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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 07/17/2023 02:03 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 07/18/2023

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 07/18/2023 01:08 PM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 07/18/2023 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 07/18/2023 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	Deceased	Abuse Death	Yes /	Unknown Participant [redacted] Unknown	

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: E-mail

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: [redacted]
Associated Case IDs: No

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP: No
Closed Court Custody: No

Pending: No
Awaiting Screening: No
Submitted: No

Open CPS: ASMT [redacted] / MDM / 2023-07-06 / no classification / CM [redacted], Supe. [redacted]

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

Substantiated: No
Death: No
Screen Outs: No

History (not listed above): INV [redacted] / DEC / AUPU / 2023-04-28

County of Jurisdiction: [redacted]
School/ Daycare: Unknown
Active Military Status: Unknown

Reporter's name/relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (4 months) and Unknown Female (4 months) live with their mother, Unknown. The contact information for the family is unknown. It is unknown if anyone else lives in the home. The father is unknown.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Yes, Immediate Assistance is requested to the [redacted] Children's Hospital Pediatric Emergency Room located at [redacted] TN.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
It is believed that on Monday, 7/17/2023, at around noon, 911 was called to respond to the family's home. [redacted] was then transported via EMS to [redacted] Children's Hospital Pediatric Emergency Room. On Monday, 7/17/2023, [redacted] is deceased. It is unknown if there are any visible signs or abuse or neglect on [redacted] body.

The cause of [redacted] death has not been determined; furthermore, the exact time of her death has not been confirmed. EMS reported that [redacted] was already blue and purple. According to EMS personnel, the family members reported that they last saw [redacted] on 7/17/2023 at around 3:00 AM or 4:00 AM before laying her down. It is believed that sometime around noon someone went in to get [redacted] and found her already in rigor.

Law Enforcement met the ambulance in route to [redacted] Children's Hospital. Detective [redacted] is present at the medical center; the mother and other family members are also present. There is no other additional information.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
No

-Anything additional to add to this initial report for the responding worker to know prior to response?
No

CM Notation: The Reporter advised that they are going to try to secure information on the mother, other children, and any other family members living in the home. The Reporter advised that they are also going to try to get the family's physical address and other contact information and will call back to the CAH as soon as possible.

Extended Referral Information:

Open INV/ASMT ID: None

Extended Intake Narrative:
Referent was able to gather the parent's demographic information.
Mother: [redacted] DOB [redacted]
Father: [redacted] DOB [redacted]
Home address and phone number:
[redacted] TN [redacted] Co. [redacted]

CM who took the Ext. Intake, Date AND Time: [redacted] CM1 / 07.17.23 @ 258pm

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

Emailed: [redacted]

Screener Notation: No

Emailed/Paged CPSI On Call: Email sent to [redacted] Region CPS Notification group. Received by [redacted]

Notified Child Death/Preliminary Near-Death Notification Group via Email:
DCS Child Death or Preliminary Near Death Alert group
Interim RA: [redacted]

Per SDM: Investigation P1: Approved by CAH Director [redacted]. CM3 [redacted] on 7/18/2023 @ 12:50 PM [redacted]. Email sent to [redacted] Region CPS Notification group. Received by [redacted]

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

Participant(s)

Name: [redacted] [redacted]

Gender: Female
Date of Birth: [redacted]
Partipant ID: [redacted]
SSN:
Race: Black/African
Age: 21 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No
Contact:
Contact Type: UNKNOWN
Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: Black/African | Age: Deceased

Address: [redacted] Tennessee [redacted]

Deceased Date: 07/17/2023

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted] Unknown

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

SSN: | Race: Black/African | Age: 2 Yrs 3 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted] Unknown

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

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Male

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-15 18:46:00	Contact Method:	
Contact Time:	06:46 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/15/2025
Completed date:	04/15/2025	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2025 06:47 PM Entered By: [redacted]

[redacted] Closing Summary:

On July 17, 2023, the Department of Childrens Services (DCS) received a referral for allegation of Abuse Death regarding Alleged Child Victim (AVC) [redacted] (age 4 months). The alleged perpetrators were listed as Unknown. This investigation was assigned to CPS Investigator [redacted] This case was worked in conjunction with [redacted] Police Department [redacted] PD) Detective [redacted] with the Youth Services Division.

[redacted] lived at the family home with her mother, [redacted] father, [redacted] and two siblings, [redacted] (4 months old) and [redacted] (2 years old).
On July 17, 2023, [redacted] was transported to [redacted] Childrens Hospital via EMS due to child being found in the home unresponsive in the home. EMS responded to the home and reported child was already blue and purple. It was reported child had last been seen around 4:00 am before laying her down.

On July 17, 2023, Detective [redacted] reported to [redacted] Childrens Hospital for the reported death of [redacted] Detective [redacted] was met by M.E. Investigators where they conducted their external examination noting no obvious signs of abuse or trauma.

On July 17, 2023, Detective [redacted] interviewed birth mother, [redacted] Ms. [redacted] stated she last fed the child at approximately 1:30 a.m. and then placed her back down in the crib with her twin sibling. Ms. [redacted] described placing her in her prone position on top of memory foam she sleeps on. Ms. [redacted] stated she fell asleep with the father in the bedroom. Ms. [redacted] stated she woke up to the father screaming the baby was not breathing. Ms. [redacted] stated she picked the baby up and attempted CPR until the medics returned. Ms. [redacted] reports the child was born at 27 weeks gestation and remained in the NICU for approximately four months before being released. Ms. [redacted] reports no recent injuries or accidents.

On July 17, 2023, Detective [redacted] interviewed birth father, [redacted] Mr. [redacted] reported he fell asleep shortly after Ms. [redacted] fed the baby. Mr. [redacted] stated he woke up at approximately 11:30 am by one of the twins crying. Mr.

Tennessee Department of Children's Services

Case Recording Summary

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

[redacted] stated when he went to check on the babies, he found [redacted] not breathing. Mr. [redacted] stated he screamed for the mother to wake up and help. Mr. [redacted] described froth/blood coming from the babys nose and mouth after the mother lifter her from the bed.

