Case #2018.058

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 04/27/2018 08:22 AM CT

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 04/27/2018

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 04/27/2018 11:25 AM

First Team Leader Assigned: [redacted] A

Date/Time 04/27/2018 12:00 AM

First Case Manager [redacted] W.

Date/Time 04/27/2018 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	Deceased	Abuse Death	Yes / No	Unknown Participant [redacted] Unknown	

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: None

Narrative: **THIS IS A NON-CUSTODIAL CHILD**

Family Case IDs: [redacted]

TFACTS Note: [redacted] death was reported in intake [redacted] "Screen Out - Does not meet the definition of abuse or neglect as established by Tennessee Law and Rules. This is per approval from Deputy Commissioner [redacted] TL on 12-12-16 @ 2:22 pm"

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

Open: ASMT 1014270618/LOS, PHA, PYA/04-25-2018/no classification/CM [redacted] A [redacted]
Substantiated: No

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Death: No
Number of Screen Outs: 15 ([redacted])

History (not listed above):
ASMT [redacted] LOS/No Services Needed/04-05-2018
INV [redacted] SEE/AUPU/05-26-2017
ASMT [redacted] DEC, ENN, PHA/No Services Needed/05-05-2017
ASMT [redacted] DEC/Unable to Complete/04-05-2017
ASMT [redacted] PHA/No Services Needed/01-26-2017
ASMT [redacted] ENN/No Services Needed/01-04-2016
ASMT [redacted] PHA/No Services Needed/12-20-2016
ASMT [redacted] DEC/Services Recommended and Accepted/12-12-2016
INV [redacted] /SEE/AUPU/06-19-2013
ASMT [redacted] /LOS/No Services Needed/04-01-2013
ASMT [redacted] /ENN, PHA, PYA/No Services Needed (ENN), No Services Needed (PYA, PHA; AP: [redacted] Services Recommended and Accepted (PHA, PYA; AP: [redacted] 09-07-2012
INV [redacted] /SEE/AUPU/09-07-2012
INV [redacted] /AUPU/01-06-2010
INV [redacted] /DEC, PHA/Unable to Complete/04-16-2004

Pending: [redacted] /SO/ABD/04-27-2018
Awaiting Screening: No
Submitted: No

County: [redacted]
Notification: None
School/ Daycare: [redacted] goes to school but it is unknown where
Native American Descent: Unknown
Active Military: None
Directions: None Given

Reporter's name/relationship: [redacted]

Reporter states:

[redacted] (7), [redacted] (2), [redacted] (1) and [redacted] (1) live with their mother, [redacted] (26), and [redacted] [hereafter referred to as 'Mr. [redacted] in [redacted] County. Mr. [redacted] is the father of [redacted] and [redacted] father, [redacted] lives in another county. [redacted] had another child, [redacted] (DOB 0[redacted]), that passed away last year in [redacted] County; [redacted] was a triplet to [redacted] and [redacted] was living with a friend, Unknown, at the time. The circumstances surrounding [redacted] death are unknown; however, this was reported to DCS.

There have been on-going drug concerns and domestic violence concerns in the home. Currently, there is an open assessment case [redacted] on the family concerning Physical Abuse, Psychological Harm and Lack of Supervision on all of the children.

At 7:15 AM on 4/27/2018, DCS received a report that [redacted] had woken up this morning and found [redacted] unresponsive. [redacted] had called Law Enforcement and EMS when she had found [redacted] It is unknown what happened after Law Enforcement had made the scene. DCS worker [redacted] made the scene and observed that [redacted] had already been loaded into an ambulance where he was receiving CPR. [redacted] was transferred to St. [redacted] Hospital; it is possible that [redacted] is currently at the hospital. It was learned that [redacted] has been pronounced deceased. It is unknown if [redacted] was already deceased by the time CPR had been started in the ambulance. At this time, the official cause of death is unknown; an autopsy has not been performed.

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At this time, there is limited information surrounding [redacted] death. It is unknown what time [redacted] had found [redacted] where she had found him, how she had found him and what condition is body had been in when he had been found. It is unknown if [redacted] was still breathing when [redacted] had found him. It is unknown where [redacted] had been sleeping and if he had been sleeping alone. The environmental conditions of the home are unknown.

DCS worker [redacted] is trying to get [redacted] calmed down and to the hospital. DCS worker [redacted] has spoken with Law Enforcement who only told her that [redacted] had been found unresponsive. It is not believed that Mr. [redacted] was present at the home when these events occurred; Mr. [redacted] has been notified and is on his way to the hospital. More information will be provided as it becomes available.

Special Needs or Disabilities: None Aware
Child's current location/is the child safe at this time: St. [redacted]
Perpetrator's location at this time: St. [redacted]
Any other safety concerns for the case manager who may respond: None Aware
Domestic Violence present in the home: Yes

CM Note: None

Extended Narrative:

Open INV/ASMT ID: None

Extended Intake Narrative: DCS worker [redacted] reported that the room in which [redacted] had been found was a complete disaster as there was 'stuff' throughout the entire room; however, it is unknown what the 'stuff' is. This room is also [redacted] bedroom; [redacted] had been found in a crib. On the floor on the outside of the crib, there were crushed pills but it is unknown what these pills were. Officer [redacted] reported that the pills appeared to be mucus relief pills containing Ephedrine. There is concern that [redacted] had gotten into the pills or had been given the pills. Law Enforcement has marked off the room as a crime scene.

CM who took the Ext. Intake, Date AND Time: [redacted] CM2 on 04/27/2018 @ 9:20 a.m.

Emailed: [redacted] & [redacted]

Per SDM: Investigation P1: Approved by CAH Director [redacted] CM3 [redacted] 4/27/2018 @ 11:06 AM CST. Emails sent to the Child Death or Preliminary Near Death Alert Group, [redacted] the [redacted] Region Notification Group, [redacted] and [redacted] A [redacted]

Received by [redacted] on 4/27/2018 @ 11:17 AM CST

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

Participant(s)

Name: [redacted] [redacted]

Gender: Male

Date of Birth:

Partipant ID: [redacted]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted] Unknown

Gender: Date of Birth: Partipant ID: [redacted]

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Male

Date of Birth:

Partipant ID: [redacted]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted] [redacted]

Gender: Male

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 8 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Male | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: Unable to | Age: Deceased

Address: [redacted] Street, [redacted]

Deceased Date: 04/27/2018

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted] [redacted]

Gender: Female

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 3 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted] [redacted]

Gender: Female

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 27 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted] [redacted]

Gender: Female

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 2 Yrs 6 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

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-07-19 17:31:00.0	Contact Method:	
Contact Time:	05:31 PM	Contact Duration:	
Entered By:	[redacted] L	Recorded For:	
Location:		Created Date:	07/19/2018
Completed date:	07/19/2018	Completed By:	[redacted] L

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/19/2018 05:33 AM Entered By: [redacted] L

This investigation has been reviewed and approved for closure by Deputy Director of Investigations [redacted] The surviving children are in the care of alternate caregivers as a result of the actions of the parents.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-07-11 09:38:00.0	Contact Method:	
Contact Time:	09:38 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2018
Completed date:	07/18/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:	Closing		

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2018 09:39 AM Entered By: [redacted] W.

Case Summary

On April 27, 2018, The Department of Childrens Services, Office of Child Safety received a referral with an allegation of Abuse Death. Non-custodial child, [redacted] 19 months, was named as the Alleged Child Victim (ACV), with the Alleged Perpetrator (AP) named as Unknown. Allegations of Drug Exposed Child were added to the investigation naming [redacted] 7 years of age; [redacted] 2 years of age; and [redacted] 19 months, as ACVs with [redacted] birth mother; and [redacted] father of [redacted] named as APs. The investigation was assigned to Child Protective Services (CPSI) [redacted]

Lead Investigator (LI) [redacted] Investigator [redacted] with The [redacted] County District Attorneys Office, Detective [redacted] with The [redacted] Police Department and Assistant District Attorney [redacted] with The [redacted] County District Attorneys Office, also assisted in the investigation.

[redacted] resided with his mother, Ms. [redacted] and siblings, [redacted] and [redacted] Mr. [redacted] would also visit the children in the home and [redacted] would also visit with Mr. [redacted] at his residence.

At approximately 6:53am on April 27, 2018, a call was received through [redacted] County Dispatch stating a child was under cardiac arrest. Officers [redacted] and Officer [redacted] with the [redacted] Police Department arrived on scene and made contact with Ms. [redacted] who was located inside the apartment bathroom with [redacted] who was lying on a pillow unclothed and unresponsive. [redacted] was transported by Emergency Medical Services to St. [redacted] Hospital. According to preliminary interviews at the time of response, Ms. [redacted] reported she put [redacted] and [redacted] to sleep on April 26, 2018 at approximately 10:00 p.m. in a crib together. Ms. [redacted] said she checked on the children around 11:00 p.m., noted they were asleep, and went to sleep herself. Ms. [redacted] reported sometime during the night, [redacted] got out of the crib and came to Ms. [redacted] who was asleep on the couch, to sleep with her. On April 27, 2018 somewhere around 6:45 a.m., Ms. [redacted] woke up and attempted to wake [redacted] up, but when she moved him, the child allegedly didnt respond. Ms.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

[redacted] picked [redacted] up, who was positioned on his stomach with his face head down, to find that his body was warm and limp. Investigator [redacted] Detective [redacted] and Detective [redacted] with the [redacted] Police Department located several white pills in the bedroom where the crib was located, lying on the floor. There were several pills still intact and others were observed to be crushed. There was an empty over the counter mucus relief bottle located close to the pills. There was a bottle that had fallen to the side of the crib rails and mattress as well as a bottle lying on a bed located in the bedroom. The room was in disarray as evidenced by piles of clothes observed to be scattered, roaches throughout the room and walls, a container with cleaning supplies sitting beside the bed, and other miscellaneous items.

While speaking with Ms. [redacted] further, Ms. [redacted] denied that [redacted] had any medical concerns or had been sick recently. Investigator [redacted] observed at times, Ms. [redacted] would close her eyes when responding to the questions. Ms. [redacted] apologized she was not reacting in a way some might, claiming she will cry at times, but then wouldnt. Ms. [redacted] admitted she is currently prescribed three anti-depressants through her OBGYN, and had taken these medications prior to going to sleep the previous night. Investigator [redacted] inquired if Ms. [redacted] had taken any other illegal narcotics and Ms. [redacted] denied that she had. Ms. [redacted] did give consent and provided a sample which was positive for amphetamine, methamphetamine, and ecstasy. Ms. [redacted] denied that she had used these substances recently, admitting to her last known use being approximately one month prior. On May 21, 2018, Ms. [redacted] participated in a hair follicle test and the results of this were positive for methamphetamine, cocaine and benzoylecgonine.

Investigator [redacted] also spoke with [redacted] a relative who also stays in the home, who reported on the evening of April 26, 2018, he came home between 10:30 p.m.-11:30 p.m. and found Ms. [redacted] to be crawling around the home on her hands and knees. According to Investigator [redacted] Mr. [redacted] stated it appeared that Ms. [redacted] was not caring for the children and he located [redacted] and [redacted] in the back bedroom. Mr. [redacted] reportedly changed the childrens diapers, gave them a bottle, and put them to bed.

On April 27, 2018 Investigator [redacted] made contact with Mr. [redacted] legal father of [redacted] who had been in Ms. [redacted] residence as well as caring for the children prior to [redacted] death. Mr. [redacted] admitted he does visit Ms. [redacted] residence often. Investigator [redacted] observed Mr. [redacted] behavior to be that of concern. Mr. [redacted] was standing sideways looking over his shoulder when Investigator [redacted] was speaking with them. Investigator [redacted] observed a bottle of liquor and a clear plastic cup with a shot on the counter. Mr. [redacted] laughed stating he was taking shots on todays date. Mr. [redacted] refused a urine drug screen on this date, stating he would fail for Marijuana. During a court proceeding on May 21, 2018, Mr. [redacted] submitted to a urine drug screen and was positive for amphetamine and methamphetamine. Mr. [redacted] admitted he had the children ([redacted] and the deceased sibling) at least 4 days prior to the child death on April 27th, 2018.

As a result of the apparent drug use of the parent, Investigator [redacted] filed A Petition to Declare Child Dependent and Neglected and a Protective Custody Order in the Juvenile Court of [redacted] County, Tennessee in regards to [redacted] and [redacted] on April 27, 2018 which was granted by the court in the best interest and safety of the children.

On May 4, 2018 children [redacted] and [redacted] had hair follicle tests performed. The results were positive for high levels of methamphetamine, cocaine, and benzoylecgonine.

At the time of [redacted] death, an autopsy was ordered by Assistant District Attorney General [redacted] and completed on April 28, 2018. Investigator [redacted] received the results on June 5, 2018. According to [redacted] S. [redacted] M.D. and Forensic Pathologist, the cause of death was ruled as Natural Causes. According to Dr. [redacted] the

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Pathologic Diagnosis was Chronic Bronchiolitis and Tracheitis complicated by Group A Streptocooccus Bacteremia.

The case was presented to the [redacted] County Child Protective Investigation Team (CPIT) on June 6, 2018. CPIT member present were as follows: [redacted] Child Protective Services Investigator [redacted] Lead Investigator; [redacted] District Attorney's Office; [redacted] Investigator with The [redacted] County Sheriff's Department; [redacted] Mental Health Provider; [redacted] Director with The Children's Advocacy Center; [redacted] Medical Provider; and [redacted] Detective with The [redacted] Police Department. The team agreed that there was insufficient evidence to substantiate the allegation of Abuse Death as the cause of [redacted] death was ruled as Natural Causes. Team members were however in agreement that there was sufficient evidence to substantiate the allegation of severe Drug Exposed Children as to [redacted] and [redacted] perpetrated by [redacted] and [redacted]

DCS Policy 14.21 and Work Aid 1 (E) defines the following criteria for Child Abuse Death:
1.Child death: Child death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.
2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect.

