



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 03/19/2013 11:32 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 03/19/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 03/22/2013 09:15 AM
First Team Leader Assigned: [REDACTED] Date/Time 03/22/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 03/22/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative
[REDACTED]	0 Yrs	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

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: TFACTS:

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: 1

Prior INV/ASMT of Neglect: 1

Screen Out: 0

*history is based on the limited information provided

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: None



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

School/ Daycare: Unknown
Native American Descent: Unknown
Directions: None

Reporters name/relationship: [REDACTED]

Reporter states: Unknown child (age/sex unknown), Unknown child (age/sex unknown), and [REDACTED] (2 months) reside with their mother, [REDACTED]. The referent states that they are not aware if there are any additional people living in the family's home.

Today, 03/19/2013, the referent was contacted by LE ([REDACTED] [REDACTED]) who reported that he was currently at [REDACTED] Hospital; due to [REDACTED] being deceased (time of death around 11am). [REDACTED] was transported to the hospital by ambulance and then pronounced dead, he was not dead on arrival. It is believed that [REDACTED] was suffocated, but it is known how this occurred.

The referent states that DCS has been contacted and will be sending a worker to the hospital.

It is unknown if the children have any special needs or disabilities. The current whereabouts of the two other children are unknown at this time.

The referent does not have any additional information including, but not limited to whether or not [REDACTED] had any bruises or injuries or the condition of the family's home.

The referent states that they were not provided with any statements from the mother.
The family's address is listed under the oldest child in the home.

Notified Child Fatality Group:

[REDACTED] and the

Child-Fatality-Notification EI-DCS.

[REDACTED] was copied on the notification email.

County group emailed @ 12:09 pm

[REDACTED] emailed verification that this report had been received @ 12:15 pm
RA [REDACTED] emailed about referral.

Per SDM: P1-Investigation Track, [REDACTED] TL on 3-19-13 @ 12:08 pm

Recon requested per [REDACTED]. Please divide this into two referrals. The first is the child death. The child is [REDACTED] born [REDACTED] Mother, [REDACTED] born [REDACTED] father [REDACTED] no bd. Address is [REDACTED]. Same narrative. The second referral is victim, [REDACTED] born [REDACTED] 1, mother [REDACTED], born [REDACTED], address [REDACTED]. Same narrative.

Thanks. Call me at [REDACTED] with any questions. Eliminate the second unknown victim. There will be one child on each referral.

Companion for [REDACTED] County intake [REDACTED] resubmitted to county w/victim removed: [REDACTED] TL on 3/20/13 @ 4:35 pm



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age: 0 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/19/2013

Assignment Date: 03/22/2013

Street Address: [REDACTED]

City/State/Zip [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 09/12/2013
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	Yes	[REDACTED] 10/02/2013
3	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	Yes	[REDACTED] 09/12/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The classification for the case were as followed: Neglect Death allegations indicated and perpetrator indicated, Abuse death - allegations unfounded and perpetrator unfounded, and lack of supervision - allegations indicated and perpetrator indicated.

D. Case Workers

Case Worker: [REDACTED]

Date: 10/02/2013

Team Leader:

Date:

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 Bassinet were [REDACTED] was observed to be a two part bassinet. The bassinet can actually be removed from the base and is portable if needed. The sheriffs department took the bassinet, the childs food, clothing and bottle into evidences to be sent to the TBI laboratory for additional information. The bassinet bed was observed to have a thick white quilt like blanket folded with a blue receiving blanket in the bottom of the bassinet for a reported mattress. The child was found on top of the two blanket with two additional blankets on top of the child. One of the blankets found on top of the child was a light blue fleas blanket with white stars and green dinosaur. The other blanket was a fuzzy darker blue blanket. There was a tan blanket lying on the bassinet cover that the Aunt reported she placed on it to keep the light out of the childs eyes.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

Cm [REDACTED] observed the autopsy report that stated the cause of death was unable to be determined. Cm [REDACTED] also observed the toxicology screens were all negative for illegal substances.

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

Investigato [REDACTED] with the [REDACTED] County Sherriffs Department. Inv. [REDACTED] reported that [REDACTED] was pronounced death at 11:00am by Dr. [REDACTED]. Inv. [REDACTED] reported that the child maternal Aunt, [REDACTED] was caring for the child when he passed away. Inv. [REDACTED] reported that the Aunt told the officer [REDACTED] that she woke up at 9:41am and rolled over and saw the child laying on his side face down in the covers. Ms. [REDACTED] was suffering from untreated mental health issues and is a recovering opiate addict. Ms. [REDACTED] was also found to be using meth shortly before the child passed away.

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

The case was initially opened on 3/19/2013 for reported abuse death against [REDACTED] towards her nephew [REDACTED]. During the investigation Ms. [REDACTED] admitted to using methamphetamine two to three days before the death of [REDACTED]. During the investigation Ms. [REDACTED] own child [REDACTED] was removed from her care because of a drug exposed child and lack of supervision.

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

The SDM, Safety Assessment was completed on 3/19/2013 and notes a harm factor. The following g safety intervention is being used, no intervention was possible due to the child was deceased at the time of DCS and law enforcements arrival. At this time the children appear unsafe.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/02/2013 Contact Method:
 Contact Time: 01:08 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/02/2013
 Completed date: 10/02/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/02/2013 01:08 PM Entered By: [REDACTED]

Case Summary

Ending Summary to include assessment of progress and long-term view (i.e. Assess family to progress since initial contact, have established goals been met, what will family do different to prevent further DCS involvement and finding of the investigation):

The case was initially opened on 3/19/2013 for reported abuse death against [REDACTED] towards her nephew [REDACTED]. During the investigation Ms. [REDACTED] admitted to using methamphetamine two to three days before the death of [REDACTED]. During the investigation Ms. [REDACTED] own child [REDACTED] was removed from her care because of a drug exposed child and lack of supervision. Investigator [REDACTED] with the [REDACTED] County Sherriffs Department. Inv. [REDACTED] reported that [REDACTED] was pronounced death at 11:00am by Dr. [REDACTED]. Inv. [REDACTED] reported that the child maternal Aunt, [REDACTED] was caring for the child when he passed away. Inv. [REDACTED] reported that the Aunt told the officer ([REDACTED]) that she woke up at 9:41am and rolled over and saw the child laying on his side face down in the covers.

