



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 08/23/2015 04:56 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 08/23/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 08/23/2015 06:57 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 08/23/2015 12:00 AM  
 First Case Manager [REDACTED] Date/Time 08/23/2015 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Mos	Abuse Death	Yes	[REDACTED]	Birth Father
[REDACTED]	9 Mos	Physical Abuse	No	[REDACTED]	Birth Father
[REDACTED]	9 Mos	Abuse Death	Yes	[REDACTED]	Birth Mother
[REDACTED]	9 Mos	Drug Exposed Child	No	[REDACTED]	Birth Father
[REDACTED]	9 Mos	Drug Exposed Child	No	[REDACTED]	Birth Mother
[REDACTED]	6 Yrs	Drug Exposed Child	No	[REDACTED]	Birth Father
[REDACTED]	6 Yrs	Physical Abuse	No	[REDACTED]	Birth Father
[REDACTED]	6 Yrs	Drug Exposed Child	No	[REDACTED]	Birth Mother
[REDACTED]	9 Mos	Drug Exposed Child	No	[REDACTED]	Birth Father
[REDACTED]	9 Mos	Drug Exposed Child	No	[REDACTED]	Birth Mother
[REDACTED]	9 Mos	Physical Abuse	No	[REDACTED]	Birth Father

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address: [REDACTED]  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: None

Narrative: \*\*\*\*\*THE IS NOT IN DCS  
 CUSTODY\*\*\*\*\*



**Tennessee Department of Children's Services  
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Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No  
Closed Court Custody No

Open: INV # [REDACTED] / PYA, DEI, DEC / 7-10-2015 / CM [REDACTED], Supervisor [REDACTED] (No approved classification at this time)

Substantiated: None

Death: None

Number of Screen Outs: 0

History (not listed above): No

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School/ Daycare: [REDACTED] | [REDACTED]

Native American Descent: No

Directions: None Given

Reporter's name/relationship [REDACTED] | [REDACTED] | [REDACTED]

NOTE: Address and any applicable phone numbers are listed under the oldest child victim.

Reporter states:

[REDACTED] (5), [REDACTED] (1 month old), and [REDACTED] (1 month old) live with their parents, [REDACTED] and [REDACTED]. [REDACTED] and [REDACTED] are twins. The family resides in [REDACTED] Co.

Law enforcement in [REDACTED] Co. received a call from a family member today requesting that officers do a welfare check on the mother. There were allegations of domestic violence in the home by the [REDACTED] as well as allegations of the children being physically abused by the [REDACTED]. The family member was worried about the safety of the children. The family member did not have an exact address but they did have the name of the road. At that same time that officers were doing a cross reference to find the exact address, the father called 911 stating that [REDACTED] was in cardiac arrest. Law enforcement and EMS arrived at the home. The baby was pronounced deceased on the scene. An autopsy will be performed on [REDACTED] at [REDACTED] | [REDACTED] | [REDACTED]

When officers and EMS arrived, [REDACTED] appeared to be deceased longer than what would have been a normal cardiac arrest. There were no signs or injuries or other concerns with [REDACTED]. The father stated that he went to take a nap. The father stated that the last time he saw [REDACTED] was at 10:30am this morning after they fed him. The father stated that he went to check on [REDACTED] in the crib in the master bedroom. The father stated that he found [REDACTED] not breathing. The father stated that the mother started CPR on [REDACTED] while he called 911.

It is unknown where the mother was when this occurred. [REDACTED] was with a grandmother and she was not at the residence. [REDACTED] was in the crib with [REDACTED]. There were no concerns observed with [REDACTED] at this time.

The stories given to officers by the mother and the father were inconsistent on the time frames and what had occurred. The mother did not state much to officers. The mother believed that law enforcement was present due to the assault by the father.



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The father was arrested today and charged with aggravated domestic assault against the mother. The mother was severely beaten in her face and on her body. The mother was assessed by EMS at the scene. The physical assault by the father took place sometime yesterday. LE was not called to the home at the time of the incident. There is no reported history of domestic violence prior to today to the reporter's knowledge.

There is a history of drug abuse by both parents and both parents have a criminal history for drugs. The mother has been arrested in the past for stealing a prescription pad from a doctor's office. The father is a convicted felon and was released from prison recently. There were numerous amounts of prescription narcotics found in the home today. The father was observed by officers to be clearly under the influence of drugs. It is unknown at this time if the mother was under the influence of any drugs.

The father appeared to be more concerned about his narcotics than the death of his child. The mother appeared to be more concerned about getting a cigarette lighter than the death of her child. There is no history of any prior child deaths in the home to the reporter's knowledge.

Both the twins, [REDACTED] and [REDACTED] were born premature. There are no reports of any medical conditions with [REDACTED] or [REDACTED]. There are no reports at this time that [REDACTED] was on any type of medication at the time of his death.

DCS was called directly to the scene by the [REDACTED] [REDACTED] is currently in the care of DCS.

No special needs or disabilities are known.

Is there any domestic violence in the home? Yes  
Are there any safety risks for the responding CPS worker? None to the reporter's knowledge

Per SDM: Investigative Track / P1. [REDACTED] CM 3 @ 6:10pm on 8-23-15

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	08-23-15 06:34:15 PM	[REDACTED] ---	[REDACTED]	Voicemail
	08-23-15 06:34:15 PM	[REDACTED] 08-23-15 06:34:51 PM	[REDACTED]	PRIVATE Received
	08-23-15 06:34:16 PM	[REDACTED] ---	[REDACTED]	

Email Sent

Notified the [REDACTED] group and the [REDACTED] [REDACTED] via email.



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 35 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:** 9 Mos

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 6 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 9 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 31 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 08/23/2015

Assignment Date: 02/08/2016

Street Address:

City/State/Zip:

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 12/08/2015
2	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 12/08/2015
3	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 12/08/2015
4	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 12/08/2015
5	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 12/08/2015
6	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 12/08/2015
7	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 12/08/2015
8	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 12/08/2015
9	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 12/08/2015



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
10	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			12/08/2015
11	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			12/08/2015

**C. Disposition Decision**

Disposition Decision: Refer for Other Services and Close

Comments: Case has been transitioned to Family Support Services

**D. Case Workers**

Case Worker: [REDACTED]

Date: 12/08/2015

Team Leader: [REDACTED]

Date: 12/08/2015

**E. Investigation Summary**

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

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

Initial contact was made with [REDACTED] and [REDACTED] on 8/23/15 at the family home. Contact was not made with [REDACTED] who was pronounced deceased and transported prior to the arrival of CPS. [REDACTED] was admitted to [REDACTED] Hospital on 8/23/15. Contact was made with the children at the hospital, at the family residence, at the maternal grandparents, and at DCS. For details see case summary.

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

Autopsy results are undetermined as to the cause of death. For details see case summary

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

Contact with [REDACTED] was made on 8/23/15 at jail, Father was on suicide watch. Contact was made with him at subsequent court hearings. Contact with [REDACTED] began on 8/23/15 and has occurred at her residence, the sheriff's department, court hearings, Child and Family Team Meetings, and a Family Support Services transition meeting. For details see case summary

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

[REDACTED] was interviewed at the [REDACTED] and provided a clear disclosure of the parents substance abuse in the home and the domestic violence in the home. Family information/statements have



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

**Case Name :** [REDACTED]

**Investigation ID:** [REDACTED]

been obtained by the maternal grandparents, the great grandmother, law enforcement, and family friends, Families Free representatives, and mother. For details see case summary

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

Case was presented to the CPIT team on 12/11/15 with classification decision of AUPU on abuse death, and physical abuse. Allegation of drug exposed child x3 is classified as Allegation Substantiated Perpetrator Substantiated. For details see case summary

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



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/15/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/15/2015
Completed date:	12/15/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/15/2015 01:33 PM      Entered By: [REDACTED]

Purpose: Case Review for Closure

LI [REDACTED] reviewed this case for closure. The following tasks were completed.

Date of Referral: 8/23/2015

Initial Notification to Juvenile Court: 8/24/2015

Notification to DA: 8/24/2015

Law Enforcement Notification: 8/23/2015

CAC Notification: 8/24/2015

SDM Safety Assessment: 8/23/2015

FAST: 8/23/2015

Administrative Review(s): 8/23/2015

CS-0740 Not Sent to [REDACTED] County [REDACTED] County Juvenile Court per their request.

