2015 - well child visit and child pulling at his ears, cough
 The diagnosis was: well baby and acute serous otitis media
 PLAN:

anticipatory guidance-health, dental care, elimination, sleep, family relationships
 anticipatory guidance-nutrition, Milk - maximum amount, discontinue bottle if not already done, juice, table foods, safe foods,
 variable appetite
 anticipatory guidance - safety-auto/car seats, poisons, water, falls, electrical outlets, sun, burns-smoke detectors, choking, guns,
 toys
 anticipatory guidance - behavior, social, communication skills, cognitive skills, motor skills, discipline
 discussed immunizations/schedule sheet given, see vaccine administration records
 follow up in one year

[REDACTED] record showed the following:

May 20, 2015 - well child visit 4 months
 Impression: well baby with good growth and development at today's visit
 Diagnosis: well baby
 Plan:

immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified
 health care professional; first or only component of each vaccine or toxoid administered, 3 units performed in clinic
 Instructions:

anticipatory guidance-health, elimination, sleep
 anticipatory guidance-nutrition, Milk - breastfeeding or formula-supplement if not breastfed, solid foods when and how to add, no
 honey
 anticipatory guidance - safety-auto/car seats, burns - water heater, fire safety-smoke detectors, falls, choking, sun,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

guns,
 anticipatory guidance - behavior, social, communication skills, physical, child care
 discussed immunizations/schedule sheet given, see vaccine administration records
 follow up in 2 months

[REDACTED] record showed the following:

April 17, 2015 - weight check and skin redness

Diagnosis: body weight and/or growth problem and blister of toe without infection

Plan:

anticipatory guidance-health, elimination, sleep - back to sleep; growth/development

anticipatory guidance-nutrition, Milk - breastfeeding or formula-supplement if not breastfed, solid foods when and how to add, no honey

anticipatory guidance - safety-auto/car seats, burns - water heater, fire safety-smoke detectors, sun, sleep position, smoking, poisoning - lpecac, guns,

anticipatory guidance - behavior, social, communication skills, physical, child care, reach out and read book

discussed immunizations/schedule sheet given, see vaccine administration records,
 follow up in 2 months

May 20, 2015 - well child visit-4 months, fall

Diagnosis: well baby, cephalohematoma (Cephalohematoma is a collection of blood under the periosteum of a skull bone.

Because of its location, it is impossible for cephalohematoma to cross suture lines.), and head lag in the newborn

Plan:

immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered, 3 units performed in clinic, xray of skull - performed outside of clinic

Instructions:

anticipatory guidance-health, elimination, sleep

anticipatory guidance-nutrition, Milk - breastfeeding or formula-supplement if not breastfed, solid foods when and how to add, no honey

anticipatory guidance - safety-auto/car seats, burns - water heater, fire safety-smoke detectors, falls, choking, sun, guns,

anticipatory guidance - behavior, social, communication skills, physical, child care

discussed immunizations/schedule sheet given, see vaccine administration records

follow up in 2 months

The record included the medical records from [REDACTED] [REDACTED] showing that [REDACTED] had a radiology appointment there on May 21, 2015. He had a CT head without contrast. The findings were: There is a linear skull fracture along the right parietal region extending into the temporal squamosal. No significant displacement. There is a very tiny associated extra axial hematoma probably subdural best seen series 2, images 20-23. Maximum thickness about 5mm and specifically the finding is very well localized, only measures about 21mm across the base and does not cause any significant mass effect. There is no associated subarachnoid hemorrhage. No associated brain injury. Brain is normal in appearance. No hydrocephalus. The middle ear cavities are clear.