The Bassinet were [REDACTED] was observed to be a two part bassinet. The bassinet can actually be removed from the base and is portable if needed. The sheriffs department took the bassinet, the childs food, clothing and bottle into evidences to be sent to the TBI laboratory for additional information. The bassinet bed was observed to have a thick white quilt like blanket folded with a blue receiving blanket in the bottom of the bassinet for a reported mattress. The child was found on top of the two blanket with two additional blankets on top of the child. One of the blankets found on top of the child was a light blue fleas blanket with white stars and green dinosaur. The other blanket was a fuzzy darker blue blanket. There was a tan blanket lying on the bassinet cover that the Aunt reported she placed on it to keep the light out of the childs eyes.

Ms. [REDACTED] was suffering from untreated mental health issues and is a recovering opiate addict. Ms. [REDACTED] was also found to be using meth shortly before the child passed away.

Cm [REDACTED] observed the autopsy report that stated the cause of death was unable to be determined. Cm [REDACTED] also observed the toxicology screens were all negative for illegal substances.

The classification for the case were as followed: Neglect Death - allegations indicated and perpetrator indicated, Abuse death - allegations unfounded and perpetrator unfounded, and lack of supervision - allegations indicated and perpetrator indicated.

The SDM, Safety Assessment was completed on 3/19/2013 and notes a harm factor. The following g safety intervention is being used, no intervention was possible due to the child was deceased at the time of DCS and law enforcements arrival. At this time the children appear unsafe.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

The FFA, Family Functional Assessment, FAST, Family advocacy and support tool, and CS-740 form was completed on 10/02/2013 and a copy has been placed in the file. A copy of the Classification and Summary will be submitted to TL [REDACTED] for review and a copy sent to the Juvenile Court Judge.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/02/2013

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/02/2013

Completed date: 10/02/2013

Completed By: [REDACTED]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/02/2013 10:59 AM Entered By: [REDACTED]

10/2/2013 9am Child Protection Investigation Team (CPIT) was convened on this date

Cm [REDACTED] presented the [REDACTED] (Abuse Death and Lack of Supervision) case to the CPIT team at the CAC located in [REDACTED] County. The abuse death was agreed by the team to be unfounded as the autopsy reported that the cause of death was unable to be determined. The lack of supervisor for [REDACTED] against [REDACTED] was agreed to be indicated. Cm [REDACTED] was informed my ADA [REDACTED] that more than likely legal charges would not be field against Ms. [REDACTED] however he reported that he would go back and look at the law a little closure to be sure that he did not miss anything that could be used as Ms. [REDACTED] admitted to using meth prior to the childs death and she has a positive drug screen for meth and positive hair follicle for meth.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2013

Contact Method: Face To Face

Contact Time: 11:01 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/12/2013

Completed date: 09/12/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/12/2013 11:05 AM Entered By: [REDACTED]

9/12/2013 11:01am Face to Face with TL [REDACTED] and TC [REDACTED]
 CM [REDACTED] discussed the issues of Lack of Supervision (Severe) with TL [REDACTED] and TC [REDACTED] TL [REDACTED] and
 TC [REDACTED] directed Cm [REDACTED] that Ms. [REDACTED] needed to be indicted for LOS. Cm [REDACTED] explained that she would present the
 case to CPIT on October 2013.

Currently the case is overdue and will continued to be open until CPIT is convened and a date in October that is to be announced.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 09/12/2013 Contact Method:
 Contact Time: 10:34 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/12/2013
 Completed date: 09/12/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/12/2013 10:34 AM Entered By: [REDACTED]

Case Summary

Ending Summary to include assessment of progress and long-term view (i.e. Assess family to progress since initial contact, have established goals been met, what will family do different to prevent further DCS involvement and finding of the investigation):

The case was initially opened on 3/19/2013 for reported abuse death against [REDACTED] towards her nephew [REDACTED]. During the investigation Ms. [REDACTED] admitted to using methamphetamine two to three days before the death of [REDACTED]. During the investigation Ms. [REDACTED] own child [REDACTED] was removed from her care because of a drug exposed child and lack of supervision. Investigator [REDACTED] with the [REDACTED] County Sherriffs Department. Inv. [REDACTED] reported that [REDACTED] was pronounced death at 11:00am by Dr. [REDACTED]. Inv. [REDACTED] reported that the child maternal Aunt, [REDACTED] was caring for the child when he passed away. Inv. [REDACTED] reported that the Aunt told the officer ([REDACTED]) that she woke up at 9:41 am and rolled over and saw the child laying on his side face down in the covers.

The Bassinet were [REDACTED] was observed to be a two part bassinet. The bassinet can actually be removed from the base and is portable if needed. The sheriffs department took the bassinet, the childs food, clothing and bottle into evidences to be sent to the TBI laboratory for additional information. The bassinet bed was observed to have a thick white quilt like blanket folded with a blue receiving blanket in the bottom of the bassinet for a reported mattress. The child was found on top of the two blanket with two additional blankets on top of the child. One of the blankets found on top of the child was a light blue fleas blanket with white stars and green dinosaur. The other blanket was a fuzzy darker blue blanket. There was a tan blanket lying on the bassinet cover that the Aunt reported she placed on it to keep the light out of the childs eyes.

Ms. [REDACTED] was suffering from untreated mental health issues and is a recovering opiate addict. Ms. [REDACTED] was also found to be using meth shortly before the child passed away.

Cm [REDACTED] observed the autopsy report that stated the cause of death was unable to be determined. Cm [REDACTED] also observed the toxicology screens were all negative for illegal substances.

The SDM, Safety Assessment was completed on 3/19/2013 and notes a harm factor. The following g safety intervention is being used, no intervention was possible due to the child was deceased at the time of DCS and law enforcements arrival. At this time the children appear unsafe.

The FFA, Family Functional Assessment, FAST, Family advocacy and support tool, and CS-740 form was completed on 9/12/2013 and a copy has been placed in the file. A copy of the Classification and Summary will be submitted to TL [REDACTED] for review and a copy sent to the Juvenile Court Judge. Ms. [REDACTED] was indicated for neglect death, and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

unfounded to abuse death towards [REDACTED]

Narrative Type: Created In Error Entry Date/Time: 09/12/2013 10:59 AM Entered By: [REDACTED]

CPIT has to be convened in October 2013



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/05/2013

Contact Method:

Contact Time: 08:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/12/2013

Completed date: 09/12/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/12/2013 10:23 AM Entered By: [REDACTED]

9/5/2013 TC 8:15am Investigator [REDACTED] with the [REDACTED] County Sherriffs Department called CM [REDACTED] Investigator [REDACTED] reported that he had just received the autopsy report of [REDACTED] and the cause od Death was unable to be determined.