On July 17, 2023, Detective [redacted] did a re-enactment with the family at the home. Ms. [redacted] showed them how the baby was placed and found. Detective [redacted] reports the pack-n-play had two Rubbermaid containers lying inside of it with bedding in each container for each child to sleep in. At this time the death appears related to unsafe sleeping conditions.

On July 17, 2023, CM [redacted] interviewed birth mother, [redacted] Ms. [redacted] stated that she last fed [redacted] and [redacted] at around 2:00/3:00 am and put them back in their pack n play before she went to lay down with [redacted] Ms. [redacted] stated she typically feeds them every three hours. Ms. [redacted] stated [redacted] found [redacted] face down in her vomit at 11:00am. Ms. [redacted] stated [redacted] called her in the room and [redacted] was stiff and purple. Ms. [redacted] stated she began CPR and called 911 at 12:17 p.m. Ms. [redacted] stated EMS arrived at 12:32 and LE came shortly after.

On July 17, 2023, CM [redacted] interviewed birth father, [redacted] Mr. [redacted] stated Ms. [redacted] fed the twins between 2:00 am and 3:00 a.m. Mr. [redacted] stated he woke up at 11:00 am and found [redacted] face down in her vomit and discolored. Mr. [redacted] stated he yelled for Ms. [redacted] and she began doing CPR. Mr. [redacted] stated [redacted] was doing fine the night before and he is unsure what happened.

On July 18, 2023, Autopsy was completed for [redacted] by [redacted], M.D. Autopsy concluded that the cause of death is best attributed to asphyxia, and the manner of death is accident.

On March 25, 2025, the Child Protection Investigative Team (CPIT) was convened and representatives from DCS, The District Attorneys Office, the [redacted] Police Department were present. The case was classified as ASPK.

Per DCS Policy Work Aid 1 Section E:
Child Death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

During the investigation, CM [redacted] went over safe sleep again with the family.

There is not a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Substantiated, Perpetrator Unknown for the Abuse Death of [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-15 16:57:00	Contact Method:	
Contact Time:	04:57 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/15/2025
Completed date:	04/15/2025	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: 04/15/2025 07:11 PM Entered By: [redacted]

TC received permission from Mr [redacted] Assistant Commissioner to close the case.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-13 22:34:00	Contact Method:	
Contact Time:	10:34 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/13/2025
Completed date:	04/13/2025	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: 04/13/2025 10:36 AM Entered By: [redacted]

Case remains open pending final approval. Medical records have been requested by SRT. Siblings are in DCS custody and being seen monthly by FSW. CPS case will close once approved by TL/TC/CPS Director. for closure.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-09 16:49:00	Contact Method:	
Contact Time:	04:49 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/09/2025
Completed date:	04/09/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2025 05:01 PM Entered By: [redacted]

CM [redacted] completed TEIS Referral for children under the age of 4

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-09 09:52:00	Contact Method:	
Contact Time:	09:52 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/09/2025
Completed date:	04/09/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2025 04:37 PM Entered By: [redacted]

CM [redacted] made contact with TEIS. TEIS only has records for [redacted] (records uploaded). TEIS does not have any records for [redacted] or [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-07 18:23:00	Contact Method:	
Contact Time:	06:23 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/07/2025
Completed date:	04/07/2025	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: 04/07/2025 06:23 PM Entered By: [redacted]

CM [redacted] received Detective Notes from Detective [redacted] on 3/4/25. Document uploaded with Detective Notes from his interview with the family.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-07 17:50:00	Contact Method:	
Contact Time:	05:50 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/07/2025
Completed date:	04/07/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/07/2025 05:52 PM Entered By: [redacted]

CM [redacted] completed criminal search in [redacted] County. No results found on either parent.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-26 16:30:00	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/26/2025
Completed date:	03/26/2025	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/26/2025 05:46 PM Entered By: [redacted]

Administrative Review:

This case has been reviewed by TC [redacted] with CM [redacted] TL [redacted] this day. CM [redacted] to make/document TEIS referral for siblings 2 years old and 11 month old. All 3 surviving siblings [redacted] (3), [redacted] (2) and [redacted] (11 months old) entered DCS custody on April 17, 2024 and have been assigned to FSW [redacted] /TL [redacted] for monthly follow-ups through family case ID: [redacted]

CM [redacted] to obtain [redacted] (deceased) medical records. CPS case will close once approved by TL/TC/CPS Director for closure.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-25 12:00:00	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/25/2025
Completed date:	03/25/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/25/2025 12:47 PM Entered By: [redacted]

CPIT convened. CPIT agreed with ASPK.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-07 16:40:00	Contact Method:	
Contact Time:	04:40 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/28/2025
Completed date:	02/28/2025	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: 02/28/2025 04:41 PM Entered By: [redacted]

Autopsy received. Case summary has been completed and will be submitted to leadership for final approval. Case summary will be completed by 3/7/2025.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-01-08 16:33:00	Contact Method:	
Contact Time:	04:33 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/08/2025
Completed date:	01/08/2025	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: 01/08/2025 10:42 PM Entered By: [redacted]

Autopsy received. Case summary has been completed and will be submitted to leadership for final approval.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-05 22:42:00	Contact Method:	
Contact Time:	10:42 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/08/2025
Completed date:	01/08/2025	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: 01/08/2025 10:42 PM Entered By: [redacted]

Follow-up with family to ensure ongoing safety for siblings.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-08-16 22:03:00	Contact Method:	
Contact Time:	10:03 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/19/2024
Completed date:	08/19/2024	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: 08/19/2024 10:03 PM Entered By: [redacted]

Death summary will be prepared and follow-up with family to ensure ongoing safety for siblings.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-18 22:02:00	Contact Method:	
Contact Time:	10:02 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/19/2024
Completed date:	08/19/2024	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: 08/19/2024 10:03 PM Entered By: [redacted]

Death summary will be prepared and follow-up with family to ensure ongoing safety for siblings.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-29 22:45:00	Contact Method:	
Contact Time:	10:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/29/2024
Completed date:	05/29/2024	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: 05/29/2024 10:45 PM Entered By: [redacted]

CM will complete remaining tasks and prepare case for closure or transfer.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-01-29 11:25:00	Contact Method:	Face To Face
Contact Time:	11:25 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	Family Home	Created Date:	01/29/2024
Completed date:	01/29/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/29/2024 05:01 PM Entered By: [redacted]

[redacted] next doctor appointment is 5/6/24 at 09:00 AM. [redacted] next doctor appointment is 01/31/24 at 09:30 AM.