The record included the medical records from [REDACTED] as well. The record noted the hospital course: [REDACTED] is a 4 month old who experienced a fall from a bed onto a tile floor 1 week ago. At his 4 month check-up, his PCP noticed right scalp swelling and ordered a CT that was concerning for a skull fracture. Upon presentation to [REDACTED] [REDACTED] a head CT was obtained that revealed a right parietal skull fracture; an epidural hemorrhage (EDH) which was defined for CPSI [REDACTED] by [REDACTED] [REDACTED] as a type of traumatic brain injury in which a buildup of blood occurs between the dura mater (the tough outer membrane of the central nervous system) and the skull; and a subdural hematoma (SDH) which was defined for CPSI [REDACTED] by [REDACTED] [REDACTED] as a type of hematoma in which blood gathers between the dura mater and the brain; SDH is usually associated with traumatic brain injury. Neurosurgery and the Care Team were consulted. No surgical intervention was required and a skeletal survey was obtained which was negative for other injuries. [REDACTED] was clinically stable and at his neurologic baseline. He was admitted to an acute care floor with neuro checks, NPO on IVF, and apnea monitoring. HD 2 [REDACTED] was advanced to a regular infant diet and was discharged home when he was tolerating formula and was cleared by Care Team, social work, and neurosurgery.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/28/2015	Contact Method: Phone Call
Contact Time: 05:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/21/2015
Completed date: 10/21/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/21/2015 12:07 AM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] of the [REDACTED] in [REDACTED] at [REDACTED]. She was the primary medical provider for the [REDACTED] children. She said that she saw [REDACTED] and [REDACTED] last on May 20. [REDACTED] seemed to be doing well, but Mrs. [REDACTED] was disturbed by the right side scalp swelling of [REDACTED]. She did a CT scan on [REDACTED] and found a linear fracture. CPSI [REDACTED] asked her if she believed the mother's story about [REDACTED] falling off the bed and getting the skull fracture. Mrs. [REDACTED] said that her problem was that [REDACTED] did not have the ability developmentally to move as his mother described that he did. She said that it was not possible due to [REDACTED] developmental age for him to have rolled off the middle of a king sized bed especially as he was surrounded by comforters. She said that she was going to fax CPSI [REDACTED] the medical records from her office on all the [REDACTED] children. She said that [REDACTED] was not even holding up his head well when he supposedly moved himself from the center of a king sized bed and over a rolled up comforter so that he fell off the bed. Mrs. [REDACTED] said that that story could not be true. She said that CPSI [REDACTED] should note when she had recorded that [REDACTED] had a "head lag" which means that he was not holding up his head. CPSI [REDACTED] said that she would do that. Mrs. [REDACTED] said that she would fax the records. CPSI [REDACTED] thanked her and hung up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2015 Contact Method: Face To Face
 Contact Time: 04:35 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/20/2015
 Completed date: 10/20/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/20/2015 10:48 PM Entered By: [REDACTED]

CPSI [REDACTED] and Investigator [REDACTED] returned to the family home of the [REDACTED] CPSI [REDACTED] and Investigator [REDACTED] knocked on the door and were invited in by [REDACTED] and [REDACTED] were present at the home. [REDACTED] mother, [REDACTED] was at the home as well. CPSI [REDACTED] and Investigator [REDACTED] sat down with the family. CPSI [REDACTED] explained that because of [REDACTED] skull fracture and the fact that the story of how it happened was unlikely because of [REDACTED] developmental ability and because of the lack of medical attention for the injury paired with the fact that so quickly after [REDACTED] injury, a child had inexplicably died in the home, DCS felt that the safest thing to do was to remove [REDACTED] and [REDACTED] from the car of their parents. CPSI [REDACTED] explained that the best thing would for the boys to stay with a relative while the investigation was on-going. Ms. [REDACTED] asked how long the investigation would take. CPSI [REDACTED] explained that investigations in which a child had died might take a long time because the autopsy often took quite awhile. CPSI [REDACTED] said that the case would stay open at least until the autopsy came in which could take several months. CPSI [REDACTED] explained that if the children went with family, [REDACTED] and [REDACTED] could probably visit more easily. Ms. [REDACTED] suggested that the children go with [REDACTED] mother, [REDACTED] CPSI [REDACTED] said that she had to check the background of Ms. [REDACTED] and anyone in her home over the age of 18 and see the home to make sure that it was appropriate for the boys. Ms. [REDACTED] was notified, and she agreed to keep [REDACTED] and [REDACTED]. She said that CPSI [REDACTED] could come to her home anytime to do the expedited home study with her. CPSI [REDACTED] asked that Ms. [REDACTED] take the boys to Ms. [REDACTED] at that time. Ms. [REDACTED] agreed to do that. Ms. [REDACTED] and [REDACTED] were told that a CFTM would be held as well as a court date. CPSI [REDACTED] said that she would let them know when this was all to take place. CPSI [REDACTED] did not get Ms. [REDACTED] to fill out new paperwork as she was very upset and because CPSI [REDACTED] had an open investigation with the family and had done paperwork with them on 5/22/15. CPSI [REDACTED] said that she would call Ms. [REDACTED] before she came to her home. CPSI [REDACTED] and Investigator [REDACTED] left the home.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/28/2015 Contact Method: Face To Face
Contact Time: 04:15 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 10/19/2015
Completed date: 10/19/2015 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: 10/19/2015 11:21 AM Entered By: [REDACTED]

