



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 06/24/2015 09:46 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/24/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/25/2015 12:31 PM
 First Team Leader Assigned: [REDACTED] Date/Time 06/25/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 06/25/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	3 Yrs	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Preliminary Near Death: [REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: [REDACTED]
 Notification: None

Narrative: Family Case IDs: None found with the information provided.
 Number of Screen Outs: 0
 History (not listed above): None found with the information provided.

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

Reporter's name/relationship: [REDACTED]

Reporter states:



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Tennessee Child Abuse Hotline Summary**

██████████ (2), resides with her mother, ██████████ (38), and father (information unknown), in ██████████

On June 24, 2015, law enforcement received a call regarding a child drowning at ██████████ which is a country club where a birthday party was taking place. There was noted to be about 75 people in and around the pool during this time. Law enforcement arrived on scene and the paramedics that were on scene reported that CPR had already been started. The defibrillator was attached to ██████████ and at no time did it shock the child due to not being needed. ██████████ was then transported to ██████████ ██████████. To the referent's knowledge, ██████████ now has a pulse and is alive at ██████████ ██████████ and ██████████ father are at ██████████ with the child at this time.

One witness reported that someone else alerted them that ██████████ was unresponsive in the pool. They got ██████████ out of the pool and yelled for the lifeguards to come help. It is unknown where the parents were during this time.

Youth Services were noted to also be called to ██████████ and they are there right now.

Report Number: ██████████

This is all the information the referent has at this time.

Special Needs or Disabilities: Unknown

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

Perpetrator's location at this time: ██████████

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

Domestic Violence present in the home: Unknown

NOTE: Due to not having enough information regarding the status of the child at this time this intake is not being made a Pending Near Death. If information is found that this should be changed, please contact the Hotline and give additional information to be added to the intake.

Per SDM: Investigative Track, P1 ██████████ ██████████ on 06/24/15 @ 10:40 PM.

██████████ 06-24-15 10:51:11 PM ██████████

06-24-15 10:51:54 PM ██████████ ██████████

Received

Per telephone conversation with ██████████ at 12:23am on 06-25-15, county is requesting that this referral be changed to reflect a Preliminary Near Death due to child not having any brain activity.

Preliminary Near Death indicator marked "yes". Email notification sent to ██████████ ██████████, cc ██████████ ██████████. Email notification also sent to ██████████ ██████████ ██████████ notification group on 06-25-15 @ 12:38am, ██████████ ██████████



**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: 3 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: Unknown if this is a number.

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:** [REDACTED] **Age:** 39 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Partipant 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]
 Referral Date: 06/24/2015
 Street Address: [REDACTED]
 City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]
 Assignment Date: 06/25/2015

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/13/2015
2	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/13/2015

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case was assessed and closed. All investigative tasks have been completed. This case has been approved for closure per LI [REDACTED] and members of the executive Office of Child Safety Team.

D. Case Workers

Case Worker: [REDACTED] Date: 11/13/2015
 Team Leader [REDACTED] Date: 11/14/2015

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

This Child Protective Services Investigator (CPSI) [REDACTED] conducted an initial face to face observation of [REDACTED] (2) at [REDACTED] on 6/25/15 at 12:15 am. The mother and nurse were in the room with [REDACTED] during this observation. [REDACTED] appeared to be laying motionless on her back in the hospital bed. [REDACTED] is not breathing on her own. She was hooked up to several monitors and a ventilator.

This Child Protective Services Investigator interviewed sibling, [REDACTED] (9), privately at [REDACTED] on 6/26/15. This CPSI established a good rapport with [REDACTED] and explained to her what CPS is on an age appropriate level. [REDACTED] stated that she attends school at [REDACTED]. She



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and Classification Decision of Child Abuse/Neglect Referral

Case Name : ██████████

Investigation ID: ██████████

stated that she lives with her father ██████████, mother ██████████, her brother ██████████) and her sister ██████████. She was asked about fun things she likes to do and she stated that she is on the swim team. She stated that she, her mother, her brother and sister attended an event at the Swim club and there were 197 children there. ██████████ stated that she had been in the pool playing with ██████████ before her mother took ██████████ to the bathroom. She stated that ██████████ was wearing flotation devices that had arm floats and a float around her chest. She stated that after they came back from the bathroom she and her brother helped her mother look for ██████████. She stated that she didn't see ██████████ when her mother came back from the bathroom. She stated that there were 197 children at the event.

She was asked if there is anything else she would like to tell this CPSI and she stated yes. She stated that she is ██████████. She stated that her father thinks she's really Italian because she loves Italian food. She also stated that she doesn't like sweets. She likes salty and sour instead.

This CPSI interviewed sibling, ██████████ (7), privately at ██████████ on 6/26/15. This CPSI explained what CPS is to him on any age appropriate level and established a good rapport with him. ██████████ stated that he is 7 years old and this CPSI asked him how he likes being 7 compared to being 6. He stated that he can swim better now since he is 7 and that's how ██████████ drowned. He stated that he and ██████████ helped their mother look for ██████████ but she was in the pool and we didn't see her. He stated that ██████████ is doing a little and she is trying to breathe. At this point of the interview if asked if we were finished because he was done talking.

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

This Child Protective Services Investigator (CPSI), ██████████ made contact with the ██████████ social work team on 06/24/15 at 11:40pm at the Emergency Department (ED) and was advised of ██████████ treatment and prognosis. According to Social Worker ██████████ has no brain activity and they don't expect her to make it through the night. She is not breathing on her own and she doesn't react to pain. She informed this CPSI that Det. ██████████ was at the hospital and interviewed the mother and father. She stated that Det. ██████████ has already left.