CM [redacted] went to [redacted] TN. CM [redacted] was welcomed into the home by the birth mother, Ms. [redacted] CM [redacted] reintroduced himself as an investigator from DCS. CM [redacted] explained that he was performing a follow up visit for the children and the family. CM [redacted] spoke with Ms. [redacted] and Mr. [redacted] together with the children present.

CM [redacted] asked about the parenting assessment and Alcohol and Drug Assessment that DCS recommended. Both parents stated they havent done any services. Ms. [redacted] stated they attempted to go to the [redacted] Center but was unable perform services. Ms. [redacted] stated this occurred back in July 2023. CM [redacted] asked if the family attended grief counseling. Both Miss [redacted] and Mr. [redacted] both denied that they went to grief counseling. Mr. [redacted] stated that he does need counseling.

CM [redacted] asked about the children's medical conditions and medical insurance. Ms. [redacted] stated that none of the children have medical conditions. Ms. [redacted] stated that [redacted] has his primary care physician at [redacted] Association and [redacted] goes to [redacted] Children Clinic [redacted] Ms. [redacted] reported that both children were last seen by their primary care physician in July 2023. Ms. [redacted] reported the children had no follow ups appointments. Ms. [redacted] reported the children have TennCare medical insurance. The parents reported the family does not have any WIC nor food stamps in home. Ms. [redacted] reports that due to no personal transportation, it limits the amount of mobility towards resources. CM [redacted] asked about how the parents support the household. Mr. [redacted] reported that he cares for the children primarily. Ms. [redacted] reported that she watches some younger cousins at her maternal aunt's home.

The parents reported the maternal and paternal grandmother also aids the family with money and food. Ms. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

stated that she does not have a valid identification card due to her losing it. Ms. [redacted] reported that losing her id card is another barrier for her to get employment.

CM [redacted] observed the home to be a little cluttered in the living room. CM [redacted] mentioned that during the interview and asked about the cleaning routine. Mr. [redacted] and Ms. [redacted] stated that they pick up and clean as they go. The parents reported the family does not have a set cleaning regiment. CM [redacted] asked to perform a walk-through of the home. Both parents gave permission for CM [redacted] to perform the walk-through the home.

CM [redacted] observed the following: The kitchen had dishes in the sink and the refrigerator appeared to be in disarray. There were numerous miscellaneous food items and products throughout the refrigerator. Mr. [redacted] mentioned that he was in the process of cleaning up the kitchen prior to CM [redacted] arriving to the home. The living room had miscellaneous objects in the corners of the home, but there are clear walkways from the front door to the upstairs into the kitchen.

CM [redacted] went upstairs and observed the two bedrooms. The childrens room appear to be empty. The older child bed did not have any covers or comforter on it. The younger child's pack and play was filled with miscellaneous items and the mattress appeared to be cracking. The adult bedroom was filled with miscellaneous items on the floor and items on the bed. CM [redacted] observed a microwave inside the bedroom. No food was found in the microwave, but an old looking maple syrup bottle was on the microwave. CM [redacted] observed the ashes of the deceased ACV on the window near the a/c fan. The closet was riddled with unfolded clothes on the floor. No safety hazards were present.

CM [redacted] went over safe sleep with the family again. Mr. [redacted] and Miss [redacted] reported that both children sleep in the bed with them. CM [redacted] asked why both children sleep in the bed with the parents. The parents reported that if the children are not sleeping in the bed with them, they will cry the entire night. CM [redacted] observed [redacted] with a small bruise on his forehead. When asked about this, Ms. [redacted] stated that he was playing with his toy, and he ended up hitting himself with it. Ms. [redacted] showed CM [redacted] the toy. The toy was a medium size ball light toy. The toy was made out of hard plastic. [redacted] did not have any have any marks or injuries. The parents reported that the child drinks whole milk and not formula. At this time, it is unknown why they choose to give whole milk and not formula.

CM [redacted] contacted TL [redacted] via phone for further next steps. Per the order of TC [redacted], the family was asked to be transported to [redacted] Childrens Hospital emergency room to conduct a follow up medical examination with the CARE team looking at the children. CM [redacted] transported the family to [redacted] Childrens Hospital as per the directions of TC [redacted] This concludes the interviews with the family.

Narrative Type: Addendum 1 Entry Date/Time: 01/29/2024 05:17 PM Entered By: [redacted]

[redacted] next doctor appointment is 5/6/24 at 09:00 AM. [redacted] next doctor appointment is 01/31/24 at 09:30 AM.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-01-22 23:56:00	Contact Method:	
Contact Time:	11:56 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/22/2024
Completed date:	01/22/2024	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: 01/22/2024 11:58 AM Entered By: [redacted]

TC [redacted] sent email follow-up regarding receipt of autopsy.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-01-22 10:30:00	Contact Method:	Attempted Face To Face
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	Family Home	Created Date:	01/22/2024
Completed date:	01/22/2024	Completed By:	[redacted]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview,Good Faith Effort,Initial ACV Face To Face,Parent/Caretaker Interview

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[redacted]

Participant(s)

[redacted] Unknown , Unknown; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/22/2024 11:08 AM Entered By: [redacted] Ryan

Case Manager (CM) [redacted] went to familys home to make contact with the family at [redacted], [redacted] TN. CM [redacted] knocked on the door several times and no responds was given. CM [redacted] knocked on the door of the neighbors home at [redacted]. An older black man (refused to give name) stated that the young couple still resides in the home. CM [redacted] thanked him for his time and concluded the interview.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-01-17 11:44:00	Contact Method:	Notation
Contact Time:	11:44 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	DCS Office	Created Date:	01/17/2024
Completed date:	01/17/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Diligent Search,Good Faith Effort		
Contact Sub Type:	Collateral Contact		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/17/2024 01:05 PM Entered By: [redacted]

