



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: Web Service Intake Date/Time: 06/04/2015 04:10 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/04/2015

Investigation

Investigation ID: [REDACTED]
 First County: [REDACTED]
 Date/Time Assigned : 06/04/2015 08:12 PM
 First Team Leader Assigned: [REDACTED] Date/Time 06/04/2015 08:12 PM
 First Case Manager [REDACTED] Date/Time 06/04/2015 08:12 PM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: Web Referral
 Notification: None
 Narrative: ****The child is not in DCS custody
 Family Case IDs: [REDACTED] and [REDACTED]
 Open Court Custody/FSS/FCIP: No
 Closed Court Custody: Yes
 Effective date: 10-20-08 / End date: 12-1-08 / [REDACTED]
 Open: No
 Substantiated: No
 Death: No



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

Number of Screen Outs: Yes [REDACTED]

History (not listed above): Yes

Begin date: 12-17-14 / Investigation / [REDACTED] / DEC and DEI / Allegation and Perpetrator Unsubstantiated / End date: 3-24-15

Begin date: 9-9-13 / Assessment / [REDACTED] / ENN / No Services Needed / End date: 12-26-13

Begin date: 8-13-13 / Investigation / [REDACTED] / DEI and DEC / Allegation and Perpetrator Unsubstantiated / End date: 12-26-13

Begin date: 2-27-13 / Assessment / [REDACTED] / LOS, DEI and DEC / No Services Needed / End date: 4-5-13

Begin date: 1-9-12 / Assessment / [REDACTED] / DEI / Services Required / End date: 6-18-12

Begin date: 1-9-12 / Assessment / [REDACTED] / DEC and LOS / Services Required / End date: 6-18-12

Begin date: 7-1-10 / Assessment / [REDACTED] / PYA and DEC / No Services Needed / End date: 12-28-10

Begin date: 1-7-08 / Assessment / [REDACTED] / ENN / Services Recommended and Accepted / End date: 4-28-08

Begin date: 6-18-02 / Investigation / [REDACTED] / SRPI and PHA / Allegation and Perpetrator Unsubstantiated / End date: 6-30-02

Begin date: 11-13-07 / Assessment / [REDACTED] / SRPI / No Services Needed / End date: 11-30-07

Pending: No

Awaiting Screening: No

Submitted: No

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Directions: Per web referral: [REDACTED]

Reporter's name/relationship: [REDACTED]

****The child is not in DCS custody

WEB REFERRAL:

Referent:

Interpreter needed: No

Type of Interpreter:

Victim:

Interpreter needed: No

Type of Interpreter:



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

First Name: [REDACTED]
Last Name: [REDACTED]
Deceased: Yes
Date of Death: 06/04/2015
Describe the Victim:
Native American Descent: No
Contact: [REDACTED]
Contact Address [REDACTED]
Directions:
School Name:
School Grade:
School Address:
School Contact:
Day Care Name:
Day Care Address:
Day Care Contact:

Other Child:
Interpreter needed: No
Type of Interpreter:
First Name: [REDACTED]
Last Name: [REDACTED]
Deceased: No
Date of Death: none
Describe the Child:
Native American Descent: Unknown
Contact: [REDACTED]
Contact Address [REDACTED]
Directions:
School Name:
School Grade:
School Address:
School Contact:
Day Care Name:
Day Care Address:
Day Care Contact:

Other Child:
Interpreter needed: No
Type of Interpreter:
First Name: [REDACTED]
Middle Name: [REDACTED]
Last Name: [REDACTED]
Deceased: No
Date of Death: none
Describe the Child:
Native American Descent: Unknown
Contact: [REDACTED]
Contact Address [REDACTED]
Directions:
School Name:
School Grade:
School Address:
School Contact:
Day Care Name:
Day Care Address:
Day Care Contact:



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

Perpetrator:
 Interpreter needed: No
 Type of Interpreter:
 First Name: [REDACTED]
 Middle Name: [REDACTED]
 Last Name: [REDACTED]
 Deceased: No
 Date of Death: none
 Describe the Perpetrator:
 Native American Descent: Unknown
 Does the alleged perpetrator currently have access to the victims(s)?: Yes
 Does the alleged perpetrator have a criminal record?: Yes
 Does the alleged perpetrator have prior involvement with DCS?: Yes
 Contact: [REDACTED]
 Contact Address [REDACTED]
 Directions:
 I do not know the Perpetrator's Place of Employment or Unemployed.
 Employer Name:
 Employer Address:
 Employer Contact:

Other Person:
 Interpreter needed: No
 Type of Interpreter:
 First Name: [REDACTED]
 Middle Name: [REDACTED]
 Last Name: [REDACTED]
 Deceased: No
 Date of Death: none
 Describe the Other:
 Native American Descent: Unknown
 Contact: [REDACTED]
 Contact Address [REDACTED]
 Directions:
 Employer Name:
 Employer Address:
 Employer Contact:

Other Person:
 Interpreter needed: No
 Type of Interpreter:
 First Name: [REDACTED]
 Middle Name: [REDACTED]
 Last Name: [REDACTED]
 Deceased: No
 Date of Death: none
 Describe the Other:
 Native American Descent: Unknown
 Contact: [REDACTED]
 Contact Address [REDACTED]
 Directions:
 Employer Name:
 Employer Address:
 Employer Contact:



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

Incident County: [REDACTED]

Incident Risk Factors:

-Drug Abuse

How did you find out about the abuse / neglect? Who told you and when?:

The Victim is a 6 month old juvenile and officers were called out to the residence to respond with EMS on a child going into cardiac arrest. 6 month old victim was pronounced dead at the scene

What happened? Describe in detail. What did the alleged perpetrator do to the child or fail to do to protect the child?:

Mother was out running errands and claims the child was in the car seat the entire time. She stated that the last time she visibly laid eyes on her daughter was at 0930 and she appeared to be asleep. 911 was call at 1037, EMS arrived at 1045 and the child was deceased.

Was the child injured? If so, describe the injuries in detail. Did the child require or receive medical treatment?:
yes, deceased

What does the child say happened? Who has the child told about the abuse?:

What is the child's emotional state? Does the child have any special needs or disabilities?:

What do the parent / caretakers say about the abuse / neglect? Is anyone protective of the child? If so, who?:
Parents are unsure what happened, stated at last check up child was reported to be healthy.

When will the alleged perpetrator next have access to the child?:
child is deceased but parents have a 2 and 4 year old that they have custody of.

Special Needs or Disabilities: Unknown

Child's current location/is the child safe at this time: Deceased.

Perpetrator's location at this time: Unknown

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

Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P1 - [REDACTED] [REDACTED] on 6-4-15 at 5:10 p.m.

County notified via MIR3

[REDACTED] - Time Issued: 05:20:43 PM // Completed: 05:21:29 PM

Email sent to [REDACTED] and [REDACTED]



**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:

Race: White

Age: Deceased

Address: [REDACTED]

Deceased Date: 06/04/2015

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 25 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 3 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 52 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 4 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 25 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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: [REDACTED] **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/04/2015

Assignment Date: 06/05/2015

Street Address:

City/State/Zip:

B. Allegation

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

C. Disposition Decision

Disposition Decision: Continue DCS Services

Comments: Referral was made for Family Support Services to assist the family.

D. Case Workers

Case Worker: [REDACTED]

Date: 11/11/2015

Team Leader: [REDACTED]

Date: 11/11/2015

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:

Initial contact was made at the family residence located at [REDACTED] on June 4, 2015. Child Protective Services became involved after a referral was called in with allegations of neglect death. At 10:37 am on June 4, 2015 [REDACTED] called 911 in response to her six month old, [REDACTED], not breathing. Emergency Medical Services arrived at 10:45 am and the child was pronounced dead at the scene. Emergency Medical Services removed the deceased child from the residence prior to the arrival of Child Protective Services Investigator [REDACTED]. The preliminary autopsy results were obtained on June 5, 2015 with a finding of natural causes. On September 10, 2015 the final autopsy report was obtained. The cause of the death of [REDACTED] was determined to be the result of a congenital diaphragmatic hernia.

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

Statements were provided to law enforcement by [REDACTED], (mother), [REDACTED] (father), and [REDACTED] (paternal grandmother). Statements have been downloaded into the investigation documents.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

Initial contact was made with the mother [REDACTED] father [REDACTED] paternal grandmother [REDACTED] and [REDACTED] older siblings [REDACTED] and [REDACTED] on June 4, 2015 at the family residence. [REDACTED] was interviewed by Investigator [REDACTED] of [REDACTED] Department and her statement was obtained. Subsequent face to face contact with the mother and the father occurred on June 30, 2015 and July 6, 2015 at Child and Family Team Meetings.

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

Statements were obtained from [REDACTED] and [REDACTED] by Investigator [REDACTED] and have been downloaded into the investigation documents.

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

On June 4, 2015 [REDACTED] contacted 911 at 10:37 am when she discovered her six month old child, [REDACTED] not breathing. The paternal grandmother, [REDACTED], performed cardiopulmonary resuscitation (CPR) until Emergency Medical Services arrived at 10:45 am. The child was pronounced dead at the scene. The preliminary autopsy report indicated the child died from natural causes. The final autopsy report was obtained on September 10, 2015. The cause of death was determined to be the result of a congenital diaphragmatic hernia.

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District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney



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

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/11/2015	Contact Method:
Contact Time: 03:05 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 11/11/2015
Completed date: 11/18/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

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

The Department of Children's Services received a referral on June 4, 2015, with allegations of Neglect Death on [REDACTED] who was reported to be six months old. This investigation was assigned to Child Protective Services Investigator (CPSI) [REDACTED]. The referral states "that the victim is a six month old juvenile and officers were called out to the residence to respond with EMS (Emergency Medical Services) on a child going into cardiac arrest. Six month old victim was pronounced dead at the scene. The mother was out running errands and claims the child was in the car seat the entire time. She stated that the last time she visibly laid eyes on her daughter was at 0930 and she appeared to be asleep. 911 was called at 1037 and EMS arrived at 1045 and the child was deceased." The alleged perpetrator is this report was listed as unknown.