Detective ██████████ sent this Child Protective Services Investigator (CPSI) the interviews that he conducted with witness at ██████████. The interviews were conducted on 6/24/15. The interviews are as follows: On 06/24/2015 at 10:00pm., Det. ██████████ was called out to assist patrol on a 2 year old possible drowning. Patrol indicated the event occurred at ██████████, at a complex known as ██████████. Patrol indicated the victim has been transported to ██████████. I directed patrol to secure the scene and locate any and all witnesses. I notified ██████████ and called Det. ██████████ who indicated he would meet me at ██████████. After arriving at the scene, I directed patrol to take photos of the pool and the area around the pool. I then conducted interviews with 13 witnesses. Each interview occurred in the pool house and was audio recorded. Below is a summary of each interview; Det. ██████████ interviewed, ██████████. Mr. ██████████ stated he was at the pool monitoring his 3 year old. Mr. ██████████ stated he was in the 3 foot end of the pool right next to the far wall. He stated he felt another person bump him and as he turned to look, he saw the victim floating motionless in the water. He stated he picked up the child and placed her outside the pool. Mr. ██████████ stated he started CPR but was relieved a short time later by man who indicated he was a doctor ██████████. Mr. ██████████ stated he did not see where the child came from and does not know how she got in the water. Mr. ██████████ stated he observed two life guards in the chairs around the pool. He stated he thought there were more working in and around the pool, but was not sure. Mr. ██████████ stated the staff at the pool would make everyone get out of the pool every hour for a few minutes. He stated the last time was around 40 minutes prior to him finding the child.

Det. ██████████ interviewed ██████████. ██████████ indicated he has been a doctor at ██████████ for the last 7 years. He stated while at the pool, he heard Mr. ██████████ yelling for assistance so he went over to help. He



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

stated he performed CPR until the Medics arrived. Mr. [REDACTED] also indicated the last time everyone had to get out of the pool was about 40 minutes prior to the child being found. Det. [REDACTED] interviewed, [REDACTED] Mrs. [REDACTED] stated she is the person overall in charge of the facility. She stated she has managers who work for her. She stated [REDACTED] is the manager who was in charge at the time the event occurred. Mrs. [REDACTED] indicated she was not present when the event occurred.

This Child Protective Services Investigator (CPSI) received a call from [REDACTED] [REDACTED] [REDACTED] on 7/1/15 at 10:29am. Mrs. [REDACTED] stated that [REDACTED] had a brain death exam and was pronounced dead at 9:38 am today (7/1/15). She stated that [REDACTED] is still hooked up to the machines because the family is donating her organs. She faxed this CPSI the progress notes from 6/30/15 and the Report of death. Report of Death: Date of Death: 7/1/15, Official Time of Death: 9:38, Admit Diagnosis: Drowning, Immediate Cause of Death" brain death, Secondary to: severe anoxic brain injury

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

This CPSI received an email from Detective [REDACTED] regarding his interview with the mother, [REDACTED]. The summary of the interview states: [REDACTED] reports being at the club for a pool party; approximately 150 people were present. [REDACTED] had to go to the bathroom so [REDACTED] takes her. She removes her floaty she was wearing, on the way back she stops to speak with a friend. She notices [REDACTED] is not present and assumed she walked to the bathroom. [REDACTED] checks the bathrooms and other areas inside the club. She then hears the commotion outside, she walks outside to see [REDACTED] lying on the side of the pool with someone performing CPR (Unk who this person was) [REDACTED] stated life guards were on duty at the time but unsure where they were at the time of incident. She thinks she was looking for [REDACTED] for approx. 10mins. She describes [REDACTED] as fast and active."

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

Reporter states: [REDACTED] (2), resides with her mother, [REDACTED] (38), and father (information unknown), in [REDACTED]. On June 24, 2015, law enforcement received a call regarding a child drowning at [REDACTED], which is a country club where a birthday party was taking place. There was noted to be about 75 people in and around the pool during this time. Law enforcement arrived on scene and the paramedics that were on scene reported that CPR had already been started. The defibrillator was attached to [REDACTED] and at no time did it shock the child due to not being needed. [REDACTED] was then transported to [REDACTED]. To the referent's knowledge, [REDACTED] now has a pulse and is alive at [REDACTED] and [REDACTED] father are at [REDACTED] with the child at this time. One witness reported that someone else alerted them that [REDACTED] was unresponsive in the pool. They got [REDACTED] out of the pool and yelled for the lifeguards to come help. It is unknown where the parents were during this time. Youth Services were noted to also be called to [REDACTED] and they are there right now.

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

The Department of Children's Services (DCS) Child Protective Services (CPS) received a referral on 6/24/15 with an allegation of Lack of Supervision regarding child, [REDACTED] (2 years 11 months). The allegation of Abuse Death was later added. There was no DCS history on this family. The report to DCS listed the alleged perpetrator as Unknown but was established to be the mother, [REDACTED]. The case was presented to the [REDACTED] Child Protective Investigation Team on 9/24/15. Team members were in agreement that there was insufficient evidence to substantiate the allegation of Lack of Supervision and Abuse Death. There is not a preponderance of evidence to substantiate the allegations of Child Abuse Death or Lack of Supervision. The case will be closed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated for the allegation of Child Abuse Death and Lack of Supervision.

