



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 06/01/2015 07:35 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 06/01/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 06/01/2015 10:10 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 06/01/2015 12:00 AM  
 First Case Manager [REDACTED] Date/Time 06/01/2015 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: Facsimile

Notification: Letter

Narrative: TFACTS: Yes, note the history below is pertaining to the father ([REDACTED]) and another child.

Family Case ID: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody Yes ([REDACTED]) / 6-8-11 to 1-21-12/ # [REDACTED]

Open CPS - No

Substantiated

9-12-00/ # [REDACTED] [REDACTED]

Death No



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

Screened out 0

History (not listed above):

10-18-12/ # [REDACTED] LOS/ Unsubstantiated  
 5-5-10/ # [REDACTED] SEE/ Unsubstantiated  
 2-17-09/ # [REDACTED] DEC, PHA/ Services Recommended & Accepted  
 10-20-08/ # [REDACTED] PHA/ Unsubstantiated  
 12-14-06/ # [REDACTED] PHA, NUN/ Unsubstantiated, Unable to Complete  
 8-1-03/ # [REDACTED] SEE/ Unable to Complete  
 7-28-03/ # [REDACTED] SEE/ Unable to Complete  
 6-19-02/ # [REDACTED] SEE/ Unsubstantiated  
 7-24-00/ # [REDACTED] LOS/ Unsubstantiated

County: [REDACTED]  
 Notification: Letter  
 School/ Daycare: Unknown  
 Native American Descent: Unknown  
 Directions: None Given

Reporter's name/relationship: [REDACTED]

\*\*\*\*Faxed referral typed verbatim as was sent to the Hotline.\*\*\*\*

Reporter states:

The child is not in DCS custody.

Date: 06/01/2015  
 Re: Infant death

This will serve as notice that the [REDACTED] County Medical Examiner's Office is investigating the death of baby [REDACTED] This one month old infant was found unresponsive in her bassinet on 5/30/2015 at 0730 hours. The infants father initiated CPR and 911 was notified by the victim's mother. The victim was transported to [REDACTED] Hospital where circulation was returned and the infant was admitted to the PICU. Subsequent brain flow studies were consistent with brain death. The parent's decided to withdraw care on 6/1/2015 at 0236 and Dr. [REDACTED] pronounced death at that time. The decedent was transported to the [REDACTED] for further examination and autopsy. The cause and manner are pending at this time. The mother's name is [REDACTED], and the father is [REDACTED]

There is one 3 y/o Male sibling living at the residence, the name is unknown at this time. Our case number is [REDACTED]

Per SDM: Investigative Track / P1 - [REDACTED] CM 3 on 6-1-15 at 8:23 A.M.

Email notification sent to [REDACTED] Regional Administrator [REDACTED], and the [REDACTED] County email notification group.



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 45 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: Unable to Age: 1 Yr

Address: [REDACTED], Tennessee

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:** Male

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:** 3 Yrs (Est)

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/01/2015

Assignment Date: 11/22/2015

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/25/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Case classified as unsubstantiated for allegation and perpetrator.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 11/25/2015

Team Leader: [REDACTED]

Date: 11/27/2015

**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:**

"Per Work Aid 2: It is not required for the DCS case manager to observe the deceased child". [REDACTED] was not observed by the investigator.

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

Autopsy report findings state that the cause of death for [REDACTED] is Anoxic encephalopathy status post cardiopulmonary arrest of undetermined cause.

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

Unknown perpetrator.

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

The referral states this will serve as notice that the [REDACTED] County Medical Examiner's Office is investigating



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

the death of baby [REDACTED] This one month old infant was found unresponsive in her bassinet on 5/30/2015 at 0730 hours. The infants father initiated CPR and 911 was notified by the victim's mother. The victim was transported to [REDACTED] Hospital where circulation was returned and the infant was admitted to the PICU. Subsequent brain flow studies were consistent with brain death. The parent's decided to withdraw care on 6/1/2015 at 0236 and Dr. [REDACTED] pronounced death at that time. The decedent was transported to the [REDACTED] for further examination and autopsy. The cause and manner are pending at this time.

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

None

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 Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/10/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/10/2015
Completed date:	12/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/10/2015 02:43 PM      Entered By: [REDACTED]

Case reviewed on this date with LI [REDACTED]. The case will not be transferred to FSS at this time as no further services have been identified as needing further follow up. The family has been linked with community partners to assist with their needs.

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



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/09/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/09/2015
Completed date:	12/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/09/2015 09:33 AM      Entered By: [REDACTED]

This case has been reviewed by Investigations Coordinator, [REDACTED]. This case has been approved for the next tier Regional Investigations Director review. This case will be forwarded to the [REDACTED] Grand Region RID.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/08/2015 Contact Method:  
 Contact Time: 03:45 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/08/2015  
 Completed date: 12/08/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/08/2015 04:39 PM Entered By: [REDACTED]

**Case Closure**

Lead Investigator [REDACTED] (LI [REDACTED]) has reviewed this case with the allegation of Neglect Death. This case was initially assigned to Investigator [REDACTED] then reassigned to [REDACTED] for completion of the investigation. All investigative tasks have been completed and the deceased child's cause of death was documented as Anoxic encephalopathy status post cardiopulmonary arrest of undetermined cause. The surviving child remains in the care of his parents and there are no concerns for that child. This case was presented before CPIT on 11/30/15 with the agreed classification of AUPU in that there was not enough evidence to support the allegation. The CS-0740 will be forwarded to the Judge and DA for the notification of the classification and a copy of the form can be found in the file.

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



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 12/07/2015	Contact Method:
Contact Time: 02:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 12/07/2015
Completed date: 12/07/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original      Entry Date/Time: 12/07/2015 02:03 PM      Entered By: [REDACTED]

The Tennessee Department of Children's Services Office of Child Safety received a referral with allegations of Neglect Death of [REDACTED] on 6/1/2015. There was prior history found for [REDACTED], father with the Tennessee Department of Children's Services regarding another child. The history found is 06/2002- Sexual Abuse on [REDACTED] by [REDACTED] AUPU; 09/2012- Drug Exposed Child on [REDACTED] by [REDACTED] - No Services Needed Educational Neglect on [REDACTED] by [REDACTED] - Services Recommended and Accepted. [REDACTED] was found unresponsive in her bassinet by her parents on 5/30/2015. [REDACTED], father administered CPR while [REDACTED], mother called 911. [REDACTED] was transported to [REDACTED] Hospital where she was revived and sent to the Pediatric Intensive Care Unit. After brain flow studies were found to be consistent with brain death [REDACTED] was taken off of life support on 6/1/2015. [REDACTED] was pronounced dead at [REDACTED] Hospital on 6/1/2015 at 2:36 AM.

The investigators involved in the current investigation are Child Protective Services Investigator [REDACTED] County Coroner's Office, and [REDACTED] Police Department Homicide Sergeant [REDACTED] and Child Protective Service Investigator [REDACTED]. At this time the alleged perpetrator is unknown therefore there has not been a perpetrator statement taken by any of the involved investigators.

Investigator [REDACTED] interviewed [REDACTED], father on 6/1/2015 at [REDACTED]. Mr. [REDACTED] reported that he was awakened by Ms. [REDACTED] screaming on the morning of 5/30/2015. Mr. [REDACTED] states after finding [REDACTED] unresponsive in her crib he performed CPR and Ms. [REDACTED] called 911. Mr. [REDACTED] states [REDACTED] was transported to [REDACTED] where she was eventually pronounced brain dead. Mr. [REDACTED] states that he and Ms. [REDACTED] decided to withdraw care on 6/1/2015 and [REDACTED] passed away at that time. Mr. [REDACTED] is stated to have been observed to be distraught and crying during the interview. There is no inappropriate behavior noted for Mr. [REDACTED] during the interview by Investigator [REDACTED].

Investigator [REDACTED] interviewed [REDACTED] on 6/1/2015 at [REDACTED]. Ms. [REDACTED] is noted to have been visibly distraught and crying during the interview. Ms. [REDACTED] states that she woke up and found [REDACTED] unresponsive in her crib. Ms. [REDACTED] states that she screamed and woke Mr. [REDACTED] up and he began to perform CPR while she called for paramedics. Ms. [REDACTED] states that [REDACTED] was transported to [REDACTED] Hospital where she passed away after being pronounced brain dead on 6/1/2015.

