



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 05/18/2013 11:47 AM CT
Track Assigned: Special Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 05/18/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED] CPS Special Investigation
Date/Time Assigned: 05/20/2013 07:14 AM
First Team Leader Assigned: [REDACTED] Date/Time: 05/20/2013 12:00 AM
First Case Manager: [REDACTED] Date/Time: 05/20/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	6 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS:

Open Private Provider Resource Home Omni Visions - Active 12-28-2010 (Name listed under [REDACTED])
Note: CM could not find any other children in state custody currently placed in the home.

Closed Court Custody None Found

Open CPS None Found

Fatality None Found

Indicated: None Found

Screened out 1



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

12-8-2010/Intake # [REDACTED] PHA [REDACTED]

History (not listed above):
No other history found

County: [REDACTED] SIU
Notification: Letter
School/ Daycare: Unknown
Native American Descent: No
Directions: None

Reporters name/relationship: [REDACTED]

Reporter states:

The child, [REDACTED] (age 5) resides in the home with her adoptive father, [REDACTED], and adoptive mother, (name unknown). Also in the home is an adult sister, [REDACTED] and two Unknown children, approximate ages 9 and 7. The two unknown children may be foster children.

Law Enforcement responded to a child death today.

The father reported that [REDACTED] suffered from cerebral palsy which was caused by Shaken Baby Syndrome [REDACTED] suffered by her birth mother. The birth mother is in jail in [REDACTED] at this time. [REDACTED] was also reportedly on oxygen and had a feeding tube. [REDACTED] was not able to walk.

[REDACTED] was found deceased by [REDACTED] this morning at 8:45 A.M. [REDACTED] was in her bed. Ms. [REDACTED] contacted 911 and then began performing CPR on [REDACTED]

When Law Enforcement arrived on the scene they also began performing CPR.

Neither the father nor the mother were in the home at the time [REDACTED] was found. The father was at work. Ms. [REDACTED] was the caretaker of all three children. The father was interviewed and he was very emotional and appropriate. The mother was in [REDACTED] TN at the time of death.

The child was pronounced deceased at [REDACTED] Hospital. An autopsy will be performed in [REDACTED] TN at the Forensic Center.

The home has been seen. Photographs were taken of the scene. There were no concerns about the home environment.

The adoptive parents appear to have taken several precautions with [REDACTED] and provided care for her. It appears [REDACTED] death was due to natural causes but this cannot be confirmed until the autopsy is complete. Law Enforcement has found nothing suspicious at this time.

Per SDM: Investigative Track/P1 [REDACTED] CM 3 on 5-18-13 at 12:48 P.M.

SIU Team Leader [REDACTED] was notified at 12:52 P.M.

Child Fatality Group and Child Fatality Notification EI DCS Group notified. Email sent to: [REDACTED]
[REDACTED]



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

Participant(s)

Name: [REDACTED]
Gender: Female Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Black/African Age: 6 Yrs
Address: [REDACTED]
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: Age: 44 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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 22 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:

Name: Unknown Participant [REDACTED] Unknown

Gender: 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:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 9 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:

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: Yes

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: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 7 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/18/2013

Assignment Date: 05/20/2013

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]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 07/03/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Ms. [REDACTED] reported she went in to check on [REDACTED] around 8:40 A.M., [REDACTED] was unresponsive. Ms. [REDACTED] reported she placed the oxygen mask on [REDACTED] and called 911. Ms. [REDACTED] reported [REDACTED] was not breathing and she started CPR. Law Enforcement Officer Sgt. [REDACTED] reported that the autopsy report state [REDACTED] death was due to the shaken baby syndrome by the birth mother when the child was 6 months of age. Sgt. [REDACTED] reported there were no concerns about the home environment. On June 17, 2013, case was staffed with CPIT members. The Team agreed with the classification of AUPU. Sgt. [REDACTED] reported that the state of [REDACTED] would be charging the birth mother with homicide because the child died due to the shaken baby syndrome at 6 months of age. The mother is currently incarcerated for child abuse.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/03/2013

Team Leader: [REDACTED]

Date: 07/03/2013

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:

Child deceased.

