



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 12/06/2014 07:02 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 12/06/2014

Investigation

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

Allegations

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

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: ****The child is not in DCS custody

TFACTS:

Family Case IDs: No

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: No

Substantiated: No

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

Death: No

Screened out: No

History (not listed above): No

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: None

Directions: The mother's address is [REDACTED]. The mother's cell number is [REDACTED]

Reporter's name/relationship: [REDACTED]

Reporter states: ****The child is not in DCS custody

The child [REDACTED], 1 month), lived with his mother, [REDACTED] 25), in [REDACTED] County. The child died today. The child's father is [REDACTED] 32). The father lives at [REDACTED] County. The father's phone number is unknown.

It was reported that [REDACTED] was at his father's home today, December 6, 2014, 12-06-14. Law enforcement (LE) was contacted due to [REDACTED] being found unresponsive. The father reported that he and [REDACTED] were sleeping in the bed together when he woke up and [REDACTED] was unresponsive. When LE arrived at the home EMS was attempting CPR. EMS transported [REDACTED] to [REDACTED] Children's Hospital. [REDACTED] was pronounced dead upon arrival. [REDACTED] is at [REDACTED] Children's Hospital at the time of this call. The autopsy report is pending at this time.

The mother made the scene at the hospital. The father and mother are distraught about the situation. Detective [REDACTED] is on the scene and will be investigating the incident with Detective [REDACTED]

Detective [REDACTED] has not observed [REDACTED] at this time. It is unknown if the parents have any alcohol and drug, mental health or domestic violence issues. It is unknown if the parents have a history with the police. The home has not been observed. It is unknown if there are more children living in the home.

Per SDM: Investigative Track P1 [REDACTED], CM3, on 12-6-14 at 7:48 p.m.

County notified via MIR3

[REDACTED] - Time Issued: 07:53:09 PM // Completed: 07:53:42 PM

Notified Child Death Group via email: [REDACTED] [REDACTED] Region
Regional Administrator, [REDACTED], was also copied on the notification email and the [REDACTED] Region notification group.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 33 Yrs

Address: [REDACTED]

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: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age: Deceased

Address: [REDACTED]

Deceased Date: 12/06/2014

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

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: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 26 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/06/2014

Assignment Date: 12/09/2014

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unk1, Unk1	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 09/28/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The case was presented to the [REDACTED] Child Protective Investigation Team on 09/24/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

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

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

D. Case Workers

Case Worker: [REDACTED]

Date: 09/28/2015

Team Leader: [REDACTED]

Date: 09/28/2015

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:

CPSI [REDACTED] observed [REDACTED], deceased, at [REDACTED] Children's Hospital [REDACTED] was brought to [REDACTED] Children's ER after he was found unresponsive on the bed at his father's home. According to the birth father ([REDACTED]) [REDACTED] was staying with him for the weekend while he was at the paternal grandmother's ([REDACTED]) house. It was reported that [REDACTED] was up since 4:30am on 12/06/2014 and Mr. [REDACTED] was trying to get [REDACTED] to take a nap. Mr. [REDACTED] stated that he contacted the mother ([REDACTED]) so that she could tell him how to get to sleep. Ms. [REDACTED] told Mr. [REDACTED] stated that he was tired and said that he was going to sleep. Mr. [REDACTED] stated that he was lying diagonally on his bed and that [REDACTED] was lying between his chest and his arm. Mr. [REDACTED] stated that he fell asleep but does not remember how long. Mr.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

[REDACTED] stated that when he woke up he noticed that [REDACTED] nose was bleeding. Mr. [REDACTED] stated that he rubbed [REDACTED] on his stomach to wake him up but he was not responsive. Mr. [REDACTED] stated that he called 911 and they were telling him what he needed to do to resuscitate [REDACTED]. EMT arrived at the home to take the children to [REDACTED] Children's ER, and the father waited for his mother ([REDACTED]) to take him to the hospital. [REDACTED] was pronounced deceased at the hospital.