Investigator [REDACTED] took collateral statements from [REDACTED], [REDACTED] and [REDACTED], family friend. [REDACTED] states that she visits with the family twice a month and had no concerns for the children's care or wellbeing. Mr. [REDACTED] states that he has contact with the family on a daily basis and observed no issues in the



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

home. Mr. [REDACTED] states that [REDACTED] was not being mistreated and appeared to be a healthy baby. Investigator [REDACTED] spoke with Sargent [REDACTED] of the [REDACTED] Police Department Homicide Department. Sargent [REDACTED] states that the family did everything correctly in regards to getting help for and caring for [REDACTED] during this incident. Sargent [REDACTED] states that the family has been compliant with his initial investigation.

The Autopsy Examination completed by Medical Examiner [REDACTED] M.D was received by the Tennessee Department of Children's Services on 10/30/2015. The autopsy report stated that [REDACTED] sustained anoxic brain injury and was declared brain dead the next day. Toxicology analysis of an ante mortem blood sample showed 0.40mcg/mL of phenobarbital that is of unknown significance. There is no evidence of this drug being administered at the hospital. Intentional administration of the drug by another cannot be excluded. The cause of death is attributed to anoxic encephalopathy status post cardiopulmonary arrest of undetermined cause. An asphyxia event as the underlying cause cannot be excluded. The manner of death is undetermined. DCS Policy Work Aide (E) defines the following for Child Death:

1. Any child death caused by abuse or neglect.
2. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
3. 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.

The Child Protective Investigative Team initially staffed this case on 11/30/2015. The case was approved for classification and closure as Allegation Unsubstantiated and Perpetrator Unsubstantiated.

This case as well as the autopsy report was reviewed by Assistant District Attorney [REDACTED] who gave the recommendation for classification as Allegation Unsubstantiated and Perpetrator Unsubstantiated. There is no preponderance of evidence to substantiate the allegation of Neglect Death. This case will be classified and closed as Allegation Unsubstantiated and Perpetrator Unsubstantiated.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/07/2015 Contact Method:  
 Contact Time: 01:45 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/07/2015  
 Completed date: 12/07/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/07/2015 02:09 PM Entered By: [REDACTED]

Investigator [REDACTED] completed a closing safety assessment for the [REDACTED] family. The overall closing safety assessment score is safe.

Investigator [REDACTED] complete a closing FAST assessment for the family. The overall FAST assessment score is intermediate intervention not recommended, no need/risk.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/07/2015 Contact Method: Face To Face  
 Contact Time: 12:16 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: School Created Date: 12/07/2015  
 Completed date: 12/07/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/07/2015 01:26 PM Entered By: [REDACTED]

Investigator [REDACTED] made a follow up face to face contact with [REDACTED] at [REDACTED] Elementary School. [REDACTED] was observed to be clean and appropriately dressed and groomed. [REDACTED] was observed to be quietly sitting at the table with his classmates. [REDACTED] acknowledged the Investigator but did not make any attempts at verbal communication.

Investigator [REDACTED] spoke with [REDACTED]/teacher as a collateral in this case. Ms. [REDACTED] states that [REDACTED] comes to school on time and clean. Ms. [REDACTED] states that [REDACTED] has adjusted well to the classroom setting and that she has no concerns for [REDACTED] safety or education needs at this time.



**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: 12/07/2015	Contact Method: Face To Face
Contact Time: 11:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/07/2015
Completed date: 12/07/2015	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: 12/07/2015 01:08 PM      Entered By: [REDACTED]

Investigator [REDACTED] completed a follow up face to face contact with [REDACTED] at her home. Investigator [REDACTED] gave Ms. [REDACTED] the bus pass for the month of December/January. Ms. [REDACTED] signed for the bus pass. Ms. [REDACTED] states that she continues to go to grief counseling at the [REDACTED]. Ms. [REDACTED] states that she still feels like she has no closure because she does not know the cause of her daughter's death. Investigator [REDACTED] attempted to reassure Ms. [REDACTED] that sometimes there is no definite answer found when a child passes away. [REDACTED] suggested that Ms. [REDACTED] continue her grief counseling and possibly participate in a support group for moms that have lost a child. Ms. [REDACTED] states that she will ask her counselor about the support group.

Investigator [REDACTED] completed a follow up face to face contact with [REDACTED] at his home. Mr. [REDACTED] states that he and his family are coping ok at this time. Mr. [REDACTED] states that he knows that there may never be a definite cause found for the death of his daughter. Mr. [REDACTED] states that he feels that God just wanted [REDACTED] back and he is not going to question that anymore.

Narrative Type: Addendum 1      Entry Date/Time: 12/07/2015 02:24 PM      Entered By: [REDACTED]

Investigator [REDACTED] informed Mr. [REDACTED] and Ms. [REDACTED] that their case is being submitted for closure on today. Mr. [REDACTED] and Mrs. [REDACTED] state that they understand and had no questions or concerns regarding the case closure at this time.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/02/2015 Contact Method: Correspondence  
 Contact Time: 11:25 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/02/2015  
 Completed date: 12/02/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/02/2015 11:30 AM Entered By: [REDACTED]  
 There was no alleged perpetrator identified on this case so therefore there is no alleged perpetrator interview completed.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/01/2015 Contact Method:  
 Contact Time: 11:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/01/2015  
 Completed date: 12/01/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/01/2015 11:06 AM Entered By: [REDACTED]  
 Investigator [REDACTED] submitted a request for bus passes for [REDACTED] via purchase service request sent to Department of Children's Services [REDACTED].



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

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

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/30/2015 10:45 AM Entered By: [REDACTED]  
 Investigator [REDACTED] spoke with [REDACTED] Case manager regarding possible community agencies with whom to make a request for a bus pass for the [REDACTED] family. Ms. [REDACTED] states that the [REDACTED] Center and [REDACTED] may be able to help.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/30/2015 Contact Method: Correspondence  
 Contact Time: 09:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/02/2015  
 Completed date: 12/02/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/02/2015 11:21 AM Entered By: [REDACTED]

CPIT convened on this case on 11/30/2015. The case was deemed DCS to handle as appropriate. The case was approved for classification and closure as allegation and perpetrator unsubstantiated.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/25/2015 Contact Method:  
 Contact Time: 04:05 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/25/2015  
 Completed date: 11/25/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/25/2015 04:12 PM Entered By: [REDACTED]  
 Investigator [REDACTED] completed the closing FAST assessment for the family. The FAST assessment score is immediate intervention not recommended and moderate need/risk.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/25/2015 Contact Method:  
 Contact Time: 04:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/25/2015  
 Completed date: 11/25/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/25/2015 04:11 PM Entered By: [REDACTED]  
 Investigator [REDACTED] completed the closing safety assessment for the [REDACTED] family. The closing safety assessment score is safe.



**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: 11/25/2015 Contact Method: Correspondence  
 Contact Time: 02:20 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/25/2015  
 Completed date: 11/25/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notification of Classification  
 Contact Sub Type: Contact Central Office

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/25/2015 02:21 PM Entered By: [REDACTED]

This case is being classified as allegation and perpetrator unfounded.



**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: 11/25/2015 Contact Method:  
 Contact Time: 01:13 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/25/2015  
 Completed date: 11/25/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/25/2015 01:14 PM Entered By: [REDACTED]  
 Investigator [REDACTED] uploaded the autopsy report for [REDACTED] to the family case 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: 11/25/2015 Contact Method: Phone Call  
 Contact Time: 10:45 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/25/2015  
 Completed date: 11/25/2015 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: 11/25/2015 11:03 AM Entered By: [REDACTED]

Investigator [REDACTED] spoke with [REDACTED] as a collateral in this case. Ms. [REDACTED] states that she has been working with the [REDACTED] family for a while. Ms. [REDACTED] states that she will work with the family for as long as they need case management. Ms. [REDACTED] states that she can assist the family in getting reduced price bus passes. Ms. [REDACTED] states that the family also has to be self sufficient in regards to securing their own bus passes. Ms. [REDACTED] states that she has no concerns for this family in regards to safety or compliance with services or medication at this time.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/25/2015 Contact Method: Phone Call  
 Contact Time: 10:15 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/25/2015  
 Completed date: 11/25/2015 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: 11/25/2015 10:38 AM Entered By: [REDACTED]

Investigator [REDACTED] spoke with [REDACTED], mother via telephone. Ms. [REDACTED] states that she is prescribed Seroquil and Prozac(for paranoid schizophrenia and depression). Ms. [REDACTED] states that Mr. [REDACTED] father is prescribed Seroquil,Prozac( for schizophrenia) and Lisinopril( for high blood pressure). Ms. [REDACTED] states that no one in the family takes any other medications. Ms. [REDACTED] states that she continues to participate in grief counseling at the [REDACTED]. Ms. [REDACTED] states that she and Mr. [REDACTED] receive [REDACTED], services and that their current case manager is [REDACTED]. When asked about her need for any further services, Ms. [REDACTED] stated that she may continue to need bus passes for transportation. The family currently has a bus pass that will last until December 16.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/20/2015 Contact Method:  
 Contact Time: 08:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/08/2015  
 Completed date: 12/08/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/08/2015 04:32 PM Entered By: [REDACTED]  
 Admin Review

This case will be transferred to Investigator [REDACTED] to complete the investigation and prepare the case for closure. The autopsy report is being reviewed by the DA [REDACTED] and the information will be shared with CPIT and then prepared for closure.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/19/2015	Contact Method: Face To Face
Contact Time: 01:20 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 11/19/2015
Completed date: 11/19/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 11/19/2015 02:43 PM      Entered By: [REDACTED]  
 Investigator [REDACTED] and Investigator [REDACTED] arrived at [REDACTED] to conduct a visit with the family. Ms. [REDACTED] Mr. [REDACTED] and [REDACTED] were present.