DCS Policy 14.21 and Work Aid 1 (E) defines the following criteria for Drug Exposed Child:
Any age and all children under age 2 who/whose:
a) Has been exposed to a drug or chemical substance (i.e., alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, meth, heroin, inhalants or any other illegal substances, etc.), as verified by a positive drug screen by mother or infant.
b) Has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes, but is not limited to the following situations:
c) Illegal or non-prescribed drugs or chemical substances are administered to or given to children;
d) Children exposed to or living within close physical proximity to where drugs or chemical substances are manufactured (the manufacturing of methamphetamine in a home where children are present is always considered severe abuse).
e) Parents/caretakers of children who have a positive drug screen; manufacture drugs or chemical substances; or have admitted to the use of an illegal drug or non-prescribed medication or chemical substance; or misuses prescribed medication or chemical substances.

The case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the allegation of Abuse Death; and Allegation Substantiated, Perpetrator Substantiated as to [redacted] and [redacted] for the allegation of severe Drug Exposed Child regarding [redacted] and [redacted] and non-severe Drug Exposed Child regarding [redacted]

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Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-07-11 09:15:00.0	Contact Method:	
Contact Time:	09:15 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2018
Completed date:	07/11/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2018 09:38 AM Entered By: [redacted] W.

On this date, Investigator [redacted] consulted with [redacted] D. [redacted] Safety Nurse, regarding this investigation due to the concerns that [redacted] failed to seek medical treatment for [redacted] At this time, there is not substantial evidence to add a medical maltreatment allegation due to Ms. [redacted] denying that the child victim was sick and there is no medical records to support he had been seen prior to his death that indicated he was sick. The cause of death was ruled as natural causes, due to a virus the child had in his lungs.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-06-06 13:00:00.0	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Other Community Site	Created Date:	06/08/2018
Completed date:	06/08/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2018 12:28 PM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] presented this investigation to The [redacted] County Child Protective Investigative Team.

The autopsy results regarding [redacted] was received from Assistant District Attorney [redacted] with The 31st Judicial District Attorney's Office on June 5th, 2018. The allegations initially received was Abuse Death, by an Unknown Perpetrator. After reviewing the autopsy of the alleged child victim, the cause of death was ruled as Natural Causes. Based on this finding, Investigator [redacted] classified the Abuse Death allegations as Allegation Unsubstantiated/Perpetrator Unsubstantiated.

Investigator [redacted] also presented allegations of Drug Exposed Child as to [redacted] and [redacted] with [redacted] and [redacted] named as Alleged Perpetrators. The basis of this was both [redacted] and [redacted] were positive on hair follicle screenings for methamphetamine and cocaine, at high levels. Ms. [redacted] and Mr. [redacted] both were positive for these substances throughout the investigation and equally had access and cared for both children approximately 90 days prior to April 27th, 2018 when the children entered the custody of The Department of Children's Services. Based on this finding, Investigator [redacted] classified the Drug Exposed Child allegations as Allegation(s) Substantiated/Perpetrator(s) Substantiated.

The following team members were present, reviewed the case, and agreed to the above findings:

[redacted] Child Protective Services Investigator
[redacted] Lead Investigator
[redacted] District Attorney's Office
[redacted] Investigator with The [redacted] County Sheriff's Department
[redacted] Mental Health Provider
[redacted] Director with The Children's Advocacy Center
[redacted] Medical Provider (RN)

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Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

[redacted] Detective with The [redacted] Police Department

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-06-06 13:00:00.0	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted] A	Recorded For:	
Location:		Created Date:	06/24/2018
Completed date:	06/24/2018	Completed By:	[redacted] A

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/24/2018 09:28 AM Entered By: [redacted] A

The allegations initially received was Abuse Death, by an Unknown Perpetrator. After reviewing the autopsy of the alleged child victim, the cause of death was ruled as Natural Causes. Based on this finding, the Abuse Death allegations was classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated. The allegations of Drug Exposed Child as to [redacted] and [redacted] with [redacted] and [redacted] named as Alleged Perpetrators. The basis of this was both [redacted] and [redacted] were positive on hair follicle screenings for methamphetamine and cocaine, at high levels. Ms. [redacted] and Mr. [redacted] both were positive for these substances throughout the investigation and equally had access and cared for both children approximately 90 days prior to April 27th, 2018 when the children entered the custody of The Department of Children's Services. The case was agreed to be classified the Drug Exposed Child allegations as Allegation(s) Substantiated/Perpetrator(s) Substantiated.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-06-05 15:02:00.0	Contact Method:	
Contact Time:	03:02 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	06/05/2018
Completed date:	06/05/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2018 03:12 PM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] received [redacted] autopsy results from Assistant District Attorney [redacted] who had received the reports from the medical examiner's office. According to [redacted] S. [redacted] M.D. and Forensic Pathologist, the cause of death was ruled as "Natural Causes". According to Dr. [redacted] the Pathologic Diagnosis was "Chronic Bronchiolitis and Tracheitis complicated by Group A Streptocooccus Bacteremia".

A copy of [redacted] autopsy results has been uploaded into TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-25 12:30:00.0	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	06/08/2018
Completed date:	06/08/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2018 12:36 PM Entered By: [redacted] W.

Child Protective Services Investigator [redacted] received the results of [redacted] hair follicle screening, which was collected on May 21st, 2018. Ms. [redacted] was positive for the following substances:

Methamphetamine at a level of 4,078 pg/mg
Cocaine at a level of 3,799 pg/mg
Benzoylecgonine at a level of 260 pg/mg

A copy has been uploaded in TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-21 09:00:00.0	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Court	Created Date:	05/21/2018
Completed date:	05/21/2018	Completed By:	[redacted] W.

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

Contact Type(s): Alleged Perpetrator Interview,Court Hearing,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/21/2018 02:35 PM Entered By: [redacted] W.

Preliminary Hearing/Face to Face with Alleged Perpetrator(s)
Date: May 21st, 2018
Time: Approximately 9:00am
Location of Contact: [redacted] County Juvenile Court

On this date, the preliminary hearing was presented in front of Judge [redacted] Present for the hearing were:

[redacted] Mother
[redacted] Father of [redacted]
[redacted] Child Protective Services Investigator
[redacted] Foster Care Case Manager
[redacted] Guardian Ad Litem
[redacted] Attorney for Ms. [redacted]

Ms. [redacted] waived her preliminary hearing. The Adjudicatory Hearing was scheduled for June 25th, 2018 as well as the Permanency Plan Ratification. Mr. [redacted] was present for the initial appearance and asked for an attorney. [redacted] was appointed to represent Mr. [redacted] Mr. [redacted] also waived his preliminary hearing and his Adjuacatory Hearing was also set for June 25th, 2018. Mr. [redacted] submitted to a urine drug screen on this date and was positive for amphetamine and methamphetamine. A hair follicle screening will be arranged for Mr. [redacted] Ms. [redacted] hair follicle was completed on this date, as well. The results are pending. Investigator [redacted] has presented the facts reflecting the hair follicle results on the children to Legal Attorney [redacted] and a motion will be file seeking severe child abuse. Mr. [redacted] admitted he had the children ([redacted] and the deceased sibling) at least 4 days prior to the child death on April 27th, 2018.

A Permanency Plan Meeting is scheduled for May 22nd, 2018 at 2:00pm.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-10 10:38:00.0	Contact Method:	
Contact Time:	10:38 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/10/2018
Completed date:	05/10/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/10/2018 02:23 PM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] received [redacted] hair follicle results. The following results were reported:

Methamphetamine (85,877 pg/mg)
Cocaine (1,166 pg/mg)
Benzoylecgonine (127 pg/mg)

A copy has been uploaded into TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-09 13:50:00.0	Contact Method:	Phone Call
Contact Time:	01:50 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/09/2018
Completed date:	05/09/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/09/2018 05:00 PM Entered By: [redacted] W.

Child Protective Services Investigator [redacted] notified [redacted] placement of [redacted] the results of the hair test. Due to the high levels of illegal substance abuse that was noted in [redacted] The Department requested that Ms. [redacted] follow up with The [redacted] Health Department. Investigator [redacted] explained to Ms. [redacted] although the alleged child victim was just seen on the previous week, due to the known results, another physical would need to be completed. Ms. [redacted] agreed. Tennessee Early Intervention was also notified due to their current involvement assessing [redacted] for developmental delays.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-09 13:00:00.0	Contact Method:	Phone Call
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/09/2018
Completed date:	05/09/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 05/09/2018 04:58 PM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] informed the following members of the [redacted] County Child Protective Investigative Team of [redacted] hair follicle:

[redacted] Assistant District Attorney
[redacted] Assistant District Attorney
[redacted] Detective with [redacted] Police Department

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-09 12:50:00.0	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/09/2018
Completed date:	05/09/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 05/09/2018 01:18 PM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] received [redacted] hair follicle screening results. The following results were reported:

Methamphetamine (17,479 pg/mg)
Cocaine (963 pg/mg)
Benzoylecgonie (139 pg/mg)

A copy has been uploaded into TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-08 12:25:00.0	Contact Method:	
Contact Time:	12:25 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/08/2018
Completed date:	05/08/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 05/08/2018 12:25 PM Entered By: [redacted] W.

Investigator [redacted] sent a request for medical records to the following medical provider(s) regarding [redacted]

St. [redacted] Hospital
[redacted] County Health Department

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-04 09:00:00.0	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/08/2018
Completed date:	05/08/2018	Completed By:	[redacted] W.

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

Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/08/2018 12:13 PM Entered By: [redacted] W.

Face to Face with Alleged Child Victim(s)
Date: May 4th, 2018
Time: Approximately 9:00am
Location of Contact: [redacted] County DCS Office

On this date, Child Protective Services Investigator [redacted] completed a face to face contact with [redacted] and [redacted] during a Child and Family Team Meeting. The purpose of the face to face was a follow up visit to ensure the children's safety and well-being needs are being met. The children are currently in The Department of Children's Services custody; placed with the maternal grandparents. The children completed their 72 hour EPSD&T on April 30th, 2018 at The [redacted] Health Department. [redacted] was enrolled at [redacted] Elementary School and was happy to be back in this particular school. Tennessee Early Intervention Services met with the family on May 3rd, 2018 and will continue with follow up visits regarding [redacted] and [redacted] developmental needs. The children appeared very happy to see their mother as evidence by they yelled "mommy" and hugged her. [redacted] was held by Ms. [redacted] during the visit. [redacted] great aunt, helped care for the children during the meeting.

Hair follicle screenings were completed on [redacted] and [redacted] by On Site Drug Screenings on today's date. [redacted] hair was recent shaved; therefore, his will be arranged at a later date.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-02 15:35:00.0	Contact Method:	
Contact Time:	03:35 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/02/2018
Completed date:	05/02/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/02/2018 03:38 PM Entered By: [redacted] W.

Family Services Worker [redacted] forwarded Child Protective Services Investigator [redacted] a copy of [redacted] Wood and [redacted] confirmation where the children were seen for their 72 hour Early Periodic Screening Diagnostic and Treatment (EPSD&T) on April 30th, 2018 in [redacted]

Such forms have been uploaded.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-02 15:24:00.0	Contact Method:	Phone Call
Contact Time:	03:24 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/02/2018
Completed date:	05/02/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/02/2018 03:30 PM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] spoke with [redacted] Mr. [redacted] was made aware of the Child and Family Team Meeting on Friday, May 4th, 2018 at 9:00am. Mr. [redacted] stated he didn't know why he had to be part of this "case" as he had nothing to do with Friday's incident. Investigator [redacted] explained to Mr. [redacted] the concerns of illegal substance abuse by him as well as he was the father of [redacted] Mr. [redacted] agreed he'd be present. Investigator [redacted] informed Mr. [redacted] his court date was set for May 21st, 2018 at 9:00am.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-02 13:00:00.0	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Other Community Site	Created Date:	05/02/2018
Completed date:	05/02/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 05/02/2018 03:06 PM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] presented this case to The [redacted] County Child Investigative Protective Team. Due to [redacted] passing away on April 27th, 2018, the autopsy is still pending. The alleged perpetrator is listed as an unknown participant. The following members agreed to continue the case for June:

[redacted] Child Protective Services Investigator
[redacted] Lead Investigator
[redacted] Assistant District Attorney
[redacted] Director of Children's Advocacy Center
[redacted] Investigator/[redacted] County Sheriff's Department
[redacted] Mental Health Provider

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-01 14:49:00.0	Contact Method:	
Contact Time:	02:49 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted] Jr., [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 02:49 PM Entered By: [redacted] W.

Investigator [redacted] completed a search of TFACTS regarding the familys history with The Department of Childrens Services:

Investigation # [redacted] (March 2013)
Alleged Child Victim- [redacted]
Alleged Perpetrator- [redacted]
Allegations- Lack of Supervision
Classification- No Services Needed

Investigation # [redacted] (September 2016)
Alleged Child Victim(s)- [redacted]
Alleged Perpetrator- [redacted]
Allegations- Drug Exposed Child
Classification- Services Recommended and Accepted

Investigation # [redacted] (December 2016)
Alleged Child Victim- [redacted]
Alleged Perpetrator- [redacted]
Allegation- Physical Abuse
Classification- No Services Needed

Investigation # [redacted] (March 2017)
Alleged Child Victim(s)- [redacted] and [redacted]
Alleged Perpetrator- [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Allegation- Drug Exposed
Classification- Unable to Complete

Investigation # [redacted] (March 2017)
Alleged Child Victim- [redacted]
Alleged Perpetrator- Unknown Perpetrator
Allegation- Sexual Abuse
Classification- Allegation Unsubstantiated/Perpetrator Unsubstantiated

Investigation # [redacted] (January 2018)
Alleged Child Victim(s)- [redacted]
Alleged Perpetrator- [redacted]
Allegation- Drug Exposed Child
Classification- No Services Needed

Investigation # [redacted] (April 2018)
Alleged Child Victim(s)- [redacted] and [redacted]
Alleged Perpetrator- [redacted] and [redacted]
Allegation(s) - Physical Abuse, Lack of Supervision and Psychological Harm
Classification- No Services Needed

The following intake #s were noted as being Screened Out:

[redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-01 14:18:00.0	Contact Method:	
Contact Time:	02:18 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] Jr., [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 02:23 PM Entered By: [redacted] W.

