



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 07/11/2013 10:12 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 07/11/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 07/12/2013 08:41 AM
 First Team Leader Assigned: [REDACTED] Date/Time 07/12/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 07/12/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yrs	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address: [REDACTED] Police [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: No history was located on the family.

Family Case IDs: None

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Indicated None found

Fatality No previous

Screened out 0



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

DUPLICATE REFERRAL: No

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

Reporters name/relationship: Investigator [REDACTED] / [REDACTED] Police Department

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

Reporter states:

[REDACTED] (5 months old) lives with her mother (name unknown). There are two older siblings in the home, a 5 year old and a 12 year old (name and genders unknown).

LE received a call tonight of an unresponsive infant. LE and EMS responded to the home and the infant was transported to [REDACTED] Hospital. When Investigators arrived at the hospital, it was determined that the infant has skull fractures and is deceased.

An autopsy will possibly be completed tomorrow. This is all the information known at this time.

Immediate assistance is being requested at the familys home due to 2 additional children being in the home. Please contact Investigator [REDACTED] ASAP with an ETA at [REDACTED]

No special needs or disabilities are known.

Per SDM: Investigative Track / P1-Infant fatality- Immediate assistance is being requested at the familys home due to 2 additional children being in the home. Please contact Investigator [REDACTED] ASAP with an ETA at [REDACTED].

Event [20]Alert Started ([REDACTED]) Status: [20]Alert Started, [REDACTED]
 Event [07]Group Started ([REDACTED]) Status: [07]Group Started, [REDACTED]
 paged @ 10:48 p.m.

TL [REDACTED] responded at 10:52pm on 7/11/2013

The county was notified at 10:48 p.m. on 7/11/13

[REDACTED] CM 3 @ 10:48 p.m. on 7/11/13

The Child Fatality Group was notified at 10:48 p.m. on 7/11/13

[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:** 1 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: Unknown Participant [REDACTED] Unknown
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:**



**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: 07/11/2013

Assignment Date: 07/12/2013

Street Address: [Redacted]

City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 4 rows of allegations.

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [Redacted]

Date: 10/04/2013

Team Leader: [Redacted]

Date: 10/08/2013

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:

On 5/31/13, Inv. [Redacted] entered Trauma room 5 where five month old [Redacted] was held before being transported to [Redacted] for an autopsy. Inv. [Redacted] observed the mother [Redacted] and the Aunt [Redacted] in the room standing beside the bed. [Redacted] was crying holding [Redacted] hand. Inv. [Redacted] introduced herself and expressed her condolences to the family. Inv. [Redacted] told [Redacted] she would give her more time



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]

with [REDACTED] before EMS transported her to [REDACTED] Inv. [REDACTED] spoke with Medical Examiner [REDACTED] concerning the injuries. Mr. [REDACTED] stated the cause of death is head injury.

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

Autopsy finding
 Cause of death: Blunt force head injuries
 Manner of death: accident
 Circumstances of death: Dropped onto hard floor

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

[REDACTED] reports her mother told her to feed the baby. [REDACTED] reports she fixed [REDACTED] a bottle and she described putting three scoops in the bottle, adding water then shaking the bottle. She laid [REDACTED] on the couch and she described [REDACTED] holding the bottle to feed herself. [REDACTED] admitted to dropping her sister [REDACTED] on the floor in the living room but it was an accident. She stated she went to the door and told her mother that her "baby was dead". She stated she was told by her mother to stop playing with her. She stated her mother was crying then the ambulance and police came to the home.

[REDACTED] stated [REDACTED] wouldn't tell her what happen because she probably thought she was in trouble. She stated she stepped outside to talk to her neighbor for a few minutes. [REDACTED] came outside and told her that the baby was not breathing. She stated she thought [REDACTED] was playing until she saw [REDACTED] lying on the couch but she wasn't breathing. She stated she told her neighbor to call 911, she laid a couch pillow on the floor to lay [REDACTED] on and proceeded to perform CPR on her as she was instructed to do by the dispatcher.

In a forensic interview,, [REDACTED] reported that her father and Uncle took her to [REDACTED] house the morning of the incident. [REDACTED] reports [REDACTED] was standing on the couch holding the baby with one hand and then moved the baby to the other hand and dropped the baby to the hard floor. [REDACTED] reports [REDACTED] was slapping and hitting the baby while it was on the floor. [REDACTED] reports [REDACTED] dropped the baby while standing on the floor prior to dropping the baby while standing on the couch. [REDACTED] reports [REDACTED] mother was outside during the incident.