Investigator [REDACTED] introduced Investigator [REDACTED] to the family and explained that Investigator [REDACTED] will be taking over the investigation from this point. Investigator [REDACTED] and Investigator [REDACTED] engaged with the family by talking about what is currently going on with the family. Mr. [REDACTED] stated that [REDACTED] was sent home from school last week because he was playing with another boy in the class who was sick. Mr. [REDACTED] stated [REDACTED] stayed home for a couple of days and was sent back home again due to laying around all day at school and acting as if he was sick. Mr. [REDACTED] and Ms. [REDACTED] stated it seems like [REDACTED] just had a cold. Mr. [REDACTED] and Ms. [REDACTED] stated [REDACTED] has been doing better, but they decided to keep him home again just to make sure he was over the cold. Investigator [REDACTED] informed Ms. [REDACTED] to schedule a doctor appointment for [REDACTED] if he continued to be ill. Ms. [REDACTED] stated [REDACTED] just went to the doctor before he got sick, but she will make an appointment if he is still sick next week. Ms. [REDACTED] and Mr. [REDACTED] both expressed that they need to know what happened to [REDACTED] in order to have closure. Ms. [REDACTED] stated she has been telling her counselor that she will not be able to move forward until she knows exactly what happened. Mr. [REDACTED] stated that he wants to know who gave [REDACTED] the medication so that they can be held responsible and so that he will know not to use that doctor in the future. Investigator [REDACTED] noticed Ms. [REDACTED] had her head down and asked if she was okay. Ms. [REDACTED] stated she was okay, but she looked as if she was about to cry. Ms. [REDACTED] stated she is just having a hard time right now. Mr. [REDACTED] stated he would talk with Ms. [REDACTED] after the investigators left. Mr. [REDACTED] eyes began to tear up as well.

Investigator [REDACTED] went into [REDACTED] room to have him come in the livingroom to meet Investigator [REDACTED] was acting shy and did not want to interact with Investigator [REDACTED] went to Mr. [REDACTED] [REDACTED] put his head on Mr. [REDACTED] stomach and would peek out from the side to look at Investigator [REDACTED] was not interviewed due to his speech impediment.

Investigator [REDACTED] provided Ms. [REDACTED] and Mr. [REDACTED] with her contact information and informed them to call if anything is needed.



**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: 11/19/2015 Contact Method: Phone Call  
 Contact Time: 12:48 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/19/2015  
 Completed date: 11/19/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/19/2015 01:00 PM Entered By: [REDACTED]  
 Investigator [REDACTED] called Ms. [REDACTED] to inform her that her bus passes are ready to be delivered. Ms. [REDACTED] stated she is home and will be expecting the investigator. Ms. [REDACTED] also stated that [REDACTED] is home from school today due to being ill.



**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: 11/19/2015 Contact Method:  
 Contact Time: 12:28 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/19/2015  
 Completed date: 11/19/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/19/2015 01:00 PM Entered By: [REDACTED]  
 Investigator [REDACTED] picked up the bus passes for the family.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/16/2015	Contact Method: Phone Call
Contact Time: 09:18 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 11/16/2015
Completed date: 11/16/2015	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: 11/16/2015 09:28 AM      Entered By: [REDACTED]

Investigator [REDACTED] called Ms. [REDACTED] to inform her that bus passes have been requested for this month, and the investigator will call her when the bus passes are ready to be delivered to her. Ms. [REDACTED] and Mr. [REDACTED] were both on the phone. Mr. [REDACTED] asked if they need to get an attorney to find out what happened to [REDACTED]. Investigator [REDACTED] informed Mr. [REDACTED] that the investigator cannot advise them to hire or not to hire an attorney. Ms. [REDACTED] and Mr. [REDACTED] both expressed that the hospital must have given [REDACTED] the medication, and they just want to know what happened. Investigator [REDACTED] explained that the department wants to know as well, and they will be informed of anything found by the department regarding the medication. Ms. [REDACTED] and Mr. [REDACTED] were informed that Investigator [REDACTED] will be coming with the investigator when the bus passes are delivered so that the family has an opportunity to meet Investigator [REDACTED] before the case is transferred to her. Ms. [REDACTED] and Mr. [REDACTED] agreed and thanked the investigator.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/16/2015 Contact Method:  
 Contact Time: 09:12 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/16/2015  
 Completed date: 11/16/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/16/2015 09:13 AM Entered By: [REDACTED]  
 Investigator [REDACTED] submitted a case service for bus passes 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: 10/30/2015 Contact Method: Phone Call  
 Contact Time: 10:55 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 10/30/2015  
 Completed date: 10/30/2015 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: 10/30/2015 11:07 AM Entered By: [REDACTED]

Investigator [REDACTED] received a phone call from Dr. [REDACTED]. Dr. [REDACTED] stated the level of phenobarbital found is very low, and he does not believe the phenobarbital was a direct factor in [REDACTED] death. Dr. [REDACTED] stated that he cannot say that it was or was not a contributing factor. Dr. [REDACTED] stated he looked over records and spoke to [REDACTED] about the medication found. Dr. [REDACTED] stated there is no record of the medication being given, and [REDACTED] denies that an accidental dose was given to [REDACTED] while in the hospital. Dr. [REDACTED] stated it is possible that there was some residue that transferred onto [REDACTED] bottle or other item used by [REDACTED] and could have been ingested considering the very low amount found. Dr. [REDACTED] stated phenobarbital has a very long half life and could have been left over from [REDACTED] hospital stay after birth, but there was no records of it being given at [REDACTED] either. Dr. [REDACTED] also stated that he has no choice but to believe the phenobarbital was administered in the home setting from the records he has and the people he has spoken to about the medication.



**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: 10/30/2015 Contact Method: Attempted Phone Call  
 Contact Time: 08:11 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 10/30/2015  
 Completed date: 10/30/2015 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: 10/30/2015 08:13 AM Entered By: [REDACTED]  
 Investigator [REDACTED] called the medical examiner's office to speak with Dr. [REDACTED] Dr. [REDACTED] was in a meeting. Investigator [REDACTED] left a message.



**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: 10/30/2015 Contact Method: Phone Call  
 Contact Time: 08:02 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 10/30/2015  
 Completed date: 10/30/2015 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: 10/30/2015 08:11 AM Entered By: [REDACTED]  
 Investigator [REDACTED] called Sgt. [REDACTED] to speak with him about the case. Investigator [REDACTED] spoke with Sgt. [REDACTED]. Sgt. [REDACTED] stated Sgt. [REDACTED] is out on sick leave, and he is handling the case. Sgt. [REDACTED] stated she spoke with the medical examiner about the phenobarbital found in [REDACTED] toxicology screen and was told that it was a trace amount that could have come from a previous hospital stay, which occurred four weeks prior to the death of the child. Sgt. [REDACTED] stated the medical examiner was not too concerned about it. Sgt. [REDACTED] stated the medical examiner stated it would be looked into.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/29/2015 Contact Method:  
 Contact Time: 04:17 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 10/30/2015  
 Completed date: 10/30/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/30/2015 07:48 AM Entered By: [REDACTED]  
 Investigator [REDACTED] received a copy of the autopsy report for [REDACTED].

The autopsy report stated that [REDACTED] sustained anoxic brain injury and was declsred brain dead the next day. Toxicology analysis of an antemortem blood sample showed 0.40mcg/mL of phenobarbital that is of unknown significance. There is no evidence of this drug being administered at the hospital. Intentional administration of the drug by another cannot be excluded. The cause of death is attributed to anoxic encephalopathy status post cardiopulmonary arrest of undetermined cause. An asphyxial event as the underlying cause cannot be excluded. The manner of death is undetermined.