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

Law Enforcement Officer Sgt. [REDACTED] reported that the autopsy report state [REDACTED] death was due to the shaken baby syndrome by the birth mother when the child was 6 months of age.

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



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

Case Name : ██████████

Investigation ID: ██████████

Ms. ██████ reported she went in to check on ██████ around 8:40 A.M., ██████ was unresponsive. Ms. ██████ reported she placed the oxygen mask on ██████ and called 911. Ms. ██████ reported ██████ was not breathing and she started CPR.

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

Ms. ██████ reported she was caring for ██████ while her parents were away from the home. Ms. ██████ reported she went in to check on ██████ at about 8:45A.M and ██████ was unresponsive. Ms. ██████ reported placed the oxygen mask on ██████ and called 911. Ms. ██████ reported ██████ was not breathing and she started CPR. Ms. ██████ reported ██████ Co. Law Enforcement was the first to arrive and they asked her to go down stairs as they began performing CPR. Ms. ██████ reported shortly after LE arrived, the paramedics was on the scene and ██████ was transported to ██████ Hospital. Ms. ██████ reported she had last checked on ██████ around 6 a.m. or a little after and she was breathing and appeared fine.

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

There was no other evidence or factors that support the investigative findings for the allegation.

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: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2013

Contact Method:

Contact Time: 12:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2013

Completed date: 08/28/2013

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: 08/28/2013 12:25 PM Entered By: [REDACTED]

The SIU closing notice was sent to pertinent DCS personnel on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/19/2013

Contact Method:

Contact Time: 02:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/19/2013

Completed date: 07/19/2013

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: 07/19/2013 03:06 PM Entered By: [REDACTED]

SI [REDACTED] debriefed the case for closure with SW TC [REDACTED] via telephone.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/19/2013

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/19/2013

Completed date: 07/19/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/19/2013 02:31 PM Entered By: [REDACTED]

This case was reviewed and approved for closure by SIU TC, [REDACTED] as AUPU. The autopsy will be added to the case record when it is received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2013

Contact Method: Face To Face

Contact Time: 03:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/18/2013

Completed date: 07/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/18/2013 08:41 AM Entered By: [REDACTED]

SI [REDACTED] spoke with Inv. [REDACTED] at the [REDACTED] County Sheriff's Department concerning the autopsy report for [REDACTED]. Inv. [REDACTED] reported he had received a verbal report concerning the autopsy but he had not received a signed copy of the report. Inv. [REDACTED] reported it will probably be another month before he receives a paper copy of the report. Inv. [REDACTED] reported he will make sure SI gets a copy of the report. Inv. [REDACTED] advised SI [REDACTED] again that the state of [REDACTED] would be charging the biological mother with homicide because [REDACTED] death was due to the shaken baby syndrome caused by the birth mother.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/11/2013

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/11/2013

Completed date: 07/11/2013

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: 07/11/2013 04:11 PM Entered By: [REDACTED]

SI [REDACTED] called Inv. [REDACTED] to inquire about the autopsy report for [REDACTED]. SI did not get an answer and there was no voice mail for SI to leave a message to requesting a call back.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/10/2013

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/11/2013

Completed date: 07/11/2013

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: 07/11/2013 04:10 PM Entered By: [REDACTED]

SI [REDACTED] called Inv. [REDACTED] to inquire about the autopsy report for [REDACTED]. SI did not get an answer.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/10/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/11/2013

Completed date: 07/11/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2013 04:04 PM Entered By: [REDACTED]

SI [REDACTED] received a call from FSW [REDACTED] CM [REDACTED] advised SI [REDACTED] that she would assist Mrs. [REDACTED] and her family in getting grief counseling for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/08/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2013