Investigator [redacted] received the following local background checks on [redacted] (mother); [redacted] (father); and [redacted] JR (father):

[redacted]
July 13th, 2017 (Theft)

[redacted] JR-
February 12th, 2016-February 14th, 2016 (Serving 48 hours for contempt of child support)

[redacted]
June 28th, 2015-October 26, 2015 (Driving on Suspended License, Evading Arrest)
January 14th, 2016-April 13th, 2016 (Violation of Probation out of Circuit Court)
December 12th, 2016-February 10th, 2017 (Violation of Probation x2)
April 15th, 2017-February 28th, 2018 (Unlawful Possession of a Weapon, Violation of Probation x2, and Criminal Trespassing)

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-01 11:59:00.0	Contact Method:	
Contact Time:	11:59 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 12:01 PM Entered By: [redacted] W.

Child Protective Services Investigator [redacted] requested medical records from the following provider(s) regarding [redacted] and [redacted]

[redacted] County Health Department
St. [redacted] Hospital

Investigator [redacted] will obtain a release of information regarding [redacted] (deceased child victim) on Friday, May 4th, 2018 from [redacted] mother to request appropriate medical records.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-01 11:02:00.0	Contact Method:	Attempted Phone Call
Contact Time:	11:02 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 11:11 AM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] attempted to contact [redacted] at [redacted] and was unsuccessful. Investigator [redacted] was unable to leave a voicemail due to the mailbox not being set up.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-05-01 08:25:00.0	Contact Method:	
Contact Time:	08:25 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 10:57 AM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] received a call from [redacted] with Tennessee Early Intervention Services regarding the referral(s) on [redacted] and [redacted] Ms. [redacted] confirmed Tennessee Early Intervention had been working with the family, until February 2018 when contact with [redacted] was lost by the Case Manager. Ms. [redacted] reported the program would not be able to reopen the case with [redacted] due to her age; however, would refer her to The [redacted] Board of Education. The case was being assigned to [redacted] and contact will be made with the children's foster parent.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-30 11:48:00.0	Contact Method:	
Contact Time:	11:48 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	04/30/2018
Completed date:	04/30/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 04/30/2018 11:54 AM Entered By: [redacted] W.

Child Protective Services Investigator [redacted] sent two referrals to Tennessee Early Intervention regarding an assessment on [redacted] and [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-30 09:30:00.0	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/08/2018
Completed date:	05/08/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 05/08/2018 12:21 PM Entered By: [redacted] W.

The Safety and Risk (FAST) Assessments were completed on this date. The following results were generated based on the information entered and scored accordingly:

Safety Result: Immediate Intervention Recommended
Risk Result: High Need/Risk

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-30 09:00:00.0	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Court	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.

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

Contact Type(s): Alleged Perpetrator Interview,Court Hearing,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] Jr., [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 10:55 AM Entered By: [redacted] W.

Preliminary Hearing/Face to Face with Alleged Perpetrator
Date: April 30th, 2018
Time: 9:00am
Location of Contact: [redacted] County Juvenile Court

On this date, the Preliminary Hearing regarding the removal of [redacted] and [redacted] was heard in front of Juvenile Court Judge [redacted] Present for the hearing were:

[redacted] Child Protective Services Investigator
[redacted] Mother
[redacted] JR, Father of [redacted]

[redacted] was appointed as the children's Guardian at Litem. Ms. [redacted] requested the court for appointment of counsel. [redacted] was appointed to represent Ms. [redacted] Mr. [redacted] waived his right to counsel, stating he would work with The Department of Children's Services. Due to Ms. [redacted] being in the hospital on the previous evening and is being medicated, Ms. [redacted] requested that the case be continued until May 21st, 2018. Mr. [redacted] waived his right to the Preliminary Hearing and stipulated to the facts in the petition. Mr. [redacted] will be allowed unsupervised contact with his son, [redacted] There are no allegations against Mr. [redacted] Mr. [redacted] had indicated to The Department of Children's Services that he was not in a stable position to take custody of his son at this time. Mr. [redacted] also stated he doesn't have a close bond with [redacted] and Investigator [redacted] advised the court that parenting and/or counseling will be recommended for Mr. [redacted] and [redacted] Mr. [redacted] review hearing was set for July 9th, 2018 at 9:00am

A Child and Family Team Meeting was scheduled for Friday, May 4th, 2018 at 9:00am. This case was assigned to Family Services Worker [redacted] due to the children entering the custody of The Department of Children's Services. Investigator [redacted] provided the date/time of the meeting to Ms. [redacted] Ms. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

[redacted] (Aunt to Ms. [redacted] who was caring for Ms. [redacted] and Mr. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-30 09:00:00.0	Contact Method:	Attempted Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Court	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Alleged Perpetrator Interview,Court Hearing,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 11:05 AM Entered By: [redacted] W.

Attempted Face to Face with Alleged Perpetrator/Parent
Date: April 30th, 2018
Time: 9:00am
Location of Contact: [redacted] County Juvenile Court

[redacted] did not appear for his Preliminary Hearing in regarding to his children; [redacted] and [redacted] Mr. [redacted] did not get served with the court documents. Mr. [redacted] court date was continued until May 21st, 2018 at 9:00am.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-29 14:33:00.0	Contact Method:	Correspondence
Contact Time:	02:33 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] Jr., [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 12:40 PM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] sent [redacted] the following text message:

Hello Mr. [redacted] This is [redacted] with DCS. We met on Friday. I wanted to let you know that Judge [redacted] did place the children in custody, and Mr. [redacted] was approved as placement. The preliminary hearing is tomorrow morning at 9:00am in [redacted] County Juvenile Court. I need for you to be there for this please. You will be served with the petition and order in regard to this matter. And I'll go over everything with you.

Mr. [redacted] replied:

Ok.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-29 14:26:00.0	Contact Method:	Correspondence
Contact Time:	02:26 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 11:13 AM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] sent the following text message to [redacted] at [redacted]

Good Afternoon, Ms. [redacted] This is [redacted] with DCS. I wanted to let you know Judge [redacted] did place this matter of the removal of the children for a Preliminary Hearing tomorrow morning at 9:00am. This will be held in the General Sessions Courtroom. If possible, I need for you to be there. If for some reason you can't, please text me and let me know. Thank you.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 20:30:00.0	Contact Method:	
Contact Time:	08:30 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Other Community Site	Created Date:	05/02/2018
Completed date:	05/02/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 05/02/2018 03:27 PM Entered By: [redacted] W.

Child Protective Services Investigator [redacted] presented a Petition to Declare Children Dependent and Neglected and a Protective Custody Order regarding [redacted] and [redacted] to Juvenile Court Judge [redacted] Judge [redacted] signed the order, placing the children into the custody of The State of Tennessee/Department of Children's Services. The children are being placed in the physical custody of the Maternal Grandfather, [redacted] in [redacted] The Department completed an Expedited Home Study on this date, and has been approved. Judge [redacted] set this matter for a Preliminary Hearing on Monday, April 30th, 2018 at 9:00am.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 17:30:00.0	Contact Method:	
Contact Time:	05:30 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Hospital	Created Date:	05/02/2018
Completed date:	05/02/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 05/02/2018 03:35 PM Entered By: [redacted] W.

Child Protective Services Investigator [redacted] spoke with [redacted] mother, regarding having [redacted] and [redacted] by St. [redacted] Emergency Room on this date due to concerns of drug exposure. [redacted] (great aunt to the child victims) and [redacted] (cousin to the children) agreed to take them. Ms. [redacted] notified the hospital to give verbal consent for the relatives to have the children treated.

Investigator [redacted] spoke with staff at St. [redacted] and requested a physical be completed as well as urine drug screens on the children. The request for medical records will be sent on the following week.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 16:30:00.0	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[redacted] A	Recorded For:	
Location:		Created Date:	04/30/2018
Completed date:	04/30/2018	Completed By:	[redacted] A

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: 04/30/2018 02:59 PM Entered By: [redacted] A

4/27/2018 4:30pm
Lead Investigator [redacted] and Child Protective Services Investigator [redacted] completed home visit with fathers, [redacted] Jr. and [redacted] and neither father was appropriate to be approved as placement for the children at this time as Mr. [redacted] reported that he lives with his brother and would test positive for marijuana and Mr. [redacted] was not in a financial situation to care for his son. Paternal grandfather, [redacted] of [redacted] Tennessee will be explored for placement at this time.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 16:00:00.0	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Family Home	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] W.; [redacted] A; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 02:15 PM Entered By: [redacted] W.

Face to Face with Parent
Date: April 27th, 2018
Time: Approximately 4:00pm
Location of Contact: [redacted]

On this date, Child Protective Services Investigator [redacted] Lead Investigator [redacted] and Officer [redacted] with The [redacted] Police Department traveled to [redacted] Apartments for the purpose to make contact with [redacted] father of [redacted] and [redacted] Upon arrival, Officer [redacted] knocked on the door for several minutes. [redacted] relative, answered the door. Officer [redacted] asked Mr. [redacted] if Mr. [redacted] was present. Mr. [redacted] went back inside the residence and Mr. [redacted] came to the door. Officer [redacted] explained the purpose of the visit; in which Investigator [redacted] introduced herself. Mr. [redacted] welcomed Investigator [redacted] Lead Investigator [redacted] and Officer [redacted] in the residence. Investigator [redacted] explained the purpose of her role being assigned to the investigation earlier today due to the concerns involving his son, [redacted] death. Mr. [redacted] confirmed Ms. [redacted] called him this morning and mentioned it to him; however, Mr. [redacted] stated she aint anything but drama. Mr. [redacted] did not show to the hospital. Investigator [redacted] asked Mr. [redacted] if he had concerns regarding Ms. [redacted] and her ability to parent and/or illegal substance abuse issues. Mr. [redacted] denied that he did but spoke about how they cant always get along when it comes to parenting. Mr. [redacted] admits he does visit Ms. [redacted] residence often (Ms. [redacted] denied this). Mr. [redacted] is currently residing with his brother, [redacted] who was present at the home allegedly; however, Mr. [redacted] wouldnt open the bedroom where his brother supposedly was. Mr. [redacted] stated he is currently unemployed but has a history of employment. Mr. [redacted] is not paying child support at this time.

Investigator [redacted] observed Mr. [redacted] behavior to be that of concern. Mr. [redacted] was standing sideways looking over his shoulder when Investigator [redacted] was speaking with them. Investigator [redacted] observed a bottle of liquor and a clear plastic cup with a shot on the counter. Mr. [redacted] laughed stating he

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

was taking shots on todays date. Investigator [redacted] without being specific, addressed the concerns that Ms. [redacted] was abusing illegal substances and since they had been together according to collaterals, there were concerns that Mr. [redacted] also was abusing drugs. Mr. [redacted] refused a urine drug screen on this date, stating he would fail for Marijuana. Mr. [redacted] admitted he smoked approximately one month prior. Officer [redacted] asked for consent to search the home and Mr. [redacted] refused.

Investigator [redacted] asked Mr. [redacted] if he was able to care or if he was prepared for his children if The Department so wishes to place the children in his care. Mr. [redacted] stated his brother would be. The home was a two bedroom apartment. The residence did not have any childrens belongings, clothing, beds, or toys present. The living room did not have any furniture. The kitchen had liquor bottles lined up around the top. While Investigator [redacted] was present, a female came to the house, knocked on the door and Mr. [redacted] advised her she would need to come back as now was not a good time.

Investigator [redacted] explained to Mr. [redacted] that a decision would be made today regarding placement of his children and at this point, there were concerns of substance abuse and home environment with him. Investigator [redacted] ascertained contact for Mr. [redacted] to be [redacted] Investigator [redacted] advised Mr. [redacted] she would be in contact with him. Mr. [redacted] smiled, shook Investigator [redacted] hand and stated that would be fine.

Investigator [redacted] observed Mr. [redacted] behavior to be of a concern. Mr. [redacted] did not appear concerned that he lost a child earlier on todays date and/or the childs mother was abusing illegal substances. At this time, there are too many safety factors to say [redacted] and [redacted] would be safe in Mr. [redacted] care.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 15:05:00.0	Contact Method:	Face To Face
Contact Time:	03:05 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Family Home	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] Jr., [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 12:28 PM Entered By: [redacted] W.