CM [redacted] performed a clear search on the family for additional locating information.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-01-17 11:40:00	Contact Method:	Attempted Phone Call
Contact Time:	11:40 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	DCS Office	Created Date:	01/17/2024
Completed date:	01/17/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/17/2024 01:09 PM Entered By: [redacted]

Case Manager [redacted] attempted to contact the phone number provided, however, the phone is disconnected.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-10-30 08:22:00	Contact Method:	
Contact Time:	08:22 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/22/2024
Completed date:	01/22/2024	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: 01/22/2024 12:00 PM Entered By: [redacted]

90 Day Admin Review: Case remains open pending completion of all investigative tasks.

Next Steps: CM [redacted] will obtain autopsy and present case to CPIT for classification. Death summary will be prepared and follow-up with family to ensure ongoing safety for siblings.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-09-13 18:00:00	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/22/2024
Completed date:	01/22/2024	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: 01/22/2024 11:52 AM Entered By: [redacted]

60 Day Case Review: TC [redacted] reviewed case file and notes follow-up phone attempt with family with no success.

Next Steps: Completion of all investigative tasks and HV with family.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-09-13 11:11:00	Contact Method:	Attempted Phone Call
Contact Time:	11:11 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	DCS Office	Created Date:	09/13/2023
Completed date:	09/13/2023	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Good Faith Effort		
Contact Sub Type:	Parent/Caregiver Interview		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2023 11:56 AM Entered By: [redacted]a

Date: 09/13/2023
Time: 11:11am
ACV: [redacted]
AP: [redacted]
Location: DCS Office via Phone [redacted]

CM [redacted] attempt to follow up about services in regard to Alleged Child Victim (ACV) [redacted] CM [redacted] attempted to conduct a phone interview with Birth Mother (BM)/ Alleged Perpetrator (AP) [redacted] and AP [redacted] The phone number given to CM [redacted] is disconnected.

Follow-up Tasks: CM [redacted] and CM [redacted] will conduct a home visit.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-15 11:10:00	Contact Method:	
Contact Time:	11:10 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/22/2024
Completed date:	01/22/2024	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: 01/22/2024 11:49 AM Entered By: [redacted]

30 Day Admin Review: Case received as an Abuse Death. NCPP completed with family by the Department. Autopsy Pending.

Next Steps: CM [redacted] will completed next steps from 48-hour debriefing.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-07-25 21:49:00	Contact Method:	
Contact Time:	09:49 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/25/2023
Completed date:	07/25/2023	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: 07/25/2023 10:01 PM Entered By: [redacted]

TL [redacted] staffed case with CM [redacted] who met response with [redacted] BM, [redacted] father, [redacted] daughter and [redacted] son. Parents explained to CM the events of the early morning with feeding the babies and placing them back on their backs to sleep; before finding [redacted] unresponsive later in the morning/afternoon. The parents allowed CM to walk through home for assessment and agreed to comply with services that were recommended. CM observed the home in need of a cleaning and organizing due to the amount of clothing piled on the floor and inside a pack n play. The home was observed again on 7/18 the home was organized and clothes had been put away. CM provided the parents with resources to complete an A&D assessment after testing positive for thc. The parents were given resources on where to enroll for parenting classes.

Next steps: CM will follow up family to get signed release of information request for medical records from hospital where twins were born. CM will prepare case for transfer due to recommended services. This case will be presented at Cpit after autopsy report is received.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-07-20 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/24/2023
Completed date:	07/24/2023	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: 07/24/2023 11:30 PM Entered By: [redacted]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with the following staff: Case Manager (CM) [redacted] Team Leader (TL) [redacted] Team Coordinator (TC) [redacted], CPS Director (CPSD) [redacted], and Director of Critical Incident Support (DCIS) [redacted].

The CPS investigation was assigned on 7/18/23 concerning the death of ACV [redacted] (4mo). It was reported [redacted] resided with her birth mother [redacted] 19yo], birth father [redacted] 18yo, and two siblings [redacted] 4mo/twin and [redacted] 2yo] in [redacted] County.

On 7/17/23 at approximately 12pm 911 was called from the family home regarding an unresponsive infant. It was reported [redacted] was found unresponsive by the parents. EMS responded and transported [redacted] to the hospital were pronounced deceased. Cause of death is unknown at this time and autopsy results are pending.

The mother reported feeding the children between 2-3am and then putting them down to sleep. The twins were reportedly placed asleep in a shared pack-n-play in side-by-side storage bin dividers. The parents felt this closely mimicked the circumstances and sleeping arrangements at the hospital when the twins were born. It was reported the babies were placed asleep on their back. The mother stated she checked on the children between 7-8am at which time they were sleeping. At 11am the father reported he check on the children and they were both on their stomachs and [redacted] had vomited and was discolored and stiff. The father immediately alerted the mother and called 911.

The parents reported the twins were born 2 months premature, with [redacted] having no health concerns and [redacted] requiring a blood transfusion and being diagnosed with NEC (Necrotizing Enterocolitis). At the time of incident, the family was involved with an open CPS investigation with concerns of Medical Maltreatment for [redacted] due to concerns of PCP of [redacted] not being seen since discharge from the NICU. Parents cited transportation issues although one twin was keeping appointments. Response was met on 7/10/23 and the mother reported another PCP was being utilized due to transportation issues and TEIS was in the home. Checkups were scheduled for 7/25/23 and 8/26/23.

ENN concerns were also noted in the home with trash, clutter, and spoiled food throughout. The parents were requested to

Tennessee Department of Children's Services

Case Recording Summary

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

address the issue and did do immediately with the surviving children staying elsewhere for the night while addressed. The mother consented to a drug screen and was positive for THC. The father declined a drug screen but admitted to THC use the day prior. An NCPP was completed with the parents to address safe sleep, missed medical appointments, and drug use. Additionally the parents will be asked to completed parenting assessments.