Completed date: 07/08/2013

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: 07/08/2013 12:20 PM Entered By: [REDACTED]

Living in the [REDACTED] home was Mr. [REDACTED], Mrs. [REDACTED] their oldest daughter, [REDACTED] their son, [REDACTED] their adopted daughter and [REDACTED] a foster child whom the [REDACTED] are in the process of adopting at this time. SI [REDACTED] was advised that a typical day for family was; Mr. and Mrs. [REDACTED] both would go to work daily. [REDACTED] would care for [REDACTED] and [REDACTED] while Mr. and Mrs. [REDACTED] work. SI was advised that [REDACTED] did not have a certain time to wake up during the week she would wake up different times of the morning. [REDACTED] attends college in [REDACTED] and was caring for [REDACTED] and [REDACTED] while she was home from college for the summer. [REDACTED] were all attending school before school was out for the summer. SI was advised that the day before [REDACTED] passed away she was happy and did not appear to be having any problems. [REDACTED] had no other health concerns other than the surgery she had on May 10th. [REDACTED] also had a home health nurse who would visit her on the weekends at 6:30 P.M. Saturday and Sunday. The Mrs. [REDACTED] did report they would like to receive grief counseling for the family. SI [REDACTED] advised Mrs. [REDACTED] that she would contact FSW [REDACTED] and request counseling services for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2013

Contact Method:

Contact Time: 07:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2013

Completed date: 07/02/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2013 07:58 PM Entered By: [REDACTED]

On May 18, 2013, SI [REDACTED] received a P-1 referral alleging Neglect Death. The alleged victim was 5-year-old [REDACTED] and the alleged perpetrator was unknown. SI was unable to observe the child due to her body was sent to [REDACTED] upon SI [REDACTED] arrival at the hospital. Ms. [REDACTED] (sister) reported she was caring for [REDACTED] on the day of her death. Ms. [REDACTED] reported she went in to check on [REDACTED] at about 8:45A.M and [REDACTED] was unresponsive. Ms. [REDACTED] reported placed the oxygen mask on [REDACTED] and called 911. Ms. [REDACTED] reported [REDACTED] was not breathing and she started CPR. Ms. [REDACTED] reported [REDACTED] Co. Law Enforcement was the first to arrive and they asked her to go down stairs as they began performing CPR. Ms. [REDACTED] reported shortly after LE arrived, the paramedics was on the scene and [REDACTED] was transported to [REDACTED] Hospital. Law Enforcement Officer Sgt. [REDACTED] reported that the autopsy report state [REDACTED] death was due to the shaken baby syndrome by the birth mother when the child was 6 months of age. Sgt. [REDACTED] reported there was no concerns about the home environment. On June 17, 2013, case was staffed with CPIT members. The Team agreed with the classification of AUPU. Sgt. [REDACTED] reported that the state of [REDACTED] would be charging the birth mother with homicide because the child died due to the shaken baby syndrome at 6 months of age. The mother is currently incarcerated for child abuse.

Based on information gathered during the investigation, there was not enough evidence to substantiate the allegation of Neglect Death. Case will be submitted for closure as Allegation Unfounded Perpetrator Unfounded.

DCS policy defines Neglect Death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by resulting from direct action or the childs caretaker or the consequence of the childs caretakers failure to stop another persons direct action that resulted in a death of a child. Child fatalities are always treated as severe child abuse. Any child death that is the result of the caretakers failure to meet childcare responsibilities.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/27/2013	Contact Method:	Face To Face
Contact Time:	02:45 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Resource Home	Created Date:	07/02/2013
Completed date:	07/02/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Other Child Living in the Home Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/02/2013 07:34 PM Entered By: [REDACTED]