Face to Face Contact with Parent
Date: April 27th, 2018
Time: Approximately 3:05pm
Location of Contact: [redacted]

On this date, Child Protective Services Investigator [redacted] and Lead Investigator [redacted] completed a home visit with [redacted] JR; father of [redacted] Upon arrival, Mr. [redacted] met Investigator [redacted] and Lead Investigator [redacted] outside in the front yard. Mr. [redacted] welcomed Investigator [redacted] and Lead Investigator [redacted] onto the front porch. Investigator [redacted] explained the report that The Department of Children's Services is currently investigating involving [redacted] sibling that is deceased. Investigator [redacted] further explained to Mr. [redacted] that although there are a lot of specific questions he may have; due to Ms. [redacted] (mother) not being present, case specifics can't be discussed. Investigator [redacted] did however explain to Mr. [redacted] that at this time, The Department would be petitioning the court requesting a removal of his son from Ms. [redacted] due to safety concerns. With that, Investigator [redacted] explained to Mr. [redacted] that he is father and would be considered as placement of his son. Mr. [redacted] stated he and [redacted] do not have a close relationship like he would want; partially due to his instability and Ms. [redacted] refusal to allow [redacted] to be around Mr. [redacted] Mr. [redacted] stated last year, [redacted] actually lived with [redacted] maternal grandfather in [redacted] as the parents agreed this was the best interest to keep [redacted] stable. Mr. [redacted] stated he and his wife, [redacted] and their two children recently moved to the current residence (approximately 3 weeks prior). Mr. [redacted] admitted to seeing [redacted] 2 weeks prior, and kept him over night for one night before returning him home. Mr. [redacted] became emotional and indicated he was not in a position at this time to appropriately provide [redacted] the needs he requires due to limited income, lack of transportation, and instability. Mr. [redacted] stated the residence is his father's, [redacted] who is terminally ill. Mr. [redacted] stated he moved in to help care for his father but it was not known how long they'd stay at the residence. Mr. [redacted] is currently unemployed but receiving food stamps. Mr. [redacted] stated he needed to bond with his child; however, indicates he loves him and is only making this decision for the best

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

interest of his child. Mr. [redacted] requested that The Department look at Mr. [redacted] as placement of [redacted]

Mr. [redacted] allowed Investigator [redacted] and Lead Investigator [redacted] into the home. The residence was a two bedroom/one bathroom home. The residence was free of safety hazards but was older in age. The home smelled of cigarette smoke as evidence by other relatives smoking in the home. Mr. and Mrs. [redacted] have their bedroom and Grandfather [redacted] has his own. Mr. [redacted] two children that reside with he and his wife, have a blow up mattress the family sets up in the living room at night.

Investigator [redacted] provided Mr. [redacted] with contact for her and advised him she would follow up with him this weekend.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 14:45:00.0	Contact Method:	Phone Call
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] Jr., [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 12:16 PM Entered By: [redacted] W.

On this date, Child Protective Services Investigator [redacted] contacted [redacted] JR at [redacted] Mr. [redacted] confirmed he was in [redacted] County and was at the hospital earlier today being seen for himself when he learned about the death. Mr. [redacted] agreed for Investigator [redacted] to meet him at his residence ([redacted] Tennessee [redacted] in approximately 20 minutes to further discuss the case.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 14:00:00.0	Contact Method:	Correspondence
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	04/29/2018
Completed date:	04/29/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation,Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] Investigator [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2018 10:39 PM Entered By: [redacted] W.

Investigator [redacted] spoke with [redacted] a relative who also stays in the home, who reported on the evening of April 26, 2018, he came home between 10:30 p.m.-11:30 p.m. and found Ms. [redacted] to be crawling around the home on her hands and knees. According to Investigator [redacted] Mr. [redacted] stated it appeared that Ms. [redacted] was not caring for the children and he located [redacted] and [redacted] in the back bedroom. Mr. [redacted] reportedly changed the childrens diapers, gave them a bottle, and put them to bed. Mr. [redacted] stated when he left the home at approximately 3:00 a.m. to go to his place of employment, [redacted] was on the couch asleep with Ms. [redacted] and everything appeared fine; however, he didnt check on the other children.

Narrative Type: Addendum 1 Entry Date/Time: 05/01/2018 02:04 PM Entered By: [redacted] W.

Mr. [redacted] also provided Investigator [redacted] with information regarding Ms. [redacted] According to Investigator [redacted] Mr. [redacted] admitted he will take Ms. [redacted] to [redacted] Apartments often to see '[redacted] When Ms. [redacted] comes outside, Mr. [redacted] described Ms. [redacted] would be "different" in which her behavior is that consistent of using illegal substances. Mr. [redacted] didn't provide any specifics regarding '[redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 13:30:00.0	Contact Method:	Face To Face
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Other Community Site	Created Date:	04/29/2018
Completed date:	04/29/2018	Completed By:	[redacted] W.

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted] W.; [redacted] CAC, [redacted] ADA [redacted] Detective [redacted] A

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2018 10:21 PM Entered By: [redacted] W.

Initial Face to Face with Alleged Child Victim
Date: April 27, 2018
Time: Approximately 1:30pm
Location of Contact: [redacted] County Childrens Advocacy Center

On this date, [redacted] was brought into the Childrens Advocacy Center for the purpose of a forensic interview. [redacted] forensic interviewer, completed the interview which was recorded. Present for the interview observing were Child Protective Services Investigator [redacted] Lead Investigator [redacted] Assistant District Attorney [redacted] and Detective [redacted] with The [redacted] Police Department.

[redacted] stated he loves to play outside at home and specifically playing with his baby sister. [redacted] reported he gives his baby sisters and brother a bottle when they cry. [redacted] also disclosed he lives playing video games with his dad Jr. Ms. [redacted] asked [redacted] who all lives with him at his home. [redacted] stated his mother, [redacted] brother, [redacted] sisters [redacted] and [redacted] Uncle [redacted] Aunt [redacted] Father [redacted] JR); and sometimes his step-dad [redacted] stated he sleeps with his Aunt and Uncle.

Ms. [redacted] went over the interview room and process with [redacted] acknowledged that he understood he was to only tell the truth. Ms. [redacted] asked [redacted] if he would tell her everything that he has done from the time he woke up this morning until he got to the center. [redacted] began talking about coming to the center and playing. [redacted] talked about waking up and playing with a man and boat at his Uncle [redacted] house. [redacted] stated he woke up at Aunt [redacted] house today and talked about how he will go to Aunt [redacted] house when he doesnt want to go to his Step-Dads house. Ms. [redacted] asked [redacted] if he would tell her about being at

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

his house with his mom and siblings. [redacted] stated when he gets sick and throws up, they give him what appears to look like baby aspirin, and he will feel better. [redacted] stated his mom will give him the medicine which is kept in her room at an unknown location. Ms. [redacted] asked [redacted] if anyone else takes medicine in the house and he confirmed the babies do. [redacted] stated they take the same baby aspirin and other medicine, which described as being pink in color. [redacted] stated he and his siblings all get four spoons full of the medicine. Ms. [redacted] asked [redacted] when he and his siblings get the pink medicine. [redacted] stated when they get sick. Ms. [redacted] asked [redacted] if anyone else takes medicine in the home. [redacted] stated his mom does. [redacted] disclosed his mom takes adult medicine which was white and red in color and his mom takes the medicine with water.

Ms. [redacted] asked [redacted] to talk about [redacted] step-father. According to [redacted] is nice. Ms. [redacted] inquired about anyone in his home getting hit in his house. [redacted] denied that anyone gets hit in the house and inquired who wanted to know that. Ms. [redacted] addressed with [redacted] it is very important to talk about the truth and asked [redacted] who all gets hit in the house. [redacted] stated he didnt want to tell and at this point, covered his mouth with his hands. Ms. [redacted] asked [redacted] if he would rather write the name down on the board and he shook his head yes. [redacted] wrote [redacted] and talked about how she is mean. [redacted] then wrote out on the board that his dad is not mean.

Ms. [redacted] asked [redacted] to talk about the previous date. Ms. [redacted] asked [redacted] if he went home from school yesterday to his moms house, or somewhere else. [redacted] disclosed he went to [redacted] house. [redacted] denied that he went to his moms house because she had to go to his dads house to get her new phone because her old phone wasnt working. [redacted] talked about staying with [redacted] house a lot, and admitted he was there yesterday morning before school. [redacted] stated [redacted] is a child and she lives with her family. Ms. [redacted] asked [redacted] who takes care of his brother and sisters. [redacted] stated his mom and dad do. Ms. [redacted] asked [redacted] what happens when the babies cry and [redacted] stated momma makes a bottle. [redacted] talked about having a secret place at home that he does to when he is sad and he will cry there. [redacted] talked about when his baby sister died, it made him sad. [redacted] talked about [redacted] being the sister that passed away. Ms. [redacted] continued to inquire about Mr. [redacted] and [redacted] stated he didnt want to talk about it anymore, claiming he was nice and there was nothing else. [redacted] denied that anyone in his house ever gets hurt.

[redacted] made no disclosures of abuse and it appears that he was not present at the home on the previous evening. [redacted] was dressed in shorts and a clean t-shirt. At this time, [redacted] is not are that his brother, [redacted] passed away on this date. The child is currently being cared for by [redacted] great aunt.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 12:55:00.0	Contact Method:	
Contact Time:	12:55 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:	Other		

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 02:54 PM Entered By: [redacted] W.

The following report was received on April 27th, 2018 through The Child Abuse Hotline and was screened out due to Investigator [redacted] having an open investigation:

Intake # [redacted]

Reporter states:

Unknown (7), Unknown (2), Unknown (2) and [redacted] Unknown (1) live with their mother [redacted] (27), family friend, [redacted] (48), and [redacted] girlfriend, [redacted] (40), in [redacted] County. Their father is Unknown. [redacted] had triplets and it is believed that the third child, Unknown, was born a still born; however, this cannot be confirmed at this time. Years ago, [redacted] gave her children up and left them at DCS front door.

On the morning of 04/27/2018, [redacted] passed away. [redacted] woke up in the morning and got her daughter, Unknown, onto the bus and when [redacted] went back into the home to check on the other children, she found [redacted] deceased. It is unknown where [redacted] was found. A neighbor, Unknown, contacted Law Enforcement. DCS worker [redacted] made the scene and investigated. It is unknown how [redacted] passed away; [redacted] reported that [redacted] has seizures but it is unknown if [redacted] passed away from the seizures. It is unknown if Law Enforcement or DCS are suspecting any foul play at this time. [redacted] has been transported to [redacted] Hospital. [redacted] was at work when [redacted] was found.

In January 2018, [redacted] was seen using meth in front of her children. [redacted] smokes meth in the home from a can which she keeps in a kitchen pantry. It is unknown how often [redacted] uses drugs. It is unknown if [redacted] was under the influence at the time of [redacted] death. [redacted] appeared to be on meth on the morning of 04/27/2018. [redacted] has been a drug addict for years and uses crack and meth. [redacted] uses drugs whenever she can get her hands on them. There were drugs in the home around January 2018 but it is unknown if there are any drugs in the home currently. [redacted] had been buying meth from [redacted] for a family friend on a

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

consistent basis for a couple months until January 2018. [redacted] has been seen using drugs one time but it is not believed that [redacted] is an addict. It is unknown if drugs are being sold out of the home at this time. It is unknown if the adults have driven under the influence with the children in the car.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 12:00:00.0	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	04/29/2018
Completed date:	04/29/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2018 09:02 PM Entered By: [redacted] W.

Referent contact was made on this date by Child Protective Services Investigator [redacted] No additional information as gathered by the referent.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 11:45:00.0	Contact Method:	Face To Face
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Family Home	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Alleged Perpetrator Interview,Notation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 12:03 PM Entered By: [redacted] W.

Face to Face with Relatives/Alleged Perpetrator/Parent
Date: April 27th, 2018
Time: Approximately 11:45am
Location of Contact: [redacted]

Following the contact with [redacted] at the residence and addressing the concerns of illegal substance abuse, Child Protective Services Investigator [redacted] walked outside the residence to leave. [redacted] maternal grandfather; and his paramour, [redacted] walked up to Investigator [redacted] Mr. [redacted] introduced himself and stated if [redacted] and [redacted] need a safe placement, he would like to be considered. Mr. [redacted] reported he cared for [redacted] in 2017 while his father, [redacted] JR; and Ms. [redacted] were not stable. Mr. [redacted] stated [redacted] had just recently returned to [redacted] County to live with Ms. [redacted] Mr. [redacted] and Ms. [redacted] admitted to having concerns about the care of the children; however, never had substantial evidence to support their concerns of drug use. Ms. [redacted] disclosed [redacted] father of [redacted] and [redacted] is known to abuse illegal substances and felt that if Ms. [redacted] was abusing drugs it was because of him.

Investigator [redacted] confirmed with Mr. [redacted] that the children were currently in the care of [redacted] and [redacted] (other relatives) and they were fine. Mr. [redacted] thanked Investigator [redacted] for the update and provided the following contact information for the record:

Cell Phone- [redacted]
Home Address: [redacted]

Investigator [redacted] then went back inside the residence to speak with Ms. [redacted] who was sitting on the living room couch talking with Detective [redacted] Investigator [redacted] discussed the safety concerns that The Department had regarding the three children and explained to Ms. [redacted] that the position of The Department

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

at this time, was to seek safe and stable placement. Ms. [redacted] became very upset as evidence by she was crying and screaming out. Investigator [redacted] explained to Ms. [redacted] she would have to legally seek out the father(s) of the children; but if this was unsafe or unsuccessful, who she (Ms. [redacted] would like to take the children. Ms. [redacted] stated her father, Mr. [redacted] Investigator [redacted] again encouraged Ms. [redacted] to follow up with her doctor on today's date, given the circumstance, to see about possibly being seen.

Investigator [redacted] then spoke with [redacted] ([redacted] who was outside the residence regarding Ms. [redacted] safety of being alone. Ms. [redacted] stated she or [redacted] (maternal grandmother) would stay with Ms. [redacted] after the scene is cleared.

Investigator [redacted] also was approached by [redacted] (paternal grandmother of [redacted] Ms. [redacted] stated her son, [redacted] was at the hospital being seen for shoulder pain when he saw the entire family at the hospital. Ms. [redacted] stated she heard the news and came to the home to see if [redacted] was okay. Investigator [redacted] confirmed [redacted] was fine and would be interviewed today regarding the investigation. Investigator [redacted] inquired if Ms. [redacted] had contact information for Mr. [redacted] Ms. [redacted] gave [redacted] as Mr. [redacted] cell phone. Ms. [redacted] stated Mr. [redacted] was not in a position to take [redacted] as he can barely take care of himself and is not stable. Ms. [redacted] stated if needed, she would like to be considered as placement of [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 11:30:00.0	Contact Method:	
Contact Time:	11:30 AM	Contact Duration:	
Entered By:	[redacted] A	Recorded For:	
Location:		Created Date:	04/30/2018
Completed date:	04/30/2018	Completed By:	[redacted] A

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/30/2018 02:56 PM Entered By: [redacted] A

4/27/2018 11:30am
Lead Investigator [redacted] and Child Protective Services Investigator [redacted] staffed the case with Investigator Coordinator [redacted] and DCS legal Department to discuss the safety concerns for the remaining children in the mothers care. Based on the safety concerns at this time alternate custody will be requested by the court.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 11:19:00.0	Contact Method:	
Contact Time:	11:19 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	04/29/2018
Completed date:	04/29/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:	Opening		

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2018 09:01 PM Entered By: [redacted] W.