Next Steps:
-- CM will request twin ACVs birth, PCP, and hospital records. Records will be reviewed and uploaded to TFACTS. Safety Nurse will be utilized to review records.
-- CM will monitor compliance and progress of NCPP.
-- CM will follow-up regarding twin ACV medical appointments and care to ensure compliance.
-- CM will complete collateral contact with TEIS regarding past/current work with the family and complete referral for 2yo sibling.
-- CM will assist family with information/services available for transportation through insurance.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-07-18 12:58:00	Contact Method:	
Contact Time:	12:58 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	08/04/2023
Completed date:	08/04/2023	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:	Opening		

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/04/2023 02:45 PM Entered By: Parker, Alexandria

CM [redacted] was assigned investigations # [redacted] on 07/18/2023 with the allegations of Abuse Death.

The referral states, It is believed that on Monday, 7/17/2023, at around noon, 911 was called to respond to the familys home. [redacted] was then transported via EMS to [redacted] Childrens Hospital Pediatric Emergency Room. On Monday, 7/17/2023, [redacted] is deceased. It is unknown if there are any visible signs or abuse or neglect on [redacted] body.

The cause of [redacted] death has not been determined; furthermore, the exact time of her death has not been confirmed. EMS reported that [redacted] was already blue and purple. According to EMS personnel, the family members reported that they last saw [redacted] on 7/17/2023 at around 3:00 AM or 4:00 AM before laying her down. It is believed that sometime around noon someone went in to get [redacted] and found her already in rigor.

Law Enforcement met the ambulance in route to [redacted] Childrens Hospital. Detective [redacted] is present at the medical center; the mother and other family members are also present. There is no other additional information.

This family does have TFACTS history, case number [redacted] July 28th, 2023

Background - No Adult listed on this case has any criminal record

Notice of referral and Classification pursuant to 37-105 sent to Juvenile Court according to local protocol.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-07-17 17:35:00	Contact Method:	Face To Face
Contact Time:	05:35 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	Family Home	Created Date:	07/19/2023
Completed date:	07/19/2023	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/19/2023 07:52 AM Entered By: [redacted]

July 17, 2023 @5:35pm CM [redacted] and CM [redacted] went to the familys home birth mother ([redacted] birth dad of twins ([redacted] TN [redacted] and no one was home. CM [redacted] made contact via phone with [redacted] mother ([redacted] to make contact with the family and met the family at aunts' home ([redacted] stated she did not feel comfortable with conducting interview inside of the home due to all the children inside.

CM [redacted] and CM [redacted] interviewed birth father ([redacted] at 5:35pm outside of [redacted] home. [redacted] reported that he has no medical/ disability issues. [redacted] and her three children lives in home (Kalani [redacted] 4 months, [redacted] 4 months, and [redacted] 2 yrs. old). He is the birth father to the twins. [redacted] reported that [redacted] (ACV) has no health issues and [redacted] has had blood transfusion. [redacted] stays home and take care of the children. He reported he doesnt know much and just sleep and watch the kids. The day of incident [redacted] reported [redacted] fed the twins between 2-3:00am. He woke up a 11am and found [redacted] (ACV) faced down in her vomit and discolored. He yelled for [redacted] and she begin doing CPR. [redacted] stated she was fine the night before and doesnt know why this happen.

CM [redacted] and CM [redacted] thanked him for his time and concluded the interview.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-07-17 15:52:00	Contact Method:	Face To Face
Contact Time:	03:52 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	Family Home	Created Date:	07/19/2023
Completed date:	07/19/2023	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/19/2023 07:49 AM Entered By: Hintz, Susan

July 17, 2023 @4:00pm CM [redacted] and CM [redacted] went to the familys home birth mother ([redacted] birth dad of twins ([redacted] TN [redacted] and no one was home.

CM [redacted] made contact via phone with [redacted] mother ([redacted] to make contact with the family and met the family at aunts' home ([redacted] stated she did not feel comfortable with conducting interview inside of the home due to all the children inside. CM [redacted] and CM [redacted] interviewed mother ([redacted] at 4:15pm outside of home. [redacted] reported that [redacted] and her three children lived in home ([redacted] 4 months, [redacted] 4 months, and [redacted] 2 yrs. old). The twins were born 2 months prematurely and [redacted] has had blood transfusions and NEC. [redacted] stated [redacted] (ACV) had no health concern. Two-year-old [redacted] has no health concerns and is not attending daycare. [redacted] reported that she last took the twins to the [redacted] Last seen at the doctor 07/07/23. The day of incident [redacted] reported that she fed the twins at 2am/3am and put them back into the pack play went to lay down with the 2yr old. [redacted] mentioned that she typically feed the twins 4/5 oz every 3 hours.

At 11am [redacted] stated that birth dad ([redacted] found [redacted] (ACV) face down in her vomit. She reported that he called her in room and [redacted] was stiff and purple. [redacted] reported that she began CPR and called 911 at 12:17pm. The EMS arrived at 12:23pm, and LE arrived shortly. LE questioned family and neither parent have a vehicle and was not allowed to ride in EMS. [redacted] called her mother [redacted] to transport family to the hospital. She stated LE gave her wrong address to the hospital and therefore they arrived to [redacted] Children ER at 1:20pm. Medical staff reported [redacted] was deceased.

CM [redacted] and [redacted] thanked her for her time and concluded the interview.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-07-17 15:52:00	Contact Method:	Face To Face
Contact Time:	03:52 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	Family Home	Created Date:	07/19/2023
Completed date:	07/19/2023	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/19/2023 08:03 AM Entered By: Hintz, Susan

July 17, 2023 @5:52pm CM [redacted] and CM [redacted] went to the familys home birth mother [redacted] birth dad of twins [redacted] TN [redacted] and no one was home. CM [redacted] made contact via phone with [redacted] mother [redacted] to make contact with the family and met the family at aunts' home [redacted] stated she did not feel comfortable with conducting interview inside of the home due to all the children inside.

CM [redacted] and CM Salandy interviewed grandmother [redacted] of ACV [redacted] at 5:52pm outside of home. [redacted] reported that she was at the nail shop when she received a call from her daughter [redacted] at 1:00pm to pick her up. [redacted] was taken to ER, and she needs a ride. [redacted] stated when arrived to [redacted] home the LE gave her the wrong address to the ER. She arrived at 1:30pm to [redacted] Children ER. [redacted] stated she has no idea why this occurred and possibly believes it was SIDs. [redacted] and her three children lived in home [redacted] 4 months, [redacted]

CM [redacted] and CM [redacted] thanked him for his time and concluded the interview.