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

[REDACTED] was found unresponsive due to a skull fracture and was transported to the [REDACTED] Hospital. [REDACTED] was pronounced dead at the hospital

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

The allegations abuse death will be unfounded but Ms. [REDACTED] will be indicated for lack of supervision. On 5/31/13, [REDACTED] was found unresponsive due to a skull fracture and was transported to the [REDACTED] General Hospital where she was pronounced dead. During the investigation it was learned that [REDACTED] five year old sister [REDACTED] and a eight year old child was inside the home with [REDACTED] unsupervised. [REDACTED] admitted to dropping her sister [REDACTED] on the floor in the living room but it was an accident. She stated she went to the door and told her mother that her "baby was dead". The eight year old [REDACTED] described in a forensic interview [REDACTED] standing on the couch holding the baby with one hand and then moved the baby to the other hand and dropped the baby to the hard floor. [REDACTED] reports [REDACTED] was slapping and hitting the baby while it was on the floor. Ms. [REDACTED] was outside talking to the neighbor next door when the incident happened. According to Ms. [REDACTED] she only outside a few minutes and did not know the girls were inside the home with the baby. The autopsy report on [REDACTED] indicated cause of death: Blunt force head injuries; Manner of death: accident and circumstances of death from being dropped on a hard floor.



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]

Concerns of supervision were addressed with the mother during the investigation. Ms. [REDACTED] is currently complying with Intensive In Home services .

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: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/10/2013

Contact Method:

Contact Time: 01:27 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/10/2013

Completed date: 10/10/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/10/2013 01:29 PM Entered By: [REDACTED]

Case is approve for closure at this time. There are no other CPS issues at this time. Case is being transferred to FSW for contieue montioring of servcies for the mother and family. TL [REDACTED] and CM [REDACTED] will have a open case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/04/2013

Contact Method:

Contact Time: 04:28 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/04/2013

Completed date: 10/04/2013

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: 10/04/2013 04:29 PM Entered By: [REDACTED]

Child Protective Services Investigation Summary & Classification Decision of Child Abuse/Neglect Referral (CS-0740) completed, placed in the file, and distributed to the designated officials (Juvenile Court and Regional Supervising Attorney).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/04/2013	Contact Method:	
Contact Time:	03:12 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/04/2013
Completed date:	10/04/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/04/2013 03:13 PM Entered By: [REDACTED]

Case Summary:

The allegations abuse death will be unfounded but Ms. [REDACTED] will be indicated for lack of supervision. On 5/31/13, [REDACTED] was found unresponsive due to a skull fracture and was transported to the [REDACTED] Hospital where she was pronounced dead. During the investigation it was learned that [REDACTED] five year old sister [REDACTED] and a eight year old child was inside the home with [REDACTED] unsupervised. [REDACTED] admitted to dropping her sister [REDACTED] on the floor in the living room but it was an accident. She stated she went to the door and told her mother that her "baby was dead". The eight year old [REDACTED] Hopkins described in a forensic interview [REDACTED] standing on the couch holding the baby with one hand and then moved the baby to the other hand and dropped the baby to the hard floor. [REDACTED] reports [REDACTED] was slapping and hitting the baby while it was on the floor. Ms. [REDACTED] was outside talking to the neighbor next door when the incident happened. According to Ms. [REDACTED] she only outside a few minutes and did not know the girls were inside the home with the baby. The autopsy report on [REDACTED] [REDACTED] [REDACTED] indicated cause of death: Blunt force head injuries; Manner of death: accident and circumstances of death from being dropped on a hard floor. Concerns of supervision were addressed with the mother during the investigation. Ms. [REDACTED] is currently complying with Intensive In Home services .



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/04/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/04/2013

Completed date: 10/04/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/04/2013 03:05 PM Entered By: [REDACTED]

Case Services transfer meeting scheduled for Wednesday, October 10th @ 10:00 a.m. at the [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/04/2013

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/04/2013

Completed date: 10/04/2013

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: 10/04/2013 02:27 PM Entered By: [REDACTED]

SSMS check is clear on [REDACTED]

Local criminal background check on [REDACTED] show no arrest from the [REDACTED] Police Department
[REDACTED] felony and methamphetamine registry check had no hits on [REDACTED]

National sex offender registry show no hits on [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/02/2013

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/04/2013

Completed date: 10/04/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/04/2013 02:58 PM Entered By: [REDACTED]

[REDACTED] from [REDACTED] met with [REDACTED] at the family home at [REDACTED] to focus on job search and stress management

Progress this week: [REDACTED] participated well during the meeting

Concerns: Helping [REDACTED] improve parenting skills and get back on her feet with work or school

Plans: Improve parenting skills



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/02/2013

Contact Method: Phone Call

Contact Time: 02:43 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/04/2013

Completed date: 10/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/04/2013 12:04 PM Entered By: [REDACTED]

Inv. [REDACTED] follow up with Sgt. [REDACTED] concerning prosecution of this case. Sgt. [REDACTED] stated she spoke with Assistant District Attorney [REDACTED] today and she was advised that there will not be any prosecution due to Ms. [REDACTED] was close to her home when the incident occurred. It was requested for the case to be closed with no charges pending.