**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: 10/26/2015 Contact Method: Face To Face  
 Contact Time: 08:10 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 10/26/2015  
 Completed date: 10/26/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/26/2015 08:15 AM Entered By: [REDACTED]

Investigator [REDACTED] arrived at [REDACTED] to conduct a visit with the family. Ms. [REDACTED] Mr. [REDACTED] and [REDACTED] were present.

[REDACTED] was observed to be dressed appropriately with no visible marks or bruises. [REDACTED] was not interviewed due to his speech impediment. [REDACTED] did wave at the investigator and was playing in the livingroom.

Investigator [REDACTED] spoke with Ms. [REDACTED] and Mr. [REDACTED]. Ms. [REDACTED] and Mr. [REDACTED] were very upset about the phone call Ms. [REDACTED] received regarding the medication found in [REDACTED]. Ms. [REDACTED] stated she googled the medication, which she was told was phenobarbital, and stated the internet says it is for seizures. Ms. [REDACTED] and Mr. [REDACTED] and they do not know how she could have gotten that medication unless she was given the medication on the ambulance or in the hospital. Mr. [REDACTED] stated the only medication he takes is seroquel. Ms. [REDACTED] stated she just got back on her medication and was not on medication while [REDACTED] was alive. Investigator [REDACTED] explained to Mr. [REDACTED] and Ms. [REDACTED] that the investigator will make some phone calls to figure out what is going on. Investigator [REDACTED] informed Mr. [REDACTED] and Ms. [REDACTED] that the investigator has not heard anything at this point.

Ms. [REDACTED] signed for the family's bus passes.



**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: 10/22/2015 Contact Method:  
 Contact Time: 10:46 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: 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): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/22/2015 10:57 AM Entered By: [REDACTED]  
 Investigator [REDACTED] called the medical examiner to inquire about the information Ms. [REDACTED] was told regarding the seizure medication found on [REDACTED] toxin screen. Investigator [REDACTED] was informed that the medical examiner will be out until Monday, but the autopsy report is completed and is awaiting a signature from the medical examiner in order to be sent out to all requesting parties. No information from the autopsy report was given to the investigator.



**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: 10/21/2015 Contact Method: Phone Call  
 Contact Time: 02:44 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: 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): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/22/2015 10:44 AM Entered By: [REDACTED]  
 Investigator [REDACTED] called Ms. [REDACTED] to see where the family was since no one was home. Ms. [REDACTED] stated she was at the [REDACTED] for grief counseling. Ms. [REDACTED] tried to call Mr. [REDACTED] but he did not answer the phone. Ms. [REDACTED] stated Mr. [REDACTED] and [REDACTED] may have went to the store or over someone's house. Ms. [REDACTED] stated she will be home tomorrow and asked for the investigator to come back tomorrow. Investigator [REDACTED] agreed. Ms. [REDACTED] stated she needed to talk to the investigator anyway because she received a phone call from someone at [REDACTED] stating that seizure medication was found in [REDACTED] toxin screen. Ms. [REDACTED] stated she is very confused by that because [REDACTED] was not taking any medications. Investigator [REDACTED] informed Ms. [REDACTED] that the investigator will look into it.



**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: 10/21/2015 Contact Method: Attempted Face To Face  
 Contact Time: 02:43 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home 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): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/22/2015 10:41 AM Entered By: [REDACTED]  
 Investigator [REDACTED] arrived at [REDACTED] to drop off bus passes for the family. No one was 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: 10/21/2015 Contact Method:  
 Contact Time: 02:14 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: 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): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/22/2015 10:40 AM Entered By: [REDACTED]  
 Investigator [REDACTED] picked up bus passes for Ms. [REDACTED] and Mr. [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: 10/21/2015 Contact Method:  
 Contact Time: 09:47 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 10/21/2015  
 Completed date: 10/21/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/21/2015 09:53 AM Entered By: [REDACTED]

Admin Review

Lead Investigator [REDACTED] was able to staff this case with Investigator [REDACTED] for which there are continued services with the family. Inv. [REDACTED] continues to assist the family with bus passes in order to receive their grief counseling. [REDACTED] (sibling) is being enrolled in school and the mother has been doing well with caring for him. The family has asked for uniform assistance and Inv. [REDACTED] has reached out to [REDACTED] for the family. Inv. [REDACTED] will continue to engage with the family as long as the case is open. The department is still waiting for the autopsy report and the family is still receiving services 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: 10/19/2015 Contact Method:  
 Contact Time: 12:37 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,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/19/2015 12:38 PM Entered By: [REDACTED]  
 Investigator [REDACTED] sent an email to [REDACTED] in resource linkage to inquire about school uniforms for [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name | [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/19/2015 Contact Method:  
 Contact Time: 12:36 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,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/19/2015 12:37 PM Entered By: [REDACTED]  
 Investigator [REDACTED] submitted a case service for bus passes 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: 10/19/2015 Contact Method: Phone Call  
 Contact Time: 12:29 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,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/19/2015 12:30 PM Entered By: [REDACTED]  
 Investigator [REDACTED] received a phone call from Ms. [REDACTED] Ms. [REDACTED] stated that she and Mr. [REDACTED] are in need of another bus card. Ms. [REDACTED] also stated that [REDACTED] starts school Friday and needs uniforms for school. Investigator [REDACTED] informed Ms. [REDACTED] that the investigator would submit the request for the bus cards and check with resource linkage about school uniforms for [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/27/2015 Contact Method:  
 Contact Time: 04:22 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/27/2015  
 Completed date: 09/27/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/27/2015 04:24 PM Entered By: [REDACTED]  
 Admin Review

Lead Investigator [REDACTED] was able to staff this case with Investigator [REDACTED] for which she reports that the mother is doing awesome with the other child in the home with ensuring his overall well being. Inv. [REDACTED] has followed up with the family and continues to provide services for the family. The department is still awaiting for the autopsy report and once received it will be documented and presented before CPIT.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/25/2015 Contact Method: Face To Face  
 Contact Time: 01:25 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 09/25/2015  
 Completed date: 09/25/2015 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: 09/25/2015 02:14 PM Entered By: [REDACTED]

Investigator [REDACTED] arrived at [REDACTED] to drop off bus passes for the family. Ms. [REDACTED] Mr. [REDACTED] and [REDACTED] were present.

Ms. [REDACTED] signed for the bus passes.

Investigator [REDACTED] spoke with Ms. [REDACTED] Ms. [REDACTED] stated [REDACTED] will be starting school on October 5th and will have 30 minutes of speech therapy every day. Ms. [REDACTED] stated [REDACTED] has been doing very well. Ms. [REDACTED] stated she transferred her grief counseling to the [REDACTED] so that she would not have to travel so far for counseling. Ms. [REDACTED] stated her first appointment was Wednesday. Ms. [REDACTED] stated she likes it so far.

Investigator [REDACTED] observed [REDACTED] to be dressed appropriately with no visible marks or bruises. [REDACTED] was playing a game. [REDACTED] was not interviewed due to his speech impediment.

Investigator [REDACTED] spoke with Mr. [REDACTED] briefly. Mr. [REDACTED] stated he was not feeling well. Mr. [REDACTED] stated he thinks he is getting a cold or something. Mr. [REDACTED] went upstairs to lay down.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/25/2015 Contact Method:  
 Contact Time: 12:59 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/25/2015  
 Completed date: 09/25/2015 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: 09/25/2015 02:07 PM Entered By: [REDACTED]  
 Investigator [REDACTED] picked up bus passes 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: 09/22/2015 Contact Method: Phone Call  
 Contact Time: 10:22 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/22/2015  
 Completed date: 09/22/2015 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: 09/22/2015 10:24 AM Entered By: [REDACTED]  
 Investigator [REDACTED] received a phone call from Ms. [REDACTED]. Ms. [REDACTED] stated [REDACTED] is starting school at [REDACTED] on the 5th. Ms. [REDACTED] stated she is at [REDACTED] with [REDACTED] now to discuss his schooling and all of his tests. Ms. [REDACTED] stated she called because she needs more bus passes. Investigator [REDACTED] informed Ms. [REDACTED] that the bus passes will be requested and brought to her upon receipt. Ms. [REDACTED] reported no other concerns and stated the family has been doing well.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/21/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/21/2015
Completed date:	09/21/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/21/2015 01:40 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/20/2015 Contact Method:  
 Contact Time: 10:42 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/20/2015  
 Completed date: 08/20/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/20/2015 10:44 AM Entered By: [REDACTED]  
 Admin Review