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

CPSI [REDACTED] interviewed [REDACTED], Social Worker at [REDACTED] Children's Hospital. Ms. [REDACTED] stated that it appears that the father ([REDACTED]) may have rolled onto [REDACTED] after falling asleep. Ms. [REDACTED] stated that [REDACTED] was DOA and that the official time of death was at 6:40pm on 12/06/2014. It was reported that Mr. [REDACTED] fell asleep at about 5 pm and woke up at about 5:50pm to discover [REDACTED] unresponsive. Mr. [REDACTED] stated that he woke up with [REDACTED] underneath him. It was reported that there was not cardiac activity when [REDACTED] arrived at the hospital. Ms. [REDACTED] stated that there was some bruising that was observed on [REDACTED] back. It was reported that these bruises could be consistent with Mongolian spots.

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

CPSI [REDACTED] interviewed [REDACTED], Birth father, at [REDACTED] Children's Hospital. Mr. [REDACTED] stated that he was staying at his mother's house over the weekend and had [REDACTED] with him. Mr. [REDACTED] stated that [REDACTED] had been up since 4:30am on 12/06/2014 and went without a nap all day. Mr. [REDACTED] stated that he called the mother and was talking to her on the phone about how to get [REDACTED] to go to sleep. Mr. [REDACTED] could not remember what time he spoke with Ms. [REDACTED] as his phone was dead at the time of the interview. Mr. [REDACTED] stated that Ms. [REDACTED] told him to go to sleep and to call back when he woke up. Mr. [REDACTED] stated that when he went to sleep he was lying on his back and that [REDACTED] was lying in between his arm and chest area. Mr. [REDACTED] stated that when he woke up he was laying on his side. Mr. [REDACTED] stated that when he woke up he observed that [REDACTED] nose was bleeding. Mr. [REDACTED] stated that he was rubbing [REDACTED] stomach but he would not wake up. Mr. [REDACTED] stated that he called 911 and tried to resuscitate [REDACTED] while the EMT's were on their way. Mr. [REDACTED] stated that the EMT's took [REDACTED] to [REDACTED] while the Mr. [REDACTED] waited on his mother ([REDACTED]) to come pick him up from the house. Mr. [REDACTED] stated that he has a 4 year old daughter ([REDACTED]) and has visitation with her every other weekend.

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

CPSI [REDACTED] interviewed [REDACTED], birth mother, at [REDACTED] Children's Hospital. Ms. [REDACTED] stated that the father ([REDACTED]) usually will pick [REDACTED] up on the weekends. According to Ms. [REDACTED] [REDACTED] was asleep on the bed and when the father fell asleep he rolled on [REDACTED]

Ms. [REDACTED] disclosed to CPSI [REDACTED] that the last time that she spoke with the father was at 3pm on 12/06/2014. Ms. [REDACTED] stated that [REDACTED] was up and that Mr. [REDACTED] was in the process of rocking him to sleep. Ms. [REDACTED] stated that Mr. [REDACTED] called her to get advice about how to get [REDACTED] to go to sleep. Ms. [REDACTED] stated that at about 6pm Mr. [REDACTED] called her and said that he rolled on top of [REDACTED]. Ms. [REDACTED] she did not know if the EMT was present when Mr. [REDACTED] called.

Ms. [REDACTED] stated that Mr. [REDACTED] has a 4 year old daughter ([REDACTED]) who he sees on the weekends. Ms. [REDACTED] stated that [REDACTED] was staying with Mr. [REDACTED] for the weekend but was not present when this incident took place. Mr. [REDACTED] picked up [REDACTED] from the mother's house on Thursday at 9pm. Mr. [REDACTED] is currently employed as a forklift and works mostly during the day. Ms. [REDACTED] stated that it is unknown if Mr. [REDACTED] drinks or uses drugs. Ms. [REDACTED] stated that there was a crib or a bassinet at the grandmother's house. Ms. [REDACTED] stated that the father (Mr. [REDACTED] and [REDACTED]) was the only two people in the home. Ms. [REDACTED] stated that [REDACTED] does not have any Mongolian spots or birth marks on his body.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

There are no other concerns to report.