A copy of the case supplemental report will be placed in the DCS hardfile.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/02/2013

Contact Method:

Contact Time: 11:09 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/04/2013

Completed date: 10/04/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/04/2013 03:04 PM Entered By: [REDACTED]

This case will be transferred to Family Service Worker Team Leader [REDACTED] team



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/01/2013

Contact Method:

Contact Time: 04:53 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/04/2013

Completed date: 10/04/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/04/2013 03:02 PM Entered By: [REDACTED]

Request submitted for case transfer of services for the [REDACTED] family with [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2013	Contact Method:	Correspondence
Contact Time:	11:45 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/04/2013
Completed date:	10/04/2013	Completed By:	[REDACTED]
Purpose(s):	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: 10/04/2013 11:55 AM Entered By: [REDACTED]

Sgt. [REDACTED] emailed a copy of the autopsy report on [REDACTED]

Cause of death: Blunt force head injuries

Manner of death: accident

Circumstances of death: Dropped onto hard floor



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/23/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/04/2013

Completed date: 10/04/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/04/2013 02:55 PM Entered By: [REDACTED]

[REDACTED] from [REDACTED] met with [REDACTED] at the family home on [REDACTED] to focus on following up on job search and work on goals.

Progress this week: Ms. [REDACTED] participated well during the meeting

Concerns: Helping Ms. [REDACTED] improve parenting skills and get back on her feet with work or school

Plans: Improve parenting skills.

Copies of the progress report will be placed in the DCS hardfile



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/18/2013	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/04/2013
Completed date:	10/04/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	ACV Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/04/2013 01:02 PM Entered By: [REDACTED]

CPS Inv. [REDACTED] mdae a home visit with [REDACTED] at the family home on [REDACTED] to discussed services in the home. [REDACTED] was home in the sitting on the couch in the living room. Also at the home was [REDACTED] sister [REDACTED] Inv. [REDACTED] spoke with [REDACTED] privately concerning the services in the home and her not focusing on the purpose for the services being in the home. Inv. [REDACTED] also discussed with [REDACTED] discussing with not having different household she needed in order to take care of her family. During the discussion [REDACTED] became very defensive and denied the discussion with the service provider. Inv. [REDACTED] informed [REDACTED] that she is provided with progress notes on each visit made to the home and she this was a concern for her. Inv. [REDACTED] then explained to [REDACTED] the purpose for requesting the services to help the family during this traumatic time. Inv. [REDACTED] also discussed with [REDACTED] about meeting with the provider without a lot of visitors in the home so that she can concentrate and focus during their meeting time. [REDACTED] told the Investigator that her [REDACTED] comes every day while her daughter is at school and leaves when her daughter gets out of school. [REDACTED] calmed down stating she like talking with Mr. [REDACTED] and she wants to continue the services in the home. Inv. [REDACTED] also informed [REDACTED] that she will be transferring this case to another case manager to monitor and to continue the services with Mr. [REDACTED] Inv. [REDACTED] told [REDACTED] she will come by and to let her know the date and time for the transfer meeting. Inv. [REDACTED] ends the visit with [REDACTED] and thanked her for meeting with her today.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/04/2013

Completed date: 10/04/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/04/2013 02:52 PM Entered By: [REDACTED]

[REDACTED] from [REDACTED] met with [REDACTED] at the family home on [REDACTED] to focus on following up on school and preparing to get a job.

On this visit Mr. [REDACTED] was concern when he arrived at the home when [REDACTED] open the door before the counselor knocked before entering the home. The counselor address this concern with Ms. [REDACTED] in the visit and suggested that she get the latch fixed on the door.

Progress: The family is receptive to counseling

Concerns: Helping Ms. [REDACTED] improve parenting skills and get back on her feet with work or school

Plans: to set goals

A copy of the progress report will be placed in the DCS hardfile



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2013

Contact Method:

Contact Time: 10:59 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/16/2013

Completed date: 09/16/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/16/2013 10:59 AM Entered By: [REDACTED]

Compliance is being checked and case deficits acknowledged based on when the review was conducted.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2013	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/04/2013
Completed date:	10/04/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/04/2013 02:47 PM Entered By: [REDACTED]
 [REDACTED] from [REDACTED] met with [REDACTED] at the family home on [REDACTED] to work on problem solving and parenting skills
 Progress: The family is receptive to counseling
 Concerns: [REDACTED] improve parenting skills and get back on her feet with work or school
 Plans: Job skills

A copy of the progress report will be placed in the DCS hardfile



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/04/2013	Contact Method:	Face To Face
Contact Time:	03:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/04/2013
Completed date:	10/04/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/04/2013 02:42 PM Entered By: [REDACTED]
 [REDACTED] from [REDACTED] services met with [REDACTED] and the maternal Aunt [REDACTED] at her apartment on [REDACTED] to set up paperwork and to address the family concerns.

