



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 12/05/2014 02:59 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 12/05/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 12/06/2014 09:22 PM
 First Team Leader Assigned: [REDACTED] Date/Time 12/08/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 12/08/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: E-mail
 Narrative: Family Case IDs: [REDACTED] & [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open: 0
 Substantiated: [REDACTED]/SEE, [REDACTED]
 Death: 0
 Number of Screen Outs: 2
 History (not listed above): yes,



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

12-05-14 04:21:52 PM [REDACTED]	12-05-14 04:22:29 PM [REDACTED]	PRIVATE	Received
12-05-14 04:21:53 PM [REDACTED]	---	[REDACTED]	

Email Sent



**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: Unable to Age: 21 Yrs

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: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: Deceased

Address: [REDACTED]

Deceased Date: 12/05/2014

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/05/2014

Assignment Date: 12/08/2014

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 04/15/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: allegations unsubstantiated/ perpetrator unsubstantiated

D. Case Workers

Case Worker: [REDACTED]

Date: 04/15/2015

Team Leader: [REDACTED]

Date: 04/17/2015

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 12/5/2014 at 11:34am, law enforcement personnel in [REDACTED] Tennessee received a telephone call from [REDACTED]. According to [REDACTED] police records when the officers arrived at the [REDACTED] addresses they found [REDACTED] in the kitchen with [REDACTED] was not breathing so police at this point started cardio pulmonary resuscitation (CPR) on [REDACTED]. The child was then transferred to [REDACTED] Children's Hospital where she was pronounced dead on arrival. The date of death was reported to be 12/5/2014 at approximately 12:30pm by Doctor [REDACTED] at [REDACTED] Children's Hospital. The infant was transferred to the medical examiner's office where an autopsy was performed.

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 completed: probable cause of death: asphyxia due to overlay

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



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

Case Name : ██████████

Investigation ID: ██████████

An interview of Ms. ██████████ was conducted by Detective ██████████ with the ██████████ Police Department. According to their report, Ms. ██████████ stated she fell asleep on the couch and was awakened by her friend, ██████████ and the baby was underneath her body, not breathing.

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

Mr. ██████████ saw ██████████ in the living room on the couch asleep, but could not locate the child in the residence. He stated he called ██████████ friend ██████████ and she came to the residence a short while later with her friend ██████████ rolled ██████████ over on the couch at which time she located ██████████ was not breathing and ██████████ took the baby to the kitchen area and initiated CPR. 911 and Emergency Medical Services were called.

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

This case will be closed and classified as allegations unsubstantiated/perpetrator unsubstantiated for allegation of Child Neglect Death.

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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved 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:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved 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:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved 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:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved 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:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved 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:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved 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:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/22/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved 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: 10/22/2015

Contact Method:

Contact Time: 11:20 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/23/2015

Completed date: 10/23/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2015 09:34 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved 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: 10/08/2015

Contact Method:

Contact Time: 12:41 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/08/2015

Completed date: 10/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2015 01:39 PM Entered By: [REDACTED]

LI inquired of IC [REDACTED] the status of this case review. All investigative tasks have been completed and case is ready 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: 09/14/2015

Contact Method:

Contact Time: 11:12 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/08/2015

Completed date: 10/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2015 01:37 PM Entered By: [REDACTED]

LI and investigator conversed. Investigator has completed the additional instructions and case is once again ready 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: 09/12/2015

Contact Method:

Contact Time: 05:07 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/08/2015

Completed date: 10/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2015 01:35 PM Entered By: [REDACTED]

Investigative case had been reviewed by IC [REDACTED] Additional instructions were given to Investigator [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: 08/05/2015

Contact Method:

Contact Time: 04:37 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/08/2015

Completed date: 10/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2015 01:30 PM Entered By: [REDACTED]

LI received inquiry from assigned investigator. Case has not been reviewed as of this date for closure. Still, no other investigative tasks that need to be completed.