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:	10/09/2015	Contact Method:	
Contact Time:	10:25 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	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: 10/12/2015 01:49 PM 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:	10/09/2015	Contact Method:	
Contact Time:	10:25 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/12/2015 01:49 PM Entered By: [REDACTED]

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:49 PM Entered By: [REDACTED]

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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
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Contact Time:	10:25 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/12/2015 01:49 PM Entered By: [REDACTED]

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Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	10:25 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/12/2015 01:49 PM Entered By: [REDACTED]

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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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

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Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/12/2015 01:49 PM Entered By: [REDACTED]

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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:	10/09/2015	Contact Method:	
Contact Time:	10:25 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

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

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Tennessee Department of Children's Services
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Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

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Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/12/2015 01:49 PM Entered By: [REDACTED]

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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: 10/09/2015

Contact Method:

Contact Time: 10:25 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/12/2015

Completed date: 10/12/2015

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: 10/12/2015 01:49 PM 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: Phone Call

Contact Time: 03:39 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Group Home

Created Date: 10/08/2015

Completed date: 10/08/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2015 03:47 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] PCP (Dr. [REDACTED]) on 10/08/2015 concerning [REDACTED] health. Dr. [REDACTED] stated that the history for [REDACTED] was placed in another file and that this would have to be located. CPSI [REDACTED] requested for the medical records to be sent to DCS. Dr. [REDACTED] stated that the medical records should be ready by some time next week.



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: 09/28/2015 Contact Method:
 Contact Time: 04:07 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/28/2015
 Completed date: 09/28/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/28/2015 04:07 PM Entered By: [REDACTED]

Summary:

The Department of Children's Services (DCS) Investigations Unit received a referral on 12/06/2014 with an allegation of Child Neglect Death regarding custodial child [REDACTED].

12/06/2015, CPSI [REDACTED] interviewed [REDACTED], Birth father, at [REDACTED] Children's Hospital. Mr. [REDACTED] stated that he was staying at his mother's house over the weekend and had [REDACTED] with him. Mr. [REDACTED] stated that [REDACTED] had been up since 4:30am on 12/06/2014 and went without a nap all day. Mr. [REDACTED] stated that he called the mother and was talking to her on the phone about how to get [REDACTED] to go to sleep. Mr. [REDACTED] could not remember what time he spoke with Ms. [REDACTED] as his phone was dead at the time of the interview. Mr. [REDACTED] stated that Ms. [REDACTED] told him to go to sleep and to call back when he woke up. Mr. [REDACTED] stated that when he went to sleep he was lying on his back and that [REDACTED] was lying in between his arm and chest area. Mr. [REDACTED] stated that when he woke up he was laying on his side. Mr. [REDACTED] stated that when he woke up he observed that [REDACTED] nose was bleeding. Mr. [REDACTED] stated that he was rubbing [REDACTED] stomach but he would not wake up. Mr. [REDACTED] stated that he called 911 and tried to resuscitate [REDACTED] while the EMT's were on their way. Mr. [REDACTED] stated that the EMT's took [REDACTED] to [REDACTED] while the Mr. [REDACTED] waited on his mother ([REDACTED]) to come pick him up.

The investigation into this incident was conducted by CPSI [REDACTED], and [REDACTED] Police Detective [REDACTED].

As part of the investigation, CPSI [REDACTED] interviewed [REDACTED], Social Worker at [REDACTED] Children's Hospital. Ms. [REDACTED] stated that it appears that the father ([REDACTED]) may have rolled onto [REDACTED] after falling asleep. Ms. [REDACTED] stated that [REDACTED] was DOA and that the official time of death was at 6:40pm on 12/06/2014. It was reported that Mr. [REDACTED] fell asleep at about 5 pm and woke up at about 5:50pm to discover [REDACTED] unresponsive. Mr. [REDACTED] stated that he woke up with [REDACTED] underneath him. It was reported that there was not cardiac activity when [REDACTED] arrived at the hospital. Ms. [REDACTED] stated that there was some bruising that was observed on [REDACTED] back. It was reported that these bruises could be consistent with Mongolian spots.