Distribution Copies:



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

Case Name :



Investigation ID:



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: 11/14/2015	Contact Method:
Contact Time: 09:10 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/14/2015
Completed date: 11/14/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 11/14/2015 09:13 AM Entered By: [REDACTED]

Content:

LI [REDACTED] staffed this child death case with Investigator [REDACTED] who completed all investigation tasks associated with the case. The case is being closed with permission from Central Office (Office of Child Safety) supervisory executive team approval. Investigator [REDACTED] has provided the closing summary. LI [REDACTED] and [REDACTED] have all agreed to the case being closed out as all investigative tasks and pertinent information has been received pertaining to this case.

Investigator [REDACTED] included the following in her case closure: On 6/24/15, law enforcement received a call regarding a child drowning at the [REDACTED] where a party was taking place. There were approximately 75 children present for this party. The mother, [REDACTED] had gotten [REDACTED] out of the pool to use the restroom. On the way to the restroom the mother took off [REDACTED] life jacket. Someone stopped the mother to say hello and she went to grab [REDACTED] hand and [REDACTED] was gone. The mother looked all over the inside and outside of the complex for approximately 10 minutes. [REDACTED] was found unresponsive in the pool by a witness. [REDACTED] was gotten out of the pool and Cardiopulmonary Resuscitation (CPR) was started. 911 was called and an Ambulance and Law Enforcement arrived on the scene. [REDACTED] was taken to [REDACTED] by ambulance. [REDACTED] regained a pulse but was not breathing on her own and she had little brain activity. She was admitted to the Pediatric Intensive Care Unit (PICU) where her prognosis was not good. [REDACTED] had a brain death exam and was pronounced dead at 9:38am on 7/1/15. Her family chose to donate her organs.

The investigation into this incident was conducted by [REDACTED] Detective [REDACTED] and DCS Child Protective Services Investigator [REDACTED]

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

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

c) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse

DCS policy Work Aid 1 (B, 5) defines the following criteria Lack of Supervision:

Failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that:

- a) The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or
- b) Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills).
- c) Any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 9/24/15. Team members were in agreement that there was insufficient evidence to substantiate the allegation of Lack of Supervision and Abuse Death. There is not a preponderance of evidence to substantiate the allegations of Child Abuse Death or Lack of Supervision.

The case will be closed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated for the allegation of Child Abuse Death and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/14/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/14/2015
Completed date:	11/14/2015	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: 11/14/2015 11:01 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/10/2015 Contact Method:
 Contact Time: 07:18 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/13/2015
 Completed date: 11/13/2015 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: 11/13/2015 03:41 PM Entered By: [REDACTED]
 [REDACTED] Summary:

The Department of Children's Services (DCS) Child Protective Services (CPS) received a referral on 6/24/15 with an allegation of Lack of Supervision regarding child, [REDACTED] (2 years 11 months). The allegation of Abuse Death was later added. There was no DCS history on this family.

On 6/24/15, law enforcement received a call regarding a child drowning at the [REDACTED] where a party was taking place. There were approximately 75 children present for this party. The mother, [REDACTED] had gotten [REDACTED] out of the pool to use the restroom. On the way to the restroom the mother took off [REDACTED] life jacket. Someone stopped the mother to say hello and she went to grab [REDACTED] hand and [REDACTED] was gone. The mother looked all over the inside and outside of the complex for approximately 10 minutes. [REDACTED] was found unresponsive in the pool by a witness. [REDACTED] was gotten out of the pool and Cardiopulmonary Resuscitation (CPR) was started. 911 was called and an Ambulance and Law Enforcement arrived on the scene. [REDACTED] was taken to [REDACTED] by ambulance. [REDACTED] regained a pulse but was not breathing on her own and she had little brain activity. She was admitted to the Pediatric Intensive Care Unit (PICU) where her prognosis was not good. [REDACTED] had a brain death exam and was pronounced dead at 9:38am on 7/1/15. Her family chose to donate her organs.

The investigation into this incident was conducted by [REDACTED] Detective [REDACTED] and DCS Child Protective Services Investigator [REDACTED]

The report to DCS listed the alleged perpetrator as Unknown but was established to be the mother [REDACTED]. Numerous interviews were conducted by law enforcement and CPS of parents, siblings, witness at the [REDACTED] and medical professionals. It was found that there were 9 lifeguards present and approximately 150 attendees at the party. [REDACTED] was able to briefly leave her mother's side while on the way to the bathroom. Ms. [REDACTED] immediately began looking for her child.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

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

DCS policy Work Aid 1 (B, 5) defines the following criteria Lack of Supervision:

Failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that:

- a) The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or
 b) Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills).
 c) Any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

The case was presented to the [REDACTED] [REDACTED] Child Protective Investigation Team on 9/24/15. Team members were in agreement that there was insufficient evidence to substantiate the allegation of Lack of Supervision and Abuse Death. There is not a preponderance of evidence to substantiate the allegations of Child Abuse Death or Lack of Supervision.