The report was faxed to Cm [REDACTED]

Cm [REDACTED] observed that the cause of death was unable to be determined. Cm [REDACTED] also observed the toxicology screens were all negative for illegal substances.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/12/2013

Completed date: 09/12/2013

Completed By: [REDACTED]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED] Investigator

Narrative Details

Narrative Type: Original Entry Date/Time: 09/12/2013 09:13 AM Entered By: [REDACTED]

9/4/2013 Child Protection Investigation Team (CPIT) was convened on this date
 Cm [REDACTED] presented the [REDACTED] Abuse Death and Neglect Death) case to the CPIT team at the CAC located in [REDACTED]
 County. Cm [REDACTED] presented the abuse death to the CPIT board but requested for the case to be continued yet again due to the
 autopsy report not yet being received. Cm [REDACTED] did not have CPIT forms signed.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/06/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	09/12/2013
Completed date:	09/12/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED] Investigator

Narrative Details

Narrative Type: Original Entry Date/Time: 09/12/2013 09:05 AM Entered By: [REDACTED]

8/06/2013 Child Protection Investigation Team (CPIT) was convened on this date. Cm [REDACTED] presented the [REDACTED] (Abuse Death and Neglect Death) case to the CPIT team at the CAC located in [REDACTED] County. Cm [REDACTED] presented the allegation of Abuse Death and Neglect Death to the CPIT team. It was agreed that the Abuse Death allegation would be continued to due to the autopsy report not yet being received. However, after discussion with TL [REDACTED] and TC [REDACTED] it was agreed that DCS would indicate [REDACTED] for Neglect Death due to her admitting meth usage two to three days prior to the death of [REDACTED] and due to Ms. [REDACTED] stating When [REDACTED] died it was like a wakeup call. CPIT team agreed to initiate Ms. [REDACTED] for neglect death. CPIT forms were signed and can be found in the hard copy file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/26/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/25/2013

Completed date: 07/25/2013

Completed By: [REDACTED]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] Investigator

Narrative Details

Narrative Type: Original Entry Date/Time: 07/25/2013 03:49 PM Entered By: [REDACTED]

6/26/2013 Child Protection Investigation Team (CPIT) was convened on this date

Cm [REDACTED] presented the [REDACTED] (Abuse Death and Neglect Death) case to the CPIT team at the CAC located in [REDACTED] County. After discussion with TL [REDACTED] case Manager [REDACTED] added an allegation of Neglect Death against [REDACTED] towards [REDACTED]. Persons in attendance were forensic interviewer, [REDACTED] DCS TL [REDACTED] and Law Enforcement, [REDACTED] among other case managers with DCS.

The case was recommended to continue the case until the results are confirmed by TBI and autopsy results are received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/22/2013 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/25/2013
 Completed date: 07/25/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] TN FamilyandChildAlliance; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/25/2013 03:34 PM Entered By: [REDACTED]

5/22/2013 Child Protection Investigation Team (CPIT) was convened on this date

Cm [REDACTED] presented the [REDACTED] (Abuse Death) case to the CPIT team at the CAC located in [REDACTED] County. Persons in attendance were [REDACTED], DA [REDACTED] forensic interviewer, [REDACTED] and Juvenile court member [REDACTED], among other case managers with DCS.

The case was recommended by the DA to continue the case until the results are confirmed by TBI and autopsy results are received.



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

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Open Organization: [REDACTED] egion

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/01/2013 Contact Method: Face To Face
Contact Time: 06:09 PM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 07/25/2013
Completed date: 07/25/2013 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Parent/Caretaker Interview
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/25/2013 02:39 PM Entered By: [REDACTED]
5/1/2013 6:05pm Child and Family Team Meeting was held at [REDACTED] County DCS in regard to another involved child not listed as an ACV in the [REDACTED] in case.
Person attending the meeting: Cm [REDACTED], TL [REDACTED], FA [REDACTED], [REDACTED], and [REDACTED].

During the child and family team meeting Ms. [REDACTED] was being considered as a placement of the OIC. Ms. [REDACTED] was requested to submit to a field urine drug screen for the department. Ms. [REDACTED] reported to Cm [REDACTED] that she was still dealing with the loss of her son but she felt that she needed to be a strong support for her sister, [REDACTED]. Ms. [REDACTED] reported that she was not attending counseling and felt that she did not need counseling at this point. Cm [REDACTED] explained that if she felt she needed someone to speak with Cm [REDACTED] had a list of services providers for her to turn to if she chose to do so. Ms. [REDACTED] thanked Cm [REDACTED] and stated that she needed time and she wanted the autopsy back for closure. Ms. [REDACTED] reported that she knew [REDACTED] was better and felt that God needed him more than herself. Ms. [REDACTED] drug screen was confirmed positive for THC. Ms. [REDACTED] admitted to smoking marijuana after the death of her child to help her cope and relief stress. Ms. [REDACTED] did not meet the criteria for placement of the OCI due to her failed drug screen.

Also during the child and family team meeting [REDACTED] reported she last used methamphetamine 2 or 3 days before the death of her nephew, [REDACTED]. Ms. [REDACTED] stated I used meth maybe two days before [REDACTED] died. I have not use since then because when he died it was like a wakeup call.