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: 07/22/2015

Contact Method:

Contact Time: 10:29 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/08/2015

Completed date: 10/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2015 01:28 PM Entered By: [REDACTED]

LI and Investigator conversed about the investigation. At this point in time, the investigation has not been reviewed by Central Office and cannot be closed yet. There is no other investigative tasks that need to be completed.



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: 06/14/2015

Contact Method:

Contact Time: 02:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2015

Completed date: 10/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2015 01:26 PM Entered By: [REDACTED]

LI reviewed documented case thus far. LI has put this case on the RID spreadsheet for review 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: 06/10/2015	Contact Method:
Contact Time: 06:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/11/2015
Completed date: 06/11/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/11/2015 10:36 AM Entered By: [REDACTED]

This case was assigned an Investigation case to Child Protective Services Investigator (CPSI) [REDACTED] on 12/05/2014 for [REDACTED] County. All times are recorded in [REDACTED] Standard Time. The response priority was P1 and the allegations are Neglect Death. The alleged victims is [REDACTED] and the alleged perpetrator is [REDACTED], mother. The following was reported:
 CHILD IS NOT IN DCS CUSTODY

[REDACTED] (1 mo.) resided with her birth mother, [REDACTED] and [REDACTED] grandfather [REDACTED]. It is unknown if there are any additional children or adults residing in the home.

On 12-5-2014 at 11:34 AM, law enforcement personnel received a telephone call from [REDACTED] on (12-5-2014 @ 11:34 AM). Upon arrival an unidentified adult was seen administering CPR to a child that appeared to be about 3 months old. Law enforcement officers took over the scene and began administering CPR to the child.

Upon further investigation and questioning, it was learned that the child's name was [REDACTED], and she was one month old. [REDACTED] stated that she fell asleep on the couch, accidentally rolled on top of [REDACTED] and smothered her. [REDACTED] was transported to [REDACTED] Children's Hospital in [REDACTED] Tennessee where she was pronounced dead upon arrival. It is unknown if [REDACTED] had any injuries at the time of the incident as the focus was primarily on administering CPR. [REDACTED] body is currently at the [REDACTED] County Medical Examiner's office.

It is reported that [REDACTED] went to the hospital, but it is unknown where she went from there. [REDACTED] has not been interviewed, [REDACTED] autopsy is pending, it is unknown if there are any additional children in the home, and it is unknown if there are any additional reported patterns of abuse in the home. It is also unknown if [REDACTED] or [REDACTED] have had prior arrests, involvement with the police, and it is unknown if [REDACTED] or [REDACTED] have A&D or Mental Health problems. No additional information is reported at this time.

On 12/5/2014 at 11:34am, law enforcement personnel in [REDACTED] Tennessee received a telephone call from [REDACTED] [REDACTED]. According to [REDACTED] police records when the officers arrived at the [REDACTED] addresses they found [REDACTED] in the kitchen with [REDACTED] was not breathing so police at this point started cardio pulmonary resuscitation (CPR) on [REDACTED]. The child was then transferred to [REDACTED] Children's Hospital where she was pronounced dead on arrival. The date of death was reported to be 12/5/2014 at approximately 12:30pm by Doctor [REDACTED] at [REDACTED] Children's Hospital. The infant was transferred to the medical examiner's office where an autopsy was performed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

This case was investigated by [REDACTED] Police Department. Members involved in the investigation include Detective [REDACTED] and Detective [REDACTED]. The Assistant District Attorney [REDACTED] was also notified of the child death. Doctor [REDACTED] of [REDACTED] Children's Hospital pronounced the child's death and Doctor [REDACTED] performed the autopsy at the forensic center.

The alleged perpetrator is [REDACTED], birth mother. An interview of Ms. [REDACTED] was conducted by Detective [REDACTED] with the [REDACTED] Police Department. According to their report, Ms. [REDACTED] stated she fell asleep on the couch and was awakened by her friend [REDACTED] and the baby was underneath her body, not breathing. Police and Emergency Medical Services were contacted.