The case will be closed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated for the allegation of Child Abuse Death and Lack of Supervision.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	
Contact Time:	07:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/10/2015 Contact Method:
 Contact Time: 07:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/13/2015
 Completed date: 11/13/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/13/2015 04:54 PM Entered By: [REDACTED]

11/10/15 - This Child Protective Services Investigator (CPSI) completed the Closing Safety Assessment and the children are Safe. A Copy is attached to the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/19/2015 Contact Method:
 Contact Time: 04:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/21/2015
 Completed date: 10/21/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/21/2015 12:05 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] received [REDACTED] complete medical records from [REDACTED] on a CD on 10/19/15. This CPSI printed the records and attached them to the file along with the CD.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/16/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/16/2015
 Completed date: 10/16/2015 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: 10/16/2015 12:05 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] received [REDACTED] medical records from [REDACTED] on 10/16/15. This CPSI read the records and noted the following:

[REDACTED] was born at 38 5/7 weeks on [REDACTED] at 01:31 a [REDACTED] [REDACTED] She weighed 7lb 4oz and was 20.75 long. Her Apgar Score at 1 minute was 9 and at 5 minutes was a 9. There were no concerns noted at birth and she was discharged on [REDACTED].

These records are attached to the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/14/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/16/2015
 Completed date: 10/16/2015 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: 10/16/2015 12:23 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] received [REDACTED] medical records from her pediatrician at [REDACTED]. This CPSI read the records and noted no concerns. It appears from the records that [REDACTED] was up-to-date on her immunizations. It also appears that Mrs. [REDACTED] was compliant with following up with the pediatrician after discharge from birth. The records reveal that Mrs. [REDACTED] was consistent with medical care for [REDACTED] and if she was concerned about anything she would either call and speak with the nurse or bring [REDACTED] in for an appointment. [REDACTED] last appointment with [REDACTED] was on 1/27/15.

These records are attached to the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 10/13/2015 Contact Method:

Contact Time: 10:45 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 10/13/2015

Completed date: 10/13/2015 Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 11:12 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] sent a release of information and requested medical records for [REDACTED] from [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED] on 10/13/15.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/30/2015 Contact Method: Phone Call
Contact Time: 03:45 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 10/13/2015
Completed date: 10/13/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 09:14 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] conducted a follow-up phone call with the family by contacting the father, [REDACTED] on 9/30/15. Mr. [REDACTED] stated that he received this list of grief counseling providers that this CPSI mailed to them. He stated that [REDACTED] and [REDACTED] are received counseling at [REDACTED] and he and Mrs. [REDACTED] are receiving counseling through hospice. He stated that they are taking it day by day. This CPSI asked Mr. [REDACTED] where [REDACTED] was born and who her pediatrician was and he stated that she was born at [REDACTED] and her pediatrician was [REDACTED]. This CPSI asked Mr. [REDACTED] if there is anything he and his family needs assistant with and he stated no but thank you.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/24/2015 Contact Method: Face To Face
Contact Time: 11:30 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Other Community Site Created Date: 10/13/2015
Completed date: 10/13/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): CPIT (Child Protective Investigative Team)
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 09:18 AM Entered By: [REDACTED]

This case was presented at the [REDACTED] [REDACTED] Child Protective Investigative Team (CPIT) Meeting on 9/24/15. the team agreed with the Allegation Unsubstantiated/Perpetrator Unsubstantiated (AUPU) classification decision for the Severe Lack of Supervision and Abuse Death Allegations. The CPIT forms were signed and are attached to the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/22/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/13/2015
 Completed date: 10/13/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 09:27 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] received a report from the [REDACTED] This was a one page report which noted:

Date of Death: 7/1/15 9:30 AM
 Type of Death: Accident

Autopsy Ordered - No
 Toxicology Ordered - No

Cause of Death: Drowning
 Contributory Cause of Death:
 Manner of Death: Accident

This report is attached to the file.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/25/2015	Contact Method: Phone Call
Contact Time: 09:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/25/2015
Completed date: 08/25/2015	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: 08/25/2015 10:11 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] contacted the [REDACTED] at [REDACTED] on 8/25/15 to check on the status of [REDACTED] autopsy report. This CPSI sent an email request for [REDACTED] autopsy ti [REDACTED] which included that Case Id# [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/10/2015 Contact Method: Correspondence
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/24/2015
 Completed date: 07/24/2015 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: 07/24/2015 12:37 PM Entered By [REDACTED]

After attempting to contact the family again by phone, this Child Protective Services Investigator (CPSI) [REDACTED] mailed the list of providers for Grief/Bereavement to the family at this address: [REDACTED] on 7/10/15.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/07/2015 Contact Method:
 Contact Time: 02:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/24/2015
 Completed date: 07/24/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/24/2015 12:42 PM Entered By: [REDACTED]

The funeral for [REDACTED] was on 7/7/15 at 2pm at the [REDACTED] [REDACTED] The obituary from the [REDACTED] online website is attached to the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/06/2015 Contact Method: Correspondence
 Contact Time: 08:48 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/24/2015
 Completed date: 07/24/2015 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: 07/24/2015 12:30 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] sent an email on 7/6/15 at 8:48am to Detective [REDACTED] inquiring about an autopsy for [REDACTED]. The email request that he inform this CPSI when the preliminary autopsy meeting will be so that this CPSI can attend.