Plan: The Department of Childrens Services will continue to present the case to CPIT and await the results of the TBI lab and autopsy results.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2013

Contact Method: Face To Face

Contact Time: 01:35 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 05/28/2013

Completed date: 05/28/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] Inv.; [REDACTED] Investigator

Narrative Details

Narrative Type: Original Entry Date/Time: 05/28/2013 05:02 PM Entered By: [REDACTED]

4/25/2013 1:35pm Cm [REDACTED] made a visit to the [REDACTED] County Jail
 Cm [REDACTED] spoke with investigator [REDACTED] and [REDACTED] about the status of the autopsy and TBI lab results [REDACTED]
 [REDACTED] in the [REDACTED] ad [REDACTED] case. Inv. [REDACTED] reported that he lab was very behind and he did not expect the
 results and conformation back for several weeks and possibly months. Cm [REDACTED] obtained a copy of the police file and it can be
 found in the hard copy file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/10/2013 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/25/2013
 Completed date: 07/25/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED] TN FamilyandChildAlliance; [REDACTED]
 Investigator

Narrative Details

Narrative Type: Original Entry Date/Time: 07/25/2013 03:19 PM Entered By: [REDACTED]

4/10/2013 Child Protection Investigation Team (CPIT) was convened on this date
 Cm [REDACTED] presented the [REDACTED] case to the CPIT team at the CAC located in [REDACTED] County. Persons in attendance were
 [REDACTED], DA [REDACTED] law enforcement, [REDACTED] and DSC TL [REDACTED] among other case managers
 with DCS.

The case was recommended by the DA to continue the case until the results are confirmed by TBI and autopsy results are received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2013

Contact Method: Face To Face

Contact Time: 07:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/26/2013

Completed date: 03/26/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/26/2013 06:18 PM Entered By: [REDACTED]

3/20/2013 7:00pm Home Visit to [REDACTED] and [REDACTED] home located in [REDACTED] County. (Home of the deceased child)

The initial referral the child fatality of [REDACTED] was sent to the intake center for a request to be divided in to two separate cases due to the Aunt, [REDACTED] living in a separate home and the concern of lack of supervision towards her son [REDACTED]. When the initial report (child death, [REDACTED] was returned it was sent to [REDACTED] County by mistake and CPS case Manager [REDACTED] made a home visit to [REDACTED] and [REDACTED] apartment located in [REDACTED] Cm [REDACTED] e-mail TL [REDACTED] his dictation of the home visit and observation of the home and is as followed:

I am emailing you in regards to the case I went out on yesterday evening that [REDACTED] County has open, [REDACTED] (Mother) and [REDACTED] (1) Child. I responded to her sister residence [REDACTED] who lives in [REDACTED] Tennessee address [REDACTED]. The home was nice and clean, the home had plenty of space for children and CPSA had no concerns for the safety of the home. If you need further information please feel free to contact me. Thanks



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2013

Contact Method:

Contact Time: 08:10 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/26/2013

Completed date: 03/26/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2013 06:06 PM Entered By: [REDACTED]

3/20/2013 8:10am Records Request

Cm [REDACTED] requested medical record from [REDACTED] Medical Center, Dr. [REDACTED] of [REDACTED] and [REDACTED] Medical Center for [REDACTED] and labor and delivery records for the child and the mother. Cm [REDACTED] requested birth, labor & delivery, and PCP records for [REDACTED] and [REDACTED]

2:30pm CM [REDACTED] received the medical records from [REDACTED] Hospital in [REDACTED] County.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/19/2013 Contact Method: Face To Face
 Contact Time: 07:15 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 03/26/2013
 Completed date: 03/26/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2013 06:05 PM Entered By: [REDACTED]

3/19/2013
Home Visit

[REDACTED]
 Case Manager [REDACTED] and TL [REDACTED] made a home visit to the home the incident reported to occurred. Cm [REDACTED] was greeted by [REDACTED] and [REDACTED]. Ms. [REDACTED] gave Cm [REDACTED] and TL [REDACTED] permission to enter the home. Ms. [REDACTED] escorted Cm [REDACTED] and TL [REDACTED] through the home. The home is a three bedroom home. There is an upstairs to the home but it is blocked off to the family due to the landlord not allowing the family to live in the up stairs area. Cm [REDACTED] observed the home to be fairly clean with no trash or clutter in the living room, kitchen, [REDACTED]'s bedroom or Ms. [REDACTED] bedroom. Ms. [REDACTED] bedroom was fairly cluttered with a crib that was filled with clothes and other child belongings she reported that belonged to her son, [REDACTED]. Ms. [REDACTED] had personnel belongs and other things stored along the walls and on top of her dressers. The stair case that led to the up stair was locate din Ms. [REDACTED] bedroom and was filled with picture frames, wet one boxes, and other objects. CM [REDACTED] requested to take pictures of the home. CM [REDACTED] observed the bassinet stand that [REDACTED] was reportedly sitting on when he pased away. Ms. [REDACTED] reported that she had the bassinet angled to her bed so she was able to see the child when he slept. Ms. [REDACTED] granted Cm [REDACTED] permission to take pictures of every room in her home including the bathroom area. CM [REDACTED] also took pictures of [REDACTED] diaper bag and where his food was stored. Cm [REDACTED] also photographed where [REDACTED] bassinet was reportedly sitting and the places Ms. [REDACTED] initially laid him to administer CPR. Ms. [REDACTED] allowed Cm [REDACTED] to take a picture of the floor area in the living room where the child was laying when EMS arrived at the home. Cm [REDACTED] could smell a very strong odor of cigarette smoke in the home as several people were smoking in the living room of the home. CM [REDACTED] also observed several relatives at the home had brought alcohol (40oz beer) to the home.

(To view the discussion between Ms. [REDACTED] and TL [REDACTED] please see a separate case recording that will follow this home visit for more information on Ms. [REDACTED] medication)

Cm [REDACTED] discussed with ms. [REDACTED] that there were some concerns for her child as she reported that the child was not up to date on her shots and that she has not seen her therapist in several months to address her mental health issues. Cm [REDACTED] explained that DCS was also going to ask that she submit to a hair follicle test to confirm that she is not



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Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Open

Organization: [REDACTED]

taking that she is not prescribed by a doctor. Cm [REDACTED] explained that she would set the hair follicle test up after the child's arrangements were scheduled. CM [REDACTED] explained that a meeting would be held to discuss the concerns and the strengths of the family. Cm [REDACTED] explained that she would contact Ms. [REDACTED] with more information on the date and time. Ms. [REDACTED] was very worried about DCS removing her son. Cm [REDACTED] explained that DCS job was to ensure the safety of [REDACTED] and that all areas had to be investigated to ensure that he was safe due to the situation with [REDACTED]. Ms. [REDACTED] reported that she understood and would cooperate with DCS.

Plan: Cm [REDACTED] will submit a PSG for an expanded hair follicle and set up a CFTM at the DHS Office in [REDACTED] to discuss the concerns for [REDACTED].