Lead Investigator [REDACTED] was able to staff this case with Investigator [REDACTED] for which she reports that the mother is doing awesome with the other child in the home with ensuring his overall well being. The department is still awaiting for the autopsy report and once received it will be documented and presented before CPIT.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/17/2015 Contact Method: Face To Face  
 Contact Time: 04:16 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/18/2015  
 Completed date: 08/18/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/18/2015 08:14 AM Entered By: [REDACTED]  
 Investigator [REDACTED] arrived at [REDACTED] to drop off bus passes for Mr. [REDACTED] and Ms. [REDACTED] Mr. [REDACTED] Ms. [REDACTED] and [REDACTED] were present.  
 Investigator [REDACTED] observed [REDACTED] to be dressed appropriately with no visible marks or bruises. [REDACTED] was taking a nap.  
 Investigator [REDACTED] spoke with Ms. [REDACTED] and Mr. [REDACTED] Investigator [REDACTED] was told that [REDACTED] has an appointment with a psychiatrist tomorrow to address his ADHD. Investigator [REDACTED] was also told that [REDACTED] will be having a mental health evaluation as well as another hearing screening to see if he qualifies for disability. Mr. [REDACTED] and Ms. [REDACTED] reported no concerns to the investigator. Mr. [REDACTED] and Ms. [REDACTED] appeared to be in good spirits.  
 Ms. [REDACTED] signed for the bus passes.



**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: 08/11/2015 Contact Method:  
 Contact Time: 11:09 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/11/2015  
 Completed date: 08/11/2015 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: 08/11/2015 11:10 AM Entered By: [REDACTED]  
 Investigator [REDACTED] submitted a request for bus passes for Ms. [REDACTED] and Mr. [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: 08/11/2015 Contact Method: Phone Call  
 Contact Time: 11:04 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/11/2015  
 Completed date: 08/11/2015 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: 08/11/2015 11:11 AM Entered By: [REDACTED]  
 Investigator [REDACTED] received a phone call from Ms. [REDACTED] requesting more bus passes. Ms. [REDACTED] reported no concerns and stated everything has been going well.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/31/2015 Contact Method:  
 Contact Time: 06:15 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/31/2015  
 Completed date: 07/31/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/31/2015 06:54 PM Entered By: [REDACTED]

Admin Review

Lead Investigator [REDACTED] was able to review this case of Investigator [REDACTED]. This is a Death Case and the family has been receptive of services offered by the department. Inv. [REDACTED] will continue to follow up with the family as long as the case is opened and is yet awaiting the autopsy report.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/27/2015 Contact Method:  
 Contact Time: 07:47 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/27/2015  
 Completed date: 07/27/2015 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: 07/27/2015 07:48 AM Entered By: [REDACTED]  
 Investigator [REDACTED] received medical records for Ms. [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: 07/27/2015 Contact Method:  
Contact Time: 07:47 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 07/27/2015  
Completed date: 07/27/2015 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: 07/27/2015 07:49 AM Entered By: [REDACTED]  
Investigator [REDACTED] received birth records for [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 09/30/2015 10:30 AM Entered By: [REDACTED]  
[REDACTED] Center records show that [REDACTED] was born via C-section on [REDACTED]. The delivery was uncomplicated. [REDACTED] was full term. [REDACTED] remained in the hospital for six days on antibiotics due to positive CRP. [REDACTED] newborn screenings were within normal limits.



**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: Face To Face  
 Contact Time: 01:51 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/16/2015  
 Completed date: 07/16/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/16/2015 09:57 AM Entered By: [REDACTED]

Investigator [REDACTED] arrived at [REDACTED] to drop of bus passes for Ms. [REDACTED] and Mr. [REDACTED] Ms. [REDACTED] Mr. [REDACTED] and [REDACTED] were present.

Ms. [REDACTED] signed for the bus passes.

Ms. [REDACTED] and Mr. [REDACTED] informed the investigator that they found out why their utility bill was so high, and the landlord is replacing their roof. Ms. [REDACTED] and Mr. [REDACTED] reported no concerns and stated they have been doing well. Ms. [REDACTED] stated that [REDACTED] has to go back to [REDACTED] next month to get another hearing screening and discuss whether or not he will be starting school or just getting a speech therapist. Ms. [REDACTED] stated [REDACTED] is also supposed to start medication for ADHD next month. Mr. [REDACTED] informed the investigator that Ms. [REDACTED] came by their home last week. Mr. [REDACTED] stated that she was crying and apologizing for what happened. Ms. [REDACTED] stated they found out that the bassinet came from Ms. [REDACTED] house and was a bassinet that her grandson never used. Ms. [REDACTED] signed a release of information for the investigator to be able to speak with Ms. [REDACTED]

[REDACTED] was observed to be dressed appropriately. [REDACTED] had a couple of cuts on his head where Mr. [REDACTED] accidentally cut him while trying to cut his hair. The cuts were not bad and appeared to be what Mr. [REDACTED] described. [REDACTED] was not interviewed due to his speech impediment, but the investigator did interact with [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/09/2015 Contact Method:  
 Contact Time: 03:17 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/09/2015  
 Completed date: 07/09/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/09/2015 03:17 PM Entered By: [REDACTED]  
 Investigator [REDACTED] submitted a case service for bus passes for Mr. [REDACTED] and Ms. [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: 07/09/2015 Contact Method: Phone Call  
 Contact Time: 03:10 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/09/2015  
 Completed date: 07/09/2015 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: 07/09/2015 03:14 PM Entered By: [REDACTED]  
 Investigator [REDACTED] received a phone call from Ms. [REDACTED] Ms. [REDACTED] stated her bus card will expire on 07/16/2015 and wanted to know if her and Mr. [REDACTED] can get another bus card. Investigator [REDACTED] informed Ms. [REDACTED] that a request will be submitted.



**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: 06/29/2015 Contact Method:  
 Contact Time: 12:08 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: 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): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/29/2015 12:09 PM Entered By: [REDACTED]  
 Investigator [REDACTED] received medical records from [REDACTED] doctor visit on 06/11/2015. A copy will be placed in the file.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/26/2015 Contact Method:  
 Contact Time: 09:05 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/26/2015  
 Completed date: 06/26/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/26/2015 09:12 AM Entered By: [REDACTED]  
 Admin Review

Lead Investigator [REDACTED] reviewed this case with Investigator [REDACTED] with the allegations of Neglect Death. Inv. [REDACTED] has completed the investigation and remains in contact with the family. Inv. [REDACTED] has offered services to the family and they have been receptive of services. Inv. [REDACTED] is awaiting for the autopsy report. LI [REDACTED] has followed up with [REDACTED] about the autopsy status and was informed that is still not completed as of yet. Inv. [REDACTED] will remain in contact with the family as long as case is opened.



**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: 06/22/2015 Contact Method:  
 Contact Time: 12:26 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/22/2015  
 Completed date: 06/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/22/2015 12:27 PM Entered By: [REDACTED]  
 Investigator [REDACTED] received medical records for [REDACTED] from [REDACTED] A copy will be placed in the file.

Narrative Type: Addendum 1 Entry Date/Time: 09/30/2015 10:25 AM Entered By: [REDACTED]

[REDACTED] records for [REDACTED] show that she was in ICU due to respiratory failure and hemodynamic instability/ raised ICP. [REDACTED] was found face down in her bassinet, and there was a return of spontaneous circulation after prolonged resuscitation, multiple epi(X9) and bicarbonate boluses after a prolonged cardiac arrest period. [REDACTED] was placed on support. [REDACTED] had no response to painful stimulus, no spontaneous eye opening, no cough/gag reflex, pupils fixed and dilated, no corneal reflexes, doll's eye exam negative for brain stem function, cold caloric test negative for brain stem function. [REDACTED] was critically ill with potential to die from severe hypoxic ischemic injury. The family signed a do not resuscitate order after learning of [REDACTED] being brain dead. On 06/01/2015, life support was withdrawn around 2:00AM and [REDACTED] was pronounced dead at 2:36AM.



**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: 02:04 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 06/09/2015
Completed date: 06/09/2015	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: 06/09/2015 03:32 PM      Entered By: [REDACTED]

Investigator [REDACTED] arrived at [REDACTED] to drop off Ms. [REDACTED] and Mr. [REDACTED] bus passes. Ms. [REDACTED] Mr. [REDACTED] and [REDACTED] were present. [REDACTED] was playing on the couch with Ms. [REDACTED] while Mr. [REDACTED] put together a new grill he bought.