On June 27, 2013, SI [REDACTED] made a face to face visit with 6-year-old [REDACTED] at his parents home in [REDACTED] TN. [REDACTED] was well groomed wearing a red shirt and black pants. [REDACTED] appeared to be meeting his age appropriate developmental milestone. SI gave a brief introduction explaining to [REDACTED] that SI [REDACTED] was visiting with him to make sure he was safe and happy. [REDACTED] was observed to have no visible marks or bruises. [REDACTED] reported he is 6-years-old and passed to the 2nd grade. [REDACTED] reported he will be glad when school starts back. [REDACTED] reported he has a birthday coming up on July 22nd and his parents are taking him to [REDACTED]. [REDACTED] reported he and [REDACTED] has a good relationship and they like playing together. [REDACTED] reported if he and [REDACTED] get into trouble at home, they will have to go to their room. [REDACTED] reported he did not know how long they stay in their room when they get in trouble but its not for a long time. [REDACTED] reported when his mom and dad is not home, his big sister is home with them. [REDACTED] reported he is not having any problems and he is happy living with his mom and dad.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/27/2013	Contact Method: Face To Face
Contact Time: 02:37 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 07/02/2013
Completed date: 07/02/2013	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Other Child Living in the Home Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/02/2013 07:35 PM Entered By: [REDACTED]

On June 27, 2013, SI [REDACTED] made a face to face visit with 5-year-old [REDACTED] at his foster parents home in [REDACTED]. [REDACTED] was well groomed wearing a blue shirt and blue jean pants. [REDACTED] appeared to be meeting his age appropriate developmental milestone. [REDACTED] was observed to have no visible marks or bruises. SI gave a brief introduction explaining to [REDACTED] that SI [REDACTED] was visiting with him to make sure he was safe and happy. [REDACTED] appeared to be very happy at the home. [REDACTED] appeared to be very much attached to Mr. [REDACTED] as he called him dad. [REDACTED] reported he will be in first grade when school starts back. [REDACTED] reported he likes going to school. [REDACTED] reported if he or [REDACTED] get into trouble at home, they will have to go to their room. [REDACTED] reported he did not know how long they stay in their room when they get in trouble. SI asked [REDACTED] to they stay in their bedroom for a long time when they get in trouble. [REDACTED] stated no. [REDACTED] reported when his mom and dad are not home, his big sister is home with them or they go to their grandmas house. [REDACTED] reported he is not having any problems and he is happy living with his mom and dad.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/20/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/20/2013

Completed date: 05/20/2013

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: 05/20/2013 12:19 PM Entered By: [REDACTED]

CPIT members including Law Enforcement and DA was notified and a copy of the 680 was submitted.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/20/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/20/2013

Completed date: 05/20/2013

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: 05/20/2013 01:19 PM Entered By: [REDACTED]

On May 20, 2013, SI [REDACTED] met face to face with [REDACTED] County Sheriff Investigator [REDACTED]. Inv. [REDACTED] reported he was a short distance from the [REDACTED] home when he heard the call and was one of the first to arrive. Inv. [REDACTED] reported upon his arrival, [REDACTED] 21-year-old sister was with [REDACTED]. Inv. [REDACTED] reported [REDACTED] sister stated she went up stairs to check on [REDACTED] and [REDACTED] brown blanket was partially over her face. Inv. [REDACTED] reported the blanket had a small amount of DNA on it and he took the blanket into evidence but would be giving the blanket back to the family. Inv. [REDACTED] reported the child's body was sent to [REDACTED] for autopsy but he is sure the cause of death will be due to complications from the Shaken baby Syndrome and other medical conditions. Inv. [REDACTED] reported the child also had Cerebral Palsy and a seizure disorder. Inv. [REDACTED] reported there was no suspicion of any foul play. Inv. [REDACTED] reported the sister did a great job trying to revive the child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/20/2013

Contact Method: Face To Face

Contact Time: 08:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/20/2013

Completed date: 05/20/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2013 12:21 PM Entered By: [REDACTED]