[REDACTED] lives in the home with her grandfather, [REDACTED]. He too, was interviewed by Detective [REDACTED] with [REDACTED] Police. According to the report, Mr. [REDACTED] saw [REDACTED] in the living room on the couch asleep, but could not locate the child in the residence. He stated he called [REDACTED] friend, [REDACTED] and she came to the residence a short while later with her friend [REDACTED] rolled [REDACTED] over on the couch at which time she located [REDACTED] [REDACTED] was not breathing and [REDACTED] took the baby to the kitchen area and initiated CPR. 911 and Emergency Medical Services were called.

This Investigator made several attempts to contact Ms. [REDACTED] but she refused citing [REDACTED] was her only child and she "did not need any help or services". This Investigator spoke with the grandfather, [REDACTED] who confirmed [REDACTED] was [REDACTED] only child. He stated [REDACTED] was a very loving mother and felt the incident was just a tragic accident. A home visit was made to his residence where the alleged incident occurred

According to Detective [REDACTED] he was informed by Lieutenant [REDACTED] of [REDACTED] Police Department that (according to an anonymous tip) Ms. [REDACTED] may have been using drugs all night and that was why she rolled over on the baby. An attempt to obtain a warrant for a blood sample was made by Detective [REDACTED] but the requested was not granted by the Assistant District Attorney [REDACTED].

Referral received with allegations of neglect death. Work Aid 1 defines Child Death is defined as: Any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse or neglect resulting from direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse; any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

On 4/15/2015 [REDACTED] County Child Protective Investigation Team met and discussed details of the case. Case was classified this date as allegations unsubstantiated/ perpetrator unsubstantiated. Members of the team included in the discussion were as follows: Assistant District Attorney [REDACTED] Police Department Detective [REDACTED], Juvenile Court representative [REDACTED] and Medical representative [REDACTED].

This case will be closed and classified as allegations unsubstantiated/perpetrator unsubstantiated for allegation of Child Neglect Death.

Narrative Type: Addendum 1 Entry Date/Time: 09/29/2015 12:19 PM Entered By: [REDACTED]

There is not a preponderance of evidence to substantiate the allegation of Neglect Death.



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: 04/17/2015

Contact Method:

Contact Time: 01:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/17/2015

Completed date: 04/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/17/2015 12:30 PM Entered By: [REDACTED]

LI reviewed recommended classification. Investigator has recommended an Unsubstantiated classification that was presented to, and accepted by the CPIT panel on 4/15/15. LI also concurs. Notification of Classification will be sent to [REDACTED] Co. Juvenile Court and the District Attorney's Office via 740 forms. LI will also inform Central Office that case is ready to be reviewed by them 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: 04/15/2015

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED].

Recorded For:

Location: DCS Office

Created Date: 04/15/2015

Completed date: 04/15/2015

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: 04/15/2015 09:24 AM Entered By: [REDACTED]

CPIT classified case this date as allegations unsubstantiated/ perpetrator unsubstantiated.



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: 03/26/2015

Contact Method:

Contact Time: 02:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/14/2015

Completed date: 09/14/2015

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: 09/14/2015 10:22 AM Entered By: [REDACTED]

Detective [REDACTED] (who left the Detective department) was informed by Lt. [REDACTED] that [REDACTED] "may have been doing drugs" (reported by an anonymous person to him) and that was when he contacted [REDACTED] to obtain a warrant for a blood sample- she did not give the approval- I assume it was to check all possible avenues on their part. According to his records, [REDACTED] (also in D.A. office) agreed with [REDACTED] that there was not enough probable cause for the warrant.