Name on case file: [redacted]
Intake # [redacted]

Family Household Composition:

Alleged Child Victim: [redacted]
DOB [redacted]
Deceased Date: 4/27/2018

Alleged Child Victim: [redacted]
DOB: [redacted]

Alleged Child Victim: [redacted]
DOB: [redacted]

Alleged Child Victim: [redacted]
DOB: [redacted]

Mother to: [redacted]
Address: [redacted]
Phone: [redacted]
DOB: [redacted]

Father of [redacted] JR
Address: [redacted]
Phone: [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

DOB: 3/8/1987

Father of [redacted] and [redacted] (Deceased): [redacted]
Address: [redacted]
Phone: [redacted]
DOB: [redacted]

Referral:

Reporter states:

[redacted] (7), [redacted] (2), [redacted] (1) and [redacted] (1) live with their mother, [redacted] (26), and [redacted] [hereafter referred to as 'Mr. [redacted] in [redacted] County. Mr. [redacted] is the father of [redacted] and [redacted] father, [redacted] lives in another county. [redacted] had another child, [redacted]), that passed away last year in [redacted] County; [redacted] was a triplet to [redacted] and [redacted] was living with a friend, Unknown, at the time. The circumstances surrounding [redacted] death are unknown; however, this was reported to DCS.

There have been on-going drug concerns and domestic violence concerns in the home. Currently, there is an open assessment case 1014270618 on the family concerning Physical Abuse, Psychological Harm and Lack of Supervision on all of the children.

At 7:15 AM on 4/27/2018, DCS received a report that [redacted] had woken up this morning and found [redacted] unresponsive. [redacted] had called Law Enforcement and EMS when she had found [redacted] It is unknown what happened after Law Enforcement had made the scene. DCS worker [redacted] made the scene and observed that [redacted] had already been loaded into an ambulance where he was receiving CPR. [redacted] was transferred to St. [redacted] Hospital; it is possible that [redacted] is currently at the hospital. It was learned that [redacted] has been pronounced deceased. It is unknown if [redacted] was already deceased by the time CPR had been started in the ambulance. At this time, the official cause of death is unknown; an autopsy has not been performed.

At this time, there is limited information surrounding [redacted] death. It is unknown what time [redacted] had found [redacted] where she had found him, how she had found him and what condition is body had been in when he had been found. It is unknown if [redacted] was still breathing when [redacted] had found him. It is unknown where [redacted] had been sleeping and if he had been sleeping alone. The environmental conditions of the home are unknown.

DCS worker [redacted] is trying to get [redacted] calmed down and to the hospital. DCS worker [redacted] has spoken with Law Enforcement who only told her that [redacted] had been found unresponsive. It is not believed that Mr. [redacted] was present at the home when these events occurred; Mr. [redacted] has been notified and is on his way to the hospital. More information will be provided as it becomes available.

Notification will be made monthly to the Juvenile Court Judge (by DCS secretarial staff/or Supervisors) as requested per Juvenile Court. The local District Attorneys Office will also be notified of this intake, if applicable.

This investigation was received on April 27th, 2018 and was screen as a Priority 1 response. Child Protective Services Investigator [redacted] was assigned to the case.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 11:00:00.0	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Family Home	Created Date:	04/29/2018
Completed date:	04/29/2018	Completed By:	[redacted] W.

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2018 10:37 PM Entered By: [redacted] W.

Face to Face with Alleged Perpetrator
Date: April 27th, 2018
Time: Approximately 11:00am
Location of Contact: Family's Residence

Following the contact with [redacted] at St. [redacted] Hospital, Officer [redacted] transported Ms. [redacted] back to her residence. The home was still being treated as a crime scene. Child Protective Services Investigator [redacted] also arrived back to the residence. While Investigator [redacted] was in the home, she asked Ms. [redacted] to submit to a urine drug screen. Ms. [redacted] reported she didn't know what "would be in my system" but give consent and provided a sample which was positive for amphetamine, methamphetamine, and ecstasy. Ms. [redacted] denied that she had used these substances recently, admitting to her last known use being approximately one month prior. Ms. [redacted] was looking over the clothing thrown everywhere and where a picture was allegedly missing from the wall, making statements that she [didnt] know who did this, I wonder who broke my picture, I dont fold my clothes like this, and I guess I need bigger locks on my doors. When Investigator [redacted] inquired as to Ms. [redacted] drug history, Ms. [redacted] claimed she was offered the substance approximately two days prior but denied that she used. Ms. [redacted] then stated she had sexual intercourse with a male at this time and was manhandled. No other illegal substances were located in the home.

Investigator [redacted] ascertained the family has history of substance abuse and domestic violence between Ms. [redacted] and Mr. [redacted] from prior DCS workers. Ms. [redacted] denied these concerns or allegations. Investigator [redacted] did have Ms. [redacted] sign releases of information for The Children's Advocacy Center for [redacted] to have a forensic interview on this date. Ms. [redacted] consented to a blood draw, which was suggested by [redacted] with The [redacted] County District Attorney's Office. Investigator [redacted] urine collected in the drug screen cup was an unconfirmed screening.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 10:00:00.0	Contact Method:	Correspondence
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	04/29/2018
Completed date:	04/29/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2018 09:06 PM Entered By: [redacted] W.

The following [redacted] County Child Protective Investigative Team Members were notified of this investigation by Child Protective Services Investigator [redacted]

[redacted] Assistant District Attorney with The [redacted] County District Attorney's Office
[redacted] Detective with The [redacted] Police Department
[redacted] Children's Advocacy Center Forensic Interviewer

It was determined that due to concerns surrounding the incident, [redacted] would benefit from a forensic interview to further assess the timeline of events that occurred on the previous evening; if [redacted] was present. This forensic interview was scheduled for today's date at 1:00pm.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 09:50:00.0	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2018
Completed date:	05/01/2018	Completed By:	[redacted] W.
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2018 01:52 PM Entered By: [redacted] W.

[redacted] will be sent to The Medical Examiner's Officer for an autopsy.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 09:10:00.0	Contact Method:	Face To Face
Contact Time:	09:10 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Hospital	Created Date:	04/29/2018
Completed date:	04/29/2018	Completed By:	[redacted] W.

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted] W.; [redacted] Detective [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2018 09:30 PM Entered By: [redacted] W.

Initial Face to Face with Alleged Child Victim
Date: April 27th, 2018
Time: Approximately 9:10am
Location of Contact: St. [redacted] Emergency Room

On this date, Child Protective Services Investigator [redacted] and Detective [redacted] with The [redacted] Police Department completed an initial face to face contact with [redacted] alleged child victim. [redacted] was transported by Emergency Medical Services Personnel around 7:15am from his residence due to continued attempts to resuscitate. Officer [redacted] with The [redacted] Police Department transported [redacted] to the hospital around 8:30am per the request of medical staff. Ms. [redacted] advised medical staff to discontinue the attempt to resuscitate the child upon her arrival, due to failed attempts. CPSI [redacted] observed [redacted] lying underneath a sheet, unclothed. A tube was still in place located in [redacted] mouth and it appeared as [redacted] had stool on himself. There was blood on the sheets below [redacted] face, which was due to the medical equipment that was used on him.

According to medical staff, [redacted] was of a healthy size/weight and there were no preliminary signs of trauma or markings on the body. [redacted] body will be sent on today's date to the Medical Examiner's office in [redacted] where he will undergo an autopsy. [redacted] primary care physician(s) is with The [redacted] County Health Department. [redacted] was born premature, at 24 weeks gestation, as a triplet at St. [redacted] but was transported to [redacted] Medical Center until he was released at the age of 4 months. [redacted] birth weight was 2 pounds, 15 ounces and [redacted] was said to be healthy aside form having a heart murmur at birth. [redacted] did not require any special medication or equipment due to the heart murmur. Child Protective Services Investigator ascertained from [redacted] a relative, that [redacted] had a history of breathing issues and has previously had a seizure. Child Protective Services Investigator [redacted] confirmed that [redacted] was last seen approximately 2

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

months prior at The [redacted] County Health Department for their well-child check-ups. [redacted] immunizations are caught up to date. When CPSI [redacted] inquired about seizure activity, Ms. [redacted] stated this occurred when [redacted] was approximately 2 months of age and she allegedly had him seen by his medical provider at that time. According to Ms. [redacted] the doctor told her [redacted] would "outgrow" the seizure and has yet to have had one since.

[redacted] cause of death is undetermined at this time.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 09:00:00.0	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Hospital	Created Date:	04/29/2018
Completed date:	04/29/2018	Completed By:	[redacted] W.

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] Detective [redacted] ADA [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2018 10:30 PM Entered By: [redacted] W.

Face to Face with Alleged Perpetrator
Date: April 27th, 2018
Time: Approximately 9:00am
Location of Contact: St. [redacted] Hospital

Child Protective Services Investigator [redacted] assisted Detective [redacted] at St. [redacted] Hospital to complete the SUIDI (Sudden Unexplained Infant Death Syndrome) form. When Investigator [redacted] arrived, Ms. [redacted] was in the hospital room with [redacted] along with other family members. Ms. [redacted] appeared very upset and made the statement she just wanted to know who was in [her] house last night. While speaking with Ms. [redacted] further, Ms. [redacted] denied that [redacted] had any medical concerns or had been sick recently. Investigator [redacted] observed at times, Ms. [redacted] would close her eyes when responding to the questions. Ms. [redacted] apologized she was not reacting in a way some might, claiming she will cry at times, but then wouldnt. Ms. [redacted] admitted she was the same way when her other daughter, M.W, a sibling to the triplets and also not a party to this investigation, passed away in 2016. Ms. [redacted] admitted she is currently prescribed three anti-depressants through her OBGYN, and had taken these medications prior to going to sleep the previous night. Ms. [redacted] stated these medications can often make her sleep like a horse. Investigator [redacted] inquired if Ms. [redacted] had taken any other illegal narcotics and Ms. [redacted] denied that she had. Investigator [redacted] asked if Ms. [redacted] would submit to a urine drug screen and at that time, but Ms. [redacted] stated she was unable to.

Investigator [redacted] spoke with Ms. [redacted] regarding [redacted] and having him interviewed on today's date. Ms. [redacted] was in agreement. Investigator [redacted] also inquired about [redacted] Ms. [redacted] stated she contacted him by telephone earlier and he began cursing her claiming she was nothing but "drama" so she hung up her phone. Mr. [redacted] had not arrived at the hospital prior to Investigator [redacted] departure. Ms. [redacted] denied that she and Mr. [redacted] were together, claiming Mr. [redacted] had been at her house maybe "once" and hasn't been back since.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 08:00:00.0	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted] A	Recorded For:	
Location:		Created Date:	05/04/2018
Completed date:	05/04/2018	Completed By:	[redacted] A
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/04/2018 02:10 PM Entered By: [redacted] A

Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff/or Supervisors) as requested per Juvenile Court Judge. District Attorney was notified.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 07:52:00.0	Contact Method:	
Contact Time:	07:52 AM	Contact Duration:	
Entered By:	[redacted] A	Recorded For:	
Location:		Created Date:	04/30/2018
Completed date:	04/30/2018	Completed By:	[redacted] A
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/30/2018 02:55 PM Entered By: [redacted] A

4/27/2018 7:52am
Child Protective Services Assessment, [redacted] contacted Lead Investigator [redacted] on this date and time. LI [redacted] explained to CPSA [redacted] the reported child death and unknown details at this time. CPSA [redacted] reported that she was saw [redacted] at school on 4/26/2018 and following the school visit she reported that she had made a home visit to the familys home but no one would come to the door.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 07:30:00.0	Contact Method:	Face To Face
Contact Time:	07:30 AM	Contact Duration:	
Entered By:	[redacted] W.	Recorded For:	
Location:	Family Home	Created Date:	04/29/2018
Completed date:	04/29/2018	Completed By:	[redacted] W.

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

Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted] W.; [redacted] Investigator [redacted] Officer [redacted] Detective [redacted] Detective [redacted] Officer [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2018 09:50 PM Entered By: [redacted] W.