Interviews were conducted with the mother, [REDACTED] by Investigator [REDACTED] of the [REDACTED]; the father, [REDACTED], by Investigator [REDACTED] of the [REDACTED] the paternal grandmother, [REDACTED], by Investigator [REDACTED] on June 4, 2015. Also present at the residence on the date of the child's death was [REDACTED] of [REDACTED] and CPSI [REDACTED] who arrived at the residence at 11:35am. CPSI [REDACTED] observed the deceased child's two older siblings, [REDACTED] (4 yrs.) and [REDACTED] (2 yrs.) Both siblings appeared to be healthy with no visible signs of abuse and did not appear to be experiencing any emotional trauma at that time. CPSI [REDACTED] did not observe [REDACTED] as the child had already been transported from the home prior to CPSI [REDACTED] arrival.

Statements were provided to Investigators from [REDACTED] and a summary of the mother's statement is as follows: Child was described as being somewhat fussy the night before her death. Child woke up a few times during the night but went back to sleep after feeding. The child's bassinet was located in the parent's bedroom next to their bed. At 5:30 am the mother woke up and made preparations to take her paramour to work. The victim and her two year old sister were in the vehicle with both of the parents when they left the residence. The paternal grandmother remained at home. Prior to dropping the father off at his job the family stopped to get breakfast and then dropped the father off to work at 8:01 am. The mother and her children met the maternal grandfather to pick up the oldest sibling ([REDACTED] 4 years) and then stopped at the bank and the grocery store prior to returning home. After the mother carried the two younger children indoors she made [REDACTED] and [REDACTED] breakfast and then went to remove [REDACTED] from her car seat to give her a bottle. At that time she noticed the child's hands were cold and her lips were blue. She immediately contacted 911 and the paternal grandmother began to provide CPR while emergency medical assistance was in route. A call was placed to 911 at 10:37 am. Medics arrived at 10:45 and the child was pronounced dead upon arrival.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

According to the mother, she checked on the child numerous times while the family was out and no concerns were noted. According to the mother, the child went to sleep shortly after the family left their residence in the morning. The mother reported that she checked on the child numerous times throughout the morning and the child was breathing but sleeping. A statement was obtained from the father, [REDACTED] and a summary of this interview is as follows: The father was awakened by [REDACTED] crying at about 5:30 and he got up and tended to the child and she was fine. He got ready for work and they (dad, mom, [REDACTED] and [REDACTED] left the house at approximately 7:30 and stopped by a store where he got out of the car but the mother and children remained in the car. He then drove to work where he clocked in at 8:05 and the mother and children drove to the [REDACTED] to pick up [REDACTED] from the maternal grandfather. A statement was obtained from [REDACTED] (paternal grandmother) and a summary of that statement is as follows: Last night the baby was fine and was dancing to a movie in her walker. When they left to take [REDACTED] to work, the baby was fussy and crying. [REDACTED] returned home around 10:30am and shortly afterwards, I heard [REDACTED] screaming, [REDACTED] dead, [REDACTED] dead." [REDACTED] grabbed the phone and called 911 and I started CPR until the Sheriff's Department arrived. [REDACTED] requested the mother participate in a reenactment of the mother's activities after the family returned home today and provided the prop needed. The reenactment was recorded. [REDACTED] prescribed medications were verified on this date and a drug screen was negative for any other substances other than prescribed medications. Neither parent appeared to be impaired at the home on June 4, 2015. Photographs of the home were taken by law enforcement on this date.

June 5, 2015 @ 1:00pm: Detective [REDACTED] notified Child Protective Services Investigator [REDACTED] by telephone regarding the preliminary results of the autopsy. Death is being considered to have occurred as the result of natural causes. Complications had developed regarding the development of the child's intestines. Pneumonia was also noted in the child's lungs. Preliminary autopsy indicates the presence of undiagnosed medical conditions according to Detective [REDACTED]

June 9, 2015 @ 11:05am: Child Protective Services Investigator [REDACTED] contacted [REDACTED] (mother) by telephone in an attempt to schedule a follow-up home visit. [REDACTED] reported that she would not be able to meet with CPSI [REDACTED] at this time. CPSI [REDACTED] discussed grief counseling options with the mother at this time but was informed that an outside agency was providing services in the home at this time and additional services were not needed.

June 30, 2015 @ 3:00pm: A Child and Family Team Meeting was held on this date at the [REDACTED] Department of Children's Services in [REDACTED] Tennessee. The purpose of this meeting was to identify what services were in place for the family at the present time. This meeting was also attended by the maternal grandfather who had custody of [REDACTED] and the parents' attorney also participated in the meeting. This meeting could not be completed on this date and was continued on July 6, 2015 @ 10:00am.

July 1, 2015 @ 9:00am: A phone call was made to Investigator [REDACTED] who reported that autopsy results had not been obtained to date.

July 6, 2015 @ 10:00am: The Child and Family Team Meeting was continued on this date and issues identified during this meeting included unresolved substance abuse treatment and non-compliance with services ordered through [REDACTED] due to [REDACTED] involvement with that court. Parents agreed to cooperate with these services and [REDACTED] agreed to contact [REDACTED] services to expedite these services being provided in the home.