After interviewing the parents, seeing [REDACTED] body, seeing her home, and talking with some medical professionals, CPIT met again. [REDACTED] said that he "was not very comfortable leaving the kids in the home". CPSI [REDACTED] called Lead Investigator [REDACTED] and he called DCS legal. CPSI [REDACTED] was told that a removal was necessary at that time. CPSI [REDACTED] informed the team, and all agreed.

Narrative Type: Addendum 1 Entry Date/Time: 10/21/2015 11:58 AM Entered By: [REDACTED]

As CPSI [REDACTED] was leaving the [REDACTED] she asked [REDACTED] if she could get the medical records from [REDACTED]. He agreed. The medical records for [REDACTED] from this date recorded that:

Impression: Cardiac Arrest, Asystole

Etiologic Factors: Aspiration or SIDS

Current Condition: Critical

Medications: Patient received Ep 0.5 mg X 6 doses; Atropine 0.8 ml; Dextrose 25g 1/2amp

Additional Treatments: ETT

Disposition: resuscitation stopped after 70 minutes, Expired

[REDACTED] arrived at the hospital by ambulance. CPR was being performed.

The nursing notes said emergency to ER per [REDACTED] EMS with CPR in progress. Pt was fed by mother at 6:30 and laid back down in crib on back. Was found approximately 8:45 this AM unresponsive not breathing no pulse. CPS was started at home by parent. EMS arrived and took over CPR using PALS protocol. Intubated with 3.5 ETT. Remains asystole on monitor. CPR continued upon arrival to ED.

CPSI [REDACTED] was also given the EMS report before she left the [REDACTED]. The narrative said Emergency response for unresponsive female turning colors. Upon arrival to scene found infant patient in supine position. Lying in the grass next to the sidewalk with CPR in progress by father. Patient picked up by [REDACTED] EMT and handed to [REDACTED] PM and patient carried in arms with CPR and respirations continued while going to unit. Patient has no pulse and no respirations and is cyanotic around the lip. Mother states patient is a twin and both babies woke up around 6:30 this morning and were playing together and that above patient was starting to fall asleep so she placed her back in her crib. Placed patient on her back and found patient on her stomach and it was the first time she had rolled all the way over. Patient placed on cot and additional EMS on scene continued CPR. Bag valve mask respirations were given by [REDACTED] EMT with 100% oxygen with chest compressions by [REDACTED] EMT. Cardiac monitor applied with pads and asystole. Oral airway placed by [REDACTED] EMT. CPR continued. Intubation by [REDACTED] PM with 3.5 size tube secured with tube holder and positive color



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

change with positive breath sounds bilateral and none in the abdomen, checked by [REDACTED] PM. Capnography placed on tube with good respirations. IV established by [REDACTED] PM with 24G in the right foot on first attempt with positive results and no signs of infiltration. [REDACTED] tape measures to gray at 5KG, patient given 0.5 of EPI 1 10,000 by [REDACTED] Patient remained asystole and bag valve mask continued. EPI given at 0.5mg at 3 more times at 5 minutes but patient remained asystole. CPR and bag valve mask continued en route to the hospital by [REDACTED] and [REDACTED] PM with patient remaining asystole. CPR continued into [REDACTED] Report given to [REDACTED] and staff and released care of patient.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2015 Contact Method: Phone Call
 Contact Time: 02:45 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/19/2015
 Completed date: 10/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/19/2015 10:22 AM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] at [REDACTED] at [REDACTED]. She had treated [REDACTED] for his skull fracture. CPSI [REDACTED] explained that [REDACTED] had passed away that morning. CPSI [REDACTED] gave [REDACTED] information about the case. [REDACTED] said that she did not like the sound of what CPSI [REDACTED] had said. She said that she was concerned about "copious amounts of blood in the endo-tracheal tube as well as a swollen fontanel". She said that she could not see how DCS could leave the other children in the home considering everything she had been told. She said that the following had been in her notes from 5/21/15:"Diagnostic Assessment: [REDACTED] is a now 4 month old infant brought to [REDACTED] due to skull fracture. While the mechanism of injury is plausible (3 foot fall to tiled surface), mom has not seen [REDACTED] roll or crawl yet. She does note that he uses his feet to push himself, and perhaps he self-propelled himself over the edge of the bed. We are concerned that a 4 month old with limited mobility would not be capable of going over a rolled comforter barrier. It remains unclear if this injury was obtained via accident vs. non-accidental trauma. He has no other visible fractures on trauma series x-rays. He has continued to behave normally and is noted to be alert on exam". CPSI [REDACTED] thanked her for the information and hung up.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/28/2015	Contact Method: Face To Face
Contact Time: 02:11 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 06/01/2015
Completed date: 06/01/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/01/2015 10:32 AM Entered By: [REDACTED]