Progress: The family is receptive to counseling
 Concerns: [REDACTED] improve parenting skills and get back on her feet with work or school
 Plans; Go over problem solving
 Treatment goals:
 Improve problem solving skills
 Improve parenting skills/ improve structure/environment in the home
 Improve organizational skills
 Address school and job issues
 Improve budgeting skills

A copy of the progress report will be placed in the DCS hardfile



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/29/2013	Contact Method:	Face To Face
Contact Time:	11:40 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/04/2013
Completed date:	10/04/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	ACV Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/04/2013 12:33 PM Entered By: [REDACTED]

A face/face home visit was made with [REDACTED] at [REDACTED] to discuss services for the family. Inv. [REDACTED] observed [REDACTED] asleep on the couch in the living room when she entered the apartment. Inv. [REDACTED] and [REDACTED] discussed starting the services for the home that was created in the non-custodial plan. Inv. [REDACTED] told [REDACTED] that she requested for the services in August but they will not start until September. [REDACTED] stated she was still interested in the complying with the services recommended by the department. Inv. [REDACTED] asks [REDACTED] about the grief counseling appointment for her and [REDACTED]. She stated she did not make the counseling appointment at [REDACTED] and will have to reschedule due to lack of transportation. Inv. [REDACTED] highly recommended to [REDACTED] to follow up with the counseling appointment for her and [REDACTED]. Inv. [REDACTED] did discuss with [REDACTED] concerning her drinking alcohol with the neighbor next door the day of the incident. [REDACTED] denied drinking alcohol stating she doesn't drink but the neighbor did pour her a small glass of beer but she did not drink it. Inv. [REDACTED] also discussed the with [REDACTED] concerning the children living with her Aunt [REDACTED] in [REDACTED]. She stated she called her Aunt but she was not able to keep the children but she did talk to Ms. [REDACTED] daughter who lives in [REDACTED] about the children living with her until she can find a job and start school. Inv. [REDACTED] told [REDACTED] to have the relative my cell phone number to call to discuss change of custody. Inv. [REDACTED] ends the visit with [REDACTED] and thanked her for meeting with her today.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/21/2013

Completed date: 08/21/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2013 05:33 PM Entered By: [REDACTED]

Case Service requested for Intensive in home services to focus on parenting, homemaker services, budgeting and organization.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/08/2013	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/21/2013
Completed date:	08/21/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	ACV Interview/Observation, Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2013 04:53 PM Entered By: [REDACTED]

A face/face home visit was made with five year old [REDACTED] twenty one month old [REDACTED] and the mother [REDACTED] at [REDACTED] for a follow up visit. Inv. [REDACTED] observed [REDACTED] and [REDACTED] outside playing in the front yard. [REDACTED] was inside the apartment while the children were outside. Inv. [REDACTED] expressed with [REDACTED] her concerns with the children being outside unsupervised. Inv. [REDACTED] suggested for [REDACTED] to supervise the children at all times when they are outside. The apartment was clean on this visit. [REDACTED] told the Investigator she went grocery shopping today and showed the food supply in the home. Inv. [REDACTED] followed up with [REDACTED] concerning the family since the last visit in July. [REDACTED] stated things were going well. [REDACTED] started school last Tuesday and she is a kindergartener at [REDACTED] School. She stated family members helped with school clothes and school supplies for [REDACTED]. She stated she and [REDACTED] are scheduled for counseling on August 13th @ [REDACTED]. [REDACTED] stated she gave another statement to law enforcement on July 25th and she did not know the outcome of the criminal investigation. [REDACTED] told the Investigator she spoke with her Aunt [REDACTED] who lives in [REDACTED] and also has custody of her sisters [REDACTED] and [REDACTED] about [REDACTED] and [REDACTED] moving to [REDACTED] to live with her. [REDACTED] told the Investigator the family wants her to go back to school, get a job and work on getting back on her feet. Inv. [REDACTED] told [REDACTED] she would have to talk to her Aunt about the children relocating to [REDACTED] and she will also need the father of the children consent to relocate the children to another state. [REDACTED] told the Investigator she haven't discussed this with [REDACTED] father but she plan to talk to him about her plans. Inv. [REDACTED] told [REDACTED] to give Ms. [REDACTED] her cell phone number to call her to discuss the plan for the children. Inv. [REDACTED] requested to take a picture of the family before leaving the visit for the DCS file. Inv. [REDACTED] ends the visits and thanked [REDACTED] for meeting with her today.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/05/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/04/2013

Completed date: 10/04/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/04/2013 03:18 PM Entered By: [REDACTED]

This case was presented to the [REDACTED] CPIT team but was follow up on next CPIT date due to the pending criminal investigation and pending autopsy report information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2013 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/21/2013
 Completed date: 08/21/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2013 06:20 PM Entered By: [REDACTED]

CPS Inv. [REDACTED] and ASMT worker [REDACTED] made a home visit with [REDACTED] at the family home on [REDACTED]. Family friend [REDACTED] was visiting with [REDACTED] when we arrived at the apartment. [REDACTED] told Investigator [REDACTED] was still with his father. She stated she and [REDACTED] have been with [REDACTED] grandmother Ms. [REDACTED] on [REDACTED] since Friday. [REDACTED] told the Investigator she made the funeral arrangements for [REDACTED] yesterday. There will be a graveside services Wednesday @ 12:00 p.m. She stated she received a \$500.00 donation from [REDACTED] Church to apply towards the funeral expenses. Inv. [REDACTED] asks [REDACTED] to walk her through the apartment. The apartment was clean. Pictures of the apartment were taken by Inv. [REDACTED] as she complimented [REDACTED] on the cleanliness of the apartment. Inv. [REDACTED] discussed services for the family with [REDACTED]. We both agreed that she and [REDACTED] would benefit with grief counseling. We also discussed parenting services and homemaker services to focus on budgeting and organization. A non-custodial plan was created with [REDACTED] stating that she is in agreement to homemakers services to help assist keeping the apartment safe and clean, parenting services to focus on appropriate supervision, [REDACTED] will supervise [REDACTED] and [REDACTED] at all times inside and outside the home, [REDACTED] will make an appointment with the counselor of her choice for grief counseling in 30 days. Inv. [REDACTED] ends the visit with [REDACTED] and asks her to call her if she has any questions or concerns.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/15/2013