July 6, 2015 @ 3:00pm: Child Protective Services Investigator received a message from the father, [REDACTED] reporting that both parents had scheduled intake appointments with [REDACTED] Services.

July 7, 2015: A hearing was held in [REDACTED] regarding sibling [REDACTED] and the court returned custody of the child to the parents and Family Support Services were ordered to assist the family and monitor compliance with services.



Tennessee Department of Children's Services
Case Recording Summary

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

July 15, 2015 @ 2:00pm: Child Protective Services Investigator [REDACTED] received a text message from [REDACTED] stating that she and the father had completed their intake appointments as scheduled.

August 17, 2015: Investigator [REDACTED] of the [REDACTED] [REDACTED] contacted CPSI [REDACTED] and reported that the final autopsy results had been obtained and the cause of death was determined to be natural causes.

September 10, 2015: CPSI [REDACTED] obtained autopsy reports which show the cause of death as being Complications of Congenital Diaphragmatic Hernia.

September 11, 2015 @ 9:00am: The [REDACTED] County Child Protective Investigative Team (CPIT) met at the [REDACTED] Department of Children's Services office in [REDACTED] Tennessee. Present for the meeting was:

[REDACTED] (Center director)
 [REDACTED] (Center forensic interviewer)
 [REDACTED] (Center)
 [REDACTED] (Center)
 [REDACTED] (Assistant District Attorney)
 [REDACTED] (Juvenile Court)
 [REDACTED] (Juvenile Court)
 [REDACTED] (Pediatrics)

Inv. [REDACTED]
 [REDACTED] (Federal Bureau of Investigation)
 [REDACTED] (Office of Child Safety Lead Investigator)

The autopsy results were reviewed by [REDACTED] during case presentation and due to the cause of death being Complications of Congenital Diaphragmatic Hernia the allegation of Neglect Death is being classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. Child Protective Investigative Team form was signed by all members present and hard copy is located in case file.

November 14, 2015: Case is being presented for closure on this date. Child Neglect/Abuse Death is defined by the Work Aid as:
 Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
 Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.
 Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

Due to the autopsy results indicating that [REDACTED] death was the result of a congenital health condition, there is not a preponderance of evidence to substantiate the allegation of Neglect Death and the investigation is being classified as Allegation Unsubstantiated 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:	System Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/11/2015
Completed date:	10/14/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/11/2015 08:37 AM Entered By: [REDACTED]
 [REDACTED] County Child Protective Investigative Team (CPIT) met on this date for case reviews. Present for the CPIT meeting was:

[REDACTED] Center director)
 [REDACTED] Center forensic interviewer)
 [REDACTED] Center)
 [REDACTED] Center)
 [REDACTED] Assistant District Attorney)
 [REDACTED] Juvenile Court)
 [REDACTED] Juvenile Court)
 [REDACTED] Pediatrics)
 [REDACTED] Inv.
 [REDACTED] (Federal Bureau of Investigation)
 [REDACTED] (Office of Child Safety Lead Investigator)

The autopsy results were reviewed by [REDACTED] during case presentation and due to the cause of death being Complications of Congenital Diaphragmatic Hernia. Allegation of Neglect Death is being classified as Allegation Unsubstantiated 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:	09/10/2015	Contact Method:	Correspondence
Contact Time:	03:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/11/2015
Completed date:	11/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/11/2015 02:06 PM Entered By: [REDACTED]

Final autopsy report was received and is located in the hard file. Cause of death is listed as complications of congenital diaphragmatic hernia.



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: 09/09/2015 Contact Method:
 Contact Time: 02:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/11/2015
 Completed date: 11/11/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/11/2015 02:05 PM Entered By: [REDACTED]
 Lead Investigator [REDACTED] emailed a request for the final autopsy report and medical records to [REDACTED] of [REDACTED] on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/01/2015	Contact Method:	Phone Call
Contact Time:	12:05 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/11/2015
Completed date:	11/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/11/2015 02:04 PM Entered By: [REDACTED]

12:05 pm. Telephone call received from [REDACTED] who wanted to inform the Child Protective Services Investigator that the hair follicle tests requested by [REDACTED] [REDACTED] were completed approximately two weeks earlier. [REDACTED] [REDACTED] inquired when this investigation was going to be closed; she was informed that the case had to remain open until the final autopsy report was obtained. [REDACTED] [REDACTED] was informed that the investigator understands that the final report has just recently been 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: 08/17/2015 Contact Method: Phone Call
 Contact Time: 09:15 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/11/2015
 Completed date: 11/11/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

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

Child Protective Services Investigator was notified by Detective [REDACTED] of [REDACTED] that the final autopsy report has been completed and ruled as a natural death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	07/15/2015	Contact Method:	Correspondence
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/15/2015
Completed date:	08/15/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/15/2015 03:15 PM Entered By: [REDACTED]