CPSI [REDACTED] interviewed [REDACTED], birth mother, at [REDACTED] Children's Hospital. Ms. [REDACTED] stated that the father



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] usually will pick [REDACTED] up on the weekends. According to Ms. [REDACTED] was asleep on the bed and when the father fell asleep he rolled on [REDACTED]. Ms. [REDACTED] disclosed to CPSI [REDACTED] that the last time that she spoke with the father was at 3pm on 12/06/2014. Ms. [REDACTED] stated that [REDACTED] was up and that Mr. [REDACTED] was in the process of rocking him to sleep. Ms. [REDACTED] stated that Mr. [REDACTED] called her to get advice about how to get [REDACTED] to go to sleep. Ms. [REDACTED] stated that at about 6pm Mr. [REDACTED] called her and said that he rolled on top of [REDACTED]. Ms. [REDACTED] she did not know if the EMT was present when Mr. [REDACTED] called. Ms. [REDACTED] stated that Mr. [REDACTED] has a 4 year old daughter ([REDACTED]) who he sees on the weekends. Ms. [REDACTED] stated that [REDACTED] was staying with Mr. [REDACTED] for the weekend but was not present when this incident took place. Mr. [REDACTED] picked up [REDACTED] from the mother's house on Thursday at 9pm. Mr. [REDACTED] is currently employed as a forklift and works mostly during the day. Ms. [REDACTED] stated that it is unknown if Mr. [REDACTED] drinks or uses drugs. Ms. [REDACTED] stated that there was a crib or a bassinet at the grandmother's house. Ms. [REDACTED] stated that the father (Mr. [REDACTED] and [REDACTED]) was the only two people in the home. Ms. [REDACTED] stated that [REDACTED] does not have any Mongolian spots or birth marks on his body.

CPSI [REDACTED] interviewed [REDACTED], Birth father, at [REDACTED] Children's Hospital. Mr. [REDACTED] stated that he was staying at his mother's house over the weekend and had [REDACTED] with him. Mr. [REDACTED] stated that [REDACTED] had been up since 4:30am on 12/06/2014 and went without a nap all day. Mr. [REDACTED] stated that he called the mother and was talking to her on the phone about how to get [REDACTED] to go to sleep. Mr. [REDACTED] could not remember what time he spoke with Ms. [REDACTED] as his phone was dead at the time of the interview. Mr. [REDACTED] stated that Ms. [REDACTED] told him to go to sleep and to call back when he woke up. Mr. [REDACTED] stated that when he went to sleep he was lying on his back and that [REDACTED] was lying in between his arm and chest area. Mr. [REDACTED] stated that when he woke up he was laying on his side. Mr. [REDACTED] stated that when he woke up he observed that [REDACTED] nose was bleeding. Mr. [REDACTED] stated that he was rubbing [REDACTED] stomach but he would not wake up. Mr. [REDACTED] stated that he called 911 and tried to resuscitate [REDACTED] while the EMT's were on their way. Mr. [REDACTED] stated that the EMT's took [REDACTED] to [REDACTED] while the Mr. [REDACTED] waited on his mother ([REDACTED]) to come pick him up from the house. Mr. [REDACTED] stated that he has a 4 year old daughter ([REDACTED]) and has visitation with her every other weekend.

CPSI [REDACTED] did a home visit at the paternal grandmother's house. Mr. [REDACTED] walked CPSI [REDACTED] to the grandmother's bedroom where [REDACTED] bassinet was located. CPSI [REDACTED] observed that the bassinet had a full size fitted sheet folded inside of the bassinet along with a bed pillow. CPSI [REDACTED] was able to observe the bedroom where the incident took place. CPSI [REDACTED] observed that the bedroom was cluttered as evidenced by there being clothes on the bed and the on the floor. There were not sheets on the full size bed only a egg crate pad. There were several white pillows on the bed without pillow cases that had drops of blood on them. There was also old food and bottles all over the floor. CPSI [REDACTED] asked if Mr. [REDACTED] was asleep on the bed as it was with [REDACTED]. Mr. [REDACTED] stated that he was lying in a diagonal position and [REDACTED] was laying in between his chest and arm. CPSI [REDACTED] asked Mr. [REDACTED] where [REDACTED] slept when she visited with him at the grandparents' house. Mr. [REDACTED] stated that when [REDACTED] is staying over at the paternal grandparent's home, she will sleep with him, or the grandmother. No other information was observed at this time.