Det. [REDACTED] responded to the email on 7/6/15 at 9:16am. He stated in his email that there was only an external autopsy done so he did not attend. He stated that he doubts that we'll have a meeting with the [REDACTED] on this one.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/02/2015 Contact Method: Attempted Phone Call
 Contact Time: 04:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/06/2015
 Completed date: 07/06/2015 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: 07/06/2015 09:04 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] called the father, [REDACTED] to provide him with resources for grief/Bereavement counselors that are covered through the family's insurance. Mr. [REDACTED] did not answer the phone so this CPSI left a voicemail message for him stating this reason for the call. A copy of the resources that were printed for the family are attached to the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/02/2015 Contact Method:
 Contact Time: 02:47 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/02/2015
 Completed date: 07/02/2015 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: 07/02/2015 03:06 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) emailed a the Notice of Child Death Form to Lead Investigator [REDACTED] and [REDACTED] on 7/2/15. A copy of this form is attached to the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/02/2015 Contact Method: Phone Call
 Contact Time: 02:17 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/02/2015
 Completed date: 07/02/2015 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: 07/02/2015 02:38 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) paged the [REDACTED] Social Worker at [REDACTED] on 7/2/15 to follow-up regarding [REDACTED]. [REDACTED] called this CPSI and noted that [REDACTED] is still in the PICU awaiting organ donation. She stated that organ donation typically takes up to three days. She stated that the family is still here with [REDACTED]. She stated that [REDACTED] body will be sent to [REDACTED] so that an autopsy can be performed. This CPSI asked about medical records for today regarding [REDACTED] and she stated that the chart is no longer in [REDACTED] name since she is deceased. The only records are regarding organ donation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/02/2015 Contact Method:
 Contact Time: 01:45 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/02/2015
 Completed date: 07/02/2015 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: 07/02/2015 02:29 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) contacted the Child Abuse Hotline on 7/2/15 to give notification of the fatality to intake # [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/01/2015 Contact Method: Phone Call
 Contact Time: 10:29 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/01/2015
 Completed date: 07/01/2015 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: 07/01/2015 10:55 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) received a call from [REDACTED] [REDACTED] [REDACTED] on 7/1/15 at 10:29am. Mrs. [REDACTED] stated that [REDACTED] had a brain death exam and was pronounced dead at 9:38 am today (7/1/15). She stated that [REDACTED] is still hooked up to the machines because the family is donating her organs. She stated that the family has several family member here for support and the siblings are not present at this time. She faxed this CPSI the progress notes from 6/30/15 and the Report of death. These are attached to the file.

Report of Death
 Date of Death: 7/1/15
 Official Time of Death: 9:38
 Admit Diagnosis: Drowning
 Immediate Cause of Death" brain death
 Secondary to: severe anoxic brain injury



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/30/2015 Contact Method: Correspondence
 Contact Time: 01:40 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/02/2015
 Completed date: 07/02/2015 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: 07/02/2015 02:20 PM Entered By: [REDACTED]

This CPSI received an email from Detective [REDACTED] regarding his interview with the mother, [REDACTED]. The summary of the interview states:

[REDACTED] reports being at the club for a pool party; approximately 150 people were present. [REDACTED] had to go to the bathroom so [REDACTED] takes her. She removes her floaty she was wearing, on the way back she stops to speak with a friend. She notices [REDACTED] is not present and assumed she walked to the bathroom. [REDACTED] checks the bathrooms and other areas inside the club. She then hears the commotion outside, she walks outside to see [REDACTED] lying on the side of the pool with someone performing CPR (Unk who this person was) [REDACTED] stated life guards were on duty at the time but unsure where they were at the time of incident. She thinks she was looking for [REDACTED] for approx. 10mins. She describes [REDACTED] as fast and active."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/29/2015 Contact Method:
 Contact Time: 04:26 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/02/2015
 Completed date: 07/02/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2015 03:09 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) emailed the Notice of Child Preliminary Near Death Form to Lead Investigator [REDACTED] and [REDACTED] [REDACTED] on 6/29/15. A copy of this form is attached to the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/29/2015 Contact Method: Phone Call
 Contact Time: 04:15 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): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 04:42 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) contacted [REDACTED] [REDACTED] to see the results of the Brain Death Exam. Ms. [REDACTED] stated that the child didn't have a brain death exam but instead the team met with the family and discussed her poor prognosis. She stated that the parents requested a MRI before making a decision to withdrawal support. Ms. [REDACTED] sent this CPSI the daily Progress note by [REDACTED] [REDACTED] which stated that "parents asked appropriate questions regarding withdrawal of support and end-of-life care and have had extended discussion with them about her prognosis and potential withdrawal of life sustaining measures if she would not have the quality of life they would wish for her."

This medical record is attached to the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/29/2015 Contact Method:
 Contact Time: 12:10 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)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 12:29 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) completed the Family Advocacy and Support Tool on 6/29/15 and it was Moderate Need /Risk. This form is attached to 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: 06/29/2015 Contact Method: Phone Call
 Contact Time: 10:46 AM 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): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 03:16 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) paged [REDACTED] to follow-up regarding [REDACTED] on 6/29/15 at 10:46am. [REDACTED] returned the page and stated that she is covering from Mrs. [REDACTED] today. She stated that they are currently doing the 1st brain death exam now and will let this CPSI know the results of that exam.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/26/2015 Contact Method: Phone Call
 Contact Time: 04:10 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): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 12:39 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) contacted [REDACTED] [REDACTED] [REDACTED] on 6/26/15. Mrs. [REDACTED] stated that there have been no changes in the child's health. She sent this CPSI some medical records which included the Prehospital Care Report, Daily Progress Note from 6/26 and the Pediatric Neurology Consultation Note from 6/25/15.