Text messages received from [REDACTED] stating she and [REDACTED] have completed their intake appointments on 7/10/15 and in home services are to begin today or tomorrow. Parent thanked CPS for the assistance. NOTE: This information regarding intakes and services has not been verified for accuracy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/10/2015 Contact Method: Correspondence
 Contact Time: 02:50 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/11/2015
 Completed date: 11/11/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/11/2015 01:59 PM Entered By: [REDACTED]
 2:50 pm. Email received from [REDACTED] [REDACTED] informing Child Protective Services Investigator [REDACTED] that Judge [REDACTED] of [REDACTED] has ordered that Family Support Services work with the family prior to his approving the parent's petition to regain custody of [REDACTED]. A copy of the Family Support Services application was obtained and is located in the hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	07/01/2015	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/02/2015
Completed date:	08/01/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2015 01:25 PM Entered By: [REDACTED]

Call placed to Inv [REDACTED] to inquire if the results of the official autopsy has been received. Negative.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 06/30/2015 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/01/2015
 Completed date: 07/31/2015 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): ACV Interview/Observation, Collateral Contact, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2015 07:15 AM Entered By: [REDACTED]

CFTM: present was mother, father, maternal grandfather, [REDACTED] and [REDACTED]. Meeting was facilitated by [REDACTED], LI [REDACTED] and CPSI [REDACTED] present. Mother informed the team that she has been advised by her attorney, [REDACTED], not to discuss anything that pertained to the petition filed by the parents in [REDACTED]. Mother claims her understanding of the meeting was to discuss grief counseling and to offer the family services regarding the death of their daughter. This was not accurate information as LI [REDACTED] was present during CPSI's conversation with the mother when it was stated that issues were identified that could affect the petition filed in [REDACTED] and mother had become hostile. During the CFTM [REDACTED] then demanded an explanation as to why CPS was wanting to interfere in their petition for [REDACTED]. Within a few minutes of the meeting it became apparent that the parents are determined to keep this current investigation separate from the [REDACTED] court action. CPS responded that one of the tasks in an investigation was to review TFACTS hx and during that review it became apparent that some issues that were previously identified have not been resolved. Parents became adamant that nothing involving the [REDACTED] case would be discussed without their attorney present however they wanted to know what issues were identified. CPS reminded them that if issues were not going to be discussed without the presence of their attorney as the mother stated then that information would be discussed at a later date. Mother contacted her attorney by telephone and he and the team were able to agree on a date for another CFTM. CFTM is now scheduled for Monday 7/6/15 at 10:00 am. LI [REDACTED] informed the parents that when CPS has an open case that it is normal procedure to attend all court hearings and provide the court with a status report. Parents were not cooperative during this meeting and seem to have great difficulty understanding that CPS is attempting to remove the obstacles that were identified as barriers in previous court action. Parents do not present themselves as committed to working toward a healthy functioning lifestyle. All parties state the new date is convenient for them to attend the CFTM. During the meeting [REDACTED] stated he is in agreement to [REDACTED] returning home to her parents.



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:	Correspondence
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/11/2015
Completed date:	11/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/11/2015 01:58 PM Entered By: [REDACTED]

Records obtained on [REDACTED] when she was a patient at [REDACTED] [REDACTED] [REDACTED] located in [REDACTED] Tennessee.



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: 06/28/2015 Contact Method:
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/11/2015
 Completed date: 11/11/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/11/2015 01:57 PM Entered By: [REDACTED]
 [REDACTED] was arrested on a failure to appear warrant and is incarcerated in [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/25/2015	Contact Method:	Attempted Phone Call
Contact Time:	09:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/01/2015
Completed date:	07/26/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2015 07:46 AM Entered By: [REDACTED]

Call placed to [REDACTED] and a message left with request to return the call.

Call was returned by [REDACTED] later in the afternoon and she stated she was not sure if she could attend a CFTM as she had a number of appointments scheduled. Parent was advised a meeting would take place and it would be scheduled prior to the [REDACTED] court hearing. Mother was informed that issues that were identified that remain unresolved needed to be addressed and a plan developed. Parent insisted in wanting to know what CPS was referring to. CPS responded that the discussion would take place in the CFTM. Mother, father, and grandfather were all encouraged to participate in the CFTM in addition to anyone who the family felt was a supportive influence.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/24/2015	Contact Method:	Phone Call
Contact Time:	09:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/01/2015
Completed date:	07/25/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2015 07:44 AM Entered By: [REDACTED]

9:15 am: CPS attempted to make contact with [REDACTED] and left a message for her. Number called was [REDACTED]

9:30 am: CPS also contacted [REDACTED] (maternal grandfather [REDACTED]). Grandfather stated that he would be seeing [REDACTED] this morning when he meets [REDACTED] to drop off [REDACTED]. [REDACTED] agreed to pass along a message that CPS is trying to make contact.

5:26 pm, 5:28 pm, 6:13 pm: CPS received a call from an irate [REDACTED] who demanded to know why CPS was contacting her father. According to the mother she has not received any calls from CPS.