Case Closure Date: 12/15/2015

Case filed under: [REDACTED]



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

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

**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	12/11/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:	DCS Office	Created Date:	12/10/2015
Completed date:	12/11/2015	Completed By:	██████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:	Closing		

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

Narrative Type: Original      Entry Date/Time: 12/10/2015 08:43 AM      Entered By: ██████████

**Closing Case Summary:**

The Department of Children's Services received a referral on August 23, 2015 with allegations of Abuse Death, Drug Exposed Child, and Physical Abuse on ██████████ who was reported to be one month old. Allegations of Drug Exposed Child and Physical Abuse were also listed on one month old, ██████████ and five year old, ██████████. The alleged perpetrators were listed as ██████████ and ██████████. This investigation was assigned to Child Protective Services Investigator (CPSI) ██████████.

The referral states on August 23, 2015, a call was placed to 911 by a family member for the purpose of conducting a welfare check on ██████████ (mother). Prior to the officer's arrival another call was received from ██████████ (father) stating his infant son ██████████ was in cardiac arrest. This call was placed at 12:54 pm. When Emergency Medical Services arrived at the home, ██████████ was pronounced deceased at the scene. The time of death was reported to be 1:16 pm.

CPSI arrived at the residence located at ██████████ on August 23, 2015 at approximately 2:30 pm. ██████████ had been transported to ██████████ County Detention Center after being charged with aggravated domestic assault against ██████████. CPSI did not observe ██████████ as the child had already been transported from the home prior to CPSI arrival. Contact was made with the following: ██████████ (mother); ██████████ (child); ██████████ (child); ██████████ (maternal grandmother); ██████████ (maternal great grandmother); ██████████ (family friend); ██████████ (Investigator for ██████████ County Sheriff's Office); ██████████ (Investigator for ██████████ County Sheriff's Office); and ██████████ (Investigator for ██████████ County Sheriff's Office).

Investigator ██████████ attempted to obtain a statement from ██████████ at the residence, but due to the chaotic environment within the home, a decision was made to interview the parent at ██████████ County Sheriff's Office. Before leaving the residence, ██████████ was transported to ██████████ Hospital by ██████████ and ██████████ for the purpose of a medical examination. ██████████ left the residence at the same time with those relatives.

At 5:15 pm on August 23, 2015 Investigator ██████████ obtained a statement from ██████████. The following is a synopsis of that interview:



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**Case Recording Summary**

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

The couple has been married for five years and both began taking pain medications after Mr. [REDACTED] was injured in an automobile accident approximately three years ago. The domestic abuse began after the couple began abusing the pain medications. The substance abuse continued during the pregnancy of the twins and got progressively worse in the last couple of months. Ms. [REDACTED] stated that on August 22, 2015, she had gotten up early to feed the twins and Mr. [REDACTED] accused her of taking his medications. Mr. [REDACTED] assaulted her and she left the home with the children. She sought refuge at her mother's home [REDACTED] and did not leave to return home until 12:00 or 1:00 pm. Mr. [REDACTED] did not return home until around 8:00 pm that evening. Ms. [REDACTED] stated she fed the twins around 9:30 pm on August 22, 2015 and put both down to sleep. Around 12:00 pm, on August 23rd, Ms. [REDACTED] stated she fed the twins again. Ms. [REDACTED] states she noticed that [REDACTED] drank a small amount of his formula but laid him back down to sleep. Ms. [REDACTED] states she was awakened by Mr. [REDACTED] who reported something was not right with [REDACTED]. Ms. [REDACTED] reported she began Cardio Pulmonary Resuscitation (CPR) on [REDACTED] while Mr. [REDACTED] called 911.

CPSI [REDACTED] contacted Lead Investigator [REDACTED], Investigation Coordinator [REDACTED], Director [REDACTED], General Counsel and Assistant General Counsel [REDACTED] and [REDACTED]. An Immediate Protection Agreement was placed into effect and signed by both parents. Mother, [REDACTED] will stay with the children at a family member's house however all contact between the mother and the children must be supervised until a Child and Family Team Meeting is completed.

August 24, 2015: Medical records were obtained on [REDACTED] and [REDACTED] from [REDACTED]. Twins were born at 34 weeks of gestation and diagnosed with Neonatal Abstinence Syndrome. [REDACTED] has a valid prescription for buprenorphine and oxycodone.

August 26, 2015:

11:00 am: [REDACTED] was interviewed at the [REDACTED]. [REDACTED] described numerous accounts of substance abuse by her parents and domestic violence in the home. [REDACTED] reports being a witness to her father pointing a gun at his head and threatening to shoot himself. According to [REDACTED] she has witnessed her mother taking her father's medicine.

August 26, 2015:

3:00 pm: A Child and Family Team Meeting (CFTM) was completed at the [REDACTED] County office of the Department of Children's Services in [REDACTED].

Discussions during the meeting involved the concerns of drug use, domestic violence, and criminal activities by both parents, as well as concerns for [REDACTED] physical health at the present time. Representatives from the [REDACTED] Program (a local substance abuse outpatient treatment program designed specifically for mothers with addictions) reported that they had been in contact with an inpatient drug rehabilitation program called [REDACTED] which was located in [REDACTED] and would be willing to approach judicial staff in regards to her upcoming court hearings being postponed if she was willing to enter this treatment facility which would be a minimum of 28 days. The family discussed concerns regarding the history of domestic violence between the parents and the mother's history of a dependency on pain medications which has resulted in her being prescribed Suboxone. The outcome of this CFTM was that a petition would be filed on behalf of the maternal grandparents, for custody of [REDACTED] and [REDACTED].

August 28, 2015

1:30 pm: The preliminary hearing for custody of [REDACTED] and [REDACTED] to be placed with maternal grandparents was held in [REDACTED] County Juvenile Court on this date. Both parents waived the preliminary hearing and agreed that placement with the grandparents was an appropriate placement for the children.

September 2, 2015

3:45 pm:

Phone call with [REDACTED] Death Investigator with [REDACTED] ([REDACTED]) CPSI [REDACTED] and LI [REDACTED] discussed the preliminary autopsy results for [REDACTED] with Mr. [REDACTED]. Mr. [REDACTED] reported that Dr. [REDACTED] was conducting the autopsy and had reported that [REDACTED] had an Atrial Septal Defect which is more commonly referred to as a "hole in the heart." Mr. [REDACTED] went on to explain that most heart defects, such as holes or murmurs, in infants resolve themselves naturally as the child ages but this hole was in an area of the heart where they are not commonly found. Also noted in the preliminary autopsy was a large perforation in the infant's abdomen that was observed to be inflamed. This perforation could be the result of Cardio



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

Pulmonary Resuscitation (CPR) being administered improperly to an infant.

September 3, 2015

[REDACTED] began inpatient treatment at [REDACTED] in [REDACTED]. Treatment is a twenty eight day substance abuse program.

September 9, 2015

10:05 am: A request for the results of the autopsy was faxed to [REDACTED] of CPS Forensic Pathology with [REDACTED] Forensic Center.

October 8, 2015

9:00 am: The adjudicatory hearing on [REDACTED] and [REDACTED] was held in [REDACTED] County Juvenile Court before Judge [REDACTED]

Legal counsel for the parents requested a reset for the adjudicatory hearing and the court complied with this request. Custody will remain with the maternal grandparents and the hearing was reset for November 19, 2015 at 9:00 am.

November 18, 2015

8:15 am: CPSI contacted Investigator [REDACTED] and was informed that the final autopsy results are not available.

November 19, 2015

9:00 am: The adjudicatory hearing on [REDACTED] and [REDACTED] was held in [REDACTED] County Juvenile Court before Judge [REDACTED]

The parents, [REDACTED] and [REDACTED] stipulated to a general finding of dependent/neglect. Parents are to cooperate with Family Support Services which will be placed in their home. A review hearing is scheduled for February 29, 2016 at 1:30.

November 19, 2015

2:45 pm: Child Protective Services Investigator [REDACTED] was informed by [REDACTED] that the final autopsy results are available and will be sent as requested.

3:30: Final autopsy result received and is stated as follows, "the cause of Baby [REDACTED] death was sudden unexpected infant death associated with focal acute pneumonia, failure to thrive, ostium atrial septal defect, and history of neonatal abstinence syndrome. The manner of death is undetermined (unclear if death was due to natural causes, neglect, or combination)".