Contact Method: Face To Face

Contact Time:

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 10/04/2013

Completed date: 10/04/2013

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: 10/04/2013 02:37 PM Entered By: [REDACTED]

[REDACTED] Police Department Inv. [REDACTED] interviewed the next door neighbor [REDACTED] at [REDACTED] concerning the incident that occurred at apartment [REDACTED] gave a written statement [REDACTED] [REDACTED] was at her apartment for a minute. A ten year old cousin was walking with the baby but she did not know the child's name. Ms. [REDACTED] stated she went over and spoke to the baby and the baby was laughing. The cousin and baby went to the [REDACTED] apartment. A few minutes later [REDACTED] walked over to her (Ms. [REDACTED] on the steps and spoke. [REDACTED] daughter [REDACTED] screamed and [REDACTED] went to the apartment and was screaming. Ms. [REDACTED] stated she went to the apartment and [REDACTED] ask her to call 911 because the baby wasn't breathing. She stated she called 911 and spoke with the dispatcher.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/12/2013	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	10/04/2013
Completed date:	10/04/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/04/2013 03:46 PM Entered By: [REDACTED]

CPS Inv. [REDACTED] and ASMT worker [REDACTED] made a home visit with one year old [REDACTED] at the home of the father [REDACTED] at [REDACTED] for a follow up visit concerning a child death investigation. [REDACTED] was observed sitting on the couch watching television with his father appropriately dressed and clean. Inv. [REDACTED] spoke with Mr. [REDACTED] about any concerns he had concerning the children in the home. He stated she did not have any concerns with the [REDACTED] or the children. He stated he spends time with his son on the days he does not have to work. He stated he received the call about the baby and immediately came the home to get [REDACTED] to bring him home with him. Inv. [REDACTED] discussed the home environment with Mr. [REDACTED]. Mr. [REDACTED] informed the Investigator that him and [REDACTED] lived together at her apartment and he sometimes had to make her pick up after the children. He stated [REDACTED] has called to check on [REDACTED] and she told him that he will keep him as long as needed. He stated he wants custody of his son but he hasnt discussed change of custody with [REDACTED]. Inv. [REDACTED] suggested joint custody. Mr. [REDACTED] stated he will discuss joint custody with [REDACTED] when things cool down. Inv. [REDACTED] thanked Mr. [REDACTED] for being available to get his during this traumatic time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/12/2013

Contact Method: Phone Call

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/16/2013

Completed date: 07/16/2013

Completed By: [REDACTED]

Purpose(s): 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: 07/16/2013 12:26 PM Entered By: [REDACTED]

Inv. [REDACTED] contacted Inv. [REDACTED] with the preliminary autopsy findings head trauma consistent with the eight year old statement that the child was dropped more than one time. There were no other findings of old fractures or bruising.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/12/2013	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	10/04/2013
Completed date:	10/04/2013	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: 10/04/2013 03:42 PM Entered By: [REDACTED]

CPS Inv. [REDACTED] and ASMT Worker [REDACTED] spoke with the [REDACTED] the property manager at [REDACTED] concerning any concerns she had with the tenant in apartment [REDACTED]. Ms. [REDACTED] stated she heard about the incident watching the news on [REDACTED] this morning. She stated it has been known for [REDACTED] to leave the children in the home without supervision when she come to the office to pay her rent. She stated she has seen the one year old outside playing alone without any adult supervision. She stated she was unaware of the cleanliness and upkeeping of the apartment until the maintenance workers made statements about the cleanliness of Ms. [REDACTED] apartment.

The neighbor Ms. [REDACTED] at apartment [REDACTED] spoke with Inv. [REDACTED] and ASMT worker [REDACTED] concerning Ms. [REDACTED] drinking alcohol the day of the incident. Ms. [REDACTED] stated [REDACTED] was not drinking the day the incident happened. She stated she has never witness [REDACTED] drinking or using drugs.