Initial Face to Face with Alleged Child Victim(s)/Alleged Perpetrator
Date: April 27h, 2018
Time: Approximately 7:30am
Location of Contact: [redacted] (Family's Residence)

On this date, Child Protective Services Investigator [redacted] made initial response at [redacted] residence, per the request of Officer [redacted] with The [redacted] Police Department. Upon arrival, Child Protective Services Investigator [redacted] spoke with Officer [redacted] who was standing outside the apartment in the roadway with Detective [redacted] ([redacted] Police Department) and Investigator [redacted] (District Attorney's Office). Officer [redacted] reported that the female, that Child Protective Services Investigator observed to be wearing a red jacket/sweatshirt smoking a cigarette sitting outside Ms. [redacted] apartments on the sidewalk; was [redacted] Ms. [redacted] allegedly has been residing in the home for approximately one week and was present at the apartment on today's date when [redacted] was found. Although Child Protective Services Investigator [redacted] did not specifically speak with Ms. [redacted] Officer [redacted] indicated that Ms. [redacted] informed them that Ms. [redacted] has been "acting funny" lately. Ms. [redacted] reported she left the apartment on April 25th, 2018 at approximately 12:00pm and didn't return until late that evening. Ms. [redacted] reported the apartment, upon arrival, was a disaster and the back door was [redacted] Ms. [redacted] went to bed and was woke up on today's date by Ms. [redacted] who was screaming. According to Officer [redacted] Ms. [redacted] was yelling at Ms. [redacted] inquiring what had happened to her apartment, who had been in the home, and that someone had stolen her wallet. Ms. [redacted] further disclosed that's when Ms. [redacted] went into the bedroom where [redacted] remained asleep in the crib. When Ms. [redacted] picked [redacted] up, she immediately took him to the bathroom and told Ms. [redacted] to call 911 because the child was not breathing. Ms. [redacted] stated he connection to Ms. [redacted] was [redacted] who is also residing in the home and is related to Ms. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Child Protective Services Investigator [redacted] then spoke with Officer [redacted] inside the apartment. According to Officer [redacted] a call was received through [redacted] County Dispatch at approximately 6:53a.m. stating a child was under cardiac arrest. Officer [redacted] and Officer [redacted] arrived on scene and made contact with Ms. [redacted] who was located inside the apartment bathroom with her son, [redacted] Emergency Medical Services "EMS" also arrived on scene and transported the child to St. [redacted] Hospital for further medical treatment. According to preliminary interviews, Ms. [redacted] reported she put [redacted] and [redacted] to sleep on April 26, 2018 at approximately 10:00 p.m. in a crib together. Ms. [redacted] said she checked on the children around 11:00 p.m., noted they were asleep, and went to sleep herself in another bedroom. Ms. [redacted] oldest son, [redacted] was allegedly asleep in another bedroom. Ms. [redacted] reported sometime during the night, [redacted] got out of the crib and came to Ms. [redacted] who was asleep on the couch, to sleep with her. On April 27, 2018 somewhere around 6:45 a.m., Ms. [redacted] woke up and found her apartment to be in a mess and her backdoor was found to be [redacted] Ms. [redacted] proceeded to wake up a roommate, [redacted] asking her what happened. Ms. [redacted] allegedly stated she didnt know and Ms. [redacted] proceeded to go into the bedroom where [redacted] remained in the crib asleep. [redacted] was reportedly awake at this time. According to Officer [redacted] Ms. [redacted] found her wallet was missing and the bedroom was also ransacked. Ms. [redacted] proceed to go to the crib and attempted to wake [redacted] up, but when she moved him, the child allegedly didnt respond. Ms. [redacted] picked B.W. up, who was positioned on his stomach with his face head down, to find that his body was warm and limp. Ms. [redacted] then took [redacted] to the bathroom and attempted to begin compressions while her roommate, Ms. [redacted] called 911. Child Protective Services Investigator [redacted] ascertained by speaking with Ms. [redacted] that while in the bathroom, she stripped [redacted] from his green onsie he was put to sleep in and his diaper which was reportedly full of stool, and got cold water on a sheet and began wiping him down. Ms. [redacted] said she learned compressions in high school so knew to strip the child in order to do this. According to Officer [redacted] when she arrived to the home, [redacted] was found to be lying unclothed on a pillow in the bathroom. Ms. [redacted] also allegedly made a statement to Officer [redacted] that the bedroom in which the deceased child was located smelled of sex.

While at the residence, Investigator [redacted] received a phone call from staff at St. [redacted] Hospital stating [redacted] was still receiving CPR by staff and was unsuccessful. Due to having to continue CPR/attempts to resuscitate until Ms. [redacted] otherwise, in person, directed staff not to; Ms. [redacted] was requested to come to the hospital. Officer [redacted] transported Ms. [redacted] to the hospital. Ms. [redacted] gave consent for Investigator [redacted] to continue searching the residence by a complete walk-through. Investigator [redacted] Detective [redacted] and Detective [redacted] with the [redacted] Police Department located several white pills in the bedroom where the crib was located, lying on the floor. There were several pills still intact and others were observed to be crushed. There was an empty over the counter mucus relief bottle located close to the pills. There was a baby bottle that had fallen to the side of the crib rails and mattress as well as a bottle lying on a bed located in the bedroom. The room was in disarray as evidenced by piles of clothes observed to be scattered, roaches throughout the room and walls, a container with cleaning supplies sitting beside the bed, and other miscellaneous items. The home appeared to have been in this condition for some time as evidence by the amount of clothing piled in another bedroom. The room was so full, the bed could not be seen. Pictures were documented by Investigator [redacted] of the room. The crib, which was located to the left of a queen sized bed (if you are laying down), had a green and pink pillows on the left side and sheets/blankets inside. The mattress didn't have sheets or blankets on it and had several belongings, random shoes, a brush, a baby bottle with what appeared to be milk in it and clothes laying on top. There was also a Trojan condom box in the bedroom, laying on the floor.

While at the home, Child Protective Services Investigator [redacted] observed [redacted] and [redacted] to be running around wearing only a diaper. [redacted] at one point handed her sippy cup to Investigator [redacted] and grunted.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Inside, a mashed up Oatmeal Crème Pie inside. Investigator [redacted] got this out for her and handed the cup back. Both children appeared healthy and clean as evidence by their size/weight as well as not being dirty. The mother, Ms. [redacted] had contacted her mother, [redacted] to come to the home. Ms. [redacted] arrived with [redacted] a first cousin to Ms. [redacted] Ms. [redacted] reported Ms. [redacted] isn't strong right now and she would take the children which Ms. [redacted] agreed to. Ms. [redacted] would not be able to care for the children at her residence due to her current paramour being a registered sex offender. Ms. [redacted] was visibly upset as evidence by she was holding back tears while walking through the residence. Ms. [redacted] stated the home normally doesn't look like it does but she (Ms. [redacted] had not been able to see the children like she did before because Ms. [redacted] had gotten upset over [redacted] Ms. [redacted] stated Mr. [redacted] is "dangerous" and felt as if Ms. [redacted] was fearful of him. Ms. [redacted] stated she would do whatever was needed in order to keep the children safe at her residence, if it came to it.

Ms. [redacted] got clothes for the children as well as their car seats. Ms. [redacted] provided CPSI [redacted] her contact information as:

[redacted]
Phone- ([redacted]

Due to the uncertainty of the cause of death at this time, the apartment was taped off as a crime scene to prevent outsiders from coming in and out of the home.

Investigator [redacted] did observed the bedroom where Ms. [redacted] sleeps and bathroom she uses to be very clean and neatly kept. The home had working utilities and running water. Investigator [redacted] also noted in the bathroom where [redacted] was initially located by Officers, there was a white sheet waded up in the floor as well as a green pillow in the doorway.

Investigator [redacted] contacted Lead Investigator [redacted] for an update on the case and concerns of possible drug exposure. Investigator [redacted] traveled to St. [redacted] Hospital at this point.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 07:22:00.0	Contact Method:	
Contact Time:	07:22 AM	Contact Duration:	
Entered By:	[redacted] A	Recorded For:	
Location:		Created Date:	04/30/2018
Completed date:	04/30/2018	Completed By:	[redacted] A

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/30/2018 02:53 PM Entered By: [redacted] A

4/27/2018 7:22am
Child Protective Services Investigator [redacted] contacted Lead Investigator [redacted] and reported that the child was [redacted] DOB [redacted] and his mother is [redacted] Lead Investigator [redacted] explained to Child Protective Services Investigator [redacted] that there was a current open case on the family on the assessment track for physical abuse, lack of supervision, and psychological harm that was assigned on 4/24/2018. Lead Investigator [redacted] explained there is reported domestic violence in the home between the mother, [redacted] and [redacted] Lead Investigator [redacted] explained that she would contact the assessment case manager, [redacted] to gather additional information on the family.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 07:14:00.0	Contact Method:	
Contact Time:	07:14 AM	Contact Duration:	
Entered By:	[redacted] A	Recorded For:	
Location:		Created Date:	04/30/2018
Completed date:	04/30/2018	Completed By:	[redacted] A
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: 04/30/2018 02:51 PM Entered By: [redacted] A

4/27/2018 7:14am
Lead Investigator [redacted] contacted Investigator Coordinator [redacted] to notify him of the reported child death. Lead Investigator [redacted] explained that once more information was gather the information would be passed along.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 07:14:00.0	Contact Method:	
Contact Time:	07:14 AM	Contact Duration:	
Entered By:	[redacted] A	Recorded For:	
Location:		Created Date:	04/30/2018
Completed date:	04/30/2018	Completed By:	[redacted] A
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] W.

Narrative Details

Narrative Type: Original Entry Date/Time: 04/30/2018 02:49 PM Entered By: [redacted] A

4/27/2018 7:14am
Lead Investigator called on call Child Protective Services Investigator [redacted] at this time and notified her of the reported child death along with minim information provided by Assistant District Attorney of [redacted] County [redacted] Lead Investigator [redacted] requested Child Protective Services Investigator [redacted] to call [redacted] County dispatch to gather more information and go out to the home as assistances needed.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2018-04-27 07:11:00.0	Contact Method:	Phone Call
Contact Time:	07:11 AM	Contact Duration:	
Entered By:	[redacted] A	Recorded For:	
Location:		Created Date:	04/30/2018
Completed date:	04/30/2018	Completed By:	[redacted] A
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/30/2018 02:48 PM Entered By: [redacted] A

4/27/2018 7:11am
Assistant District Attorney of [redacted] County [redacted] contacted Lead Investigator [redacted] on this date and time to provide information on a child death in [redacted] County. Mr. [redacted] reported that [redacted] Police Department Officer [redacted] was currently at the home and Investigator [redacted] was on his way to the home where the mother reportedly found the child this morning. Mr. [redacted] did not have any further information including names of the children or parents at this time. He did report that the home was located on [redacted] Street in [redacted]

TN 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: 04/27/2018

Assignment Date: 04/27/2018

Street Adress: [redacted]

City/State/Zip: [redacted] Tennessee [redacted]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified Date
1	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted]	Allegation Substantiated / Perpetrator Substantiated	No	[redacted] W. / 04/29/2018
2	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted]	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] W. / 05/10/2018
3	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted]	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] W. / 05/10/2018
4	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted]	Allegation Substantiated / Perpetrator Substantiated	No	[redacted] W. / 04/30/2018
5	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted]	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] W. / 06/21/2018
6	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted]	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] W. / 06/21/2018
7	[redacted]	[redacted]	Abuse Death	Unknown Participant [redacted]		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes / No	[redacted] / 05/02/2018

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: On April 27, 2018, The Department of Children's Services, Office of Child Safety received a referral with an allegation of Abuse Death. Non-custodial child, [redacted] 19 months, was named as the Alleged Child Victim (ACV), with the Alleged Perpetrator (AP) named as Unknown. Allegations of Drug Exposed Child were added to the investigation naming [redacted] 7 years of age; [redacted] 2 years of age; and [redacted] 19 months, as ACV's with [redacted] birth mother; and [redacted] father of [redacted] named as AP's. The investigation was assigned to Child Protective Services (CPSI) [redacted]

TN Department of Children's Services

Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

Case Name : [redacted] **Investigation ID:** [redacted]

The case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the allegation of Abuse Death; and Allegation Substantiated, Perpetrator Substantiated as to [redacted] and [redacted] for the allegation of severe Drug Exposed Child regarding [redacted] and [redacted]

D. Case Workers

Case Worker: [redacted] W. Date: 06/21/2018

Team Leader: [redacted] A Date: 06/24/2018

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:

The alleged child victims were observed by Investigator [redacted] initially to be in the care of relatives. The children were seen by medical personnel due to concerns of drug exposure. As a result of the apparent drug use of the parent, Investigator [redacted] filed A Petition to Declare Child Dependent and Neglected and a Protective Custody Order in the Juvenile Court of [redacted] County, Tennessee in regards to [redacted] and [redacted] on April 27, 2018 which was granted by the court in the best interest and safety of the children. The children are placed with their relative grandparents. Their medical, dental and well-being needs are being met while in DCS custody.

At the time of [redacted] death, an autopsy was ordered by Assistant District Attorney General [redacted] and completed on April 28, 2018. Investigator [redacted] received the results on June 5, 2018. According to [redacted] S. [redacted] M.D. and Forensic Pathologist, the cause of death was ruled as Natural Causes. According to Dr. [redacted] the Pathologic Diagnosis was Chronic Bronchiolitis and Tracheitis complicated by Group A Streptocooccus Bacteremia.

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

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

According to preliminary interviews at the time of response, Ms. [redacted] reported she put [redacted] and [redacted] to sleep on April 26, 2018 at approximately 10:00 p.m. in a crib together. Ms. [redacted] said she checked on the children around 11:00 p.m., noted they were asleep, and went to sleep herself. Ms. [redacted] reported sometime during the night, [redacted] got out of the crib and came to Ms. [redacted] who was asleep on the couch, to sleep with her. On April 27, 2018 somewhere around 6:45 a.m., Ms. [redacted] woke up and attempted to wake [redacted] up, but when she moved him, the child allegedly didn't respond. Ms. [redacted] picked [redacted] up, who was positioned on his stomach with his face head down, to find that his body was warm and limp. Ms. [redacted] also allegedly made a statement to Officer [redacted] that the bedroom in which the deceased child was located smelled of sex. Investigator [redacted] Detective [redacted] and Detective [redacted] with the [redacted] Police Department began searching the residence and located several white pills in the bedroom where the crib was located, lying on the floor. There were several pills still intact and others were observed to be crushed. There was an empty over the counter mucus relief bottle located close to the pills. There was a bottle that had fallen to the side of the crib rails and mattress as well as a bottle lying on a bed located in the bedroom. The room was in disarray as evidenced by piles of clothes observed to be scattered, roaches throughout the room and walls, a container with cleaning supplies sitting beside the bed, and other miscellaneous items.
While speaking with Ms. [redacted] further, Ms. [redacted] denied that [redacted] had any medical concerns or had been

Department of Children's Services

Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

Case Name : [redacted] **Investigation ID:** [redacted]

sick recently. Investigator [redacted] observed at times, Ms. [redacted] would close her eyes when responding to the questions. Ms. [redacted] apologized she was not reacting in a way some might, claiming she will cry at times, but then wouldn't. Ms. [redacted] admitted she is currently prescribed three anti-depressants through her OBGYN, and had taken these medications prior to going to sleep the previous night. Investigator [redacted] inquired if Ms. [redacted] had taken any other illegal narcotics and Ms. [redacted] denied that she had. Ms. [redacted] submitted to a urine drug screen at that time, but Ms. [redacted] stated she was unable to urinate. Ms. [redacted] was then transported back to the residence where Investigator [redacted] met with her again. Ms. [redacted] did give consent and provided a sample which was positive for amphetamine, methamphetamine, and ecstasy. Ms. [redacted] denied that she had used these substances recently, admitting to her last known use being approximately one month prior.