[REDACTED] County Child Protective Investigative Team (CPIT) met on this date for case reviews. Present for the CPIT meeting was:

[REDACTED] Center [REDACTED]  
 [REDACTED] Center)  
 [REDACTED] Assistant District Attorney)  
 [REDACTED] Police Department [REDACTED]  
 [REDACTED] County Sheriff's Department)  
 [REDACTED] (Office of Child Safety [REDACTED])

Case was presented to Child Protective Investigative Team on December 11, 2015 and the team unanimously agreed to classify the allegation of Abuse Death as Allegation Unsubstantiated Perpetrator Unsubstantiated due to the autopsy listing the cause of the death as Sudden Unexpected Infant Death Syndrome. The autopsy states "the cause of Baby [REDACTED] death was sudden unexpected infant death associated with focal acute pneumonia, failure to thrive, ostium atrial septal defect, and history of neonatal abstinence syndrome. The manner of death is undetermined (unclear if death was due to natural causes, neglect, or combination)." Hard copies of the Child Protective Investigative Team form were signed by team members and are located in case file.

Case is being presented for closure on this date.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

The allegation of Abuse Death will be classified as Allegation Unsubstantiated Perpetrator Unsubstantiated (AUPU) due to the absence of a preponderance of evidence to support the allegation.

The allegation of Drug Exposed Child will be classified as Allegation Substantiated Perpetrator Substantiated (ASPS) as significant evidence exists to support the allegation.

The allegation of Physical Abuse will be classified as Allegation Unsubstantiated Perpetrator Unsubstantiated (AUPU) due to the absence of a preponderance of evidence to support the allegation

Child Death/Near Death is defined as:

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

Physical Abuse is defined as:

Any non-accidental physical injury or trauma that could cause injury inflicted by a parent, caretaker, relative or any other person who is responsible for the care, supervision or treatment of the child. Physical abuse also includes but not limited to:

- a) A parent or caretaker's failure to protect a child from another person who perpetrated physical abuse on a child;
- b) Injuries, marks and/or bruising that goes beyond temporary redness or is in excess of age appropriate corporal punishment , e.g., a bruise, broken bone, cut, burn;
- c) Violent behavior by the parent or caretaker that demonstrates a disregard for the presence of a child and could reasonably result in serious injury (e.g., domestic violence). Striking (hitting, kicking, punching, slapping, etc.) a child in such a way that would result in internal injury. Munchausen by Proxy Syndrome could be considered physical abuse or psychological abuse.

Drug Exposed Child is defined as:

This allegation pertains to a person, under the age of 18 who:

- a) Has been exposed to or is at risk of exposure to a drug or chemical substance (including but not limited to alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamine, heroin, inhalants) that could adversely affect the child's physical, mental or emotional functioning;
- b) Has a parent/caregiver that uses drugs or chemical substances that impacts or is at risk of impacting their ability to adequately care for the child.

[REDACTED] County and [REDACTED] Juvenile Courts have indicated that they do not want the 740's sent to Juvenile Court. Investigator [REDACTED] completed the 740 and a copy can be located in the hard file and in TFACTS.

Narrative Type: Addendum 2    Entry Date/Time: 12/15/2015 11:35 AM    Entered By: [REDACTED]

The case will be closed and classified as AUPU for the allegation of Child Neglect Death.

Narrative Type: Addendum 1    Entry Date/Time: 12/15/2015 11:32 AM    Entered By: [REDACTED]

There is not a preponderance of evidence to substantiate the allegation based upon the findings as noted in the autopsy.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/11/2015	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/11/2015
Completed date:	12/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/11/2015 01:20 PM      Entered By: [REDACTED]

[REDACTED] (fatality)  
[REDACTED] County Child Protective Investigative Team (CPIT) met on this date for case reviews. Present for the CPIT meeting was:  
[REDACTED] Center [REDACTED]  
[REDACTED] Center)  
[REDACTED] Assistant District Attorney)  
[REDACTED]  
[REDACTED] Police Department [REDACTED]  
[REDACTED] County Sheriff's Department)  
[REDACTED] (Office of Child Safety [REDACTED])

Case was presented to Child Protective Investigative Team on this date and the team unanimously agreed to classify the allegation of Abuse Death as Allegation Unsubstantiated Perpetrator Unsubstantiated due to the autopsy listing the cause of the death as Sudden Unexpected Infant Death Syndrome. The autopsy states "the cause of Baby [REDACTED] death was sudden unexpected infant death associated with focal acute pneumonia, failure to thrive, ostium atrial septal defect, and history of neonatal abstinence syndrome. The manner of death is undetermined (unclear if death was due to natural causes, neglect, or combination)"Hard copies of the Child Protective Investigative Team form were signed by team members and are located in case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/10/2015	Contact Method:	Correspondence
Contact Time:	09:18 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/10/2015
Completed date:	12/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notification of Classification		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/10/2015 08:20 AM      Entered By: [REDACTED]

Letter A sent to notify the perpetrators of the substantiation and the opportunity to request a formal file review.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/09/2015	Contact Method:	Correspondence
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/09/2015
Completed date:	12/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/09/2015 07:26 PM      Entered By: [REDACTED]  
 Referrals made to [REDACTED] and [REDACTED] Early Intervention Services (EIS) to assist the family.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/08/2015 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/09/2015  
 Completed date: 12/10/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Collateral Contact  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/09/2015 07:25 PM Entered By: [REDACTED]

Case was transitioned to Family Support Services and assigned to [REDACTED]. Present for the transition meeting was [REDACTED] (mother), [REDACTED] (child), [REDACTED] (maternal grandfather), [REDACTED] (paternal great grandmother), [REDACTED] (Guardian Ad Litem), [REDACTED] (cousin). Issues were discussed and the family expressed frustrations over the current arrangements of the children and the mother's lack of interest in the children. Caretakers were encouraged to set boundaries with the mother and not enable her.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/08/2015 Contact Method: Correspondence  
 Contact Time: 08:44 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/09/2015  
 Completed date: 12/10/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/09/2015 07:18 PM Entered By: [REDACTED]

In response to a request for the parent's criminal background reports, Inv [REDACTED] provided Child Protective Services Investigator (CPSI) [REDACTED] with the following information:

[REDACTED] is showing a history in [REDACTED] on 7/21/15 for possession of a controlled substance, unlawful paraphernalia, and shoplifting. Charges on 2/3/15 are ID theft, and twelve counts each of drug fraud and forgery.

[REDACTED] is showing a history for aggravated robbery 2/4/02 in [REDACTED] On 5/24/14 charges of evading arrest, speeding, reckless driving, and registrations violations.

History in [REDACTED] [REDACTED] [REDACTED] 10/1/01 possession of marijuana and paraphernalia on 3/2/10.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/30/2015	Contact Method:	Phone Call
Contact Time:	04:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/06/2015
Completed date:	12/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

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

Call placed to [REDACTED] as requested. Maternal grandfather is very upset at the allegations made against the family by [REDACTED]. Mr. [REDACTED] denies the family has been pressuring [REDACTED] to disobey the court order and watch the children unsupervised. Mr. [REDACTED] expressed great disappointment in his daughter who has not been seeking opportunities to spend time with her children. [REDACTED] has moved back to her own residence and has barely seen the children at all. She was at the home of the maternal grandparents during Thanksgiving but was there less than an hour and spent most of that time outside talking on her cell phone. Mr. [REDACTED] expressed regret that he has been providing the finances for the following; legal fees in [REDACTED] so [REDACTED] could avoid incarceration, the mortgage payments on her home to avoid foreclosure, the utility bills, a working vehicle, getting [REDACTED] license reinstated, and a weekly allowance. According to Mr. [REDACTED] [REDACTED] has been spending a lot of time with a male who also has a history of substance abuse.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/19/2015 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 11/19/2015  
 Completed date: 12/06/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Court Hearing  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2015 03:30 PM Entered By: [REDACTED]  
 The adjudicatory hearing on [REDACTED] and [REDACTED] was held on November 19, 2015 in [REDACTED] County Juvenile Court before Judge [REDACTED]. Present for the hearing was:

Mother: [REDACTED] and attorney [REDACTED]  
 Father: [REDACTED] and attorney [REDACTED]  
 Maternal Grandfather: [REDACTED]  
 Maternal Great Grandmother: [REDACTED]  
 Guardian Ad Litem: [REDACTED]  
 DCS attorney: [REDACTED]  
 CPSI: [REDACTED]

The parents, [REDACTED] and [REDACTED], stipulated to a general finding of dependent/neglect.

Parents are to cooperate with Family Support Services which will be placed in their home.

Parents are to complete the following tasks:

- 1). Domestic violence classes
- 2). Clinical Parenting assessment
- 3). Anger Management classes
- 4). Random drug screens

When [REDACTED] completes these tasks, his attorney may recommend that visits begin with the children. Parties may submit an agreed order to this effect if it is agreed upon.