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DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] Child Protective Investigation Team on 09/24/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

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

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████ Region



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: 09/24/2015

Contact Method: Correspondence

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/28/2015

Completed date: 09/28/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notification of Classification

Contact Sub Type: Contact Central Office

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

Narrative Type: Original Entry Date/Time: 09/28/2015 04:09 PM Entered By: [REDACTED]

The case was presented to the [REDACTED] Child Protective Investigation Team on 09/24/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

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

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child 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: 09/24/2015

Contact Method:

Contact Time: 10:59 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/24/2015

Completed date: 09/24/2015

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: 09/24/2015 10:59 AM Entered By: [REDACTED]

Documentation of Closing SDM
Safety, Permanence, Well-being

Child Protective Services Investigator [REDACTED] (CPSI) completed the closing Safety Assessment. There are no current immediate harm factors or interventions. The safety decision is: 1. Safe. No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.



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: 09/23/2015	Contact Method: Attempted Face To Face
Contact Time: 10:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 09/24/2015
Completed date: 09/24/2015	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Notation, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/24/2015 10:26 AM Entered By: [REDACTED]

CPSI [REDACTED] attempted to meet with the mother ([REDACTED]) at her home on 09/23/2015 to discuss the investigation of [REDACTED] with her. A male (name unknown) answered the door and stated that the Ms. [REDACTED] was currently at work. CPSI [REDACTED] asked the male (name unknown) to let Ms. [REDACTED] know to contact CPSI [REDACTED] when she gets home. No other information was provided.



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: 08/31/2015

Contact Method: Phone Call

Contact Time: 11:42 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/24/2015

Completed date: 09/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/24/2015 10:46 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with the mother ([REDACTED]) on 08/31/2015 concerning the autopsy report. Ms. [REDACTED] stated that she contacted the medical examiner's office and they told her that there is no information on [REDACTED] autopsy. Ms. [REDACTED] appeared to be frustrated and stated that she is going to get an attorney to speed up the process of getting the autopsy since she is not receiving any feedback from DCS. CPSI [REDACTED] advised Ms. [REDACTED] that a request has been sent to the proper person to obtain the autopsy report however nothing has been received at this time. CPSI [REDACTED] informed Ms. [REDACTED] that as soon as the autopsy report is filed she will be contacted.



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: 04/20/2015

Contact Method:

Contact Time: 12:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/20/2015

Completed date: 04/20/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/20/2015 12:18 PM Entered By: [REDACTED]

CPSI is still waiting for the autopsy this case was reset at CPIT as well



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: 02/10/2015

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/24/2015

Completed date: 09/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/24/2015 10:42 AM Entered By: [REDACTED]

CPSI [REDACTED] met with the mother ([REDACTED]) on 02/10/2015 to discuss the case. CPSI [REDACTED] asked Ms. [REDACTED] about the living arrangements between the father and her during the incident. Ms. [REDACTED] stated that she was living in a separate house, but that the father would come to see the child daily. Ms. [REDACTED] stated that [REDACTED] would have visitation with the father on the 2nd or 3rd weekend of the month.

Ms. [REDACTED] denies that she has ever had any concerns about [REDACTED] staying with the father or the living environment.

Ms. [REDACTED] stated she and the father are receiving counseling through the [REDACTED] Police Department. Ms. [REDACTED] stated that the father is also receiving grief counseling.

CPSI [REDACTED] address the concern that [REDACTED] had red spots on his body. Ms. [REDACTED] stated that [REDACTED] was hot natured and at time he would receive red spots when he became hot.

Ms. [REDACTED] stated that the father also has a 4 year old daughter that he co slept with, however she is no longer sleeping with him. Ms. [REDACTED] stated that the father has moved out of the room and going to counseling once a week. CPSI [REDACTED] provided Ms. [REDACTED] with some resources to receive grief counseling. There were no other concerns 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: 12/06/2014

Contact Method: Face To Face

Contact Time: 10:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/10/2014

Completed date: 12/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2014 10:29 AM Entered By: [REDACTED]