Investigator [REDACTED] gave the bus passes to Ms. [REDACTED] and Mr. [REDACTED]

Ms. [REDACTED] stated that [REDACTED] is supposed to be starting school at [REDACTED] soon. Ms. [REDACTED] stated [REDACTED] is referring him to the school so that he can work on his speech. Ms. [REDACTED] stated that she has to go to the funeral home tomorrow to pick up [REDACTED] death certificate. Ms. [REDACTED] stated they start counseling at [REDACTED] next month. Ms. [REDACTED] stated she is taking things one day at a time.

Mr. [REDACTED] stated he bought a grill so that he can cookout for [REDACTED] birthday Thursday. Mr. [REDACTED] stated his family is coming in to see them and to celebrate [REDACTED] birthday. Mr. [REDACTED] stated they received a lot of gift cards from family members, and they plan to spend some of the money on [REDACTED] for his birthday. Mr. [REDACTED] stated he is doing better and plans to keep pushing for even better days.

[REDACTED] was observed to be dressed appropriately with no visible marks or bruises. [REDACTED] was playing with Ms. [REDACTED] and eating chips during the visit. [REDACTED] tried to talk to the investigator, but the investigator could not understand what [REDACTED] was saying. [REDACTED] seemed happy which was evident by him laughing and playing.

Both Ms. [REDACTED] and Mr. [REDACTED] appeared to be in good spirits. Ms. [REDACTED] and Mr. [REDACTED] laughed and joked with the investigator while the investigator was in the home. Investigator [REDACTED] acknowledged all Mr. [REDACTED] and Ms. [REDACTED] have done within the last week.



**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: Phone Call  
 Contact Time: 03:12 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/08/2015  
 Completed date: 06/08/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/08/2015 03:20 PM Entered By: [REDACTED]  
 Investigator [REDACTED] called Ms. [REDACTED] with DHS. Ms. [REDACTED] stated she was instructed by her supervisor to not talk to the investigator without a release from Ms. [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: 06/08/2015 Contact Method: Phone Call  
 Contact Time: 12:52 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/08/2015  
 Completed date: 06/08/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/08/2015 12:57 PM Entered By: [REDACTED]

Investigator [REDACTED] called Ms. [REDACTED] to check on her and to let her know that her bus passes have been approved, but the investigator has not gotten the email to pick the bus passes up yet. Ms. [REDACTED] stated they are doing fine. Ms. [REDACTED] stated [REDACTED] body is being sent to the funeral home to be cremated, and the funeral home is supposed to call her to pick up the ashes when they are done. Ms. [REDACTED] stated [REDACTED] failed four out of five tests at his appointment at [REDACTED] [REDACTED] referred [REDACTED] for speech therapy. Ms. [REDACTED] stated [REDACTED] doctor visit went well, but they are sending him to a psychologist for his behavior. Ms. [REDACTED] stated she could not think of anything she needs from the investigator at this time.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/03/2015 Contact Method:  
 Contact Time: 02:10 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/03/2015  
 Completed date: 06/03/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/03/2015 02:11 PM Entered By: [REDACTED]  
 Investigator [REDACTED] mailed a release of information to [REDACTED] requesting medical records for [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/03/2015 Contact Method:  
 Contact Time: 02:10 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/03/2015  
 Completed date: 06/03/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/03/2015 02:12 PM Entered By: [REDACTED]  
 Investigator [REDACTED] mailed a release of information to [REDACTED] to obtain medical records for [REDACTED] and Ms. [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: 06/03/2015 Contact Method:  
 Contact Time: 01:34 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/03/2015  
 Completed date: 06/03/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/03/2015 01:40 PM Entered By: [REDACTED]

**BACKGROUND CHECKS**

[REDACTED]  
 JSSI: Theft of Property \$500 or Less; Petition for Order of Protection  
 TN Sex Offender: No results  
 TN Meth Offender: No results  
 TN Felony Offender: No results

[REDACTED]  
 JSSI: Driving While License S/R/C; Domestic Assault Bodily Harm; Ex Parte Order of Protection; Aggravated Assault; Criminal Trespass; Cont of Court/ Commission to Act; Violation of Probation; Contempt of Court-General Law; Accessory after the Fact; Assault; Obstructing Traffic; Forgery; Theft of Property Over \$500  
 TN Sex Offender: No results  
 TN Meth Offender: No results  
 TN Felony Offender: Sentence End 2007



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: 01:25 PM Contact Duration: Less than 05  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 06/03/2015  
Completed date: 06/03/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/03/2015 01:26 PM Entered By: [REDACTED]

FAMILY COMPOSITION

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Deceased as of 06/01/2015



**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: 06/03/2015 Contact Method:  
 Contact Time: 12:34 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/03/2015  
 Completed date: 06/03/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/03/2015 12:35 PM Entered By: [REDACTED]  
 Investigator [REDACTED] completed a safety assessment on the family. The score is Conditionally Safe.



**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: 12:27 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/03/2015  
 Completed date: 06/03/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/03/2015 12:28 PM Entered By: [REDACTED]  
 Investigator [REDACTED] completed a case service requesting bus passes for Mr. [REDACTED] and Ms. [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: 06/03/2015 Contact Method: Attempted Phone Call  
 Contact Time: 12:19 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/03/2015  
 Completed date: 06/03/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2015 12:21 PM Entered By: [REDACTED]  
 Investigator [REDACTED] received a voicemail from [REDACTED] (supervisor). Investigator [REDACTED] returned the call. There was no answer. Investigator [REDACTED] left a message.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/02/2015 Contact Method: Phone Call  
 Contact Time: 04:01 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/02/2015  
 Completed date: 06/02/2015 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: 06/02/2015 04:09 PM Entered By: [REDACTED]  
 Investigator [REDACTED] called the social work office in [REDACTED] emergency department to speak with [REDACTED] and [REDACTED] to see if they had any concerns for [REDACTED]. Investigator [REDACTED] spoke with [REDACTED]. Ms. [REDACTED] stated that [REDACTED] and [REDACTED] are weekend on call social workers. Ms. [REDACTED] stated there are no notations for concern by the social workers or the doctors who saw [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: 06/02/2015 Contact Method: Phone Call  
 Contact Time: 03:50 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/02/2015  
 Completed date: 06/02/2015 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: 06/02/2015 04:01 PM Entered By: [REDACTED]  
 Investigator [REDACTED] received a phone call from [REDACTED] (social worker in the ICU in [REDACTED] Ms. [REDACTED] stated she was not present in the hospital while [REDACTED] was there. Ms. [REDACTED] stated that [REDACTED] was the social worker that saw the family. Ms. [REDACTED] stated Ms. [REDACTED] did not document any concerns in her notation. Ms. [REDACTED] stated [REDACTED] also saw the family and made no notation of concerns.



**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: Attempted Phone Call  
 Contact Time: 03:33 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/02/2015  
 Completed date: 06/02/2015 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: 06/02/2015 03:34 PM Entered By: [REDACTED]  
 Investigator [REDACTED] called [REDACTED] with the Department of Human Services Smiles Program. There was no answer.  
 Investigator [REDACTED] left a message.



**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: Attempted Phone Call  
 Contact Time: 02:32 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/02/2015  
 Completed date: 06/02/2015 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: 06/02/2015 02:34 PM Entered By: [REDACTED]  
 Investigator [REDACTED] called [REDACTED] (social worker in ICU at [REDACTED] There was no answer. Investigator [REDACTED] left a message.



**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:	06/02/2015	Contact Method:	Phone Call
Contact Time:	02:29 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/02/2015
Completed date:	06/02/2015	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: 06/02/2015 02:34 PM      Entered By: [REDACTED]

Investigator [REDACTED] spoke with [REDACTED] (social worker at [REDACTED] to see if Dr. [REDACTED] completed a consult with [REDACTED]. Investigator [REDACTED] was informed that a consult was not completed. Investigator [REDACTED] was given [REDACTED] (social worker in ICU) phone number to see if there was any information Ms. [REDACTED] would like to give.



**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: Correspondence  
 Contact Time: 02:17 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/02/2015  
 Completed date: 06/02/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/02/2015 02:19 PM Entered By: [REDACTED]  
 Investigator [REDACTED] received the referral back from the Child Protection Investigation Team stamped "DCS Handle and Return" with a notation to get the autopsy.