A copy of these medical records are attached to 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: Face To Face
Contact Time: 03:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Hospital 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): Other Child Living in the Home Interview/Observation
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/29/2015 11:50 AM Entered By: [REDACTED]

This Child Protective Services Investigator interviewed sibling, [REDACTED] (9), privately at [REDACTED] on 6/26/15. This CPSI established a good rapport with [REDACTED] and explained to her what CPS is on an age appropriate level. [REDACTED] stated that she attends school at [REDACTED]. She stated that she lives with her father [REDACTED] mother ([REDACTED]), her brother [REDACTED] and her sister ([REDACTED]). She was asked about fun things she likes to do and she stated that she is on the swim team. She stated that she, her mother, her brother and sister attended an event at the Swim club and there were 197 children there. [REDACTED] stated that she had been in the pool playing with [REDACTED] before her mother took [REDACTED] to the bathroom. She stated that [REDACTED] was wearing flotation devices that had arm floats and a float around her chest. She stated that after they came back from the bathroom she and her brother helped her mother look for [REDACTED]. She stated that she didn't see [REDACTED] when her mother came back from the bathroom. She stated that there were 197 children at the event.

She was asked if there is anything else she would like to tell this CPSI and she stated yes. She stated that she is Sicilian. She stated that her father thinks she's really Italian because she loves Italian food. She also stated that she doesn't like sweets. She likes salty and sour instead.

This CPSI interviewed sibling, [REDACTED] (7), privately at [REDACTED] on 6/26/15. This CPSI explained what CPS is to him on any age appropriate level and established a good rapport with him. [REDACTED] stated that he is 7 years old and this CPSI asked him how he likes being 7 compared to being 6. He stated that he can swim better now since he is 7 and that's how [REDACTED] drowned. He stated that he and [REDACTED] helped their mother look for [REDACTED] but she was in the pool and we didn't see her. He stated that [REDACTED] is doing a little and she is trying to breathe. At this point of the interview if asked if we were finished because he was done talking.



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: Face To Face
 Contact Time: 02:50 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Hospital 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): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 11:57 AM Entered By [REDACTED]

This Child Protective Services Investigator (CPSI) spoke with Father [REDACTED] on 6/26/15 at [REDACTED]. Mr. [REDACTED] stated that have a lot of family support at the hospital. He indicated that there have been no changes with [REDACTED] at this time. This CPSI asked him about what type of insurance they have so that this CPSI can look into counseling for them and he stated that everyone except [REDACTED] has [REDACTED].

This CPSI explained the Native American Heritage Veto Verification, Client Rights Handbook, Notification of Equal Access, HIPAA Notice of Privacy Practices and Release of Information forms to Mr. [REDACTED]. The forms were signed and a copy of the Client Rights, Notification of Equal Access, and HIPAA were provided to the family. The Originals are attached to the file. This family isn't of Native American Heritage.



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: 06/26/2015	Contact Method: Correspondence
Contact Time: 09:00 AM	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): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/29/2015 02:26 PM Entered By: [REDACTED]

Detective [REDACTED] sent this Child Protective Services Investigator (CPSI) the interviews that he conducted with witness at [REDACTED]. The interviews were conducted on 6/24/15. The interviews are as follows:

On 06/24/2015 at 10:00pm., Det. [REDACTED] was called out to assist patrol on a 2 year old possible drowning. Patrol indicated the event occurred at [REDACTED] at a complex known as [REDACTED]. Patrol indicated the victim has been transported to [REDACTED]. I directed patrol to secure the scene and locate any and all witnesses. I notified [REDACTED] and called Det. [REDACTED] who indicated he would meet me at [REDACTED].

Staff at [REDACTED] indicated the victim has been moved from [REDACTED] on the 5th floor. After meeting with medical staff on the 5th floor, Det. [REDACTED] directed me to scene while he conducted an interview with the parents of the victim.

After arriving at the scene, I directed patrol to take photos of the pool and the area around the pool. I then conducted interviews with 13 witnesses. Each interview occurred in the pool house and was audio recorded. Below is a summary of each interview;

Det. [REDACTED] interviewed, [REDACTED] address [REDACTED]. Mr. [REDACTED] stated he was at the pool monitoring his 3 year old. Mr. [REDACTED] stated he was in the 3 foot end of the pool right next to the far wall. He stated he felt another person bump him and as he turned to look, he saw the victim floating motionless in the water. He stated he picked up the child and placed her outside the pool. Mr. [REDACTED] stated he started CPR but was relieved a short time later by man who indicated he was a doctor [REDACTED]. Mr. [REDACTED] stated he did not see where the child came from and does not know how she got in the water. Mr. [REDACTED] stated he observed two life guards in the chairs around the pool. He stated he thought there were more working in and around the pool, but was not sure. Mr. [REDACTED] stated the staff at the pool would make everyone get out of the pool every hour for a few minutes. He stated the last time was around 40 minutes prior to him finding the child.

Det. [REDACTED] interviewed, [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

indicated he has been a doctor at [REDACTED] [REDACTED] for the last 7 years. He stated while at the pool, he heard Mr. [REDACTED] yelling for assistance so he went over to help. He stated he performed CPR until the Medics arrived. Mr. [REDACTED] also indicated the last time everyone had to get out of the pool was about 40 minutes prior to the child being found.

[REDACTED] interviewed, [REDACTED], address [REDACTED]. Mrs. [REDACTED] stated she is the person overall in charge of the facility. She stated she has managers who work for her. She stated [REDACTED] is the manager who was in charge at the time the event occurred. Mrs. [REDACTED] indicated she was not present when the event occurred.

Det. [REDACTED] interviewed, [REDACTED]. Mrs. [REDACTED] indicated she was the manager at the time the event occurred. She indicated she had 9 lifeguards working because of the special event. She stated they had music and food for everyone also. Mrs. [REDACTED] stated at the time the event occurred she had most of the lifeguards inside the club house cleaning. She stated she was not sure how many were outside watching the pool. Mrs. [REDACTED] also indicated the last the pool was emptied was about 40 minutes prior to the event occurring. Mrs. [REDACTED] stated she was inside the clubhouse when the event occurred.