Referent was interviewed during this investigation. That interview is documented in a separate case recording to protect the identity of the referent.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/20/2013

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/20/2013

Completed date: 05/20/2013

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: 05/20/2013 12:20 PM Entered By: [REDACTED]

Referent letter was mailed. Hard copy placed in SIU file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/20/2013	Contact Method:	
Contact Time:	07:14 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/20/2013
Completed date:	05/20/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/20/2013 12:18 PM Entered By: [REDACTED]

Central Intake received the following referral at 11:47 AM on 05/18/13. The investigation was assigned to SIU Investigator [REDACTED] with a Priority 1 response on May 20, 2013. The reporter stated the following:

The child, [REDACTED] (age 5) resides in the home with her adoptive father, [REDACTED] and adoptive mother, (name unknown). Also in the home is an adult sister, [REDACTED] and two Unknown children, approximate ages 9 and 7. The two unknown children may be foster children.

Law Enforcement responded to a child death today.

The father reported that [REDACTED] suffered from cerebral palsy which was caused by Shaken Baby Syndrome [REDACTED] suffered by her birth mother. The birth mother is in jail in [REDACTED] at this time. [REDACTED] was also reportedly on oxygen and had a feeding tube.

[REDACTED] was not able to walk.

[REDACTED] was found deceased by [REDACTED] this morning at 8:45 A.M. [REDACTED] was in her bed. Ms. [REDACTED] contacted 911 and then began performing CPR on [REDACTED]

When Law Enforcement arrived on the scene they also began performing CPR.

Neither the father nor the mother were in the home at the time [REDACTED] was found. The father was at work. Ms. [REDACTED] was the caretaker of all three children. The father was interviewed and he was very emotional and appropriate. The mother was in [REDACTED] TN at the time of death.

The child was pronounced deceased at [REDACTED] Hospital. An autopsy will be performed in [REDACTED] at the Forensic Center.

The home has been seen. Photographs were taken of the scene. There were no concerns about the home environment.

The adoptive parents appear to have taken several precautions with [REDACTED] and provided care for her. It appears [REDACTED] death was due to natural causes but this cannot be confirmed until the autopsy is complete. Law Enforcement has found nothing suspicious at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/18/2013

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/20/2013

Completed date: 05/20/2013

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: 05/20/2013 01:10 PM Entered By: [REDACTED]

SI [REDACTED] visited [REDACTED] Hospital to pick up [REDACTED] medical records. Medical report states CPR was not continued in ER because patient was in Asystole and had prolonged CPR without response. Patient was cool to touch and stiffness to body. Patient was pronounced at 0922. EMS reports that family checked on patient at 6 A.M. and she was ok and then got a call at 8:42 that she was not breathing. When they arrived, patient was cool to touch and was in Asystole. CPR was continued and she was brought to ER. No response to CPR. Diagnosis: Cardiac arrest. Childs time of death was 0922 by Dr. [REDACTED] MD.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/18/2013

Contact Method:

Contact Time: 04:25 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/20/2013

Completed date: 05/20/2013

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: 05/20/2013 12:23 PM Entered By: [REDACTED]

The following forms were reviewed and signed by the mother, Mrs. [REDACTED] Notification of Equal Access to Programs and Services, Authorization for release of information and HIPPA protected health information, Native American Heritage Veto Verification, Client Rights Handbook Acknowledgement form. For hard copy, see case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/18/2013

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 05/20/2013

Completed date: 05/20/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2013 12:39 PM Entered By: [REDACTED]

On May 18, 2013 SI [REDACTED] met face to face with 21-year-old [REDACTED] at her parents home in [REDACTED] TN. SI gave a brief introduction and explained the purpose of the visit. Ms. [REDACTED] reported she was caring for [REDACTED] while her parents were away from the home. Ms. [REDACTED] reported she went in to check on [REDACTED] around 8:40 A.M. [REDACTED] was unresponsive. Ms. [REDACTED] reported she placed the oxygen mask on [REDACTED] and called 911. Ms. [REDACTED] reported [REDACTED] was not breathing and she started CPR. Ms. [REDACTED] reported [REDACTED] Co. Law Enforcement was the first to arrive and they asked her to go down stairs as they began performing CPR. Ms. [REDACTED] reported shortly after LE arrived, the paramedics was on the scene and [REDACTED] was transported to [REDACTED] Hospital.