Maintain status quo.

A review hearing is scheduled for February 29, 2016 at 1:30.



**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:	11/18/2015	Contact Method:	Face To Face
Contact Time:	10:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	12/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 12:25 PM      Entered By: [REDACTED]

Contact was made with [REDACTED] at the Department of Children's Services Office as scheduled. According to [REDACTED] her parents have been putting pressure on her to assist her grandmother [REDACTED] with the children. Although she has not been left completely alone with the children, she has been unsupervised which is against the court order. [REDACTED] reports that [REDACTED] has been left in her care during the night. Within a few days of returning from the inpatient facility in [REDACTED] [REDACTED] reports her parents made it very clear that they expected her to help with the children. [REDACTED] and [REDACTED] are in the custody of the maternal grandparents, [REDACTED] and [REDACTED] however the children reside at the home of the great grandmother, [REDACTED] during the week. The grandparents had agreed to watch the children on the weekends to give [REDACTED] a break but [REDACTED] reportedly has not been given any relief. [REDACTED] had been staying with [REDACTED] but has started spending more time at her own home. This past week she stayed at her own residence. [REDACTED] informed Child Protective Services Investigator (CPSI) [REDACTED] that her mother, [REDACTED], has not been supportive of her attending the meetings at Narcotic Anonymous which [REDACTED] reports she attends frequently. The parent states she is experiencing anxiety over parenting the children and expressed that her priority right now needs to be on herself and pursuing treatment. [REDACTED] is now four months old and could be enrolled in daycare. CPSI will mention this to the family while waiting for the adjudicatory hearing scheduled on November 19, 2015 at 9:00 am in [REDACTED] County Juvenile Court.

[REDACTED] states her intention is to divorce [REDACTED]. She reports she will initiate that after the criminal charges have been heard. [REDACTED] is scheduled to appear in court on 11/20/15 for his charges which include aggravated assault (x2), unlawful possession of a firearm, and child abuse/neglect. [REDACTED] bought the house from her grandparents and both hers and [REDACTED] names are on the deed. Her name, however is the only one listed on the mortgage.

[REDACTED] continues to attend the [REDACTED] program. Classes are 11:00-2:00 pm on Monday, Wednesday, and Thursdays. On Friday, [REDACTED] reports to her sponsor and attends a meeting to promote sobriety.



**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:	11/18/2015	Contact Method:	Phone Call
Contact Time:	08:15 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	12/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 10:43 AM      Entered By: [REDACTED]  
 8:15 am: Child Protective Services Investigator (CPSI) [REDACTED] inquired if the autopsy results are completed and was informed by Investigator [REDACTED] of [REDACTED] County Sheriff's Department that they are not.  
 CPSI received the final autopsy results by email and report in located in the case file.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/17/2015 Contact Method: Phone Call  
 Contact Time: 04:31 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/18/2015  
 Completed date: 12/10/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/18/2015 10:42 AM Entered By: [REDACTED]  
 4:31 pm: Child Protective Services Investigator (CPSI) [REDACTED] left a message for [REDACTED] with a request for a return call. Number called was [REDACTED].  
 4:32 pm: Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED] who agreed to come to the Department of Children's Services office on 11/18/15 at 10:15. She is scheduled to be at the [REDACTED] (Intensive Outpatient Program) class from 11:00-2:00 pm.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/16/2015	Contact Method:	Phone Call
Contact Time:	10:05 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	12/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 10:41 AM      Entered By: [REDACTED]  
10:05 am: Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED] of [REDACTED] [REDACTED] has been passing all of her drug screens and is engaged in the [REDACTED] program. Ms. [REDACTED] did express some concerns for [REDACTED] who she feels is being pressured to watch the children although her contact is to be always supervised.



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: Created In Error  
Contact Date: 10/30/2015 Contact Method: Phone Call  
Contact Time: 10:47 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 12/07/2015  
Completed date: 12/08/2015 Completed By: TFACTS, Person Merge  
Purpose(s): Safety - Child/Community  
Contact Type(s): Parent/Caretaker Interview  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/07/2015 06:15 AM Entered By: [REDACTED]

[REDACTED]

Narrative Type: Created In Error Entry Date/Time: 12/08/2015 07:18 AM Entered By: [REDACTED]

this entry was entered erroneously



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
Contact Date: 10/13/2015 Contact Method: Phone Call  
Contact Time: 08:45 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 11/18/2015  
Completed date: 11/19/2015 Completed By: System Completed  
Purpose(s): Safety - Child/Community  
Contact Type(s): Alleged Perpetrator Interview  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/18/2015 10:39 AM Entered By: [REDACTED]

8:45 am: Child Protective Services Investigator (CPSI) spoke with [REDACTED] Mother is not sure if the order of protection is in effect since she was at the treatment program in [REDACTED] at the time of the hearing. [REDACTED] states she is hopeful about her future.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
 Contact Date: 10/08/2015 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 10/08/2015  
 Completed date: 11/08/2015 Completed By: System Completed  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Court Hearing  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2015 09:43 AM Entered By: [REDACTED]

The adjudicatory hearing on [REDACTED] and [REDACTED] was held on October 8, 2015 in [REDACTED] County Juvenile Court before Judge [REDACTED]

Present for the hearing was:

[REDACTED] (mother)  
 [REDACTED] (father) and attorney [REDACTED]  
 [REDACTED] (maternal grandparents)  
 [REDACTED] (maternal great grandmother)  
 [REDACTED] (GAL)

Mother's attorney, [REDACTED] was not present due to a scheduling conflict. [REDACTED] was transported to the hearing from the Detention Center where he remains incarcerated. [REDACTED] requested that the case be reset and the Court agreed to do so. Court modified the visitation agreement and the mother is permitted to have supervised visitation only. Custody will remain with the maternal grandparents who will be responsible to provide supervision or their designee. Neither parent is permitted to discuss the circumstances of the case with the child(ren) and the consequences of not abiding by the order would be incarceration. Adjudication is scheduled for November 11, 2015 at 9:00 am.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
 Contact Date: 10/06/2015 Contact Method: Face To Face  
 Contact Time: 01:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 11/18/2015  
 Completed date: 11/19/2015 Completed By: System Completed  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): ACV Interview/Observation,Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/18/2015 10:38 AM Entered By: [REDACTED]  
 Child Protective Services Investigator (CPSI) [REDACTED] made contact with [REDACTED] and [REDACTED] at the [REDACTED] Center. Children were supervised by great grandmother [REDACTED] aunt [REDACTED] and cousin [REDACTED] was observed to have gained weight. [REDACTED] was scheduled for a forensic interview on a different allegation than listed in this investigation.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
 Contact Date: 10/06/2015 Contact Method: Face To Face  
 Contact Time: 12:45 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 10/08/2015  
 Completed date: 11/06/2015 Completed By: System Completed  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): ACV Interview/Observation, Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/08/2015 07:34 PM Entered By: [REDACTED]

Contact was made with [REDACTED] and her sibling [REDACTED] at the [REDACTED] Center on this date. Children were accompanied to the CAC by their great grandmother [REDACTED] and 14 year old [REDACTED]. Contact was made with [REDACTED] prior to her counseling appointment scheduled at 1 pm. [REDACTED] is currently in the custody of her maternal grandparents, [REDACTED] and [REDACTED]. Her mother, [REDACTED] is currently in rehab and is scheduled to be released on 10/7/15. [REDACTED] father, [REDACTED] is incarcerated in [REDACTED] County Detention Center. [REDACTED] is hard to understand as she has a speech impediment but she is a friendly outgoing little girl. She is familiar with the CPS investigator who has an open case on the family. [REDACTED] was eager to show CPS her little brother, [REDACTED] and informed CPS that he has gained weight. According to [REDACTED] [REDACTED] is now at 6 pounds and is eating 4 ounces at each feeding.

After the session was concluded, CPS spoke with the counselor who stated that [REDACTED] answered a lot of her questions with "I don't know," and "I can't remember."