Additional Contact 10/06/2014 at 10:30pm

CPSI [REDACTED] interviewed the paternal aunt ([REDACTED]). The paternal aunt stated that she does not have any concerns about how the father (Mr. [REDACTED]) cares for his children. CPSI [REDACTED] also spoke to [REDACTED] the birth mother of [REDACTED] daughter). Ms. [REDACTED] stated that she does not have any concerns about how [REDACTED] care's for [REDACTED]. Ms. [REDACTED] stated that [REDACTED] is always at the paternal grandparent's house on the weekends. Ms. [REDACTED] stated that there is no court ordered visitation and that there is a mutual agreement for visitation with [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: 12/06/2014

Contact Method: Face To Face

Contact Time: 10:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/10/2014

Completed date: 12/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2014 10:27 AM Entered By: [REDACTED]

Additional Contact 12/06/2014 at 10:20pm

CPSI [REDACTED] interviewed [REDACTED], Paternal Grandmother, at [REDACTED]. Ms. [REDACTED] stated that she does not have any concerns about how Mr. [REDACTED] cared for [REDACTED] or his 4 year old daughter ([REDACTED]). Ms. [REDACTED] stated that Mr. [REDACTED] is devastated by what happened to [REDACTED]. It was reported that Mr. [REDACTED] is a heavy sleeper and has sleep apnea. Ms. [REDACTED] stated that she was not at the home and was at work when Mr. [REDACTED] called her about [REDACTED]. Ms. [REDACTED] stated that [REDACTED] often would sleep in the bed with Mr. [REDACTED] and other relative when he spent the weekend with grandparents.



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: 12/06/2014	Contact Method: Face To Face
Contact Time: 09:35 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 12/08/2014
Completed date: 12/10/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 12/08/2014 11:30 AM Entered By: [REDACTED]
 Parents interview

CPSI [REDACTED] interviewed [REDACTED], Birth father, at [REDACTED] Children's Hospital. Mr. [REDACTED] stated that he was staying at his mother's house over the weekend and had [REDACTED] with him. Mr. [REDACTED] stated that [REDACTED] had been up since 4:30am on 12/06/2014 and went without a nap all day. Mr. [REDACTED] stated that he called the mother and was talking to her on the phone about how to get [REDACTED] to go to sleep. Mr. [REDACTED] could not remember what time he spoke with Ms. [REDACTED] as his phone was dead at the time of the interview. Mr. [REDACTED] stated that Ms. [REDACTED] told him to go to sleep and to call back when he woke up. Mr. [REDACTED] stated that when he went to sleep he was lying on his back and that [REDACTED] was lying in between his arm and chest area. Mr. [REDACTED] stated that when he woke up he was laying on his side. Mr. [REDACTED] stated that when he woke up he observed that [REDACTED] nose was bleeding. Mr. [REDACTED] stated that he was rubbing [REDACTED] stomach but he would not wake up. Mr. [REDACTED] stated that he called 911 and tried to resuscitate [REDACTED] while the EMT's were on their way. Mr. [REDACTED] stated that the EMT's took [REDACTED] to [REDACTED] while the Mr. [REDACTED] waited on his mother ([REDACTED]) to come pick him up from the house. Mr. [REDACTED] stated that he has a 4 year old daughter ([REDACTED]) and has visitation with her every other weekend.

CPSI [REDACTED] did a home visit at the paternal grandmother's house. Mr. [REDACTED] walked CPSI [REDACTED] to the grandmother's bedroom where [REDACTED] bassinet was located. CPSI [REDACTED] observed that the bassinet had an full size fitted sheet folded inside of the bassinet along with a bed pillow. CPSI [REDACTED] was able to observed the bedroom where the incident took place. CPSI [REDACTED] observed that the bedroom was cluttered as evidenced by there being clothes on the bed and the on the floor. There were not sheets on the full size bed only a egg crate pad. There were several white pillows on the bed without pillow cases that had drops of blood on them. There was also old food and bottles all over the floor. CPSI [REDACTED] asked if Mr. [REDACTED] was asleep on the bed as it was with [REDACTED]. Mr. [REDACTED] stated that he was laying in a diaganol position and [REDACTED] was laying in between his chest and arm. CPSI [REDACTED] asked Mr. [REDACTED] where [REDACTED] slept when she visited with him at the grandparents house. Mr. [REDACTED] stated that when [REDACTED] is staying over at the paternal grandparents home, she will sleep with him, or the grandmother. No other information was observed at this time.