Tennessee Department of Children's Services
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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/26/2013

Completed date: 03/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2013 06:10 PM Entered By: [REDACTED]

3/19/2013 3pm Child fatality form Cs-0635 was sent by TC [REDACTED] to all the appropriate parties.

3/20/2013 TL [REDACTED] sent a revised Child fatality form Cs-0635 to all the appropriate parties.

A copy of the form can be found in the hard copy file.



Tennessee Department of Children's Services
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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/19/2013 Contact Method: Face To Face
 Contact Time: 12:00 PM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 03/26/2013
 Completed date: 03/26/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] Inv.; [REDACTED]; [REDACTED]
 [REDACTED] Agent [REDACTED] Investigator

Narrative Details

Narrative Type: Original Entry Date/Time: 03/26/2013 09:04 AM Entered By: [REDACTED]

Date: 3/19/2013

Location of Contact: [REDACTED] Hospital located in [REDACTED] County

Second Location: [REDACTED] County Sherriffs Department located .1 mile from the hospital (Next door)

Time: 12:00pm

Type of Contact: Face to Face with family and child

Primary Person(s) to be interviewed:

[REDACTED], Face to face
 [REDACTED] birth mother
 [REDACTED], birth father
 [REDACTED] Maternal Aunt, AP
 [REDACTED], maternal grandmother

All interviews between Inv. [REDACTED] and the family were recorded on video at the [REDACTED] County Sherriffs Department.

Documentation of the Contact:

Summary of interaction and discussion of purpose of visitation

Case Manager [REDACTED] and TL [REDACTED] arrived at [REDACTED] Hospital to be greeted by Investigator [REDACTED] with the [REDACTED] County Sherriffs Department. Inv. [REDACTED] reported that [REDACTED] was pronounced death at 11:00am by Dr. [REDACTED]. Inv. [REDACTED] reported that the child maternal Aunt, [REDACTED] was caring for the child when he passed away. Inv. [REDACTED] reported that the Aunt told the officer ([REDACTED]) that she woke up at 9:41am and rolled over and saw the child laying on his side face down in the covers. Inv. [REDACTED] informed Cm that Ms. [REDACTED] was currently at the [REDACTED] County Sherriffs Department waiting to be interviewed about what occurred at her home. Inv. [REDACTED] reported that Ms. [REDACTED] does not know the child is diseased nor has she seen the childs mother. Inv. [REDACTED] reported that the family was currently visiting with the child. Inv. [REDACTED] requested that the family not see DCS until the interviews have taken place due to the family being so up set. Cm [REDACTED] and TL [REDACTED] waited in the ER to view the child. CM [REDACTED] and TL [REDACTED] were approached by CEO of [REDACTED]



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

[REDACTED] Hospital as she informed Cm and TL that it was the hospitals job to console the family and DCS would have to wait to view the child until the family visited with the child.

At this time Cm [REDACTED] TL [REDACTED] and Inv. [REDACTED] traveled to the [REDACTED] County Sherriffs Department to observe the interview with [REDACTED]. Cm [REDACTED] TL [REDACTED] and Inv. [REDACTED] with the [REDACTED] County Sherriffs Department observed the interview of Ms. [REDACTED] from another room via video and audio.

12:35pm Bassinet was observed to be a two part bassinet. The bassinet can actually be removed from the base and is portable if needed. The sheriffs department took the bassinet, the childs food, clothing and bottle into evidences to be sent to the TBI laboratory for additional information. The bassinet bed was observed to have a thick white quilt like blanket folded with a blue receiving blanket in the bottom of the bassinet for a reported mattress. The child was found on top of the two blanket with two additional blankets on top of the child. One of the blankets found on top of the child was a light blue fleas blanket with white stars and green dinosaur. The other blanket was a fuzzy darker blue blanket. There was a tan blanket lying on the bassinet cover that the Aunt reported she placed on the it to keep the light out of the childs eyes.

3/19/2013 at 12:58pm Inv. [REDACTED] interviewed [REDACTED]
 Inv. [REDACTED] read Ms. [REDACTED] her Miranda Rights

Ms. [REDACTED] explained that she lives with her mother, [REDACTED] father, [REDACTED], brother, [REDACTED], and her child [REDACTED] DOB [REDACTED]. Ms. [REDACTED] reported that she is currently on probation for a shop lifting charge she reportedly received when she just got out of high school. Ms. [REDACTED] reported that she violated that charge when she was pulled over for driving on suspended licenses. Ms. [REDACTED] reported that she is currently unemployed.

Ms. [REDACTED] stated I hate my life.

Ms. [REDACTED] reported that her father, [REDACTED] usually picks up [REDACTED] from his mothers ([REDACTED]) home located in [REDACTED] however on 3/18/2013 she stated that her mother, [REDACTED] picked [REDACTED] up and brought him to their home located in [REDACTED]

Ms. [REDACTED] reported that last night (3/18/2013) [REDACTED] fell asleep laying on a bobbie pillow at was sitting on her bed after he had ate dinner. Ms. [REDACTED] reported that if she does not place him like this he will have to have a bottle to go to sleep. She reported that [REDACTED] will eat and eat so much that he will make him self sick. Ms. [REDACTED] reported that she was straightening up the stair case in her room because [REDACTED] had made a mess. Ms. [REDACTED] reported that her son, [REDACTED] always sleeps with her and has slept with her since he was two weeks old. She stated I know you are not suppose to but I have. Ms. [REDACTED] reported that [REDACTED] feel asleep within 10 to 15 minutes and at that point she picked him up off the pillow and placed him on his back in the bassinet. Ms. [REDACTED] reported that she did not place [REDACTED] perfectly in the middle of the bassinet. Ms. [REDACTED] reported that she had made the infant a mattress out of blankets because the bassinet bed was hard and some what flimsy. (See bassinet description for more details) Ms. [REDACTED] reported that her room was a little warm because her mother will turn the gas heat up in the house. Ms. [REDACTED] reported that she had opened a window. Ms. [REDACTED] reported that she did not swaddle [REDACTED] because she stated because it was hot earlier. Ms. [REDACTED] reported that she had taken a blanket and folded it under the childs arm about chest level and tucked it slightly under his back. Ms. [REDACTED] veered off the questions asked and stated I thought he was advanced for his age because he can hold his head up and stuff.