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	10/06/2015	Contact Method:	Phone Call
Contact Time:	10:32 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	11/19/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 10:31 AM      Entered By: [REDACTED]

10:32 am: Telephone call with [REDACTED] [REDACTED] is scheduled to be discharged tomorrow. [REDACTED] and [REDACTED] have visited their daughter twice while she was in [REDACTED] and he is very pleased with her progress. According to Mr. [REDACTED] looks like a different person. [REDACTED] has gained two pounds while he has been in the custody of the [REDACTED] [REDACTED] has begun taking dance lessons at [REDACTED]. [REDACTED] (Guardian Ad Litem) met with the [REDACTED] on September 25, 2015 and was at their home for two hours. Mr. [REDACTED] assured the attorney that all contact between [REDACTED] and the children would be supervised. [REDACTED] and [REDACTED] at currently at [REDACTED] house. The family has had to work together to make the custody arrangement work. According to Mr. [REDACTED] [REDACTED] has assured him she will file for divorce but he added that [REDACTED] [REDACTED] needs to be convicted before she can legally sell the house since his name is on the deed. When [REDACTED] returns, she plans on staying with [REDACTED] for a couple of days. She is very apprehensive about returning to the family home.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	09/16/2015	Contact Method:	Phone Call
Contact Time:	09:40 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	11/19/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 10:30 AM      Entered By: [REDACTED]  
 Child Protective Services Investigator (CPSI) was notified by [REDACTED] of the [REDACTED] Center that [REDACTED] is now scheduled to begin therapy. Her first appointment is October 6, 2015 at 1:00.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	09/11/2015	Contact Method:	Correspondence
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	11/19/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/18/2015 10:29 AM      Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) obtained a copy of [REDACTED] progress report. Mother is scheduled to begin inpatient treatment on September 3, 2015 at [REDACTED] in [REDACTED]. Treatment is a twenty eight day program.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	09/09/2015	Contact Method:	Correspondence
Contact Time:	10:05 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	11/19/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 10:28 AM      Entered By: [REDACTED]  
 A request for the autopsy results was faxed to [REDACTED] with [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	09/02/2015	Contact Method:	Phone Call
Contact Time:	03:45 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/02/2015
Completed date:	10/14/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/02/2015 05:55 PM      Entered By: [REDACTED]

Phone call with [REDACTED] Death Investigator [REDACTED] ( [REDACTED] ) CPSI [REDACTED] and LI [REDACTED] discussed the preliminary autopsy results for [REDACTED] with Mr. [REDACTED] Mr. [REDACTED] reported that Dr. [REDACTED] was conducting the autopsy and had reported that [REDACTED] had an Atrial Septal Defect which is more commonly referred to as a "hole in the heart." Mr. [REDACTED] went on to explain that most heart defects, such as holes or murmurs, in infants resolve themselves naturally as the child ages but this hole was in an area of the heart where they are not commonly found. Also noted in the preliminary autopsy was a large perforation in the infant's abdomen that was observed to be inflamed. This perforation could be the result of Cardio Pulmonary Resuscitation (CPR) being administered improperly to an infant. It was discussed that the mother had reportedly preformed the CPR and that she is a trained registered nurse who was previously employed in the [REDACTED] as [REDACTED] Hospital.

Mr. [REDACTED] stated that when Dr. [REDACTED] learned that [REDACTED] surviving twin, had been admitted to the Pediatric Intensive Care Unit (PICU) at [REDACTED] Hospital, Dr. [REDACTED] had contacted the treating pediatrician, Dr. [REDACTED] to share information but this contact had not been warmly received by the pediatrician. Mr. [REDACTED] advised that all birth records for [REDACTED] had been obtained by Forensics but not fully reviewed by Dr. [REDACTED] to date. Mr. [REDACTED] was thanked for his time and providing this information prior to the call being ended.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
Contact Date: 09/01/2015 Contact Method: Phone Call  
Contact Time: 03:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 11/18/2015  
Completed date: 11/19/2015 Completed By: System Completed  
Purpose(s): Safety - Child/Community  
Contact Type(s): Collateral Contact  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/18/2015 10:22 AM Entered By: [REDACTED]  
3:00 pm: Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED] (maternal grandfather). He reports [REDACTED] was at their home yesterday. He was upset that [REDACTED] missed the court hearing on August 31, 2015. It was his understanding that [REDACTED] was to appear at 9:30 am for the order of protection and at 1:30 for the domestic assault charges and she failed to show for both.  
3:45 pm: Child Protective Services Investigator (CPSI) [REDACTED] contacted Investigator (Inv) [REDACTED] of [REDACTED] County Sheriff's Department. Inv will be serving [REDACTED] [REDACTED] with a subpoena to appear in court on September 15, 2015 at 1:30 pm for the charges filed against [REDACTED].



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	09/01/2015	Contact Method:	Phone Call
Contact Time:	09:52 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	11/19/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 10:20 AM      Entered By: [REDACTED]

9:52 am. Call placed to [REDACTED] with a request for a return call.

10:31 am: Call placed to [REDACTED] with a request for a return call.

11:52 am: Call received from [REDACTED] who stated she has been very sick from withdrawals. The last time she reports she used subutex was August 29, 2015. [REDACTED] reports she re-filled the order of protection against [REDACTED]. The order is scheduled to be heard on September 14, 2015 at 1:30. [REDACTED] is aware that she missed the court hearing on the original order of protection but reports she was too sick to attend.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
Contact Date: 08/30/2015 Contact Method: Phone Call  
Contact Time: 09:00 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 11/18/2015  
Completed date: 11/19/2015 Completed By: System Completed  
Purpose(s): Safety - Child/Community  
Contact Type(s): Collateral Contact  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/18/2015 10:22 AM Entered By: [REDACTED]  
[REDACTED] was discharged from [REDACTED] Hospital.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
 Contact Date: 08/28/2015 Contact Method: Face To Face  
 Contact Time: 11:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 09/01/2015  
 Completed date: 09/28/2015 Completed By: System Completed  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Court Hearing  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/01/2015 06:41 AM Entered By: [REDACTED]

The probable cause hearing for [REDACTED] and [REDACTED] was heard on 8/28/15 in [REDACTED] County Juvenile Court before Judge

Present for the hearing was:  
 [REDACTED] (mother)  
 [REDACTED] (father)  
 [REDACTED] and [REDACTED] (maternal grandparents)  
 [REDACTED] (Guardian Ad Litem)  
 [REDACTED] (Child Protective Services)  
 [REDACTED] (Department of Children's Services [REDACTED])

The parents were appointed legal counsel by the court on this date and [REDACTED] was appointed [REDACTED] [REDACTED] was appointed [REDACTED] [REDACTED]. The parents waived the probable cause hearing with the stipulation that after conferring with their appointed attorneys, their attorneys could file a motion for a probable cause hearing or contact the GAL and DCS attorney to request a hearing. Both parents agreed that placement with the maternal grandparents was an appropriate placement for their children. [REDACTED] is to have no contact with the children upon his release from jail until the court orders otherwise and the GAL made the request that the mother have no supervision with the children until she completed the inpatient rehab that she was being referred to as a result of this investigation. DCS had requested that the mother have supervised visitation only with the children until she left for rehab but the court ordered no contact/visitation for both parents. Judge [REDACTED] granted the maternal grandparents, [REDACTED] and [REDACTED] custody of the children at this hearing. The adjudicatory hearing was set for October 8, 2015, @ 9:00am.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/26/2015 Contact Method:  
 Contact Time: 06:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/19/2015  
 Completed date: 09/19/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/19/2015 01:52 PM Entered By: [REDACTED]

An Expedited Home Study was completed on August 26, 2015, on the maternal grandparents, [REDACTED] and [REDACTED]. All background checks on the grandparents were completed and fingerprinting was scheduled for September 4, 2015. The home study was completed and approved by LI [REDACTED] and IC [REDACTED]. A copy of the completed Expedited Home Study is located in case file.

Narrative Type: Addendum 1 Entry Date/Time: 12/09/2015 07:50 PM Entered By: [REDACTED]

The sex offender registry was checked on [REDACTED], [REDACTED] and [REDACTED] results were negative.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	08/26/2015	Contact Method:	Phone Call
Contact Time:	03:02 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	11/19/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 10:18 AM      Entered By: [REDACTED]  
 3:09 pm: Child Protective Services Investigator (CPSI) [REDACTED] spoke with the nursing staff at the Pediatric Intensive Care Unit at [REDACTED] Hospital to obtain an update on [REDACTED]. Infant is reported to be "doing better, gaining weight, but still having some feeding issues." The earliest the child will be released is August 28, 2015.