The neighbor Ms. [REDACTED] who lives next door to [REDACTED] apartment stated she has seen the children outside several times unsupervised. She stated the mother was at the neighbor next door house drinking the night the baby died. She stated she the mother is young and needs help with parenting.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/12/2013	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/14/2013
Completed date:	07/16/2013	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: 07/14/2013 05:53 PM Entered By: [REDACTED]

Inv. [REDACTED] from the [REDACTED] Police Department, CPS Inv. [REDACTED] and ASMT worker [REDACTED] went to [REDACTED] to make contact with the eight year old child name [REDACTED] who was with [REDACTED] and [REDACTED] the night of the incident. The maternal grandmother Ms. [REDACTED] gave us permission to talk to [REDACTED] with her Aunt present. [REDACTED] told the Investigators she was inside the apartment on [REDACTED] with [REDACTED] and [REDACTED]. She described [REDACTED] twice standing on the couch in the living room, changing hands holding [REDACTED] by her legs then dropped her on the floor. She stated she asks [REDACTED] not to drop the baby. She stated [REDACTED] mother was next door standing outside. She stated [REDACTED] told her mother that the baby wasn't breathing. She stated [REDACTED] mother came in the house and started screaming, then the ambulance and police came. Inv. [REDACTED] spoke with the mother [REDACTED] by phone concerning the visit with [REDACTED] to talk to her about the incident that occurred with the five month old baby. Ms. [REDACTED] stated she tried to talk to [REDACTED] about what happened but she wouldn't talk about it. Inv. [REDACTED] informed Ms. [REDACTED] about the disclosure [REDACTED] made this morning to DCS and law enforcement and asks if she would give us permission to interview [REDACTED] at the Child Advocacy Center. Ms. [REDACTED] arrived at her grandmother's home on [REDACTED] and spoke with Inv. [REDACTED] and Inv. [REDACTED] about the forensic interview. Ms. [REDACTED] was in agreement to the interview and agreed to meet us at the Child Advocacy Center.

[REDACTED] was interviewed by Forensic interviewer [REDACTED] at the [REDACTED]. [REDACTED] Inv. [REDACTED] Inv. [REDACTED] CPS Inv. [REDACTED] and ASMT worker [REDACTED] observed the interview. [REDACTED] reported in the interview that her father and Uncle took her to [REDACTED] house the morning of the incident. [REDACTED] reports [REDACTED] was standing on the couch holding the baby with one hand and then moved the baby to the other hand and dropped the baby to the hard floor. [REDACTED] reports [REDACTED] was slapping and hitting the baby while it was on the floor. [REDACTED] reports [REDACTED] dropped the baby while standing on the floor prior to dropping the baby while standing on the couch. [REDACTED] reports [REDACTED] mother was outside during the incident.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/12/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/21/2013

Completed date: 08/21/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2013 05:45 PM Entered By: [REDACTED]

Inv. [REDACTED] and ASMT worker [REDACTED] made a home visit with [REDACTED] at [REDACTED] to follow up on the family. [REDACTED] was outside playing with other children in the front yard. Inv. [REDACTED] and ASMT went inside the apartment and observed several family members and friends inside assisting cleaning the apartment. [REDACTED] stated she and [REDACTED] slept on the couch at the apartment last night but she didn't get much sleep. She stated family and friends came over this morning to help her clean the apartment. Inv. [REDACTED] told [REDACTED] she came by to check on the family and she will follow up with her again this week.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/11/2013 Contact Method: Face To Face
 Contact Time: 11:15 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/14/2013
 Completed date: 07/16/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/14/2013 06:53 PM Entered By: [REDACTED]