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: 12/06/2014	Contact Method: Face To Face
Contact Time: 09:10 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 12/08/2014
Completed date: 12/08/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 12/08/2014 11:20 AM Entered By: [REDACTED]

Parent Interview 12/06/2014 at 9:10pm

CPSI [REDACTED] interviewed [REDACTED], birth mother, at [REDACTED] Children's Hospital. Ms. [REDACTED] stated that the father [REDACTED] usually will pick [REDACTED] up on the weekends. According to Ms. [REDACTED] was asleep on the bed and when the father fell asleep he rolled on [REDACTED]

Ms. [REDACTED] disclosed to CPSI [REDACTED] that the last time that she spoke with the father was at 3pm on 12/06/2014. Ms. [REDACTED] stated that [REDACTED] was up and that Mr. [REDACTED] was in the process of rocking him to sleep. Ms. [REDACTED] stated that Mr. [REDACTED] called her to get advice about how to get [REDACTED] to go to sleep. Ms. [REDACTED] stated that at about 6pm Mr. [REDACTED] called her and said that he rolled on top of [REDACTED]. Ms. [REDACTED] she did not know if the EMT was present when Mr. [REDACTED] called.

Ms. [REDACTED] stated that Mr. [REDACTED] has a 4 year old daughter ([REDACTED]) who he sees on the weekends. Ms. [REDACTED] stated that [REDACTED] was staying with Mr. [REDACTED] for the weekend but was not present when this incident took place. Mr. [REDACTED] picked up [REDACTED] from the mother's house on Thursday at 9pm. Mr. [REDACTED] is currently employed as a forklift and works mostly during the day. Ms. [REDACTED] stated that it is unknown if Mr. [REDACTED] drinks or uses drugs. Ms. [REDACTED] stated that there was a crib or a bassinet at the grandmother's house. Ms. [REDACTED] stated that the father (Mr. [REDACTED] and [REDACTED]) was the only two people in the home. Ms. [REDACTED] stated that [REDACTED] does not have any Mongolian spots or birth marks on his body.



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: 12/06/2014	Contact Method: Face To Face
Contact Time: 08:49 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 12/08/2014
Completed date: 12/08/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Initial ACV Face To Face	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/08/2014 11:19 AM Entered By: [REDACTED]

Child Interview 12/06/2014 at 8:49pm

CPSI [REDACTED] observed [REDACTED], deceased, at [REDACTED] Children's Hospital. [REDACTED] was brought to [REDACTED] Children's ER after he was found unresponsive on the bed at his father's home. According to the birth father [REDACTED] was staying with him for the weekend while he was at the paternal grandmother's ([REDACTED]) house. It was reported that [REDACTED] was up since 4:30am on 12/06/2014 and Mr. [REDACTED] was trying to get [REDACTED] to take a nap. Mr. [REDACTED] stated that he contacted the mother ([REDACTED]) so that she could tell him how to get to sleep. Ms. [REDACTED] told Mr. [REDACTED] stated that he was tired and said that he was going to sleep. Mr. [REDACTED] stated that he was lying diagonally on his bed and that [REDACTED] was lying between his chest and his arm. Mr. [REDACTED] stated that he fell asleep but does not remember how long. Mr. [REDACTED] stated that when he woke up he noticed that [REDACTED] nose was bleeding. Mr. [REDACTED] stated that he rubbed [REDACTED] on his stomach to wake him up but he was not responsive. Mr. [REDACTED] stated that he called 911 and they were telling him what he needed to do to resuscitate [REDACTED] EMT arrived at the home to take the children to [REDACTED] Children's ER, and the father waited for his mother ([REDACTED]) to take him to the hospital. [REDACTED] was pronounced deceased at the hospital.