[REDACTED], who is the [REDACTED] investigator from the [REDACTED] and the [REDACTED] in [REDACTED] came to [REDACTED] to lead the investigation into the death of [REDACTED]. He led the interview with the parents. Investigator [REDACTED] CPSI [REDACTED] and Investigator [REDACTED] from the [REDACTED] sat down with [REDACTED] and [REDACTED], the parents of [REDACTED] and [REDACTED] to discuss what had happened in their home on May 28, 2015 when their infant daughter, [REDACTED] died.

Investigator [REDACTED] asked Ms. [REDACTED] who the primary caretaker for her children was. Ms. [REDACTED] said that she was a stay-at-home mom and that she was her children's primary caregiver. Ms. [REDACTED] reported that her birthday was [REDACTED] and her Social Security number was [REDACTED]. Her telephone number was [REDACTED]. She confirmed that her fiancé, [REDACTED] is the father of the children. [REDACTED] and [REDACTED] are not married yet.

Ms. [REDACTED] said that nothing had been different in the last 24 hours with [REDACTED]. She said that there had been no fall and no accidents and no injuries in, at least, the last 72 hours. She reported that [REDACTED] was wearing a diaper and a teal onesie when she died. Miss [REDACTED] said that she had a video baby monitor in her room watching the baby. She said that she had turned the swing music on in the room for [REDACTED] but by the time she left, it was off. Ms. [REDACTED] reported that yesterday morning at about 8:55, [REDACTED] was found dead in her bed on her stomach with her face down into the mattress. Her mom said that at about 6:30, she had both twins in her bed, and [REDACTED] was falling asleep, but [REDACTED] was awake and kicking. She said [REDACTED] movement kept waking [REDACTED] so she put [REDACTED] in her crib alone on her back. She said that at about 8:50, she went to check on [REDACTED]. She said that she had given [REDACTED] his bottle and had made one for [REDACTED]. She said that she went to her room to get her phone and went in [REDACTED] room to check on her. She said that when she turned [REDACTED] over, there were streaks of blood coming from both sides of her mouth. She also said that [REDACTED] felt sweaty and a little stiff. She said that [REDACTED] had not eaten since 6pm the night before.

Investigator [REDACTED] asked Mrs. [REDACTED] again if everything had been normal with [REDACTED] in the last three days. Ms. [REDACTED] said yes. She reported no vomiting, no diarrhea, no temperature, and no injuries. Ms. [REDACTED] said that [REDACTED] had no allergies and no health problems. She said that [REDACTED] was "the healthy one". She said that [REDACTED] had been to see Mrs. [REDACTED] twice since she was discharged from the hospital when she was born. Ms. [REDACTED] explained that [REDACTED] had



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Case Recording Summary

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

been seen at [REDACTED] when she was first born. She said she got her two week shots at [REDACTED]. She said that she got her prenatal care at the [REDACTED] and that [REDACTED] and [REDACTED] were born at [REDACTED]. She said that [REDACTED]. She said that they were born on [REDACTED] and got out of the hospital on either the 22nd or possibly the 23rd. She said that [REDACTED] was 16 inches long and weighed 5 pounds and 6 ounces when she was born. [REDACTED] and [REDACTED] were born at 37 weeks gestation which is normal for twin pregnancy according to Ms. [REDACTED]. She said that [REDACTED] was the second to be born. She said that there were no complications during the birth of [REDACTED] and [REDACTED].