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: 07/17/2023

Assignment Date: 04/14/2025

Street Adress:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified
1	[redacted]	[redacted]	Abuse Death	Unknown , Unknown		Allegation Substantiated / Perpetrator Unknown	Yes	[redacted] / 08/01/2023

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is not a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Substantiated, Perpetrator Unknown for the Abuse Death of [redacted]

D. Case Workers

Case Worker: [redacted] Date: 03/03/2025

Team Leader: [redacted] Date: 03/03/2025

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:

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

On July 18, 2023, Autopsy was completed for [redacted] by [redacted], M.D. Autopsy concluded that the cause of death is best attributed to asphyxia, and the manner of death is accident.

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

On July 17, 2023, Detective [redacted] interviewed birth mother, [redacted] Ms. [redacted] stated she last fed the child at approximately 1:30 a.m. and then placed her back down in the crib with her twin sibling. Ms. [redacted] described placing her in her "prone position" on top of memory foam she sleeps on. Ms. [redacted] stated she fell asleep with the father in the bedroom. Ms. [redacted] stated she woke up to the father screaming the baby was not breathing. Ms. [redacted] stated she picked the baby up and attempted CPR until the medics returned. Ms. [redacted] reports the child was born at 27 weeks gestation and remained in the NICU for approximately four months before being released. Ms. [redacted]

Department of Children's Services

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

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

reports no recent injuries or accidents.

On July 17, 2023, Detective [redacted] interviewed birth father, [redacted] Mr. [redacted] reported he fell asleep shortly after Ms. [redacted] fed the baby. Mr. [redacted] stated he woke up at approximately 11:30 am by one of the twins crying. Mr. [redacted] stated when he went to check on the babies, he found [redacted] not breathing. Mr. [redacted] stated he screamed for the mother to wake up and help. Mr. [redacted] described froth/blood coming from the baby's nose and mouth after the mother lifter her from the bed.

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

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

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

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 07/20/2023**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** In the Home
Risk Level: High Need/Risk	
Event Start Date: 04/15/2025	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 08/28/2023	**Approver:** [redacted]

PARTICIPANTS

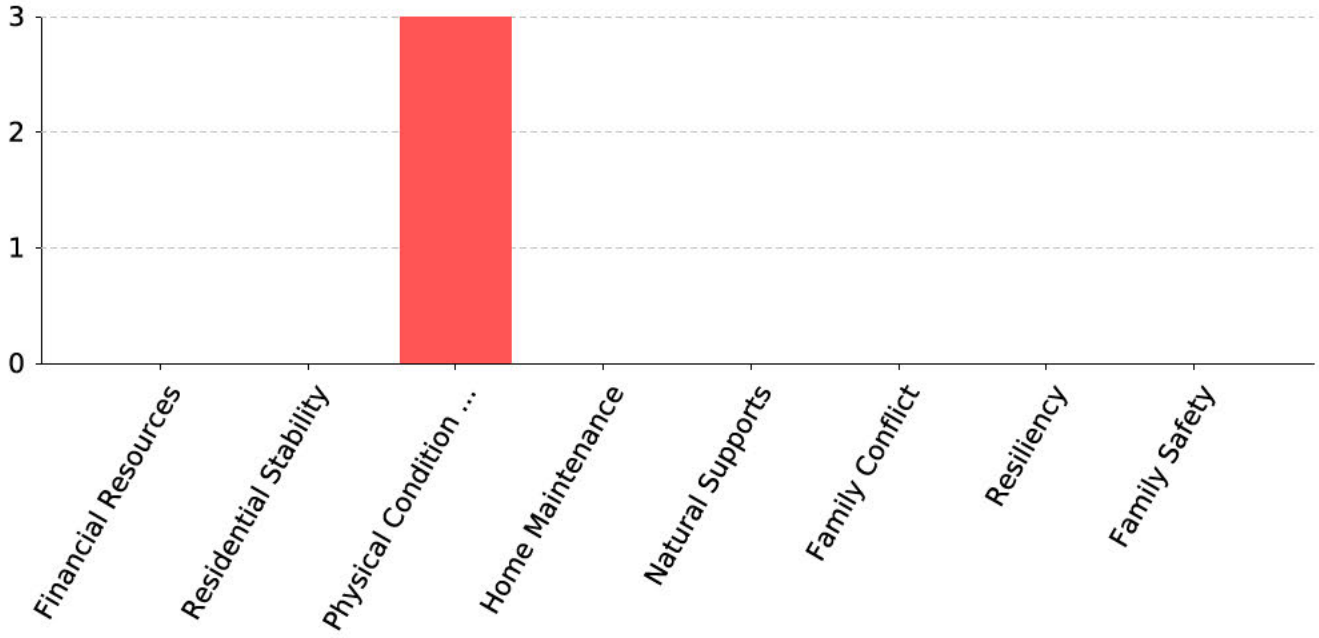
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted]	Deceased	Youth	F	[redacted]	3	Low
[redacted]	4 Mos	Youth	F	[redacted]	6	Low
[redacted]	19 Yrs	Primary	F	[redacted]	N/A	N/A
[redacted]	18 Yrs	Caregiver	M	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 07/20/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