## Tennessee Department of Children's Services

### Case Recording Summary

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

#### Case Recording Details

Recording ID: [REDACTED] Status: System Completed  
Contact Date: 08/26/2015 Contact Method: Face To Face  
Contact Time: 03:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 09/19/2015  
Completed date: 09/26/2015 Completed By: System Completed  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Collateral Contact,Parent/Caretaker Interview  
Contact Sub Type:

#### Children Concerning

##### Participant(s)

[REDACTED]; [REDACTED]; [REDACTED]

##### Narrative Details

Narrative Type: Original Entry Date/Time: 09/19/2015 01:47 PM Entered By: [REDACTED]

A Child and Family Team Meeting (CFTM) was convened on August 26, 2015, at the [REDACTED] County office of the Department of Children's Services in [REDACTED]. Present for the CFTM were the following:

[REDACTED] (mother)  
[REDACTED] (maternal grandfather)  
[REDACTED] (maternal grandmother)  
[REDACTED] (maternal great grandmother)  
[REDACTED] (paternal great aunt)  
[REDACTED] representative)  
[REDACTED] representative)  
[REDACTED] (family friend by telephone)  
[REDACTED] (father) could not be present due to his incarceration and was also unable to participate by telephone due to the [REDACTED] County Detention Center reporting that he was on suicide watch and did not have phone privileges.

Discussions during the meeting involved the concerns of drug use, domestic violence, and criminal activities by both parents, as well as concerns for [REDACTED] physical health at the present time. Representatives from the [REDACTED] Program (a local substance abuse outpatient treatment program designed specifically for mothers with addictions) reported that they had been in contact with an inpatient drug rehabilitation program called [REDACTED] which was located in [REDACTED] and would be willing to approach judicial staff in regards to her upcoming court hearings being postponed if she was willing to enter this treatment facility which would be a minimum of 28 days. The family discussed concerns regarding the history of domestic violence between the parents and the mother's history of a dependency on pain medications which has resulted in her being prescribed Suboxone. The outcome of this CFTM was that a petition would be filed on behalf of the maternal grandparents, [REDACTED] and [REDACTED] for custody of [REDACTED] and [REDACTED]. See case file for a complete record of this meeting.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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Narrative Type: Addendum 1    Entry Date/Time: 11/18/2015 10:19 AM    Entered By: [REDACTED]

Before the conclusion of the Child and Family Team Meeting, Child Protective Services Investigator (CPSI) [REDACTED] reviewed the Client's Rights Handbook, Notification of Equal Access, Native American Heritage Veto Verification, and the Health Insurance Portability and Accountability Act (HIPPA) forms with the parent on this date. Signatures were obtained on the required forms which are located in the hard file. A release of information form on [REDACTED] was also obtained.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 08/26/2015	Contact Method: Face To Face
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 11/18/2015
Completed date: 11/19/2015	Completed By: System Completed
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 11/18/2015 10:17 AM      Entered By: [REDACTED]

11:00 am: Child Protective Services Investigator (CPSI) [REDACTED] made contact with [REDACTED] and [REDACTED] at the [REDACTED] Center. Child is scheduled for a forensic interview. After introductions were made, [REDACTED] was accompanied to the interview room by forensic interviewer [REDACTED]. [REDACTED] was informed that the interview was taped and recorded.

[REDACTED] reports she is five years old and her birthday is [REDACTED]. She likes to play outdoors. She lives with her mother and reports her dad is in jail. [REDACTED] then informed the interviewer that "I have one brother that died the other day but I have another one." [REDACTED] described [REDACTED] as, "the healthy one."

[REDACTED] claims her father carries a gun and added that her dad pointed it at [REDACTED]. [REDACTED] reportedly asked [REDACTED] "do you want to fight it out and [REDACTED] said no." [REDACTED] described her father as having his arm extended toward her [REDACTED] with the gun. After her [REDACTED] said "no," her father put the gun back into his pocket.

[REDACTED] has seen her father's gun before and witnessed him putting it to his head "like he was gonna pull it." This is not the first time she has seen the gun and thinks her father keeps it in his bedroom.

According to [REDACTED] her dad calls her momma names and they get into fights. [REDACTED] reports she "saw a bunch of stuff."

[REDACTED] disclosed that she has witnessed her mother "getting into daddy's medicine." Her mother was holding [REDACTED] and her dad was feeding [REDACTED]. Her father was sleeping but the babies woke him up. After the babies were fed, the couple got into the fight. The babies were located in their swing. [REDACTED] reports her mother "did it," but admits she does not know which medicine her mother took from her father. [REDACTED] reports her mother takes subutex. Her father "takes a ton on medicine." Her father "takes it in a drink," and her mother "takes it with a drink."

[REDACTED] reports her father hit her mother in the place where her stitches were. Her mother was trying to get the twins secured in the car seat because she was taking the children and leaving the house. Her mother was crying. Her father remained at home. [REDACTED] reports her mother drove them "to get more medicine." After going to the "medicine store," the family went to [REDACTED]. [REDACTED] stated [REDACTED] thought [REDACTED] refilled [REDACTED] seizure medicine but it was



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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for pain." [REDACTED] returned home with the children but [REDACTED] started "fussing at mom again." [REDACTED] picked [REDACTED] up shortly afterward and took her to a picnic.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	08/25/2015	Contact Method:	Phone Call
Contact Time:	10:37 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	11/19/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 10:16 AM      Entered By: [REDACTED]  
 10:37 am: Child Protective Services Investigator (CPSI) [REDACTED] called [REDACTED] cell number [REDACTED] and call was answered by paternal grandmother, [REDACTED] [REDACTED] was reported to be sleeping but came to the phone. [REDACTED] informed CPSI that she had planned on visiting [REDACTED] at the Pediatric Intensive Care Unit last night but "just didn't make it up there."



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	08/24/2015	Contact Method:	Phone Call
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	11/19/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 10:15 AM      Entered By: [REDACTED]  
 4:30 pm: Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED]. According to Ms. [REDACTED] [REDACTED] parents are making arrangements to bail their son out of jail. Bond is set at \$50,000. If [REDACTED] is released, the plan is he will stay with his parents indefinitely. CPSI notified Ms. [REDACTED] that a Child and Family Team Meeting is scheduled for August 25, 2015 at 3:00 pm.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	08/24/2015	Contact Method:	Phone Call
Contact Time:	03:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2015
Completed date:	11/19/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 04:56 AM      Entered By: [REDACTED]  
Child Protective Services Investigator (CPSI) [REDACTED] contacted [REDACTED] [REDACTED] social worker at [REDACTED] [REDACTED] Hospital for an update on [REDACTED] [REDACTED]. The skeletal survey was clear. At this point the child is being treated for failure to thrive. He will not be discharged for at least a couple more days. There is indication that [REDACTED] has not had adequate access to food. Dr. [REDACTED] [REDACTED] is the attending physician.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
 Contact Date: 08/24/2015 Contact Method: Face To Face  
 Contact Time: 02:15 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 11/18/2015  
 Completed date: 11/19/2015 Completed By: System Completed  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): ACV Interview/Observation, Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/18/2015 10:14 AM Entered By: [REDACTED]

8/24/15

2:15 PM: Child Protective Services Investigator (CPSI) [REDACTED] made contact with infant [REDACTED] maternal great grandmother, [REDACTED], and family friend [REDACTED] at the Pediatric Intensive Care Unit at [REDACTED] Hospital. [REDACTED] is reported to be gaining some weight and responding well. Infant has been eating 2 ounces of formula every two hours.

[REDACTED] provided CPSI with some family history. Ms. [REDACTED] stated the family members are afraid of [REDACTED] [REDACTED] provided law enforcement with the details of [REDACTED] behaving recklessly with a weapon which has resulted in additional charges being placed against him. Approximately three to four weeks ago, [REDACTED] was "drugged up" out on carport at the family residence. Those present beside Ms. [REDACTED] were [REDACTED] (great grandmother), [REDACTED] and cousins [REDACTED] and [REDACTED]. [REDACTED] wanted to bring breast milk to [REDACTED] who had not been discharged from the hospital. [REDACTED] informed his wife she was not going to leave him behind. [REDACTED] became increasingly agitated. He started waving a gun that he had covered up in his lap and pointed it at Ms. [REDACTED]

Besides pointing a gun at Ms. [REDACTED] Mr. [REDACTED] allegedly has pointed a gun at [REDACTED] and subsequently pointed it at his own head threatening to pull the trigger. [REDACTED] reportedly, stated "go ahead if you don't want to be with us."