6:13 pm: CPS sent a text to the parent stating that it was after work hours and her call would be returned in the morning.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/18/2015	Contact Method:	Attempted Phone Call
Contact Time:	12:36 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/01/2015
Completed date:	07/19/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/01/2015 07:32 AM Entered By: [REDACTED]
 CPS left [REDACTED] a voice message stating a CFTM was going to be scheduled and she needed to contact CPS with a time that was convenient for her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/15/2015	Contact Method:	Attempted Phone Call
Contact Time:	09:46 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/01/2015
Completed date:	07/16/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2015 07:27 AM Entered By: [REDACTED]

CPS attempted to make contact with the parents as previously stated however the attempt was not successful. CPS left a voice mail message with request for a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/09/2015	Contact Method:	Phone Call
Contact Time:	11:05 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/09/2015
Completed date:	07/10/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/09/2015 11:55 AM Entered By: [REDACTED]

Contact made with [REDACTED] for the purpose of scheduling a home visit with the parents this week. Mother said she is unavailable for an undetermined amount of time as she has too many things to do. Family is making arrangements for the funeral which will be held tomorrow. Parent informed CPS that the autopsy results have come in. Child is reported to have been born with a hole in her heart and had developmental issues with the intestines. Body was released to the funeral home. She made no mention about pneumonia in the child's lungs. Parent was under the impression that the case would be immediately closed as the death was ruled as being the result of natural causes. CPS reminded the parent that paperwork still needed to be signed which was not done at the initial point of contact due to the circumstances. Parent responded that there was no time to meet with CPS in the near future. CPS mentioned that releases of information needed to be obtained to verify the parent's prescriptions and to obtain medical records from the pediatrician.

CPS also suggested grief counseling for the family but the parent informed CPS that [REDACTED] was working with the family and a referral was unnecessary. When asked what services [REDACTED] was currently providing to the family parent became very defensive. Parent asked CPS why the case had to remain open. Parent reminded CPS that they only have one child in the home and do not have custody of [REDACTED]. CPS responded that CPS is aware that the parents have filed a petition in [REDACTED] for custody to be returned. Parent became very angry and stated they have worked very hard to get their daughter back and have complied with all the Court's requests. CPS assured the parent that CPS could assist the family and speak to that in Court. The conversation was not going well and CPS could no longer engage the parent. The call was concluded after offering the family condolences and stating CPS would call on Monday of next week to schedule a time that was convenient for the family to meet. Parent stated that was fine.



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:	Correspondence
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/11/2015
Completed date:	11/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/11/2015 02:01 PM Entered By: [REDACTED]
Child Protective Services Investigator [REDACTED] received records from [REDACTED] [REDACTED] for [REDACTED] [REDACTED] petitions, motions, and orders, and a home study/recommendation to the Court completed by [REDACTED] [REDACTED] of Court Appointed Special Advocates [REDACTED] for Children in [REDACTED] and [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 06/06/2015 Contact Method:
 Contact Time: 04:45 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/06/2015
 Completed date: 07/07/2015 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2015 04:01 PM Entered By: [REDACTED]

[REDACTED] is completed with a recommended level of service intensity as High. [REDACTED] was submitted to supervisor for approval. Form is located in the hard file.

Plan: Discuss with the family about making a referral for in home services. Areas of immediate need to assist the family is grief counseling. Other potential area of concern is possible A/D issues. CPS was informed that both parents have completed an A/D assessment and were recommended to complete intensive outpatient treatment program. Neither parent is reported to be in treatment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/05/2015	Contact Method:	Phone Call
Contact Time:	01:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/06/2015
Completed date:	07/06/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

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

Detective [REDACTED] notified CPSI by telephone regarding the preliminary results of the autopsy. Death is being considered to have occurred as the result of natural causes. Complications had developed regarding the development of the child's intestines. Pneumonia was also noted in the child's lungs. Preliminary autopsy indicates the presence of undiagnosed medical conditions according to Detective.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/05/2015	Contact Method:	Phone Call
Contact Time:	11:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/06/2015
Completed date:	07/06/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2015 01:57 PM Entered By: [REDACTED]

CPSI had a conversation with Detective [REDACTED]. Timeline provided by the parent regarding her activities on 6/4/15 are in conflict with video footage obtained by Law Enforcement. Additionally it appears that the statements law enforcement obtained from the father and the grandmother did not support each other. Detective [REDACTED] is unsure if the discrepancy is relevant. CPSI and Detective [REDACTED] discussed interviewing the paternal grandfather in order to obtain a timeline from him and inquire about the mother's demeanor when she picked up [REDACTED] at [REDACTED]. Detective will attempt to make contact with [REDACTED] and will contact CPSI to schedule an interview.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/05/2015	Contact Method:	Correspondence
Contact Time:	10:59 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/07/2015
Completed date:	07/06/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2015 10:53 AM Entered By: [REDACTED]



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

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/05/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/06/2015
Completed date:	07/06/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2015 01:48 PM Entered By: [REDACTED]

TFACTS history:

Family case:	[REDACTED]			
12/17/14 #	[REDACTED]	DEI/DEC	[REDACTED]	AP: [REDACTED]
AUPU				
9/9/13	# [REDACTED]	ENN	[REDACTED]	AP: [REDACTED]
NSN				
8/13/13	# [REDACTED]	DEI/DEC	[REDACTED]	AP: [REDACTED]
AUPU				
2/27/13	# [REDACTED]	DEI/LOS/DEC	[REDACTED]	AP: [REDACTED]
[REDACTED]	NSN			
1/9/12	# [REDACTED]	DEI	[REDACTED]	AP [REDACTED]
Services required				
1/9/12	# [REDACTED]	DEC and LOS	[REDACTED]	AP: [REDACTED] Services
required				

NOTE: Family case [REDACTED] is in regard to the [REDACTED] family. [REDACTED] is only listed as an AP in case # [REDACTED] with a classification decision of Services required.