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

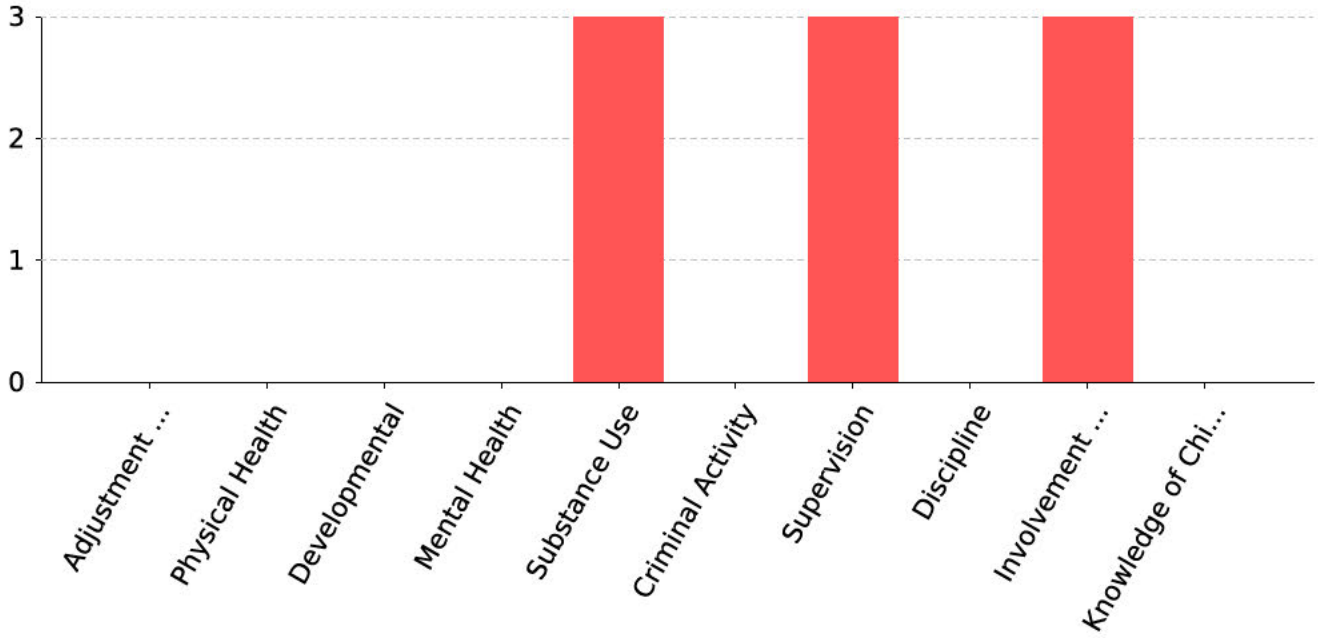


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	3	CM [redacted] observed the home to be messy and unorganized.
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	0	

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

Event Type: CPS Case	**Assessment Date:** 07/20/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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

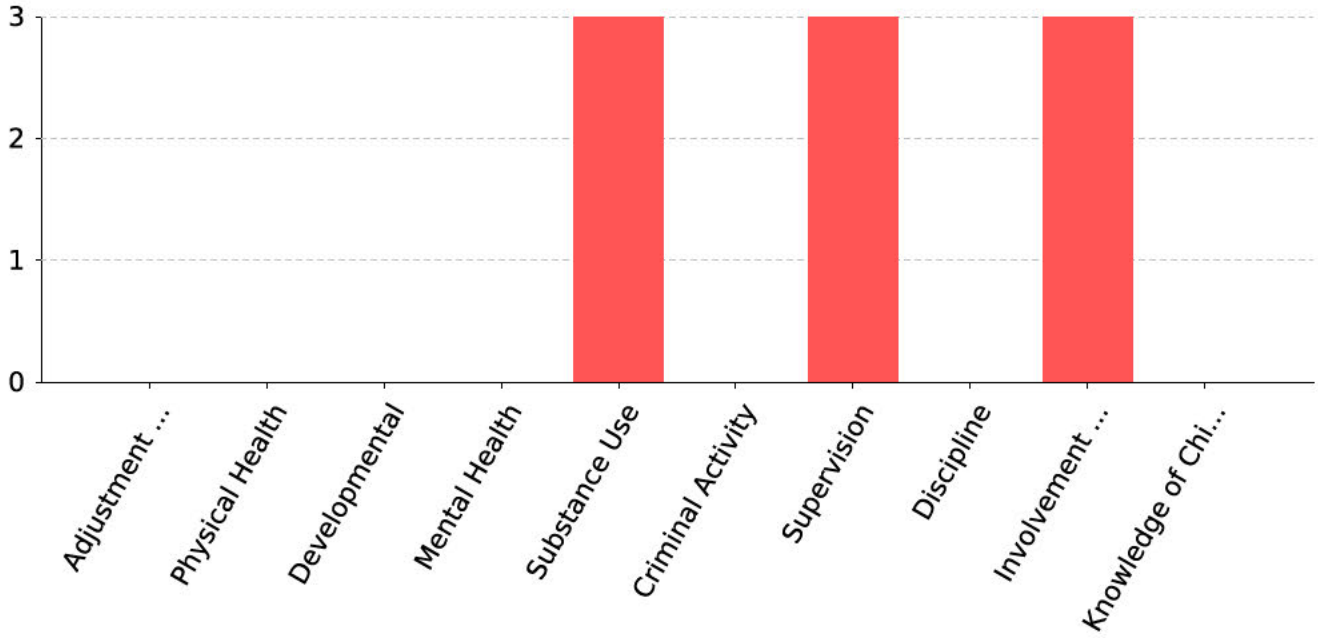


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	3	The mother tested positive for THC.
Criminal Activity	0	
Supervision	3	Due to lack of supervision by the parents, this have lead to the possible death of one of the children.
Discipline	0	
Involvement in Caregiving Functions	3	Due to lack of supervision by the parents, this have lead to the possible death of one of the children.
Knowledge of Child and Family Needs	0	

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

Event Type: CPS Case	**Assessment Date:** 07/20/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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