Investigator [REDACTED] asked when [REDACTED] last ate. She said that [REDACTED] was last fed at 5 PM on May 27th the night before she died. She said that the morning that she died, [REDACTED] really just wanted her pacifier. She said that [REDACTED] ate just formula in the last 24 hours of her life. She ate Similac Total Care formula. Miss [REDACTED] said that [REDACTED] had eaten nothing new in the last 24 hours. She said that [REDACTED] was not a placed to sleep with a bottle.

She said that she began prenatal care when she found out she was pregnant. She said she was 12 weeks pregnant when she found out that she was pregnant. She saw [REDACTED] in [REDACTED] until she found out she was pregnant with twins. At that time she decided she wanted the babies to be born at [REDACTED] in case they needed care at the neonatal intensive care unit. Mrs. [REDACTED] again said there were no pregnancy complications and no injuries to her or the babies when she was pregnant. Miss [REDACTED] reported that she used prenatal vitamins and folce acid when she was pregnant. She said that she did not use any herbal remedies. She said that she smoked half a pack of cigarettes when she was pregnant. She said that she drank no alcohol then and does not now. She said that she does now smoke about a pack a day of cigarettes. She said that she will take ibuprofen and a pill that she has for headaches. She did not know with name of that pill was. Investigator [REDACTED] asked her where the incident with [REDACTED] happened. She said it happened at the family home. She said there are only two adults in the home and now there are no children under 18.

She said they have central heat and air. She said they have box fans in their bedroom. Investigator [REDACTED] told Miss [REDACTED] and Mr. [REDACTED] that it was likely that [REDACTED] autopsy would be done 5/29/15. He explained that it could take 8 to 12 weeks for the results of the autopsy to be known. Ms. [REDACTED] asked about why the baby had blood on her face when she found her. Investigator [REDACTED] explained that when [REDACTED] died everything in her body stopped working. He said because of her very young age, her lungs were very thin which would allow blood to start seeping through the lungs. He said that the blood on [REDACTED] face was just the normal process that the body takes when someone dies.

Investigator [REDACTED] said that he wanted to go to the house to do a reenactment of the the time leading up to the child's death and then finding her. Ms. [REDACTED] and Mr. [REDACTED] agreed to do this. It was agreed that the investigators and the family would proceed to the family home.

Both Mr. [REDACTED] and Ms. [REDACTED] seemed to be struggling with [REDACTED] death. They held hands during the interview. She seemed to be struggling more than he was. Both cried during the interview.

Narrative Type: Addendum 3 Entry Date/Time: 10/19/2015 09:58 AM Entered By: [REDACTED]

Ms. [REDACTED] asked about the blood on [REDACTED] face. Investigator [REDACTED] said that when a person dies, everything in the body stops working. He said that [REDACTED] lungs were very thin and blood started to seep from her lungs.

Narrative Type: Addendum 2 Entry Date/Time: 10/19/2015 09:53 AM Entered By: [REDACTED]

Mr. [REDACTED] said that the 911 operator instructed him on how to do CPR. He said that he did what he was told. He said that he did 2 finger deep compression 30 times. He said that he did deep breaths covering mouth and nose. He said that he did almost 3 cycles before EMS came. He said that [REDACTED] had been normal for the last three days. He said that she had not been injured in any way.

Narrative Type: Addendum 1 Entry Date/Time: 10/19/2015 09:27 AM Entered By: [REDACTED]

Ms. [REDACTED] did say that it was unusual for [REDACTED] to have rolled over. She said that she had placed [REDACTED] on her back and walked out of the room. She said that she found the baby on her stomach and face down. She said that [REDACTED] had been trying to roll. Ms. [REDACTED] said that there was a blanket over [REDACTED] but she was not swaddled. She said that there was not a