NOTE: CPSI spoke with Detective [REDACTED] All three adults have criminal history and neither parent has a valid driver's license. Background reports will be provided to CPSI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/04/2015	Contact Method:	Phone Call
Contact Time:	04:20 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/06/2015
Completed date:	07/05/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2015 01:46 PM Entered By: [REDACTED]

CPSI placed a call to LI [REDACTED] and provided details of the mother's interview.

CPSI placed a call to [REDACTED], [REDACTED], and provided details of the child death investigation.

CPSI discussed the details of the case with [REDACTED] [REDACTED] and DCS attorney [REDACTED]

CPSI spoke with [REDACTED] of [REDACTED] [REDACTED] [REDACTED] and obtained some family background information and history of court involvement. [REDACTED] will provide CPS with copies of their reports, recommendations, and the Court Orders. On the day before the fatality, the parents filed a petition in [REDACTED] [REDACTED] to regain custody of [REDACTED] [REDACTED] is [REDACTED]. Parents have hired an attorney to represent them but the name is unknown at this time. A hearing date has not been scheduled.



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: 06/04/2015 Contact Method: Face To Face
Contact Time: 11:35 AM Contact Duration: Less than 04 Hour
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 06/06/2015
Completed date: 06/09/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Initial ACV Face To Face, Sibling Interview/Observation
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2015 11:27 AM Entered By: [REDACTED]
11:35-2:45 pm: FTF contact was made with the family on this date. Those present were mother, [REDACTED] father [REDACTED] paternal grandmother [REDACTED] siblings [REDACTED] (4) and [REDACTED] (2). Emergency personnel were on the scene which included Emergency Medical Services, [REDACTED] Detectives, and Coroner.

Contact was not made with the child as the body was already removed from the family's residence prior to CPS's arrival. An autopsy has been ordered to determine the exact cause of death.

Contact was made with the father, paternal grandmother, and the two biological children outdoors prior to making contact with the mother. Children appear to be healthy and bonded to the caregivers. Father was observed with red eyes that were slightly swollen. Grandmother was assisting the investigation by keeping the children occupied outdoors during the mother's interview inside with Detective [REDACTED]. Grandmother and father were extraordinarily cooperative considering the situation and the amount of time spent gathering the facts relevant to the investigation.

The couple have been together for seven years and household composition consists of the following:

(M) [REDACTED] dob: [REDACTED]
(F) [REDACTED] dob: [REDACTED]
(PGM) [REDACTED] dob: [REDACTED]
(C) [REDACTED] dob: [REDACTED]
(C) [REDACTED] dob: [REDACTED] DOD: 6/4/15

Children have Tenn Care and are patients at [REDACTED]. [REDACTED] was at the pediatrician on Monday June 1, 2015 for a check up and to receive her four months shots. No medical concerns were noted however she is a month behind schedule on immunizations. She was scheduled to receive her six month shots in July.

Additional biological child is [REDACTED] (dob: [REDACTED]) who is currently in the custody of her maternal grandfather, [REDACTED] of [REDACTED] and does not reside in the home. Child is reportedly allowed visitation with [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

her mother and father from Thursday mornings to Saturday nights.

Mother was interviewed by Detective [REDACTED] and her statement was obtained. CPSI had an opportunity to speak to the mother individually however it was decided to do so after the Detective had completed obtaining the mother's statement. Detective requested a summary of the days events leading up to the child's demise. Parent provided the Detective a detailed account of her activities that included interactions with the child beginning from the previous night up until the time the call was placed to 911. Child was described as being somewhat fussy the night before her death. Child woke up a few times during the night but went back to sleep after feeding. The child's bassinet was located in the parent's bedroom next to their bed. At 5:30 am the mother woke up and made preparations to take her paramour to work. The victim and her two year old sister were in the vehicle with both of the parents when they left the residence. The paternal grandmother remained at home. Prior to dropping the father off at his job the family stopped to get breakfast and then dropped the father off to work at 8:01 am. The mother and her children met the maternal grandfather to pick up the oldest sibling ([REDACTED] 4 years) and then stopped at the bank and the grocery store prior to returning home. After the mother carried the two younger children indoors she made [REDACTED] and [REDACTED] breakfast and then went to remove [REDACTED] from her car seat to give her a bottle. At that time she noticed the child's hands were cold and her lips were blue. She immediately contacted 911 and the paternal grandmother began to provide CPR while emergency medical assistance was in route. A call was placed to 911 at 10:37 am. Medics arrived at 10:45 and the child was pronounced dead upon arrival. According to the mother, she checked on the child numerous times while the family was out and no concerns were noted. According to the mother, the child went to sleep shortly after the family left their residence in the morning. The mother reported that she checked on the child numerous times throughout the morning and the child was breathing but sleeping.