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: 03/26/2015

Contact Method:

Contact Time: 11:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/26/2015

Completed date: 03/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2015 12:02 PM Entered By: [REDACTED]

Investigator [REDACTED] learned this date the case in [REDACTED] has been transferred to Detective [REDACTED] Detective [REDACTED] has faxed all paperwork to this Investigator regarding the case. Case was discussed and will be presented at next Child Investigative Team meeting scheduled for 4/15/15.



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: 03/23/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/26/2015

Completed date: 03/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2015 11:17 AM Entered By: [REDACTED]

This Investigator learned the Detective working this Investigation, [REDACTED], had returned to patrol. His cases have been reassigned. No additional information to report.



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: 02/06/2015

Contact Method: Face To Face

Contact Time: 03:14 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/26/2015

Completed date: 03/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Medical Exam,Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/26/2015 11:07 AM Entered By: [REDACTED]

Autopsy report received this date. Entered in system/ please see report in case record. Cause of death was reported as "asphyxia due to overlay".



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: 12/05/2014

Contact Method: Attempted Face To Face

Contact Time: 06:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/05/2015

Completed date: 02/05/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/05/2015 10:28 AM Entered By: [REDACTED]

Good faith efforts attempted this date. Child is deceased and there are no other children that reside in the home. This was the mother's only child.



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: 12/05/2014

Contact Method: Attempted Face To Face

Contact Time: 06:30 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/05/2015

Completed date: 02/05/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/05/2015 10:12 AM Entered By: [REDACTED]

Investigator [REDACTED] learned the above named child was deceased on this date. The child's body was at the coroner's office at the time the referral was received. There are no other children in the home and this was the mother's only child.



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:	12/05/2014	Contact Method:	Phone Call
Contact Time:	05:47 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/08/2014
Completed date:	12/08/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/08/2014 06:10 PM Entered By: [REDACTED]

This Investigator contacted Ms. [REDACTED] by phone on 12/5/14 in attempts to obtain her location; however, she informed this Investigator " this was her only baby and she was not providing any information and terminated the phone call.



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:	12/05/2014	Contact Method:	Phone Call
Contact Time:	05:44 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/08/2014
Completed date:	12/08/2014	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: 12/08/2014 06:02 PM Entered By: [REDACTED]

This Investigator made a phone call to the great grandfather, [REDACTED] as the incident reportedly occurred in his home. Mr. [REDACTED] advised [REDACTED] did not have any other children and she loved her baby very much. He stated she was a good mother and took great care of [REDACTED]. He did not voice any concerns.



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: 12/05/2014	Contact Method: Phone Call
Contact Time: 05:33 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 12/08/2014
Completed date: 12/08/2014	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: 12/08/2014 05:57 PM Entered By: [REDACTED]

This Investigator contacted Detective [REDACTED] with [REDACTED] Police Department regarding the referral. Detective [REDACTED] stated he has been unable to locate the mother for an interview. Per his report, the great-grandfather, [REDACTED], stated he went into the living room and saw [REDACTED] sleeping on the couch. He did not see the baby and called a family friend named [REDACTED] (last name unknown at this time) and thought the baby may have been with her. [REDACTED] came over to the residence and rolled [REDACTED] over and found the baby underneath her. CPR was performed, law enforcement and EMS were called. The infant was pronounced dead at [REDACTED] Children's Hospital. He advised the infant was currently at the Medical Examiner's Office. Detective [REDACTED] stated he was planning to wait until the autopsy was complete before he interviewed the mother. At this time it appears to be an accidental death. Detective [REDACTED] stated he did not believe there were any other children in the home but did provide this Investigator with contact numbers for both the great grandfather and mother.

No additional information was available.



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:	12/05/2014	Contact Method:	
Contact Time:	05:27 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/08/2014
Completed date:	12/08/2014	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: 12/08/2014 05:46 PM Entered By: [REDACTED]

This Investigator notified Investigation Coordinator [REDACTED] of the referral that had been received. [REDACTED] advised this Investigator to contact referent and determine if there were any other children in the home and obtain additional information if available.