**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: 09:44 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/02/2015  
 Completed date: 06/02/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/02/2015 09:49 AM Entered By: [REDACTED]  
 Notation  
 Date: 6/2/15

Lead Investigator [REDACTED] has submitted a request for the autopsy report on ACV to [REDACTED] on this day. The information has been provided to Ms. [REDACTED] and once the autopsy is received it will be documented.



**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: 06/01/2015	Contact Method: Face To Face
Contact Time: 01:31 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 06/03/2015
Completed date: 06/03/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact, Parent/Caretaker Interview, Sibling Interview/Observation	
Contact Sub Type:	

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/03/2015 01:22 PM      Entered By: [REDACTED]

Investigator [REDACTED] and Ms. [REDACTED] arrived at [REDACTED] to conduct a visit with [REDACTED]

Ms. [REDACTED] (great aunt), Mr. [REDACTED] (great uncle), and [REDACTED] were present.

[REDACTED] ran up to Ms. [REDACTED] and hugged her when she walked into the house.

Investigator [REDACTED] observed [REDACTED] to be dressed appropriately with no visible marks or bruises. [REDACTED] would repeat things that the investigator said, but it was hard to understand due to his speech impediment. [REDACTED] was not interviewed due to his inability to clearly communicate. [REDACTED] was playing with a tablet and watching cartoons while the investigator was in the home.

Investigator [REDACTED] spoke with Ms. [REDACTED] privately. Ms. [REDACTED] stated she would be the first one to say something if she felt that Ms. [REDACTED] or Mr. [REDACTED] were mistreating [REDACTED]. Ms. [REDACTED] stated she feels that Ms. [REDACTED] and Mr. [REDACTED] are good parents who care deeply for their children. Ms. [REDACTED] stated she has never had concerns for the children's safety or wellbeing. Ms. [REDACTED] stated she is willing to help with [REDACTED] as long as needed. Ms. [REDACTED] stated she picked [REDACTED] up on Saturday when [REDACTED] went to the hospital. Ms. [REDACTED] stated she spoke with Ms. [REDACTED] after Ms. [REDACTED] made the decision to take [REDACTED] off life support, and Ms. [REDACTED] asked if Ms. [REDACTED] would keep [REDACTED] for a few days to give her time to rest and make funeral arrangements for [REDACTED]. Ms. [REDACTED] stated she has no problem doing this.

Investigator [REDACTED] spoke with Mr. [REDACTED]. Mr. [REDACTED] stated she raised Ms. [REDACTED] and has never had concerns for her ability to parent. Mr. [REDACTED] stated Ms. [REDACTED] loves her children very much and will do anything for them. Mr. [REDACTED] stated it is unfortunate what happened, but he has no reason to believe Ms. [REDACTED] or Mr. [REDACTED] had anything to do with [REDACTED] death. Mr. [REDACTED] stated [REDACTED] is welcome to stay in his home as long as Ms. [REDACTED] needs him to. Mr. [REDACTED] stated Ms. [REDACTED] has not slept in days. Mr. [REDACTED] stated Ms. [REDACTED] needs to get some sleep and take sometime for herself to deal with the loss of her child. Mr. [REDACTED] stated [REDACTED] will be fine with him and Ms. [REDACTED] until Ms. [REDACTED] is ready for him to come 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: 06/01/2015 Contact Method: Face To Face  
 Contact Time: 11:53 AM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 06/03/2015  
 Completed date: 06/03/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/03/2015 01:00 PM Entered By: [REDACTED]

Investigator [REDACTED] arrived at [REDACTED] to conduct a visit with the family.

"Per Work Aid 2: It is not required for the DCS case manager to observe the deceased child". [REDACTED] was not observed by the investigator.

Investigator [REDACTED] was greeted outside by Sergeant [REDACTED] with Homicide. Sgt. [REDACTED] stated that pictures would need to be taken before the investigator could enter the home to speak with the family. Sgt. [REDACTED] stated it seems like the family did everything right. Sgt. [REDACTED] stated Ms. [REDACTED] (mother) found [REDACTED] unresponsive and called 911 while Mr. [REDACTED] (father) administered CPR. Sgt. [REDACTED] went into the home while pictures were taken and came back outside to inform the investigator it was okay to enter the home. Sgt. [REDACTED] informed the investigator that he would remain in the home while the investigator was present due to Mr. [REDACTED] being upset and yelling.

[REDACTED] Mr. [REDACTED] and Mr. [REDACTED] (friend of the family) were present.

In order to engage the family, Investigator [REDACTED] explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. Investigator [REDACTED] also provided the family with a brochure describing the Multiple Response Approach. Investigator [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, and Notice of Equal Access to Programs and Services. Ms. [REDACTED] also signed releases of information for herself and her children so that medical records could be obtained. Investigator [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.

Investigator [REDACTED] observed the home to be a three bedroom and two bath apartment with working utilities and food. Investigator [REDACTED] observed there to be clothes in a pile in the hallway and a few articles of clothing on the floor throughout the home. There were no noted safety hazards in the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Ms. [REDACTED] and Mr. [REDACTED] are unemployed. Mr. [REDACTED] receives \$764 in disability due to mental health issues. The family receives \$398 in foodstamps and \$142 in families first. The family also receives WIC. The children have TennCare Amerigroup and are seen by [REDACTED] Clinic on [REDACTED]. Ms. [REDACTED] and [REDACTED] have asthma and use an inhaler. [REDACTED] has a speech impediment and also has some behavior issues. His tantrums include throwing tantrums. Ms. [REDACTED] has paranoid schizophrenia and depression. Ms. [REDACTED] is not currently on her medications due to recently giving birth to [REDACTED] and being taken off her medication while pregnant. Mr. [REDACTED] has schizophrenia as well and is taking Prozac and Seroquel.

Investigator [REDACTED] spoke with Ms. [REDACTED] privately. Ms. [REDACTED] was emotional and cried most of the interview. Ms. [REDACTED] spoke positively about [REDACTED] and even smiled when talking about her at times. Ms. [REDACTED] reported that Ms. [REDACTED] (case manager with the Department of Human [REDACTED] Program) brought a bassinet to her home on 05/29/2015 due to [REDACTED] not having a separate place to sleep. Ms. [REDACTED] stated she laid [REDACTED] on her back in the bassinet to sleep around 1:00AM on 05/30/2015. Ms. [REDACTED] stated she woke up around 3:30AM on 05/30/2015 to feed her other child, [REDACTED]. Ms. [REDACTED] stated found [REDACTED] in the bassinet face down and unresponsive. Ms. [REDACTED] reported that [REDACTED] was still warm to the touch. Ms. [REDACTED] stated she woke Mr. [REDACTED] up by screaming, "She's not breathing." Ms. [REDACTED] stated Mr. [REDACTED] took [REDACTED] and began CPR while Ms. [REDACTED] called 911. Ms. [REDACTED] stated the 911 operator instructed Mr. [REDACTED] on how to administer CPR to [REDACTED]. Ms. [REDACTED] stated paramedics arrived and transported [REDACTED] to [REDACTED]. Ms. [REDACTED] stated she was told that [REDACTED] heart starting beating in the ambulance, but her heart stopped again by the time paramedics made it to [REDACTED]. Ms. [REDACTED] stated [REDACTED] was admitted to the Intensive Care Unit at [REDACTED] and placed on life support. Ms. [REDACTED] stated she was informed late 05/31/2015 or early 06/01/2015 that [REDACTED] was brain dead. Ms. [REDACTED] stated she and Mr. [REDACTED] chose to withdraw life support at on 06/01/2015, and [REDACTED] was pronounced deceased on 06/01/2015. Ms. [REDACTED] stated that [REDACTED] was a happy, healthy child. Ms. [REDACTED] stated that nothing had been out of the ordinary for [REDACTED]. Ms. [REDACTED] stated she and Mr. [REDACTED] are [REDACTED] only caregivers. Ms. [REDACTED] stated every day leading up to [REDACTED] death was a normal day with no issues. Ms. [REDACTED] stated the only thing is that [REDACTED] sometimes gags when she drinks her bottle. Ms. [REDACTED] stated she was five months pregnant when she learned she was pregnant with [REDACTED]. Ms. [REDACTED] stated she received prenatal care from the [REDACTED]. Ms. [REDACTED] stated her pregnancy was high risk due to her having asthma and Group B strep. Ms. [REDACTED] stated [REDACTED] was born at 40 weeks and weighed 6 pounds. Ms. [REDACTED] stated that [REDACTED] remained in the hospital for five days after birth due to an upper respiratory infection and being exposed to Group B Strep. Ms. [REDACTED] reported [REDACTED] was supposed to remain in the hospital on antibiotics for seven days, but she was discharged after five days due to her improvement. Ms. [REDACTED] reported that [REDACTED] was seen by her pediatrician at [REDACTED] Clinic for her two week check-up and was to return at two months for her next check-up. Ms. [REDACTED] reported no issues with [REDACTED] health or interactions with the family. Ms. [REDACTED] stated [REDACTED] is at Ms. [REDACTED] house (maternal great aunt) and has been there since Saturday when [REDACTED] went to the hospital. Ms. [REDACTED] stated she plans to leave [REDACTED] with Ms. [REDACTED] for a few days so that she can get some rest and plan a funeral for [REDACTED]. Ms. [REDACTED] was very concerned about what she will tell [REDACTED] about his sister. Ms. [REDACTED] stated [REDACTED] has a speech impediment and does not talk very well. Ms. [REDACTED] stated [REDACTED] sounds like he is speaking another language when he talks. Ms. [REDACTED] stated [REDACTED] is not going to be able to ask where [REDACTED] is, but he will look for her when he comes home. Ms. [REDACTED] was given the phone number for [REDACTED] and explained that counseling will help her with what she should tell [REDACTED] as well as help her cope with her loss. Ms. [REDACTED] was also informed that [REDACTED] would need to be seen by his pediatrician as soon as possible. Ms. [REDACTED] scheduled an appointment with [REDACTED] Children's Clinic for [REDACTED] to be seen on 06/05/2015. Ms. [REDACTED] also informed the investigator that [REDACTED] has an appointment with [REDACTED] for his speech on 06/03/2015.