Mother was able to cooperate fully with the Detective although there were brief periods that she lost her composure. She had most of her difficulty when describing her activities after she returned home. She was able to continue providing a timeline after a brief respite. It was noted during the interview that [REDACTED] consistently referred to [REDACTED] in the present tense.

While the mother was inside being interviewed by Detective [REDACTED] statements were obtained by Law Enforcement from the father and the paternal grandmother who also resides in the home.

The mother has a history with the Department of Children's Services which include referrals on all three children. [REDACTED] of [REDACTED] [REDACTED] has been involved with the family for over a year. They became involved after the parents petitioned [REDACTED] [REDACTED] for custody of [REDACTED] [REDACTED] has been in the custody of her paternal grandfather, [REDACTED] after the mother was hospitalized for using bath salts in 2012. The most recent case with the Department of Children's Services was in regard to [REDACTED] who was born drug exposed and diagnosed with Neonatal Abstinence Syndrome. Child had an extended stay in the Neonatal Intensive Care Unit. Mother had a valid prescription for suboxone. Case was closed in March 2015 and allegations were unsubstantiated. Mother has a history of depression.

[REDACTED] [REDACTED] requested that the mother participate in an reenactment of the mother's activities after the family returned home and provided the prop needed. The reenactment was recorded. Mother had great difficulty during this process which was described to her by Ms [REDACTED] as routine.

As a result of the family's history CPSI inquired about the mother's prescriptions. She is currently prescribed suboxone and klonopin. Both prescriptions were verified at this time and are provided by [REDACTED] [REDACTED] Mother consented to a drug screening and was positive for suboxone only despite the mother's report that she took her dose of klonopin this morning. Father is also prescribed klonopin. Neither parent appeared to be impaired at this time of contact.

In an effort to respect the family during this difficult time, CPSI stated a follow up visit would take place but was not scheduled at this time. Contact information was obtained and provided. Paperwork will be completed at a later date.

A walk through of the home was completed and pictures were taken by Law Enforcement and medical personnel. Home is a two bedroom single wide trailer located in a trailer park. Family has resided in the home for approximately two years and pay rent. Home is cluttered with the effects of three young children and three adults. The room occupied by the paternal grandmother is hazardous to young children as the floor vent has no cover and access to the water heater is not restricted. The mother is aware of the safety hazards and reported the children do not go into the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

room unsupervised. No other safety concerns were noted.

Statements obtained by Law Enforcement will be downloaded into the Document section of this case when they are obtained from Detective [REDACTED].

Mother has an outstanding warrant for a failure to appear in regard to driving without a license. Captain [REDACTED] made the decision not to address that warrant at this time due to the tragic circumstances.

Safety Assessment was completed and scored as Safe on the child who resides in the home. Form is located in the hard file. Information was gathered at this time in order to complete the FAST.



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: 06/04/2015 Contact Method: Phone Call
 Contact Time: 11:05 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/06/2015
 Completed date: 06/07/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2015 10:17 AM Entered By: [REDACTED]
 CPIT was convened with Detective [REDACTED] of [REDACTED] CPSI will meet Detective at scene located at [REDACTED]

LI [REDACTED] was contacted by telephone and notified of the child death..

Narrative Type: Addendum 1 Entry Date/Time: 06/07/2015 12:27 PM Entered By: [REDACTED]
 Referral was sent to [REDACTED] DA's office, and Law Enforcement per local protocol.

Notification of Harm with the referent information redacted was faxed to the local Juvenile Court.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/04/2015	Contact Method:	Phone Call
Contact Time:	11:04 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/06/2015
Completed date:	07/05/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2015 02:14 PM Entered By: [REDACTED]

Contact made with referent. No additional information to report at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/04/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/05/2015
Completed date:	07/05/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2015 06:31 AM Entered By: [REDACTED]

Case assigned to CPSI: 6/4/15
 Priority Response Code: P1
 Allegation: Child Neglect Death

Web Report:

The Victim is a 6 month old juvenile and officers were called out to the residence to respond with EMS on a child going into cardiac arrest. 6 month old victim was pronounced dead at the scene

What happened? Describe in detail.

Mother was out running errands and claims the child was in the car seat the entire time. She stated that the last time she visibly laid eyes on her daughter was at 0930 and she appeared to be asleep. 911 was call at 1037, EMS arrived at 1045 and the child was deceased.

Was the child injured? If so, describe the injuries in detail. Did the child require or receive medical treatment?:
 yes, deceased

What do the parent / caretakers say about the abuse / neglect? Is anyone protective of the child? If so, who?:
 Parents are unsure what happened, stated at last check up child was reported to be healthy.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 6/4/15 4:10 PM

Date of Assessment: 6/5/15 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 [REDACTED] 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: _____