Investigator [redacted] made contact with Mr. [redacted] [redacted] legal father of [redacted] who had been in Ms. [redacted] residence as well as caring for the children prior to [redacted] death. Initially, Mr. [redacted] refused a urine drug screen. During a court proceeding on May 21, 2018, Mr. [redacted] submitted to a urine drug screen and was positive for amphetamine and methamphetamine.

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

Investigator [redacted] also spoke with [redacted] [redacted] a relative who also stays in the home, who reported on the evening of April 26, 2018, he came home between 10:30 p.m.-11:30 p.m. and found Ms. [redacted] to be crawling around the home on her hands and knees. According to Investigator [redacted] Mr. [redacted] stated it appeared that Ms. [redacted] was not caring for the children and he located [redacted] [redacted] and [redacted] in the back bedroom. Mr. [redacted] reportedly changed the children's diapers, gave them a bottle, and put them to bed

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

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

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 04/30/2018**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** DCS Office
Risk Level: High Need/Risk	
Event Start Date: 07/19/2018	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted] W.
Date Approved: 04/30/2018	**Approver:** [redacted] A

PARTICIPANTS

Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (AP)	39 Yrs	Caregiver	M	[redacted]	N/A	N/A
[redacted] Jr., [redacted]	31 Yrs	Caregiver	M	[redacted]	N/A	N/A
[redacted] (ACV)	1 Yr 7 Mos	Youth	F	[redacted]	2	Low
[redacted] (ACV)	7 Yrs	Youth	M	[redacted]	4	Low
[redacted] (ACV)	2 Yrs 11	Youth	F	[redacted]	2	Low
[redacted] (AP)	26 Yrs	Primary Caregiver	F	[redacted]	N/A	N/A

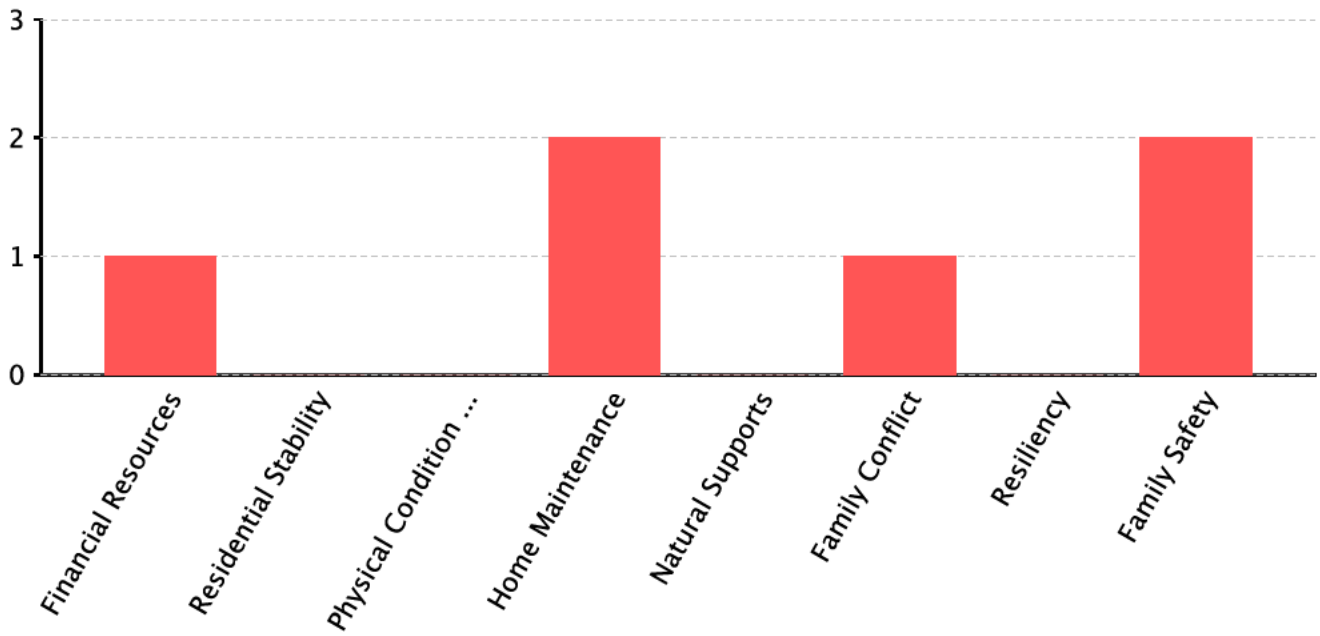
Case #2018.058

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).



Item	Score	Justification/Narrative
Financial Resources	1	[redacted] [redacted] mother, reported the only income the family has is SSI on [redacted] due to her premature birth. Ms. [redacted] does not have any other earned income.
Residential Stability	0	At this time, the family has stable housing.
Physical Condition of Home	0	There were no concerns of safety concerns on the property. The housing is in the [redacted] Housing Authority.
Home Maintenance	2	The family's residence was observed on April 27th, 2018 to be unsafe. In the child's bedroom where the alleged child victim that is now deceased was found, pills were located in the floor crushed up. The pills appeared to have been mucus relief pills. The bedroom also had cleaning supplies within reach of the children.
Natural Supports	0	The family has supports.
Family Conflict	1	There are reported concerns that [redacted] [redacted] and [redacted] [redacted] (father of [redacted] and [redacted] have verbal domestics.
Resiliency	0	No area of concern.
Family Safety	2	[redacted] [redacted] was apparent to be under the influence on Friday, April 27th, 2018 when the child death occurred. Collateral contacts

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

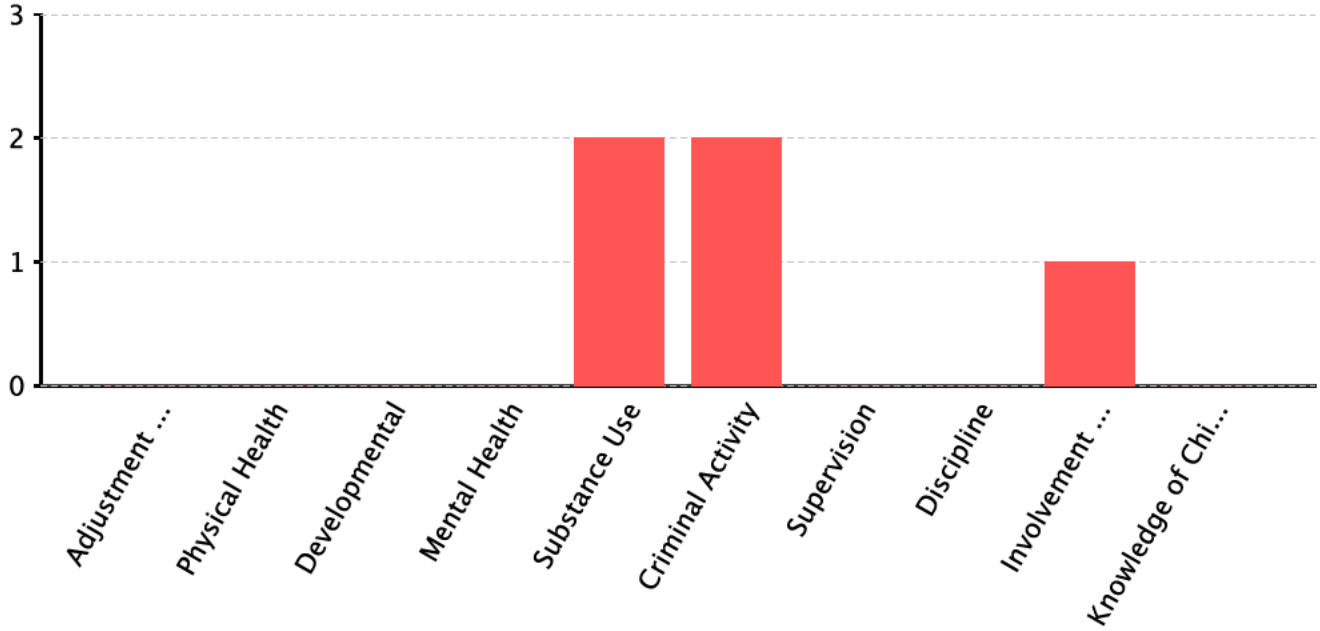
Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

indicated Ms. [redacted] was under the influence on the previous evening due to her observed behaviors. There were pills and other hazards located in the home which was observed by CPSI [redacted]

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted]	Person ID: [redacted]	Role: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	No area of concern.
Physical Health	0	No area of concern.
Developmental	0	No area of concern.
Mental Health	0	This area has not been assessed at this time.
Substance Use	2	There are reported concerns that [redacted] is using methamphetamine. Mr. [redacted] refused a urine drug screen for DCS on April 27th, 2018. Mr. [redacted] admitted to smoking Marijuana a week prior and had visible alcohol out during the home visit. Mr. [redacted] stated he was intending on taking shots when CPSI [redacted] left.
Criminal Activity	2	[redacted] is currently on state probation for evading charges out of [redacted] County. Mr. [redacted] has drug related charges out of South Carolina.
Supervision	0	No area of concern at this time.
Discipline	0	No area of concern at this time.

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

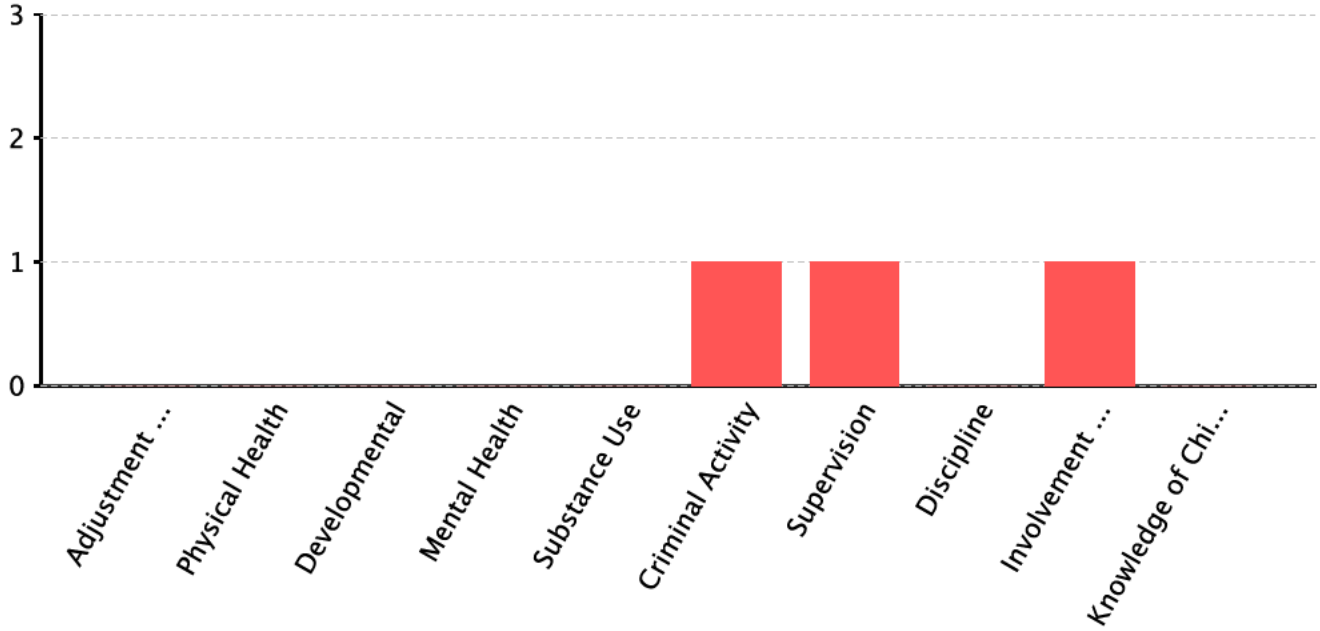
Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

Involvement in Caregiving Functions	1	It was reported [redacted] [redacted] is not in the home and actively engaged in caring for his children, appropriately.
Knowledge of Child and Family Needs	0	No area of concern at this time.