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

sheet on the bed. She said that the blanket was tucked under [REDACTED] legs. She said that it was a fleece blanket.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2015 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 10/19/2015
 Completed date: 10/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/19/2015 12:08 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with the EMS Staff. CPSI [REDACTED] was told that when [REDACTED] and [REDACTED] arrived at the home, [REDACTED] was outside in the grass. [REDACTED] was doing CPR on [REDACTED] CPSI [REDACTED] was told that Mr. [REDACTED] was performing CPR as he was instructed by the staff at the 911 operation center.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/28/2015	Contact Method: Face To Face
Contact Time: 01:45 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 10/18/2015
Completed date: 10/19/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/19/2015 12:00 AM Entered By: [REDACTED]

The [REDACTED] spoke to the members of the Child Protective and Investigative Team who were present and had seen the body of [REDACTED]. He said that 6:30AM was the last known time that [REDACTED] was alive. He said that there was copious amounts of blood in the esophagus/airway or the endotracheal tube. He said that [REDACTED] fontanelle was swollen. He said that there was swelling around [REDACTED] eyes. CPSI [REDACTED] asked what that meant. Investigator [REDACTED] said that there was a lot of blood which was from the baby's body decomposition. He said though that he would not expect that level of decomposition since [REDACTED] had not been deceased very long. He went on to say that it did not necessarily mean anything as every body is different. He said that the autopsy would tell more information.

Narrative Type: Addendum 1 Entry Date/Time: 10/19/2015 08:32 AM Entered By: [REDACTED]

The [REDACTED] in [REDACTED] [REDACTED] is [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/28/2015	Contact Method: Face To Face
Contact Time: 01:30 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 06/01/2015
Completed date: 06/01/2015	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: 06/01/2015 10:48 AM Entered By: [REDACTED]

[REDACTED], who is the [REDACTED] investigator from the [REDACTED] and the [REDACTED] in [REDACTED] came to [REDACTED] to lead the investigation into the death of [REDACTED]. CPSI [REDACTED] saw the body of [REDACTED] at the hospital. Her body was in a room on a gurney. She had on a diaper only. There were bruises from CPR on her chest. Her body appeared bruised in places, but Investigator [REDACTED] explained that that was due to blood pooling where she had laid. There was significant bruising on the right side of the child's face. Investigator [REDACTED] said that that could have been where [REDACTED] had had her head tilted that way so the blood pooled there. There was some concern because the bruising to the child's face had become darker as time passed. [REDACTED] appeared to be of healthy weight and size.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/28/2015	Contact Method: Face To Face
Contact Time: 01:25 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 10/19/2015
Completed date: 10/19/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/19/2015 09:13 AM Entered By: [REDACTED]

[REDACTED] said that he wanted CPSI [REDACTED] to know that the baby who died, [REDACTED] had a twin brother named [REDACTED] who had had a linear skull fracture and a small hematoma last week. He said that that was concerning to him. He said that what he understood about this case so far was that [REDACTED] had been placed on her back in her crib about 6:30am. He said that Ms. [REDACTED] found [REDACTED] at 8:54am unresponsive on her stomach.

Child Protective Services Investigator [REDACTED] was present at the hospital. She was investigating [REDACTED] skull fracture. She had photos of the bed from which [REDACTED] had allegedly fallen causing his skull fracture. CPSI [REDACTED] said that she had not received medical records yet from [REDACTED] where [REDACTED] was seen. She said that she did not have records from [REDACTED]. She said that Ms. [REDACTED] mother said, "I know we're not supposed to lay them on their stomachs, but he likes a little pressure on him, so I layed him on his tummy in the middle of our king size bed and put the comforter in a rolled circle around him and he was asleep. I went to make bottles and then I heard [REDACTED] crying and I ran to the bedroom and he was on the floor and the comforter was still on the bed. I don't know how that happened. I didn't think he could scoot yet. I picked him up- he was screaming, and I held him and comforted him and after five minutes he calmed and took his bottle, but I didn't let him go to sleep after that. I called his granny [REDACTED] because she is a nurse and she said to check his pupils with a flashlight and check his breathing and make sure he wasn't throwing up and to keep a good eye on him. I was going to take him to the hospital, I was so tore up and it was like I was having a mini-heart attack, but he calmed down and went back to his playful self". CPSI [REDACTED] and CPSI [REDACTED] agreed to keep each other updated on what they find out as they each investigate their parts of the case.