According to [REDACTED] [REDACTED] shared that her mother hit her father and her father retaliated. [REDACTED] has witnessed the parents' assault each other. Ms. [REDACTED] informed CPSI that [REDACTED] has a long history of substance abuse. [REDACTED] was previously employed at [REDACTED] but was fired for drug and alcohol related issues. The same thing occurred at [REDACTED] Children's Hospital when [REDACTED] was employed as a pediatric nurse. [REDACTED] and [REDACTED] have a criminal history in [REDACTED] [REDACTED] and [REDACTED] County in [REDACTED]. According to Ms. [REDACTED] the paternal side of the family has issues with substance abuse also. [REDACTED] sister, [REDACTED] and [REDACTED] have had numerous altercations over drugs.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	08/24/2015	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	11/18/2015
Completed date:	11/19/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2015 04:50 AM      Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) obtained the medical records of the twins from [REDACTED]  
 [REDACTED] Records are located in the hard file.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
 Contact Date: 08/24/2015 Contact Method: Correspondence  
 Contact Time: 09:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/19/2015  
 Completed date: 09/24/2015 Completed By: System Completed  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/19/2015 01:08 PM Entered By: [REDACTED]

Child Protective Investigative Team was finished being convened on August 24, 2015, by scanning and emailing the referral to the Children's Advocacy Center and the District Attorney's office. Investigator [REDACTED] [REDACTED] with the [REDACTED] County Sheriff's Department had been present at the family home on August 23, 2015, and was actively investigating the case with Child Protective Services on that date. The referral (with referent information redacted) was faxed to [REDACTED] County Juvenile Court on August 24, 2015.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	08/24/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/08/2015
Completed date:	10/14/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/08/2015 05:40 AM      Entered By: [REDACTED]

TFACTS search:

# [REDACTED] 7/10/15    DEI, DEC, PYA    AUPU

NOTE: Twins were born at 34 weeks of gestation and diagnosed with Neonatal Abstinence Syndrome. Mother had a valid prescription for subutex and oxycodone.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/23/2015	Contact Method:
Contact Time: 07:34 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/23/2015
Completed date: 08/23/2015	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 08/23/2015 07:12 PM      Entered By: [REDACTED]

**Death case**

CPSI [REDACTED] and LI [REDACTED] previously notified from law enforcement. Case has already been staffed with LI [REDACTED] IC [REDACTED] and RID [REDACTED]. Case has been assigned and DOD for ACV [REDACTED] has been entered into TFACTS.

The following tasks per work aid will need to be completed.

**a) Required:**

- &# [REDACTED] Follow DCS Policy 20.27 Child Death-Near Death Rapid Response
- &# [REDACTED] Enter Date of Death within one (1) hour of case assignment
- &# [REDACTED] Convene CPIT
- &# [REDACTED] Provide Form CS-0635 Notification of Child Death/Near Death Report to Central Office Notification Team via Child Safety Dedicated mailbox: [REDACTED]
- &# [REDACTED] Review DCS History, link and establish case within 5 business days of case assignment
- &# [REDACTED] Contact referent and send referent notification letter
- &# [REDACTED] Observe near child victim
- &# [REDACTED] Interview other children in the home, observe all non-verbal children in the home (e.g., infants) within thirty (30) days of case assignment.
- &# [REDACTED] Complete initial SDM Assessment on surviving children (and victim if near death)
- &# [REDACTED] Enter all case dictation within five (5) business days of when contacts occurred.
- &# [REDACTED] Assess risk to other children in the home
- &# [REDACTED] Obtain a medical exam of other children in the home if the death is suspected to be a result of abuse or neglect
- &# [REDACTED] Visit home and location of incident
- &# [REDACTED] Photograph location of incident
- &# [REDACTED] Interview parent/caregiver or obtain interview from law enforcement
- &# [REDACTED] Interview other adults living in the home
- &# [REDACTED] Obtain medical exam and/or treatment for the alleged victim (if near death)
- &# [REDACTED] Obtain medical records (previous and current) of alleged child victim
- &# [REDACTED] Obtain autopsy from DCS Safety Nurse who will request an autopsy report from the Medical



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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Examiner when available

- &# [REDACTED] Interview perpetrator or obtain interview from law enforcement
- &# [REDACTED] Interview witnesses, collaterals, other professionals or agencies
- &# [REDACTED] Complete background checks
- &# [REDACTED] Complete Structured Decision Making (SDM) or other assessments as appropriate (initially at closure, unless otherwise stated)



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
 Contact Date: 08/23/2015 Contact Method: Face To Face  
 Contact Time: 05:15 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 09/22/2015  
 Completed date: 09/23/2015 Completed By: System Completed  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Alleged Perpetrator Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/22/2015 12:16 PM Entered By: [REDACTED]  
 8/23/2015 LE Int. [REDACTED]@ [REDACTED] County Sheriff's Department

[REDACTED] was interviewed by Investigator [REDACTED] at the [REDACTED] County Sheriff's Department and the interview was observed by Child Protective Services Investigator (CPSI) [REDACTED]. A written statement was obtained by Inv. [REDACTED] and is located in the case file and scanned into TFACTS. The following is a brief synopsis of the interview:

Ms. [REDACTED] reported that she and [REDACTED] have been married for five years and they both began taking pain medications after [REDACTED] was prescribed these medications due to an injury obtained in an automobile accident. Ms. [REDACTED] reported that the domestic abuse started after they began abusing these medications and continued during her pregnancy with the twins, getting worse in the last couple of months. Ms. [REDACTED] stated that [REDACTED] (deceased twin) was discharged from the hospital on July 24, 2015, and his sibling [REDACTED] was discharged on August 10, 2015.

Ms. [REDACTED] stated that yesterday (August 22, 2015), she had gotten up early to feed the boys and was in the kitchen fixing bottles when [REDACTED] accused her of taking a few of his prescription pills which she described as being a prescription-strength Aleve. During the argument, [REDACTED] woke up and came into the living room and was present for the argument and the domestic assault that ensued. [REDACTED] stated that she was hit and pushed down in the living room floor a couple of times and struck multiple times by her husband's fist. [REDACTED] left the home with [REDACTED] and the twins and went to the maternal grandmother's home where she fed the twins. [REDACTED] left [REDACTED] with her maternal grandmother and took the boys back home around 12:00-1:00pm and [REDACTED] was not home when she arrived but he returned around 8:00-9:00pm. [REDACTED] denied that the couple argued anymore that evening and stated that [REDACTED] apologized to her.

[REDACTED] reported that [REDACTED] slept on the couch that evening and she fed [REDACTED] and [REDACTED] around 9:30pm and put both of them in the swing and went to bed to watch television. The boys woke about around 3:00am this morning and she fed them outside so that she could smoke; swaddled them; and put them down in the [REDACTED]. [REDACTED] then went back to sleep and [REDACTED] woke up around 5:30am, she fed him and put him back in the [REDACTED]. [REDACTED] woke up around 6:30am and she fed him and then put him back down in the [REDACTED]. [REDACTED] reported that



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

both infants were swaddled when she put them back to bed. Around 12:00pm, both boys woke up and [REDACTED] fed them sitting up in her bed. [REDACTED] stated that [REDACTED] only ate between ½ to 1 ounce at this feeding and after she laid the boys back down, she went back to sleep. [REDACTED] was awakened by [REDACTED] who was standing by their bed holding both boys and saying that something wasn't right with [REDACTED]. [REDACTED] stated that [REDACTED] had one eye halfway open and one eye shut and he wasn't moving. [REDACTED] lay [REDACTED] down on the bed and handed [REDACTED] to [REDACTED] who started Cardio Pulmonary Resuscitation (CPR) on [REDACTED] and [REDACTED] called 911.

[REDACTED] stated that she knows that [REDACTED] would never do anything to hurt the children. [REDACTED] described her current injuries as the worse he had ever done to her. [REDACTED] stated that [REDACTED] has had a gun out at the home before and "I guess swung it around outside with my grandmother there." The statement concluded with [REDACTED] admitting that she was scared of [REDACTED] but she didn't want to leave him.

Narrative Type: Addendum 2    Entry Date/Time: 11/18/2015 04:44 AM    Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] contacted Lead Investigator [REDACTED] Investigation Coordinator [REDACTED] Regional Investigative Director [REDACTED], and Department of Children's Services Legal counsel [REDACTED] and [REDACTED]. An Immediate Protection Agreement was placed into effect and signed by both parents. Mother, [REDACTED] will stay with the children at a family member's house however all contact between the mother and the children must be supervised until a Child and Family Team Meeting is completed.

Narrative Type: Addendum 1    Entry Date/Time: 11/18/2015 04:36 AM    Entered By: [REDACTED]

Investigator [REDACTED] of [REDACTED] County Sheriff's Department took pictures of [REDACTED] injuries sustained during the domestic assault by her husband, [REDACTED]. Pictures will be downloaded in the investigation file and are available in the hard file.