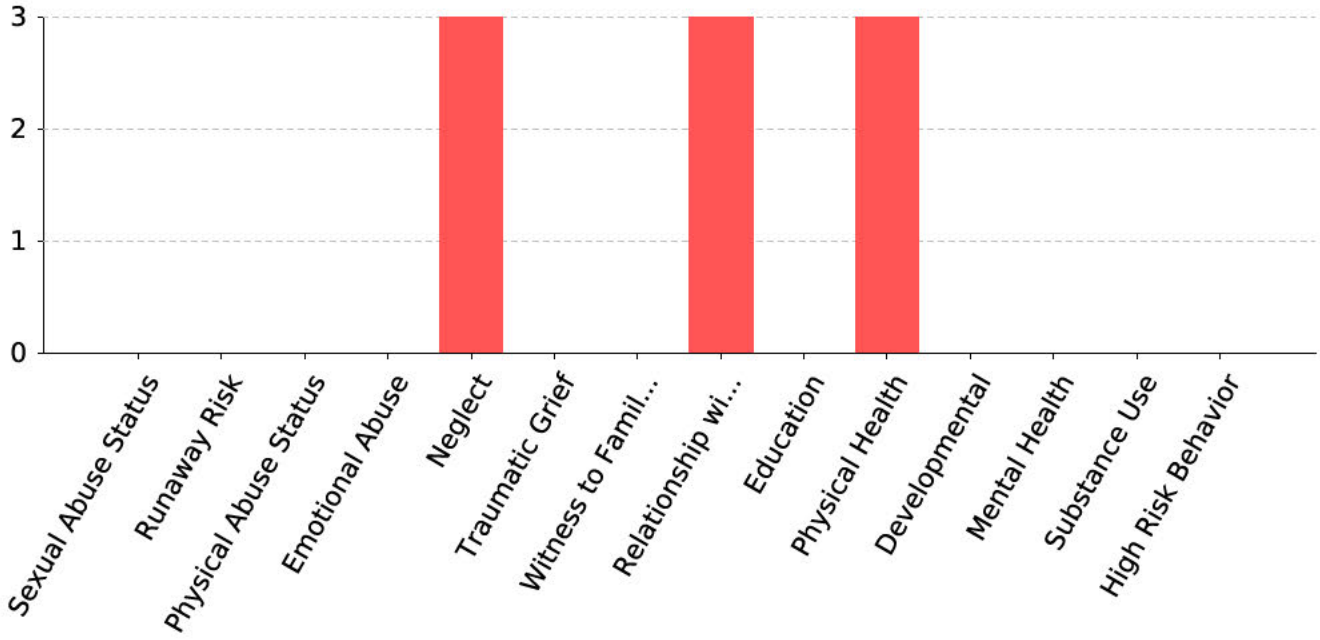


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	3	The father tested positive for THC.
Criminal Activity	0	
Supervision	3	Due to lack of supervision by the parents, this have lead to the possible death of one of the children.
Discipline	0	
Involvement in Caregiving Functions	3	Due to lack of supervision by the parents, this have lead to the possible death of one of the children.
Knowledge of Child and Family Needs	0	

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

Event Type: CPS Case	**Assessment Date:** 07/20/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	3	Due to lack of supervision by the parents, this have lead to the possible death of [redacted]
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	3	Due to lack of supervision by the parents, this have lead to the possible death of one of the children.
Education	NA	
Physical Health	3	Due to lack of supervision by the parents, this have lead to the possible death of one of the children.
Developmental	0	

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

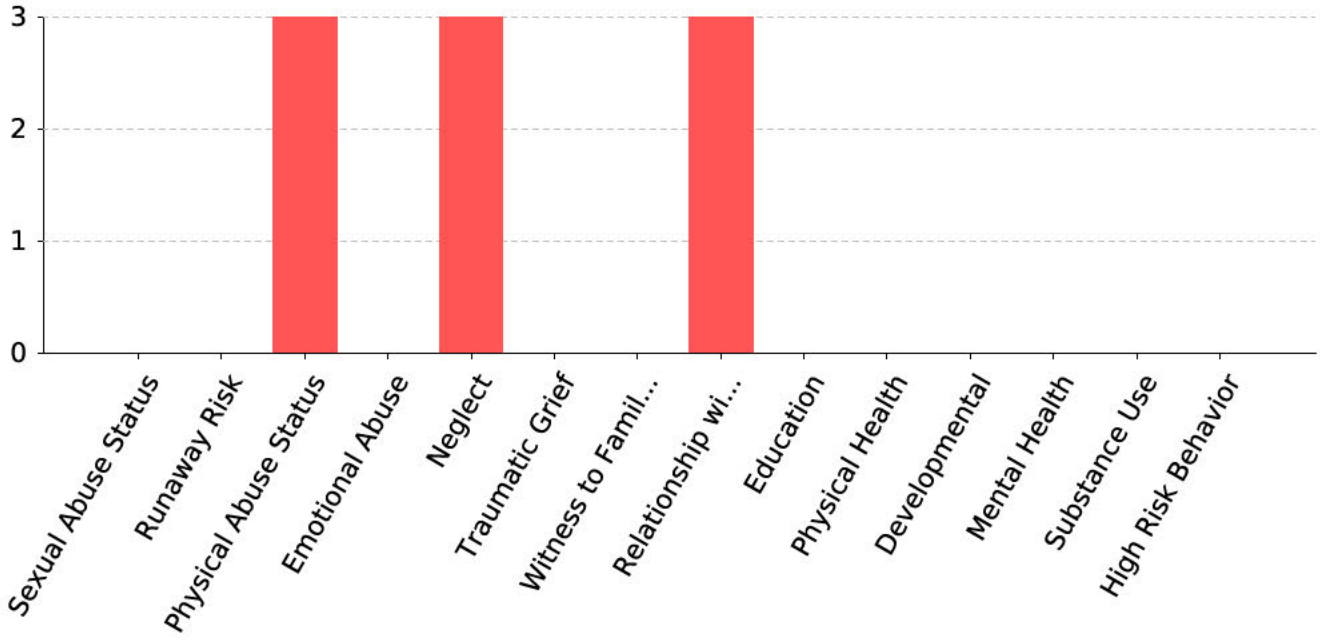
Event Type: CPS Case	**Assessment Date:** 07/20/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	

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

Event Type: CPS Case	**Assessment Date:** 07/20/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted] (CSEM)	Person ID: [redacted]	Age: 4 Mos



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	3	Due to lack of supervision by the parents, this have lead to the possible death of one of the children.
Emotional Abuse	0	
Neglect	3	Due to lack of supervision by the parents, this have lead to the possible death of one of the children.
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	3	Due to lack of supervision by the parents, this have lead to the possible death of one of the children.
Education	NA	
Physical Health	0	
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 07/20/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	