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: 12/06/2014

Contact Method: Face To Face

Contact Time: 08:49 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/10/2014

Completed date: 12/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2014 10:26 AM Entered By: [REDACTED]

Collateral Contact 12/06/2014 at 8:49pm

CPSI [REDACTED] interviewed [REDACTED], Social Worker at [REDACTED] Children's Hospital. Ms. [REDACTED] stated that it appears that the father ([REDACTED]) may have rolled onto [REDACTED] after falling asleep. Ms. [REDACTED] stated that [REDACTED] was DOA and that the official time of death was at 6:40pm on 12/06/2014. It was reported that Mr. [REDACTED] fell asleep at about 5 pm and woke up at about 5:50pm to discover [REDACTED] unresponsive. Mr. [REDACTED] stated that he woke up with [REDACTED] underneath him. It was reported that there was not cardiac activity when [REDACTED] arrived at the hospital. Ms. [REDACTED] stated that there was some bruising that was observed on [REDACTED] back. It was reported that these bruises could be consistent with Mongolian spots.



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: 12/06/2014

Contact Method: Phone Call

Contact Time: 08:14 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 12/08/2014

Completed date: 12/08/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/08/2014 11:21 AM Entered By: [REDACTED]

Referent Contact 12/06/2014 at 8:14pm

The referent was contacted and additional information was obtained. The referent will receive a notification letter through the [REDACTED] System.



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: 12/06/2014

Contact Method:

Contact Time: 07:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/24/2015

Completed date: 09/24/2015

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: 09/24/2015 10:58 AM Entered By: [REDACTED]

Documentation of Initial SDM
 Safety, Permanence, Well-being
 Date: 12/06/2015

Child Protective Services Investigator [REDACTED] (CPSI) completed the initial Safety Assessment. There are current immediate harm factors and interventions.

2. Conditionally Safe. One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. It was reported that [REDACTED] was sleeping with his birth father ([REDACTED]) and when he woke he found [REDACTED] unresponsive. Based on protecting interventions, no protective custody action is necessary at this time.



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: 12/06/2014 Contact Method:
Contact Time: 07:02 PM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For:
Location: 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 11:18 AM Entered By: [REDACTED]
Initial Case Summary:

Child Protective Services (CPS) received this case on 12/06/2014 as a P1 with allegations of Neglect Death. The victim (ACV) is listed as [REDACTED] (deceased) and the perpetrator (AP) is Unknown. The referral was assessed and assigned by (TL, [REDACTED]) on 12/06/2014 to Child Protective Services Investigator (CPSI) [REDACTED] Response is due on 12/07/2014

Referral Summary:

It was reported that [REDACTED] was at his father's home today, December 6, 2014, 12-06-14. Law enforcement (LE) was contacted due to [REDACTED] being found unresponsive. The father reported that he and [REDACTED] were sleeping in the bed together when he woke up and [REDACTED] was unresponsive. When LE arrived at the home EMS was attempting CPR. EMS transported [REDACTED] to [REDACTED] Children's Hospital. [REDACTED] was pronounced dead upon arrival. [REDACTED] is at [REDACTED] Children's Hospital at the time of this call. The autopsy report is pending at this time.

The mother made the scene at the hospital. The father and mother are distraught about the situation. Detective [REDACTED] is on the scene and will be investigating the incident with Detective [REDACTED].

Detective [REDACTED] has not observed [REDACTED] at this time. It is unknown if the parents have any alcohol and drug, mental health or domestic violence issues. It is unknown if the parents have a history with the police. The home has not been observed. It is unknown if there are more children living in the home.

CPSI [REDACTED] verified the family's history of involvement with DCS through a search with DCS through a search of TNKids/TFACTS and the following history was found:

****The child is not in DCS custody

TFACTS:

Family Case IDs: No



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: No

Substantiated: No

Death: No

Screened out: No

History (not listed above): No

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: None

Directions: The mother's address is [REDACTED]. The mother's cell number is [REDACTED].

Initial Family Composition:

The child [REDACTED] (1 month) lived with his mother, [REDACTED], 25), in [REDACTED] County. The child died today. The child's father is [REDACTED], 32). The father lives at [REDACTED] in [REDACTED] County. The father's phone number is unknown.

Notification of referral was sent to the Judge.

Notification of this referral was sent to the District Attorney.

Child Protective Investigate Team (CPIT) was convened on: 12/06/2014

The referent will receive notification through the [REDACTED] system.