Narrative Type: Addendum 1 Entry Date/Time: 10/27/2015 03:41 PM Entered By: [REDACTED]

CPSI [REDACTED] informed CPSI [REDACTED] the the household included: [REDACTED] the mother and Fiance of [REDACTED] the father and fiance of [REDACTED], 2 year old brother of [REDACTED] 4 month old twin of [REDACTED] and [REDACTED] CPSI [REDACTED] and CPS [REDACTED] agreed that CPSI [REDACTED] would give the initial paperwork that the custodians had signed as she had just done the paperwork with the family on May 22, 2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2015 Contact Method: Phone Call
 Contact Time: 01:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/27/2015
 Completed date: 10/27/2015 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: 10/27/2015 03:37 PM Entered By: [REDACTED]
 CPSI [REDACTED] contacted the referent regarding the referral information and initiation of the CPS investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2015 Contact Method: Face To Face
 Contact Time: 01:16 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 10/18/2015
 Completed date: 10/18/2015 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: 10/18/2015 11:29 PM Entered By [REDACTED]
 CPSI [REDACTED] went to the [REDACTED] [REDACTED] to meet with [REDACTED] [REDACTED] Investigator [REDACTED] to investigate the death of [REDACTED] CPSI [REDACTED] learned that [REDACTED] and [REDACTED] were the Emergency Medical Service(s) (EMS) who went to the home of the [REDACTED] on the 911 call; it was their call. [REDACTED] and [REDACTED] went to the [REDACTED] home; they are other EMS staff. The [REDACTED] was also there. [REDACTED] who is the [REDACTED] for the [REDACTED] was present as well. This meeting was the convening of the Child Protective and Investigative Team (CPIT) on this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2015 Contact Method: Phone Call
 Contact Time: 01:16 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/19/2015
 Completed date: 10/19/2015 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: 10/19/2015 09:49 AM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] Investigator [REDACTED] about this case. He said that he was going to the [REDACTED] and CPSI [REDACTED] agreed to meet him there. Investigator [REDACTED] said that he would contact the [REDACTED] DA about this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2015 Contact Method:
 Contact Time: 01:15 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/01/2015
 Completed date: 06/01/2015 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: 06/01/2015 11:02 AM Entered By: [REDACTED]

ESTABLISH: 7/22/13

VICTIM(S): [REDACTED]
 ALLEGATION(S): Neglect Death
 ALLEGED PERP(S): Unknown
 PRIORITY ASSIGNED: 1
 INTAKE DATE: 5/28/15
 RESPONSE DATE: 5/28/15
 DUE DATE: 5/29/15

DATE THE NOTICES WERE SENT TO THE JUDGE AND THE REFERENT: The Judge's letter was prepared 6/1/15. The reporter was notified by the CARAT system.

Reporter states:

[REDACTED] (4 m/o) lived with her brother [REDACTED] (2 y/o), her brother [REDACTED] (4 m/o), her father [REDACTED] and her mother [REDACTED]

At 6:30 a.m. this morning May 28, 2015 [REDACTED] laid [REDACTED] down on her back in her crib. [REDACTED] went to check on [REDACTED] at 8:50 a.m. and found [REDACTED] purple and non-responsive. [REDACTED] was found lying on her stomach. At 08:56 a.m. 911 was called. [REDACTED] was found dead in her bedroom. [REDACTED] was pronounced dead at 10:02 a.m. today May 28, 2015.

There were no visible injuries to [REDACTED]. Law enforcement responded to [REDACTED] [REDACTED] [REDACTED] will be transferred to [REDACTED] for an autopsy. It is unknown when the autopsy will be performed.

[REDACTED] and [REDACTED] are in the hospital chapel at this time. [REDACTED] and [REDACTED] were briefly interviewed by law enforcement but DCS has not interviewed the parents at this time. [REDACTED] stated she found the baby on her stomach and she was purple and non-responsive.

There are two other children in the home. The children have not been interviewed. There are no other deaths reported in the home. This death is very concerning because [REDACTED] brother [REDACTED] suffered a skull fracture in the home less than two weeks ago.

[REDACTED] had two prior DUI' s prior to the children being born. Law enforcement has not reported responding to this residence in the past. It is unknown if anyone in the home has any alcohol and drug issues. It is unknown if there are any mental health or domestic violence issues in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

TFACTS History:

This is the second case that the family has had with DCS. The first case came in 5/22/15, and is still an open investigation for head fracture to twin sibling.