[REDACTED] was charged with aggravated domestic assault on August 23, 2015. A copy of the police report will be downloaded in the investigation file and is available in the hard file.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 08/23/2015	Contact Method:
Contact Time: 04:56 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/08/2015
Completed date: 10/14/2015	Completed By: System Completed
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 10/08/2015 05:47 AM      Entered By: [REDACTED]

Case assigned to CPSI [REDACTED] 08/23/15

Case assessed and assigned by Hotline: 08/23/15

Priority Response Code: P1

Allegation of Harm: Abuse Death, Drug Exposed Child, Physical Abuse

[REDACTED] (5), [REDACTED] (1 month old), and [REDACTED] (1 month old) live with their parents, [REDACTED] and [REDACTED] and [REDACTED] are twins. The family resides in [REDACTED] Co.

Law enforcement in [REDACTED] Co. received a call from a family member today requesting that officers do a welfare check on the mother. There were allegations of domestic violence in the home by the father as well as allegations of the children being physically abused by the father. The family member was worried about the safety of the children. The family member did not have an exact address but they did have the name of the road. At that same time that officers were doing a cross reference to find the exact address, the father called 911 stating that [REDACTED] was in cardiac arrest. Law enforcement and EMS arrived at the home. The baby was pronounced deceased on the scene. An autopsy will be performed on [REDACTED] at [REDACTED].

When officers and EMS arrived, [REDACTED] appeared to be deceased longer than what would have been a normal cardiac arrest. There were no signs or injuries or other concerns with [REDACTED]. The father stated that he went to take a nap. The father stated that the last time he saw [REDACTED] was at 10:30am this morning after they fed him. The father stated that he went to check on [REDACTED] in the crib in the master bedroom. The father stated that he found [REDACTED] not breathing. The father stated that the mother started CPR on [REDACTED] while he called 911.

It is unknown where the mother was when this occurred. [REDACTED] was with a grandmother and she was not at the residence. [REDACTED] was in the crib with [REDACTED]. There were no concerns observed with [REDACTED] at this time.

The stories given to officers by the mother and the father were inconsistent on the time frames and what had occurred. The mother did not state much to officers. The mother believed that law enforcement was present due to the assault by the father.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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The father was arrested today and charged with aggravated domestic assault against the mother. The mother was severely beaten in her face and on her body. The mother was assessed by EMS at the scene. The physical assault by the father took place sometime yesterday. LE was not called to the home at the time of the incident. There is no reported history of domestic violence prior to today to the reporter's knowledge.

There is a history of drug abuse by both parents and both parents have a criminal history for drugs. The mother has been arrested in the past for stealing a prescription pad from a doctor's office. The father is a convicted felon and was released from prison recently. There were numerous amounts of prescription narcotics found in the home today. The father was observed by officers to be clearly under the influence of drugs. It is unknown at this time if the mother was under the influence of any drugs.

The father appeared to be more concerned about his narcotics than the death of his child. The mother appeared to be more concerned about getting a cigarette lighter than the death of her child. There is no history of any prior child deaths in the home to the reporter's knowledge.

Both the twins, [REDACTED] and [REDACTED] were born premature. There are no reports of any medical conditions with [REDACTED] or [REDACTED]. There are no reports at this time that [REDACTED] was on any type of medication at the time of his death.

DCS was called directly to the scene by the criminal investigations division, Detective [REDACTED]. [REDACTED] is currently in the care of DCS.



**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: Created In Error  
 Contact Date: 08/23/2015 Contact Method: Face To Face  
 Contact Time: 04:50 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Detention/Jail Created Date: 09/19/2015  
 Completed date: 09/23/2015 Completed By: TFACTS, Person Merge  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

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

Narrative Type: Created In Error Entry Date/Time: 12/06/2015 08:44 AM Entered By: [REDACTED]

this entry was marked in error.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
Contact Date: 08/23/2015 Contact Method: Face To Face  
Contact Time: 02:30 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Family Home Created Date: 09/19/2015  
Completed date: 09/23/2015 Completed By: System Completed

Purpose(s):

Contact Type(s): Collateral Contact, Initial ACV Face To Face, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2015 03:07 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] arrived at the residence at [REDACTED] at approximately 2:30pm on August 23, 2015. The residence is a [REDACTED] home located in [REDACTED] in [REDACTED] on a large lot with an overgrown lawn. The home was observed to be cluttered and untidy as evidenced by a large amount of clothing and personal items scattered throughout the rooms and housekeeping standards were low. Present at the family home was the mother, [REDACTED] children: [REDACTED] and [REDACTED]; [REDACTED] (maternal grandmother); [REDACTED] (maternal great grandmother); and [REDACTED] (mother's friend.) [REDACTED] was not observed by CPSI who was informed that [REDACTED] had been pronounced deceased by Emergency Medical Services (EMS) prior to CPSI arriving at the home. Also present at the residence was Investigator [REDACTED] and Inv. [REDACTED] of the [REDACTED] County Sheriff's Department; [REDACTED] of [REDACTED] numerous EMS personnel and numerous [REDACTED] County Sheriff's Department deputies. The father, [REDACTED] had already been charged with aggravated domestic assault against [REDACTED] and transported to the [REDACTED] County Detention Center prior to CPSI arriving at the home.

The environment in the home upon arrival was extremely chaotic due to the circumstances and the number of people present. [REDACTED] and [REDACTED] were being cared for by the maternal grandmothers and family friend, [REDACTED] [REDACTED] is the twin sibling of the deceased infant, [REDACTED] and [REDACTED] is their five year old sister. [REDACTED] was observed with her right eye being black and swollen; a scratch on her face; a swollen and busted lip; bruising on her arm; and a cut on her left foot. [REDACTED] reported that she had a history of drug use and is prescribed Buprenorphine (Suboxone) but had not taken this medication for five days because she had stopped this medication on her own volition. A urine drug screen was administered to the Ms. [REDACTED] which was positive for Buprenorphine and a copy of the consent/result form for this screen was signed by the mother and is located in the case file. [REDACTED] reported that the domestic incident between her and the father, [REDACTED] stemmed from an argument in which [REDACTED] accused her of stealing his medications. CPSI was informed by law enforcement on the scene that the father was observed to appear to be impaired at the time of his arrest. Due to statements made to law enforcement by family members regarding the father pointing a gun at [REDACTED] on a recent occasion, law enforcement obtained permission from the mother to search the house for this weapon. [REDACTED] informed law enforcement that the referenced gun was normally kept under couch cushions in the living room but a gun was not located in that location during this search. Other weapons were located by law enforcement in the home as well as



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

numerous pill containers that were also logged into evidence. Ms. [REDACTED] reported that her husband was a convicted felon due to an aggravated robbery conviction in [REDACTED] County, [REDACTED] in 2001.

Due to the undetermined cause of death for [REDACTED] it was recommended that [REDACTED] be evaluated at [REDACTED] Hospital and the children were transported to this medical facility by their maternal grandmothers.

While at the home, Inv. [REDACTED] attempted to obtain from Ms. [REDACTED] a time line of events leading up to the call made to 911. It was determined that this statement would be obtained at the [REDACTED] County Sheriff's Department due to the mother's inability to remain focused on this task while in the home. [REDACTED] transported [REDACTED] to the Sheriff's office for this interview.

Narrative Type: Addendum 1    Entry Date/Time: 12/06/2015 08:47 AM    Entered By: [REDACTED]

Safety and the level of services was accessed on this date. FAST recommends immediate intervention and a high need/risk for the children.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
 Contact Date: 08/23/2015 Contact Method:  
 Contact Time: 02:10 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/19/2015  
 Completed date: 09/23/2015 Completed By: System Completed  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/19/2015 02:01 PM Entered By: [REDACTED]  
 Lead Investigator (LI) [REDACTED] was contacted on August 23, 2015, at approximately 1:20pm by Investigator [REDACTED] of the [REDACTED] County Sheriff's Department who reported that she was enroute to a home in regards to an infant fatality. Inv. [REDACTED] did not know if a referral had been called into the Child Abuse Hotline but reported she would confirm this occurred when she arrived at the home. Inv. [REDACTED] reported that she did not have any demographic information on the child or family and could only provide the address as [REDACTED]. LI [REDACTED] reported that Child Protective Services Investigator (CPSI) [REDACTED] was on-call for [REDACTED] County and would be advised of the address where the fatality occurred and would meet Inv. [REDACTED] at the home.  
 LI [REDACTED] contacted CPSI [REDACTED] and provided her with the information available.



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 7/9/15 3:54 PM

Date of Assessment: 7/15/15 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 or absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes    No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



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

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

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

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

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

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