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted] Jr., [redacted] [redacted]	Person ID: [redacted]	Role: Caregiver

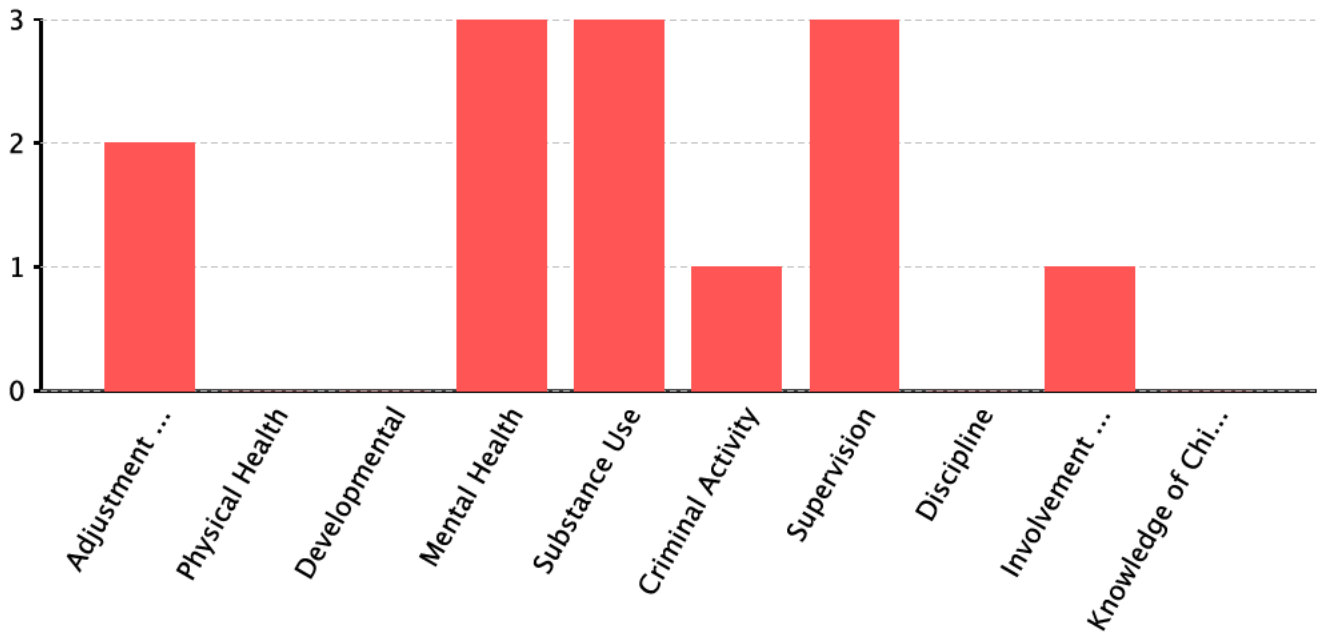


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	No area of concern.
Physical Health	0	No area of concern.
Developmental	0	No area of concern.
Mental Health	0	No area of concern.
Substance Use	0	No area of concern.
Criminal Activity	1	[redacted] [redacted] Jr. has previous criminal charges for minor related charge (child support, traffic).
Supervision	1	[redacted] [redacted] JR has not been involved as much as he wishes to be with his son, [redacted]
Discipline	0	No area of concern.
Involvement in Caregiving Functions	1	[redacted] [redacted] JR has not been involved as much as he wishes to be with his son, [redacted] Services will be followed up with this.
Knowledge of Child and Family Needs	0	No area of concern.

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted]	Person ID: [redacted]	Role Primary Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	2	[redacted] has now lost two children in the course of 2 years. Ms. [redacted] is currently on medication and needs follow up for therapy.
Physical Health	0	No area of concern.
Developmental	0	No area of concern.
Mental Health	3	[redacted] needs an updated mental health assessment due to serious trauma in her life. Ms. [redacted] is currently prescribed 3 anti-depressants for the lost of her previous child.
Substance Use	3	[redacted] was positive on a urine drug screen for CPSI [redacted] for meth, amphetamine and ecstasy on April 27th, 2018; the date of the death of her son, [redacted]
Criminal Activity	1	.
Supervision	3	There are concerns that due to lack of supervision and illegal substance abuse, the children were neglected in the mother's care.
Discipline	0	No area of concern.
Involvement in Caregiving Functions	1	At this time, collaterals have indicated that [redacted] would often be "out of it" and others would care for the children while they were in the home.

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FAST 2.0 Assessment Detail Report

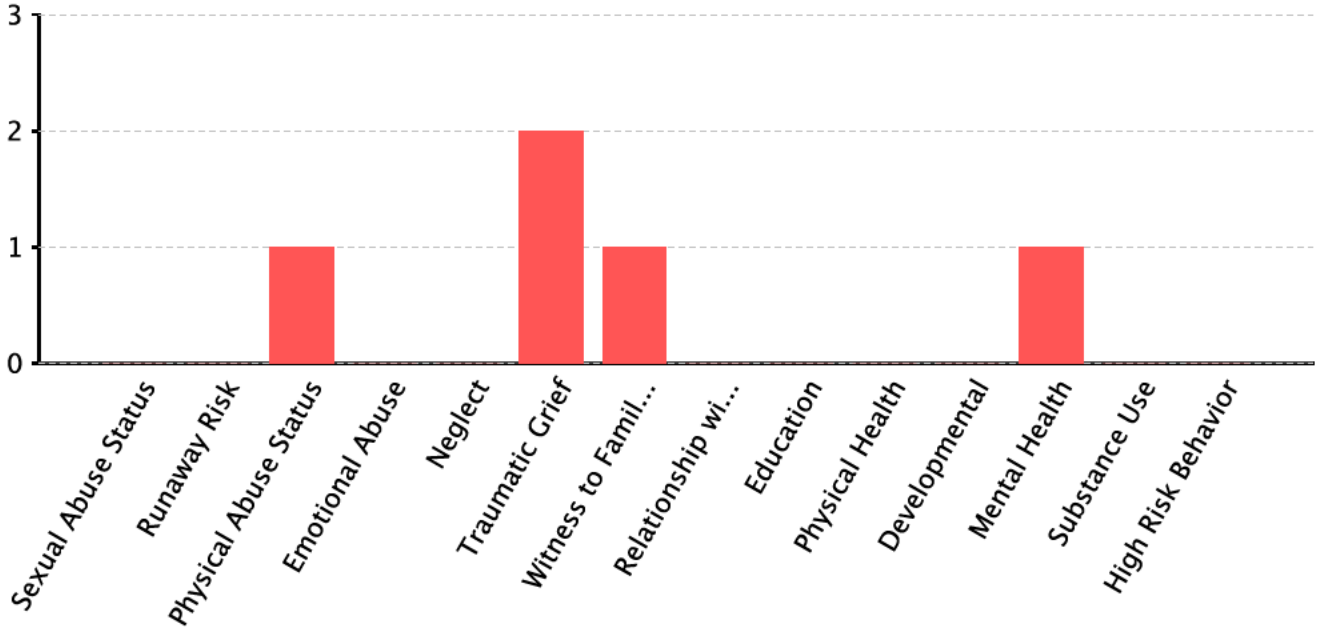
Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

Knowledge of Child and Family Needs	0	No area of concern.

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted] (CSEM)	Person ID: [redacted]	Age:7 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	No area of concern.
Runaway Risk	0	No area of concern
Physical Abuse Status	1	Allegations in a previous CPSA case with [redacted] indicates there are concerns of physical abuse by [redacted] in the home.
Emotional Abuse	0	No area of concern
Neglect	0	No area of concern
Traumatic Grief	2	[redacted] has lost two siblings since 2016. Therapy will be explored for the child.
Witness to Family, School or Community Violence	1	[redacted] disclosed to CPSA [redacted] witnessing violence between [redacted] and [redacted] and at times would step in to stop in to protect his siblings.
Relationship with Primary Caregiver	0	No area of concern
Education	0	No area of concern
Physical Health	0	No area of concern

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

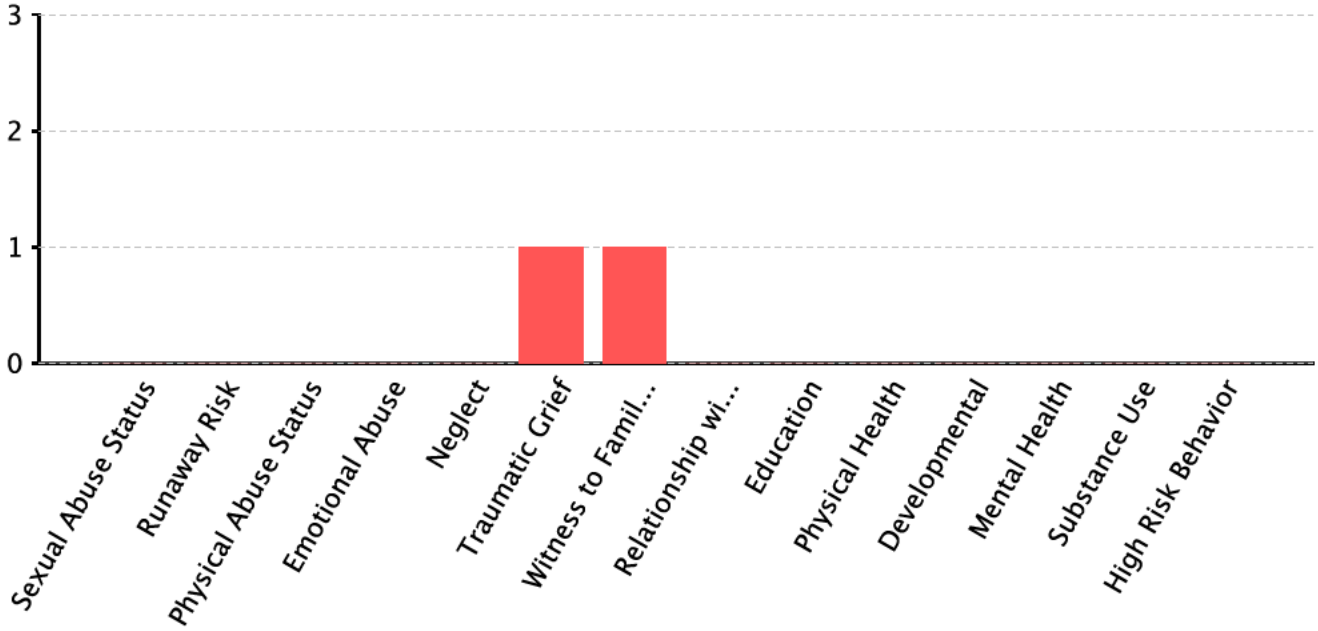
Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

Developmental	0	No area of concern
Mental Health	1	This is being scored as an area of concern due to the child losing two siblings; and will be explored for further assessment.
Substance Use	0	No area of concern
High Risk Behavior	0	No area of concern

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted] (CSEM)	Person ID: [redacted]	Age:2 Yrs 11 Mos



Item	Score	Justification/Narrative
Sexual Abuse Status	0	No area of concern
Runaway Risk	0	No area of concern
Physical Abuse Status	0	No area of concern
Emotional Abuse	0	No area of concern
Neglect	0	No area of concern
Traumatic Grief	1	This is being scored due to the child having the loss of two other siblings; however, due to the child's age, it is unknown if this has effected the child.
Witness to Family, School or Community Violence	1	There are concerns the child has been present during domestic altercations between [redacted] and [redacted]
Relationship with Primary Caregiver	0	No area of concern
Education	NA	N/A
Physical Health	0	No area of concern
Developmental	0	No area of concern

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

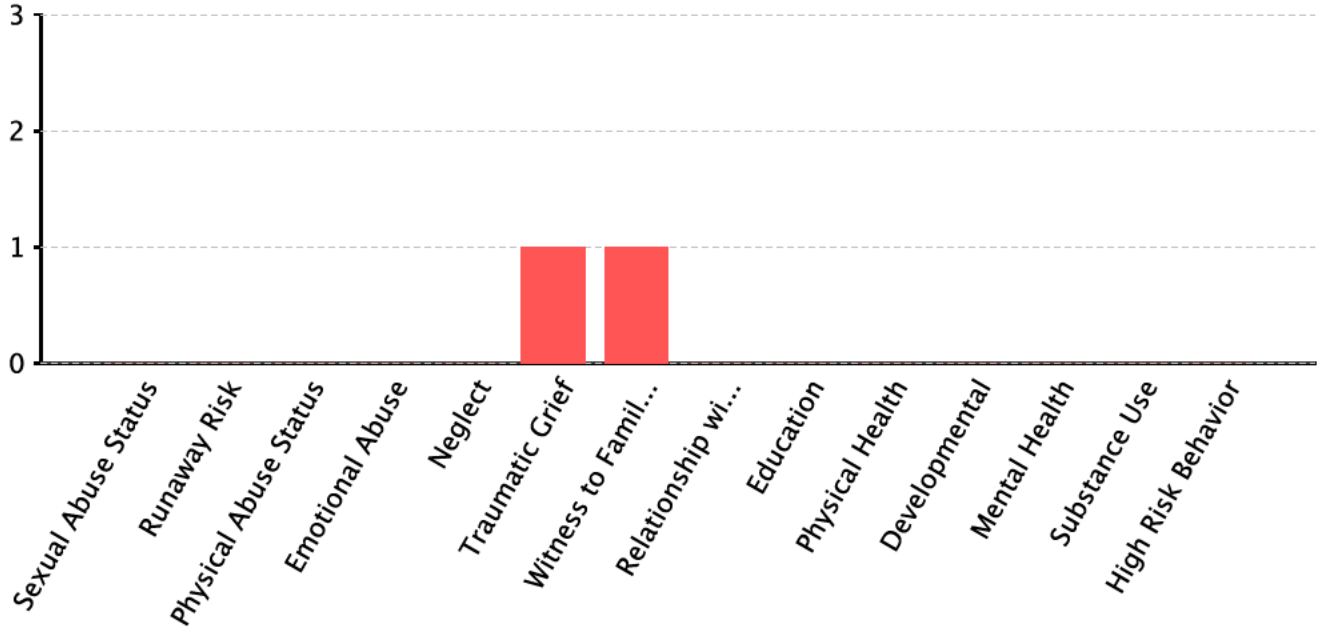
Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	No area of concern
Substance Use	0	No area of concern
High Risk Behavior	0	No area of concern

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted] (CSEM)	Person ID: [redacted]	Age:1 Yr 7 Mos



Item	Score	Justification/Narrative
Sexual Abuse Status	0	No area of concern
Runaway Risk	0	No area of concern
Physical Abuse Status	0	No area of concern
Emotional Abuse	0	No area of concern
Neglect	0	No area of concern
Traumatic Grief	1	The child has suffered from the loss of two siblings; however, it is unknown if this has effected the child due to her age.
Witness to Family, School or Community Violence	1	There are concerns that the child has witnessed domestic violence between [redacted] and [redacted] in the home.
Relationship with Primary Caregiver	0	No area of concern
Education	NA	N/A
Physical Health	0	
Developmental	0	No area of concern

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 04/30/2018
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	No area of concern
Substance Use	0	No area of concern
High Risk Behavior	0	No area of concern