Narrative Type: Addendum 1 Entry Date/Time: 07/03/2013 10:44 AM Entered By: [REDACTED]

Ms. [REDACTED] was listed as the alleged perpetrator due to her was caring for the child at the time of her death. [REDACTED] had surgery on May 7, 2013. SI was advised that [REDACTED] was having problems breathing and the doctor removed her tonsils and her adenoid. [REDACTED] was released from the hospital on May 10, 2013.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/18/2013

Contact Method: Face To Face

Contact Time: 03:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 05/20/2013

Completed date: 05/20/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2013 01:03 PM Entered By: [REDACTED]

On May 18, 2013, SI [REDACTED] met face to face with Mr. [REDACTED] at his home in [REDACTED] TN. Mr. [REDACTED] is [REDACTED] adopted father. SI gave a brief introduction and explained the purpose of the visit. Mr. [REDACTED] reported he was not home at the time [REDACTED] was found unresponsive. Mr. [REDACTED] reported when he got the call he went straight to the hospital. Mr. [REDACTED] reported when he arrived at [REDACTED] he was advised that [REDACTED] had passed away. Mr. [REDACTED] reported [REDACTED] had surgery on May 7, 2013. Mr. [REDACTED] reported [REDACTED] was having problems breathing and the Doctor removed her tonsils and her adenoid. Mr. [REDACTED] reported [REDACTED] was released from the hospital on May 10, 2013.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/18/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 05/20/2013

Completed date: 05/20/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2013 12:54 PM Entered By: [REDACTED]

On May 18, 2013, SI [REDACTED] met face to face with Mrs. [REDACTED] at her home in [REDACTED] TN. SI gave a brief introduction and explained the purpose of the visit.

Mrs. [REDACTED] reported [REDACTED] had surgery on May 7, 2013. Mrs. [REDACTED] reported [REDACTED] was having problems breathing and the doctor removed her tonsils and her adenoid. Mrs. [REDACTED] reported [REDACTED] was released from the hospital on May 10, 2013. Mrs. [REDACTED] reported she was not home at the time [REDACTED] was found unresponsive. Mrs. [REDACTED] reported she think [REDACTED] might have had a seizure because [REDACTED] body was position the way it is usually positioned after she have had a seizure. Mrs. [REDACTED] reported she and her husbands profile was on website. Mrs. [REDACTED] reported they received a call from [REDACTED] case manager in [REDACTED] asking if they were interested in adopting [REDACTED]. Mrs. [REDACTED] reported they advised that they did want to adopt [REDACTED].

Mrs. [REDACTED] reported they brought [REDACTED] into their home in March 2010 and the adoption was final in December 2010. Mrs. [REDACTED] was very emotional. SI [REDACTED] ended the interview.

Narrative Type: Addendum 1 Entry Date/Time: 05/20/2013 01:03 PM Entered By: [REDACTED]

Mrs. [REDACTED] is [REDACTED] adopted mother.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/18/2013

Contact Method: Attempted Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/02/2013

Completed date: 07/02/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/02/2013 08:08 PM Entered By: [REDACTED]

SI attempted to observe the child's body at [REDACTED] Hospital. The child's body had been sent to [REDACTED] for autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/18/2013

Contact Method:

Contact Time: 01:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/20/2013

Completed date: 05/20/2013

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: 05/20/2013 12:26 PM Entered By: [REDACTED]

On May 18, 2013, SI [REDACTED] called Ms. [REDACTED] Social Worker at [REDACTED] Hospital to inquire about [REDACTED]. SI advised Ms. [REDACTED] that SI was on her way to the hospital and wanted to observe the child before the child was transported to the State Examining Office. Ms. [REDACTED] advised SI [REDACTED] that the child's body was already in route to [REDACTED] to the State Examining Office.