CPS Inv. [REDACTED] and ASMT Worker [REDACTED] met with law enforcement at the family home on [REDACTED]. Inv. [REDACTED] from the [REDACTED] Department informed Inv. [REDACTED] that he spoke with the neighbor Ms. [REDACTED] who lives at apartment [REDACTED] about the incident. He stated Ms. [REDACTED] saw a ten year old child whose name she did not know and the five year old walking with the baby. He stated Ms. [REDACTED] said a few minutes later [REDACTED] walked over to her apartment and they were standing outside. He stated Ms. [REDACTED] said she heard [REDACTED] and her daughter screaming. She back to the apartment. [REDACTED] told her to call 911 because the baby was not breathing. He stated Ms. [REDACTED] said the ten year old and the five year old entered the home through the back door because she did not see them entering through the front door. Inv. [REDACTED] stated there is a five year old and a one year old living in the home and they are currently at Ms. [REDACTED] apartment next door. Inv. [REDACTED] stated there are concerns with the living environment in the apartment. He stated the apartment is in dissarray and pictures were taken of the apartment by law enforcement. Inv. [REDACTED] and ASMT Worker [REDACTED] entered the apartment. There were several people inside the apartment. Inv. [REDACTED] requested to meet with [REDACTED] privately. Inv. [REDACTED] explained to [REDACTED] the purpose for her being at the home and the hospital this evening. Inv. [REDACTED] requested for [REDACTED] to walk her through the apartment. The apartment was in dissarray. The apartment floors are concrete throughout the apartment. The floors in the living room and kitchen were dirty, a multiple color love seat was sitting up almost blocking the entrance to the kitchen, a baby bottle was lying towards the back of the red couch in the living room and the nipple was facing a bottle of hair product, dirty clothes, pampers and toys piled up in the living room closet. In the kitchen there are two table both tables were dirty. There were two cans of baby powder formula (not opened), an iron, a half gallon of bleach and two dirty cereal bowls on the table. The second table had a large bag of granulated sugar, a dirty cereal bowl with old food in it. a open can of powder formula milk, a pampers and a large jar with pizza crust in it. The kitchen counters and stove were not clean. There were dirty pans in the sink with food in them. The apartment has two bedrooms upstairs. It was very hot upstairs. [REDACTED] bedroom has a full size mattress on the floor no linen, the floor was dirty with trash scatter everywhere and a garbage bag in the closet with dirty clothes coming out of the bag. The second bedroom has a full size bed with mattress but no linen. Clothes were on the bed in the second bedroom, the floors were dirty with trash amd food. Inv. [REDACTED] spoke with [REDACTED] about the condition of the apartment. According to [REDACTED] she had just clean the apartment yesterday but the children messed it up again. She stated the beds did not have sheets on because it is hot upstairs so they sleep downstairs on the couch in the living room. Inv. [REDACTED] asks [REDACTED] who was [REDACTED] father. She stated [REDACTED] and he lives on [REDACTED] Street. Inv.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] informed [REDACTED] about law enforcement wanting to interview her and [REDACTED] at the [REDACTED] Police Department tonight. Inv. [REDACTED] asks [REDACTED] where were the children tonight. She stated five year old [REDACTED] and one year old [REDACTED] were next door asleep. She stated [REDACTED] father [REDACTED] was on his way to the apartment to take him home tonight. Inv. [REDACTED] and ASMT Worker [REDACTED] went next door to Ms. [REDACTED] apartment at [REDACTED] to assess [REDACTED] body for marks and bruises before his father picked him up. [REDACTED] was asleep on the couch when we entered the apartment. We did not observed any visible marks or bruises observed on his body. Inv. [REDACTED] thanked Ms. [REDACTED] for allowing up to see the child. Mr. [REDACTED] arrived at the apartment to pick up [REDACTED]. Inv. [REDACTED] introduced herself to Mr. [REDACTED] and requested his address and contact information to follow up with him tomorrow. He gave his cell phone number [REDACTED] and address [REDACTED].

[REDACTED] and [REDACTED] arrived at the police department to be interviewed. [REDACTED] gave Inv. [REDACTED] permission to interview five year old [REDACTED] privately with DCS present. [REDACTED] reports her mother told her to feed the baby. [REDACTED] reports she fixed [REDACTED] a bottle and she described putting three scoops in the bottle, adding water then shaking the bottle. She laid [REDACTED] on the couch and she described [REDACTED] holding the bottle to feed herself. [REDACTED] admitted to dropping her sister [REDACTED] on the floor in the living room but it was an accident. She stated she went to the door and told her mother that her "baby was dead". She stated she was told by her mother to stop playing with her. She stated her mother was crying then the ambulance and police came to the home.

Inv. [REDACTED] spoke with [REDACTED] privately after the interview to discuss [REDACTED] disclosure. [REDACTED] stated [REDACTED] wouldn't tell her what happen because she probably thought she was in trouble. She stated she stepped outside to talk to her neighbor for a few minutes. [REDACTED] came outside and told her that the baby was not breathing. She stated she thought [REDACTED] was playing until she saw [REDACTED] lying on the couch but she wasn't breathing. She stated she told her neighbor to call 911, she laid a couch pillow on the floor to lay [REDACTED] on and proceeded to perform CPR on her as she was instructed to do by the dispatcher.

Inv. [REDACTED] explained all the forms and engaged [REDACTED] during the paperwork process. [REDACTED] 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. Inv. [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file. After signing the forms [REDACTED] provided Inv. [REDACTED] with the following family information. She stated was born in [REDACTED]. Her parents are [REDACTED] and [REDACTED]. She has three siblings: [REDACTED], [REDACTED] and [REDACTED]. She stated at age five she and [REDACTED] were placed in state's custody in [REDACTED] due to her mother addiction to crack cocaine and environmental neglect. She stated she and [REDACTED] were placed in the temporary custody of her great-Aunt [REDACTED] when she was six years old. Ms. [REDACTED] lives in [REDACTED]. She stated at age four she was sexually abused but she did not know the name of the perpetrator and she was sexually abused by a 20 year old cousin when she was eight years old but she never disclosed the abuse and she never received counseling services. At age 16 she was pregnant with [REDACTED] and [REDACTED] father is unknown. She graduated from [REDACTED] in 2010. She has one semester of college at [REDACTED]. In 2010 she left her Aunt's home and moved into her apartment in [REDACTED]. She stated she was employed for one month with the [REDACTED] but was fired due to having babysitting issues. She reports not having any criminal or DCS history, mental health or physical disabilities, not prescribed medications or no history of domestic violence. She receives the government assistance; [REDACTED] \$649.00, [REDACTED] \$185.00, [REDACTED] insurance and she lives in [REDACTED]. She stated she also receives \$40.00 weekly child support from Mr. [REDACTED]. She reports the children receiving medical services at the [REDACTED] Medical Center and the [REDACTED] Health Department. She reports the children immunization updated. She reports [REDACTED] attending the [REDACTED] preschool program. Inv. [REDACTED] asks [REDACTED] about her support system. She stated she doesn't have a support system. She stated her Aunt [REDACTED] will sometimes visit the home but they don't communicate. [REDACTED] stated she did not call her Aunt about [REDACTED] death. Inv. [REDACTED] discussed the condition of the apartment with [REDACTED]. [REDACTED] stated some days she felt depressed because she don't have a support system and she sometimes feels like she is alone. She stated on the days when she did clean up the children would go behind her and mess up the apartment. She stated she don't have sheets on the beds because it is so hot upstairs so everyone slept downstairs on the couch. Inv. [REDACTED] talk to [REDACTED] about cleaning the apartment and keeping it clean during this investigation. [REDACTED] told the Investigator it was not a problem to have the apartment clean. Inv. [REDACTED] talk to [REDACTED] about staying at the apartment tonight and suggested that she and [REDACTED] stay with a relative or friend. [REDACTED] stated she planned to stay with her Aunt [REDACTED] at [REDACTED] or with her sister [REDACTED] at [REDACTED]. She provided a number for Ms. [REDACTED] and her sister [REDACTED]. Inv. [REDACTED] gave [REDACTED] a card with her