[REDACTED] were all lifeguards inside the clubhouse when the event occurred.

Det. [REDACTED] interviewed [REDACTED]. Mr. [REDACTED] was he lifeguard seated in the chair the furthest from the scene of the event.

Det. [REDACTED] interviewed, [REDACTED]. Ms. [REDACTED] was the lifeguard seated in the chair closest to the event.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/25/2015 Contact Method: Attempted Face To Face
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/29/2015
 Completed date: 06/29/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 11:59 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] attempted a home visit/sibling interviews that the family's home [REDACTED] on 6/25/15. This CPSI knocked on the door several times but no one came to the door.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/25/2015 Contact Method:
 Contact Time: 09:00 AM 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)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 12:21 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) completed the Initial Safety Assessment and the children are Safe. A Copy is attached to 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: 06/25/2015 Contact Method: Face To Face
Contact Time: 12:45 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 06/25/2015
Completed date: 06/25/2015 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: 06/25/2015 02:43 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] interviewed [REDACTED] while at [REDACTED] [REDACTED] on 6/25/15 at 12:45am [REDACTED] was the attending physician when [REDACTED] was brought to [REDACTED] on 6/24/15 at 1958. [REDACTED] stated that the mother said that she took [REDACTED] to the restroom and when they returned to the pool deck the mother turned around and she was missing. [REDACTED] stated that [REDACTED] was missing for about 10 minutes and possibly had bystander CPR. She stated that it took 5 minutes from the time 911 was called to EMS arrival. She stated that [REDACTED] was given CPS for 36 minutes from the time EMS arrived. She stated that [REDACTED] pupils are minimally reactive. She stated that [REDACTED] prognosis is not good and has little brain activity.



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: 06/25/2015 Contact Method: Face To Face
 Contact Time: 12:20 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Hospital 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): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 12:00 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] interviewed the father [REDACTED] at [REDACTED] on 6/25/15 at 12:20 am. Mr. [REDACTED] stated that he and his wife [REDACTED] have 3 children. [REDACTED] and [REDACTED]. Mr. [REDACTED] was fighting to hold back tears when he said [REDACTED] name. He stated that he was not there at the swim event tonight with his family, he was at a business meeting. He stated that he makes films. He stated that the event was at [REDACTED] and it was a kids with a DJ night and there were 150 kids there. He stated that he is not sure the details as to what happened because he was not present.

This CPSI got contact information for him and his wife. Mr. [REDACTED] phone number is [REDACTED] and his wife's number is [REDACTED]. He stated that they lived in [REDACTED] for 8 years before they moved to [REDACTED] 5 years ago. He stated that their address is [REDACTED]. He stated that [REDACTED] and [REDACTED] are with family friends tonight. The family friends are [REDACTED] and [REDACTED]. This CPSI explained to Mr. [REDACTED] that this CPSI would need to talk to his children tomorrow and he stated that he will call this CPSI tomorrow and set up a 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: 06/25/2015 Contact Method: Face To Face
Contact Time: 12:19 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Hospital 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): Alleged Perpetrator Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 12:07 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] spoke with the Mother, [REDACTED] at [REDACTED] [REDACTED] on 6/25/15 at 12:19 am. She was crying and distraught at her daughter's bedside. This CPSI introduced herself to Mrs. [REDACTED] and empathized with her briefly. Det. [REDACTED] interviewed Mrs. [REDACTED] already regarding this incident so she was not interviewed again 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: 06/25/2015 Contact Method: Face To Face
 Contact Time: 12:15 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/25/2015
 Completed date: 06/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/25/2015 02:25 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] conducted an initial face to face observation of [REDACTED] (2) at [REDACTED] (PICU) on 6/25/15 at 12:15 am. The mother and nurse were in the room with [REDACTED] during this observation. [REDACTED] appeared to be laying motionless on her back in the hospital bed. [REDACTED] is not breathing on her own. She was hooked up to several monitors and a ventilator.



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: 06/24/2015 Contact Method: Phone Call
 Contact Time: 11:53 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/26/2015
 Completed date: 06/26/2015 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: 06/26/2015 02:06 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] received a phone call from Detective [REDACTED] with [REDACTED] on 6/24/15 at 11:53 pm. Det. [REDACTED] stated that he interviewed that mother and father at the hospital while Det. [REDACTED] was a [REDACTED] interviewing witnesses. He stated that there was an event tonight at [REDACTED] for children 11 and under. He stated that ID took photographs of the scene at [REDACTED]

He stated that he interviewed the mother, [REDACTED] at the hospital. He stated that the mother took the child to the bathroom. At the time they were to the bathroom, the victim had on a flotation device and the mother took it off so that the child could use the bathroom. They were walking back to the pool and the mother did not put the flotation device back on. Someone stopped the mother to say hello and the child wandered off. The mother looked for the child for a couple minutes and saw someone giving her CPR.

He stated that he also interviewed a life guide who stated that she saw the child in the pool without a flotation device. The child was hanging onto the side of the pool and would swim out a foot or so and then swim back to the side.

He stated that this is going to be an accident. He stated that there are no video camera at [REDACTED] that would have videoed what happened.