Ms. [REDACTED] reported that at 2:00am her mother, [REDACTED], had come into her room because at that time she [REDACTED] had laid down for the night. Ms. [REDACTED] reported that at 2:30am or 3:00am [REDACTED] had cried out loud. Ms. [REDACTED] reported that she tried to give him his pacifier but he did not want it. Ms. [REDACTED] reported that she then gave [REDACTED] a bottle while his was still lying on his back in the bassinet. Ms. [REDACTED] did not mention picking the child up to feed him or burping him after he ate. Ms. [REDACTED] reported that he did not take much before going back to sleep. Ms. [REDACTED] reported that the bassinet was catty cornered in her bedroom so she could look over and see [REDACTED]. Ms. [REDACTED] was reported that [REDACTED] was still on his back at this point. Ms. [REDACTED] reported that she knew infants were not to be laid on their side or face down. Ms. [REDACTED] reported that she slept on the edge of her bed very close to the bassinet.

Ms. [REDACTED] reported that she woke up at 9:30am because she sensed [REDACTED] was already up for the morning. Ms. [REDACTED] reported that she heard marks rattling and sat up in the bed to see [REDACTED] dart across the bedroom. Ms. [REDACTED] reported that it was natural for her to look over towards [REDACTED] bassinet to check on him or say something to him. Ms. [REDACTED] reported that she found him lying on his side with his face down on the side/covers. She stated Maybe he was looking for his pacifier. Ms. [REDACTED] reported that she picked [REDACTED] up out of the bassinet. She stated while she was holding him His head went limp. Ms. [REDACTED] reported that she then began to freak out and started yelling for mom. Ms. [REDACTED] reported that [REDACTED] fingers and tow were not cold and he did not appeared to be blue or discolored. Ms. [REDACTED] reported that she laid her hand on [REDACTED] chest and saw that he was not breathing. Ms. [REDACTED]



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Case Status: Open

Organization: [REDACTED]

stated I yelled momma it is [REDACTED] Ms. [REDACTED] reported that she called 911 while her mother began CPR. Ms. [REDACTED] reported that she had to hold the phone to her mothers ear while the 911 personnel explained to Ms. [REDACTED] (Grandmother) what to do to administer CPR to [REDACTED] Ms. [REDACTED] reported that she held the childs head while her mother did CPR until the ambulance arrived. Ms. [REDACTED] reported that it has not been a week since she kept [REDACTED] Ms. [REDACTED] then began to speak about her son, [REDACTED] and how he is all hands with [REDACTED] Ms. [REDACTED] reported that when she woke up [REDACTED] had got into marks and colored all over everything including the bassinet.

Marijuana was found in the living room of the home (Pictures can be found in the hard copy file). Ms. [REDACTED] reported that the THC did not belong to her as she explained again that she was on probation.

Inv. [REDACTED] took a break at this time. It was requested that Ms. [REDACTED] needed to be asked about the last feeding and the reported baby food she was giving the child. Ms. [REDACTED] reported that she would place a little cereal in the childs formula as well as give him baby food (Gerber stage 2 mangos). Ms. [REDACTED] stated I gave her [REDACTED] all of the food I had all the crap left over from WIC.

Ms. [REDACTED] reported that she did not understand that [REDACTED] had only taken two swings of his bottle before he went back to sleep. Ms. [REDACTED] reported that she did not have any outside light but had a night light because it was so dark in the bedroom. Ms. [REDACTED] reported that she did not observe any type of abnormal behavior, rash, or paleness prior to 9:30am when she reportedly found the child.

Ms. [REDACTED] demonstrated how she found [REDACTED] using a doll provided by the Sherriffs department. She reported that [REDACTED] was found lying on his left side with his head turned more toward the bed of the bassinet.

At this time CM [REDACTED] and TL [REDACTED] spoke with Ms. [REDACTED]

Ms. [REDACTED] reported that she has been told by the mother that [REDACTED] has rolled off their couch twice from the back of the couch to the floor. Ms. [REDACTED] reported that she has never seen this happen while [REDACTED] was in her care. Ms. [REDACTED] reported that she has bought the bassinet at a yard sale for Ms. [REDACTED] Ms. [REDACTED] reported that (parents) [REDACTED] and [REDACTED] live together in [REDACTED] Ms. [REDACTED] reported that she will care of the child two to three days at a time for her sister. Ms. [REDACTED] reported that [REDACTED] was scheduled to go back to his mother today 3/19/2013.

Ms. [REDACTED] reported that she is currently on probation that she reports to once a week. Ms. [REDACTED] reported that she has been diagnosed with depression and bipolar disorder. She informed Cm that she is prescribed several different medications. Ms. [REDACTED] reported that she is currently on Suboxone, phentermine, klonopin, and a bipolar medication that she was unsure of the name. Ms. [REDACTED] reported that she had an opiate issues in 2008 when she went inpatient treatment with [REDACTED] Health Services in AL. Ms. [REDACTED] reported that several months after she left rehab she relapsed and then was connected with a Suboxone clinic in [REDACTED] (Dr. [REDACTED] . Ms. [REDACTED] reported that she also has a therapist in [REDACTED] Dr. [REDACTED] which she is suppose to see every month. Ms. [REDACTED] reported that she has been off of her bipolar medication for several months and feels that she needs to return because she felt that she needed to speak with someone. Ms. [REDACTED] reported that transportation is an issue. Ms. [REDACTED] reported that she has to take TNCare transportation and she usually can not take her son with her to the appointments because he is very outgoing and pulls things off the shelves. Ms. [REDACTED] reported that she uses [REDACTED] Pharmacy because they tend to work with her on her medication.

Ms. [REDACTED] informed Cm that [REDACTED] father is [REDACTED] of [REDACTED] and that she does receive child support from him every month, 63 dollars. Ms. [REDACTED] reported that this is her only income other than food stamps. Ms. [REDACTED] reported that [REDACTED] was behind on his well child check ups and shots.

Ms. [REDACTED] reported that her father, [REDACTED] actually does not live in the home with her and her mother anymore due to him propositioning her for sex about a month ago. Ms. [REDACTED] reported that her father (Actually step father) had never touched her but only made some comments to her. Ms. [REDACTED] reported that she waited until her father left for work to tell her mother.

Ms. [REDACTED] submitted to a drug screen for the Department of Children Services and she was negative for all substances, however there was not enough urine in the drug screen cup to register the temperature of the urine. It was discussed with Ms. [REDACTED] that if she had taken her medication she should have been positive for some of her prescriptions such as Phentermine should have tested for amphetamine.