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: 12/05/2014	Contact Method:
Contact Time: 02:59 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/08/2014
Completed date: 12/08/2014	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: 12/08/2014 05:39 PM Entered By: [REDACTED]

Referral received on the above date and time with allegations of neglect death. The alleged child victim(ACV) is [REDACTED] and the alleged perpetrator(AP) is [REDACTED], birth mother. Case assigned to this Investigator on call with a p-1 response time. The call was received via page on 12/5/2014 at 4:21pm. The following was reported:

Reporter states:

CHILD IS NOT IN DCS CUSTODY

[REDACTED] (1 mo.) resided with her birth mother, [REDACTED] and [REDACTED] grandfather [REDACTED]. It is unknown if there are any additional children or adults residing in the home.

On 12-5-2014 at 11:34 AM, law enforcement personnel received a telephone call from [REDACTED] on (12-5-2014 @ 11:34 AM). Upon arrival an unidentified adult was seen administering CPR to a child that appeared to be about 3 months old. Law enforcement officers took over the scene and began administering CPR to the child.

Upon further investigation and questioning, it was learned that the child's name was [REDACTED], and she was one month old. [REDACTED] stated that she fell asleep on the couch, accidentally rolled on top of [REDACTED] and smothered her. [REDACTED] was transported to [REDACTED] Children's Hospital in [REDACTED] Tennessee where she was pronounced dead upon arrival. It is unknown if [REDACTED] had any injuries at the time of the incident as the focus was primarily on administering CPR. [REDACTED] body is currently at the [REDACTED] County Medical Examiner's office.

It is reported that [REDACTED] went to the hospital, but it is unknown where she went from there. [REDACTED] has not been interviewed, [REDACTED] autopsy is pending, it is unknown if there are any additional children in the home, and it is unknown if there are any additional reported patterns of abuse in the home. It is also unknown if [REDACTED] or [REDACTED] have had prior arrests, involvement with the police, and it is unknown if [REDACTED] or [REDACTED] have A&D or Mental Health problems. No additional information is reported at this time.



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

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

Special needs or Disabilities: Unknown
 Child's current location/is the child safe at this time: [REDACTED] County Medical Examiner's office
 Perpetrator's location at this time: Unknown
 Any other safety concerns for the child(ren) or worker who may respond: There are no known safety concerns
 Domestic Violence present in the home: There are no known safety concerns

Per SDM: Investigative Track, P1 - [REDACTED] Case Manager 1 12-05-2014 (3:50) PM
 [REDACTED] CM3 @ 4:18pm on 12/5/14
 [REDACTED] notified @ 4:18pm on 12/5/14.

County paged by MIR 3.

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	12-05-14 04:21:52 PM	[REDACTED] ---	[REDACTED]	Voicemail
[REDACTED]	12-05-14 04:21:52 PM	12-05-14 04:22:29 PM	[REDACTED]	PRIVATE Received
[REDACTED]	12-05-14 04:21:53 PM	[REDACTED] ---	[REDACTED]	

Email Sent

Narrative Type: Addendum 1 Entry Date/Time: 10/22/2015 11:01 AM Entered By: [REDACTED]

The following was located in Tfacts history search:

None for deceased child

Other:Assessment/Case # - [REDACTED] LOS/ENN/DEC, Closed 3/25/14, No Services Needed
 Investigation/Case # - [REDACTED] /DEI, PHA, & DEC/Unable to Complete (02-07-2012)
 Investigation/ Case # - [REDACTED] /PHA/Allegation Unsubstantiated & Perpetrator Unsubstantiated/06-04-2004
 Investigation/Case # - [REDACTED] / Substantial Risk Physical Injury/ Allegation Unsubstantiated & Perpetrator Unsubstantiated/[REDACTED]
 Investigation/Case # - [REDACTED] Sex Abuse & Exploitation/ Allegation Unsubstantiated & Perpetrator Unsubstantiated/12-09-1999