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: 06/24/2015 Contact Method: Face To Face
 Contact Time: 11:45 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/26/2015
 Completed date: 06/26/2015 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: 06/26/2015 01:11 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI), [REDACTED], made contact with the [REDACTED] social work team on 06/24/15 at 11:40pm at the Emergency Department (ED) and was advised of [REDACTED] treatment and prognosis. According to [REDACTED] [REDACTED] has no brain activity and they don't expect her to make it through the night. She is not breathing on her own and she doesn't react to pain. She informed this CPSI that Det. [REDACTED] was at the hospital and interviewed the mother and father. She stated that Det. [REDACTED] has already left.

She escorted this CPSI to the Pediatric Intensive Care (PICU) and got a room so that this CPSI could speak with the father, [REDACTED], privately.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/24/2015 Contact Method: Phone Call
 Contact Time: 11:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/26/2015
 Completed date: 06/26/2015 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: 06/26/2015 12:24 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) convened Child Protective Investigative Team (CPIT) on 6/24/15 per local protocol. Det. [REDACTED] was assigned this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/24/2015 Contact Method: Attempted Phone Call
 Contact Time: 11:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/26/2015
 Completed date: 06/26/2015 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: 06/26/2015 12:34 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) called Detective [REDACTED] with [REDACTED] on 6/24/15 at 11:20 pm. Det. [REDACTED] did not answer the phone so this CPSI left him a voicemail message. This CPSI also sent Det. [REDACTED] a text message requesting he call this CPSI.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/24/2015	Contact Method:	Phone Call
Contact Time:	11:16 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/26/2015
Completed date:	06/26/2015	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)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/26/2015 12:31 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] called [REDACTED] regarding this investigation. [REDACTED] stated that Detective [REDACTED] notified him that he is working this investigation. [REDACTED] stated that the alleged child victim is at [REDACTED] and he thinks Det. [REDACTED] is as well.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/24/2015 Contact Method: Phone Call
 Contact Time: 11:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/25/2015
 Completed date: 06/25/2015 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: 06/25/2015 03:21 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) contacted the referent for additional information. It was noted on the referral that the referent did not request a notification.



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: 06/24/2015 Contact Method:
 Contact Time: 09:46 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/25/2015
 Completed date: 06/25/2015 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: 06/25/2015 03:18 PM Entered By: [REDACTED]

The Department of Children's Services received the referral on 6/24/15 and it was assigned to Child Protective Services Investigator (CPSI) [REDACTED] as a response priority P1 regarding Allegations of Severe Lack of Supervision (LOS). The alleged perpetrator is listed as Unknown/Other Non-relative and the victim is listed as [REDACTED] (2yrs 11 months).

Reporter states: [REDACTED] (2), resides with her mother, [REDACTED] (38), and father (information unknown), in [REDACTED]. On June 24, 2015, law enforcement received a call regarding a child drowning at [REDACTED] which is a [REDACTED] where a birthday party was taking place. There was noted to be about 75 people in and around the pool during this time. Law enforcement arrived on scene and the paramedics that were on scene reported that CPR had already been started. The defibrillator was attached to [REDACTED] and at no time did it shock the child due to not being needed. [REDACTED] was then transported to [REDACTED]. To the referent's knowledge, [REDACTED] now has a pulse and is alive at [REDACTED] and [REDACTED] father are at [REDACTED] with the child at this time. One witness reported that someone else alerted them that [REDACTED] was unresponsive in the pool. They got [REDACTED] out of the pool and yelled for the lifeguards to come help. It is unknown where the parents were during this time. Youth Services were noted to also be called to [REDACTED] and they are there right now.

This Intake was not initially made a near death but later changed to reflect near death due to the child having little brain activity.

Notice of Referral pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.

A Tennessee Family And Child Tracking System (TFACTS) history check was completed and there was no history found on this family.

Family Composition:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Mother: [REDACTED]

Father: [REDACTED]

Alleged child victim [REDACTED]

Siblings: [REDACTED]

Address [REDACTED]

Mother's Phone number: [REDACTED] Father's Phone number: [REDACTED]

Incident Occurred at: [REDACTED]

This family isn't of Native American Heritage.



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: 06/24/2015 Contact Method: Face To Face
Contact Time: 12:20 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 06/26/2015
Completed date: 06/26/2015 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: 06/26/2015 05:03 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) [REDACTED] interviewed the father, [REDACTED] at [REDACTED] on 6/25/15 at 12:20 am. Mr. [REDACTED] stated that he and his wife [REDACTED] have 3 children. [REDACTED] and [REDACTED] was fighting to hold back tears when he said [REDACTED] name. He stated that he was not there at the swim event tonight with his family, he was at a business meeting. He stated that he makes films. He stated that the event was at [REDACTED] swim and tennis and it was a kids with a DJ night and there were 150 kids there. He stated that he is not sure the details as to what happened because he was not present.

This CPSI got contact information for him and his wife. Mr. [REDACTED] phone number is [REDACTED] and his wife's number is [REDACTED]. He stated that they lived in [REDACTED] for 8 years before they moved to [REDACTED] 5 years ago. He stated that their address is [REDACTED]. He stated that [REDACTED] and [REDACTED] are with family friends tonight. The family friends are [REDACTED]. This CPSI explained to Mr. [REDACTED] that this CPSI would need to talk to his children tomorrow and he stated that he will call this CPSI tomorrow and set up a time.

Narrative Type: Addendum 1 Entry Date/Time: 06/29/2015 11:14 AM Entered By: [REDACTED]

This interview actually occurred on 6/25/15 at 12:20 am instead of the noted date.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 6/24/15 9:46 PM

Date of Assessment: 6/25/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

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.



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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: _____