3/19/2013 2:35pm At [REDACTED] Hospital Face to Face with Child

Cm [REDACTED] and TL [REDACTED] made a face to face with [REDACTED] at [REDACTED] Hospital located in [REDACTED] Cm [REDACTED] observed the child in the company of TL [REDACTED] and two nurseries. The child was swaddled in several blankets however his clothing had been removed. The child had an infant CPR mask and tube on his face that nursing staff reported that could not be removed until the body was examined during autopsy. Cm [REDACTED] observed the child to be



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Case Status: Open

Organization: [REDACTED]

clean however his nose did have what appeared to be dried secretions and dirt. The child's nails and toes nails were clean and cared for. Staff reported that the child's airway was not blocked and no obstructions were noted to the child's throat. No marks or obstructions were found on the child's body.

Medical personnel did report that the ER received a call from an unknown person that their two month old was having trouble breathing but the child never came into the ER. Inv. [REDACTED] reported that he was going to be looking into who may have contacted the hospital. The hospital staff reported that they were concerned that the call received on 3/18/2013 and the child death 3/19/2013 may have been connected but they were unsure.

3/19/2013 3pm Interview with the mother of the child, [REDACTED] conducted by Inv. [REDACTED]

Inv. [REDACTED] read Ms. [REDACTED] her Miranda Right

Ms. [REDACTED] reported that she currently lives in [REDACTED] with the child's father, [REDACTED]. Ms. [REDACTED] reported that she works for [REDACTED] in [REDACTED].

Ms. [REDACTED] reported that maternal grandmother, [REDACTED] picked up [REDACTED] around 8am. Ms. [REDACTED] reported that the plan was for Ms. [REDACTED] and Ms. [REDACTED] to keep [REDACTED] until Wednesday but later that night Ms. [REDACTED] reported that she received a phone call from [REDACTED]. Ms. [REDACTED] reported that her mother, [REDACTED], reported that they were going to bring [REDACTED] back tomorrow 3/19/2013 because she had been up all night and Ms. [REDACTED] was too tired to keep [REDACTED] and [REDACTED] because they all needed some sleep. Ms. [REDACTED] reported that she believed that [REDACTED] had been fussy as well.

Inv. [REDACTED] asked Ms. [REDACTED] about giving the baby solid foods. Ms. [REDACTED] reported that she adds rice cereal to the child's bottle at night to thicken the formula.

Ms. [REDACTED] reported that her sister bought the bassinet and gave it to her. Ms. [REDACTED] reported that [REDACTED] did not like sleeping in it at her house but reported that he enjoyed sleeping in it at Ms. [REDACTED] and [REDACTED] home. Ms. [REDACTED] reported that she sent the bassinet back to her mother's home.

Ms. [REDACTED] reported that she wanted to comfort her sister but not sure how. Ms. [REDACTED] reported that she does not suspect abuse or neglect on the part of her sister, [REDACTED]. Ms. [REDACTED] stated God was ready for him to come home.

Ms. [REDACTED] reported that she found out that she was pregnant when she was 6 weeks pregnant but did not receive care from a doctor until she was 21 weeks pregnant due to insurance issues. Ms. [REDACTED] reported that she smoked a half of a pack a day while pregnant and currently.

Ms. [REDACTED] reported that [REDACTED] has not had any issues with vomiting, seizures, or choking. Ms. [REDACTED] stated that he has not had any medical issues or recent vaccinations within the past 72 hours. Ms. [REDACTED] reported that [REDACTED] was a little gassy last night but she told her mother to give him gas drops if he continued.

Ms. [REDACTED] reported that [REDACTED] was born three weeks early and weight 6.2. She reported that she did not have any complications during pregnancy.

3/19/2013 4:22pm Interview with maternal grandmother, [REDACTED] conducted by Inv. [REDACTED] (CM [REDACTED] TL [REDACTED])

Inv. [REDACTED] and [REDACTED] with TBI observed the interview)

Inv. [REDACTED] read Ms. [REDACTED] her Miranda Right

Ms. [REDACTED] reported that she works in [REDACTED] at [REDACTED] from 11pm until 7am. Ms. [REDACTED] reported that she went from work to [REDACTED] to pick up [REDACTED] from his mother's house on 3/18/2013. Ms. [REDACTED] reported that she brought the child back to her home. Ms. [REDACTED] stated that she played with [REDACTED] on the couch until 8:30pm when [REDACTED] came into the room and took him back to her bedroom. Ms. [REDACTED] reported that she last seen [REDACTED] sitting on Ms. [REDACTED] bed in a bobbie pillow. Ms. [REDACTED] reported that she slept on the couch but remember hearing [REDACTED] cry before 6:00am. Ms. [REDACTED] reported that she thought she heard Ms. [REDACTED] get up and go to the kitchen to make [REDACTED] a bottle and then go back to the room. Ms. [REDACTED] reported that her husband arrived to pick up her son around 6:30am. Ms. [REDACTED] reported that she had a headache so she got up and went to the market and came back home. Ms. [REDACTED] reported that she had been up all night the night before 3/18/2013. Ms. [REDACTED] reported that when she got back home she laid back down on the couch. Ms. [REDACTED] reported that she was awakened between 8:30am and 9:00am by [REDACTED] screaming Oh my God momma come here I don't think he is breathing. Ms. [REDACTED] reported that she did not remember who picked [REDACTED] up but they laid him on the bed. Ms. [REDACTED] reported that Ms. [REDACTED] called 911 while she attempted CPR. Ms. [REDACTED] reported that she started CPR on Ms. [REDACTED] bed but then remembered that the child needed to be on a flat hard surface. Ms. [REDACTED] reported that she took the child to the living room floor. Ms. [REDACTED] reported that by this time 911 personnel was explaining to her what to do and the steps to take. Ms. [REDACTED] reported



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

that she had to place her mouth over the infants mouth and nose to give him two breathes. Then reported stated that she gave him two chest compression slightly below the childs nipples with only two fingers. Ms. [REDACTED] reported that she told the 911 personnel that he still was not breathing. Ms. [REDACTED] reported that she was instructed to give the child two more breathes and do 30 chest compressions. Ms. [REDACTED] reported that she saw the childs chest rise and then she heard him gurgle. Ms. [REDACTED] reported that [REDACTED] lips and eyes were blue by this time. Ms. [REDACTED] reported that while she was doing the 30 chest compressions the EMTs arrived.