Tennessee Department of Children's Services
 Special Investigation Unit - Strength and Risk/Safety Assessment

Case Id [REDACTED] Referral Date 05/18/2013 Date of Assessment 05/20/2013

A. Decision to be Influenced By This Assessment (Check All Being Considered)

Initial RA Placement FCRB/Judicial Review Final RA
 Removal / Custody Return Home Invest/Service Update Other

B. Children's Name		C. Adult's Name	Alleged Perpetrator		D. Risk Ratings	
List children's name below C1. (Child 1) Check in checkbox if Child is alleged victim(s). (List alleged child victims first)		List Adult' names below in A1. (Adult 1) List Alleged Perpetrator(s) first	Choose Below (Yes/No/Unknown)		(Used in Risk matrix below) Rate factors 11-18 as they relate to adults interaction with victims	
C1.	[REDACTED]	<input checked="" type="checkbox"/>	A1.	[REDACTED]	1. Yes	N = No Risk
C3.	[REDACTED]	<input type="checkbox"/>				IA = Insufficient Info
C2.	[REDACTED]	<input type="checkbox"/>				L = Low Risk
						H = High Risk
						NA = Not Applicable
						S = Strength
						I = Intermediate Risk

Incident Factors	C1	C2	C3
1. Severity/Frequency of Abuse	N	H	N
2. Location of Injury	N	H	N
3. Severity/Frequency of Neglect	N	H	N
4. History of Abuse	N	H	N
Summary of Significant Risks/Strengths	N	H	N

Child Factors	C1	C2	C3
5. Age and Developmental Status	N	N	N
6. Perpetrator's Access to Child	N	N	N
7. Child's Presenting Behavior	N	N	N
8. Child's Attachment/Interaction with Caregiver	N	N	N
9. Child's Community Visibility/Isolation	N	N	N
10. Peer/Sibling Interaction	N	N	N
Summary of Significant Risks/Strengths	N	H	N

Primary Caregiver Factors	A1
11. Caregiver's Attachment/Interaction with Child	N
12. Knowledge of Parenting Skills	N
13. Caregiver's History of Maltreatment	N
14. Caregiver's Physical/Developmental/Intellectual Status	N
15. Caregiver's Emotional/Mental Health	N
16. Caregiver's Substance Misuse: Alcohol, Illegal or Prescription	N
17. Marital/Cohabitant Relationship	N
18. Caregiver's Criminal Behavior	N
Summary of Significant Risks/Strengths	N

Family/Environmental Factors	A
19. Precipitating Events/Stresses	N
20. Environmental Conditions	N
21. Availability of Family Support Systems	N
Summary of Significant Risks/Strengths	N

Service Provision Factors	A
22. Caregiver's/Family Participation or Cooperation with Agency Staff and/or Service Plan	N
23. Progress of Child/Family in Treatment	N
Summary of Significant Risks/Strengths	N

Overall Risk Assessment High Risk

Comments: Law Enforcement Officer Sgt. [REDACTED] reported that the autopsy report state [REDACTED] death was due to the shaken baby syndrome by the birth mother when the child was 6 months of age. Sgt. [REDACTED] reported there were no concerns about the home environment. On June 17, 2013, case was staffed with CPIT members. The Team agreed with the classification of AUPU. Sgt. [REDACTED] reported that the state of [REDACTED] would be charging the birth mother with homicide because the child died due to the shaken baby syndrome at 6 months of age. The mother is currently incarcerated for child abuse.

Case Worker's Signature

Date

Team Leader's Signature

Date