Investigator [REDACTED] spoke with Mr. [REDACTED] privately. Mr. [REDACTED] was very emotional and cried the entire time the investigator was in the home. Mr. [REDACTED] was yelling, but he was not hostile by any means. Mr. [REDACTED] was very upset about losing [REDACTED] and would yell out at times while talking about her. Mr. [REDACTED] did throw the bassinet out the door that was brought to him by [REDACTED] stating that he did not want that bassinet in his house because it killed his baby. Mr. [REDACTED] stated that Ms. [REDACTED] with the Department of Human Services delivered a bassinet to his home on 05/29/2015 due to [REDACTED] not having a separate place to sleep. Mr. [REDACTED] stated that Ms. [REDACTED] put [REDACTED] to sleep in the bassinet that night. Mr. [REDACTED] stated he was awakened by Ms. [REDACTED] screaming on the morning of 05/30/2015. Mr. [REDACTED] stated Ms. [REDACTED] stated [REDACTED] was not breathing. Mr. [REDACTED] stated he took [REDACTED] and started CPR while Ms. [REDACTED] called 911. Mr. [REDACTED] stated that the 911 operator instructed him on how to administer CPR while waiting for the



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

paramedics to arrive. Mr. [REDACTED] stated he could hear [REDACTED] grunting, but she was still unresponsive. Mr. [REDACTED] stated the paramedics transported [REDACTED] to [REDACTED]. Mr. [REDACTED] stated that [REDACTED] was placed on life support and later pronounced brain dead. Mr. [REDACTED] stated [REDACTED] body began to swell. Mr. [REDACTED] stated Ms. [REDACTED] and himself decided to withdraw life support, and [REDACTED] was pronounced deceased on the morning of 06/01/2015. Mr. [REDACTED] reported that [REDACTED] had no health issues after being discharge from the hospital after her birth. Mr. [REDACTED] reported no issues with her interactions with the family. Mr. [REDACTED] talked about the time he spent with [REDACTED] and how happy he was to have her. Mr. [REDACTED] talked about dancing with [REDACTED] and singing to her. Mr. [REDACTED] talked about [REDACTED] relationship with [REDACTED] and Ms. [REDACTED] relationship with [REDACTED]. Mr. [REDACTED] reported no concerns and stated that [REDACTED] would still be alive if he had not listened to [REDACTED] and let her sleep in the bassinet.

Investigator [REDACTED] also spoke with Mr. [REDACTED], who is a family friend. Mr. [REDACTED] stated he is [REDACTED] and [REDACTED] godfather. Mr. [REDACTED] reported no concerns for the children. Mr. [REDACTED] stated he goes to church with the family and helps them on a daily basis. Mr. [REDACTED] reported Mr. [REDACTED] and Ms. [REDACTED] to be good parents. Mr. [REDACTED] stated [REDACTED] was not mistreated and was a healthy baby. Mr. [REDACTED] stated [REDACTED] was doing just fine sleeping in the bed with her parents. Mr. [REDACTED] stated that he hates this happened and wishes things would have gone differently.

Investigator [REDACTED] spoke with [REDACTED], who is Mr. [REDACTED] and Ms. [REDACTED] case manager through [REDACTED]. Ms. [REDACTED] reported that she visits the family twice a month and has never had concerns for the children. Ms. [REDACTED] reported that Ms. [REDACTED] and Mr. [REDACTED] are great parents. Ms. [REDACTED] stated Mr. [REDACTED] and Ms. [REDACTED] are compliant with their medications and give her no issues what so ever. Ms. [REDACTED] stated she will help the family schedule an appointment with [REDACTED]. Ms. [REDACTED] stated she was already in the process of getting Ms. [REDACTED] into the office to get back on her medications now that she is no longer pregnant. Ms. [REDACTED] asked if the investigator could request bus passes for Ms. [REDACTED] and Mr. [REDACTED] due to them not having transportation. Investigator [REDACTED] informed Ms. [REDACTED] that a request for bus passes will be completed.

Investigator [REDACTED] informed Ms. [REDACTED] that the investigator would need to see [REDACTED]. Ms. [REDACTED] stated that she would like to go with the investigator to Ms. [REDACTED] house because she has not seen [REDACTED] since Saturday. Investigator [REDACTED] agreed to allow Ms. [REDACTED] to go to Ms. [REDACTED] house with the investigator.



**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: 06/01/2015 Contact Method: Phone Call  
 Contact Time: 09:55 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/03/2015  
 Completed date: 06/03/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Referent Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/03/2015 01:24 PM Entered By: [REDACTED]

Contact was made with the referent.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/01/2015 Contact Method:  
 Contact Time: 08:45 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/01/2015  
 Completed date: 06/01/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/01/2015 11:08 AM Entered By: [REDACTED]

**Case Assignment**

Lead Investigator [REDACTED] assigned this case to Investigator [REDACTED] on 6/1/15 with allegations of Neglect Death. Investigator [REDACTED] will complete all investigative tasks on this case in order to submit case for closure and/or completion of the investigation. The referent notification will be sent through CARAT and contact will be made with the referent regarding the case. The Judge and the District Attorney will be notified of referral and classification of the case per local protocol and policy.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/01/2015	Contact Method:
Contact Time: 07:35 AM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/03/2015
Completed date: 06/03/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 06/03/2015 02:16 PM      Entered By: [REDACTED]

The department received this referral on 06/01/2015 with an allegation of neglect death on [REDACTED] by Unknown.

## The referral stated:

This will serve as notice that the [REDACTED] County Medical Examiner's Office is investigating the death of baby [REDACTED] ([REDACTED]). This one month old infant was found unresponsive in her bassinet on 5/30/2015 at 0730 hours. The infant's father initiated CPR and 911 was notified by the victim's mother. The victim was transported to [REDACTED] Hospital where circulation was returned and the infant was admitted to the PICU. Subsequent brain flow studies were consistent with brain death. The parent's decided to withdraw care on 6/1/2015 at 0236 and Dr. [REDACTED] pronounced death at that time. The decedent was transported to the [REDACTED] for further examination and autopsy. The cause and manner are pending at this time. The mother's name is [REDACTED], and the father is [REDACTED]. There is one 3 y/o Male sibling living at the residence, the name is unknown at this time. Our case number is 2015-0762.

## TFACTS HISTORY

06/2002- Sexual Abuse on [REDACTED] by [REDACTED] - AUPU  
 09/2012- Drug Exposed Child on [REDACTED] by [REDACTED] - No Services Needed  
 Educational Neglect on [REDACTED] by [REDACTED] - Services Recommended and Accepted



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

**Assessment**

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]  
 County: [REDACTED] Worker:  
 Date of Referral: 6/1/15 7:35 AM Date of Assessment: 6/1/15 12:00 AM  
 Assessment Type: Initial Number of Children in the Household: 2

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

**If no immediate harm factors are observed, proceed to Section 3**

#### Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

#### Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): \_\_\_\_\_

#### Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



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

**Section 3: Safety Decision**

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
  - All children placed.
  - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

**Children Removed**

**Children Not Removed**

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

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

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

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