Ms. [REDACTED] admitted to the marijuana found in the living room of the home. Ms. [REDACTED] reported that she smokes marijuana twice a week but she never smokes around her family or the children. Ms. [REDACTED] reported that she was the only one in the home to use the marijuana.

CM [REDACTED] met with [REDACTED] and [REDACTED]

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Childrens Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

Cm [REDACTED] explained to Ms. [REDACTED] and Mr. [REDACTED] that Cm would be in contact with them and would work with them to assist them in counseling if needed. Ms. [REDACTED] shook her head yes. Ms. [REDACTED] expressed to CM [REDACTED] that she felt sorry for her sister because her sister believed the death of her child was her fault. Ms. [REDACTED] reported that she had given [REDACTED] his middle name after his father and is first name was chosen by his father. Mr. [REDACTED] reported that he really like the name [REDACTED]

Ms. [REDACTED] reported that she gave birth to [REDACTED] at [REDACTED] MC and PCP is Dr. [REDACTED] of [REDACTED] Ms. [REDACTED] reported that her OB was Dr. [REDACTED] at the womens clinic in [REDACTED]

Ms. [REDACTED] reported that Ms. [REDACTED] would keep [REDACTED] every other week for two to three days at a time while she worked. [REDACTED] refused to be interviewed at this time due to the child was being picked up for autopsy from the hospital. Mr. [REDACTED] reported that he was picked up at 6am by his father for work. He reported that he did not see the child before he left home.

TL [REDACTED] contacted TC [REDACTED] to inform her of the status of the interviews.

TL [REDACTED] also consulted with TBI, [REDACTED] on.

Plan: Cm [REDACTED] and TL [REDACTED] will make a home visit to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2013

Contact Method:

Contact Time: 11:32 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/26/2013

Completed date: 03/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2013 08:58 AM Entered By: [REDACTED]

Family Composition:

[REDACTED], DOB [REDACTED], child victim (ACV)
 [REDACTED], DOB [REDACTED] birth mother
 [REDACTED], DOB [REDACTED] birth father
 [REDACTED] Maternal Aunt, AP
 [REDACTED], maternal grandmother
 [REDACTED] Maternal, Grandfather
 [REDACTED], Maternal uncle

Address of [REDACTED]
 (Incident took place at this address)

Address of parents, [REDACTED]

P1 3/19/2013 at 11:32am

Case assigned to Case Manager [REDACTED]

Reporter states: Unknown child (age/sex unknown), Unknown child (age/sex unknown), and [REDACTED] (2 months) reside with their mother, [REDACTED]. The referent states that they are not aware if there are any additional people living in the family's home.

Today, 03/19/2013, the referent was contacted by LE ([REDACTED]) who reported that he was currently at [REDACTED] Hospital; due to [REDACTED] being deceased (time of death around 11am), [REDACTED] was transported to the hospital by ambulance and then pronounced dead, he was not dead on arrival. It is believed that [REDACTED] was suffocated, but it is known how this occurred.

The referent states that DCS has been contacted and will be sending a worker to the hospital.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

It is unknown if the children have any special needs or disabilities. The current whereabouts of the two other children are unknown at this time.

The referent does not have any additional information including, but not limited to whether or not [REDACTED] had any bruises or injuries or the condition of the familys home.

The referent states that they were not provided with any statements from the mother.
 The familys address is listed under the oldest child in the home.

Notified Child Fatality Group:

[REDACTED]
 [REDACTED] and the Child-Fatality-Notification EI-DCS.
 [REDACTED] was copied on the notification email.

County group emailed @ 12:09 pm

[REDACTED] emailed verification that this report had been received @ 12:15 pm
 RA [REDACTED] emailed about referral.

Per SDM: P1-Investigation Track, [REDACTED] TL on 3-19-13 @ 12:08 pm

History and Notations:

CPS Central Intake received this report on 1/28/2013 and assigned as P2 response.
 The case was assigned to this CM [REDACTED] on 1/28/2013 with the response due on 1/30/2013

This CM verified the familys history of involvement with DCS through a search on this date the following history was noted: No history as parents but Ms. [REDACTED] and Mr. [REDACTED] have history as juveniles against the grandparents.

Referent notification was made by mail on this date. A copy of such notification is contained within the file.

Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff/or Supervisors) as requested per Juvenile Court Judge [REDACTED]

CM did a search of the Tennessee Bureau Of Investigation sex offender registry
http://www.tbi.tn.gov/sex_ofender_reg/sex_ofender_reg.shtml as to [REDACTED] and no results or matches were found.

CM did a search of the Tennessee Bureau of Investigation Meth Offender Registry as to
<http://www.tennesseeanytime.org/methor/>) as to [REDACTED] and no results or matches were found.

CM did a Tennessee felony offender search for [_](https://www.tennesseeanytime.org/foil/search.jsp)(<https://www.tennesseeanytime.org/foil/search.jsp>) as to [REDACTED]
 [REDACTED] and no results or matches were found.

National Sexual Offender Registry: <http://www.nsopr.gov/> as to [REDACTED] and no results or matches were found.

Tennessee Department of Health Vulnerable Person (abuse registry):

<http://health.state.tn.us/abuseregistry/index.html> as to [REDACTED] and no results or matches were found.

Background forms were completed and can be found in the hard copy file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2013

Contact Method:

Contact Time: 11:07 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/26/2013

Completed date: 03/26/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2013 09:00 AM Entered By: [REDACTED]

3/19/2013 11:07am

Investigator [REDACTED] with the [REDACTED] County Sheriffs Department contacted Case Manager [REDACTED] to notify the Department of Children Services of the child fatality in [REDACTED] County.

The case was assigned to Cm [REDACTED] at 11:32am on 3/19/2013. TL [REDACTED] notified TC [REDACTED] of the reported child fatality in [REDACTED] County.

Narrative Type: Addendum 1 Entry Date/Time: 03/26/2013 06:28 PM Entered By: [REDACTED]

correction:

CPS Central Intake received this report on 3/19/2013 and assigned as P1 response.

The case was assigned to this CM [REDACTED] on 3/19/2013 with the response due on 3/19/2013



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 3/19/13 11:32 AM

Date of Assessment: 9/19/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed (1)

██████████

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____