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

contact information to call her if she have any questions or concerns and she will will follow up with the family tomorrow.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/11/2013 Contact Method: Face To Face
 Contact Time: 10:30 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 07/14/2013
 Completed date: 07/16/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2013 05:30 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] made a face to face at the [REDACTED] Hospital emergency room to initiate the investigation.

Present at the visit: The mother [REDACTED] maternal Aunt [REDACTED] the deceased child five month old [REDACTED] Medical Examiner [REDACTED] and two [REDACTED] Police Officers

[REDACTED] is deceased and was unable to be interviewed.

Inv. [REDACTED] entered Trauma room 5 where five month old [REDACTED] was held before being transported to [REDACTED] for an autopsy. Inv. [REDACTED] observed the mother [REDACTED] and the Aunt [REDACTED] in the room standing beside the bed. [REDACTED] was crying holding [REDACTED] hand. Inv. [REDACTED] introduced herself and expressed her condolences to the family. Inv. [REDACTED] told [REDACTED] she would give her more time with [REDACTED] before EMS transported her to [REDACTED]. Inv. [REDACTED] spoke with Medical Examiner [REDACTED] concerning the injuries. Mr. [REDACTED] stated the cause of death is head injury. Inv. [REDACTED] called to tell Inv. [REDACTED] that she left the hospital to meet with law enforcement at the family home on [REDACTED] and to interview the five year old in the home. Inv. [REDACTED] stated it was reported that the five year old in the home possibly dropped the baby. Inv. [REDACTED] told Inv. [REDACTED] she will come to the home after meeting with the mother at the hospital. [REDACTED] came out of the room with [REDACTED]. Inv. [REDACTED] requested to meet with [REDACTED] at the family home tonight. Inv. [REDACTED] ASM1 worker [REDACTED] and Mr. [REDACTED] went back inside Trauma room 5 to observed [REDACTED] deceased body. Bruising was observed on [REDACTED] right eye, a large knot on the left temple and her forehead on the left side. There were no other visible marks or bruises observed on [REDACTED] body. Pictures of [REDACTED] were taken by CPS Inv. [REDACTED] for the CPS hardfile.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/11/2013 Contact Method: Phone Call
 Contact Time: 10:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/14/2013
 Completed date: 07/16/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/14/2013 05:23 PM Entered By: [REDACTED]

Team Leader [REDACTED] contacted CPS Inv. [REDACTED] after receiving a call from Captain [REDACTED] concerning a five month old child death at the [REDACTED] Hospital. Inv. [REDACTED] from the [REDACTED] Police Department was already at the hospital with the mother and deceased child.

Inv. [REDACTED] called Inv. [REDACTED] and informed her that she was in route to the hospital to start the investigation on this case. Inv. [REDACTED] stated the child was still at the hospital waiting to be transported to [REDACTED] for an autopsy. Inv. [REDACTED] also stated there are two more children in the home but she did not have any information on the children at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/11/2013 Contact Method:
 Contact Time: 10:12 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/14/2013
 Completed date: 07/16/2013 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: 07/14/2013 05:18 PM Entered By: [REDACTED]

P1 Abuse Death

Victim: [REDACTED] (infant)
 Alleged perpetrator: Unknown

[REDACTED] was found unresponsive due to a skull fracture and was transported to the [REDACTED] Hospital.
 [REDACTED] was pronounced dead at the hospital

TFACTS History:

[REDACTED] ASMT
 Environmental Neglect Victim: [REDACTED] Perpetrator: [REDACTED] Classification: No Services Needed

[REDACTED] ASMT
 Medical Maltreatment Victim: [REDACTED] Perpetrator: [REDACTED] Classification: No Services Needed

[REDACTED] ASMT
 Environmental Neglect Victim: [REDACTED] Perpetrator: [REDACTED] Classification: No Services Needed



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 7/11/13 10:12 PM

Date of Assessment: 7/14/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 3

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____