



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 12/29/2014 09:12 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 12/29/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 12/29/2014 12:15 PM
First Team Leader Assigned: [REDACTED] Date/Time 12/29/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 12/29/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None
[REDACTED]	Deceased	Neglect Death	Yes	[REDACTED]	Birth Father
[REDACTED]	Deceased	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None

Narrative: Family Case IDs [REDACTED] and [REDACTED] - Possible history under [REDACTED] (listed as a male in history)

Open Court Custody/FSS/FCIP No
Closed Court Custody No

Substantiated:
INV [REDACTED] / SEE / [REDACTED] / Substantiated / 5-31-08

Number of Screen Outs: 0



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History (not listed above):

INV [REDACTED] / 9-29-2008 / SEE / Unsubstantiated / 1-29-2009
ASMT [REDACTED] / 9-29-2008 / NUN / Unable to Complete / 1-29-2009
INV [REDACTED] / 3-28-2008 / DEC / Unsubstantiated / 5-31-2008
ASMT [REDACTED] / 3-27-2008 / MDM / Services Recommended and Accepted / 5-31-2008
ASMT [REDACTED] / 12-07-2007 / MDM / No Services Needed / 5-31-2008
INV [REDACTED] / 2-23-2007 / PHA / LOS / Unsubstantiated / 5-14-2007

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

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] (2 months) lived with her mother, [REDACTED] and father, [REDACTED] in [REDACTED]. The family lives in [REDACTED] with [REDACTED] parents (unknown information other than address - [REDACTED]). This incident took place at an aunt's home, [REDACTED] in [REDACTED]. It is unknown if [REDACTED] is [REDACTED] or [REDACTED] aunt. Both [REDACTED] and [REDACTED] live with [REDACTED] parents (unknown) in [REDACTED]. [REDACTED] is not in state custody.

Both of the parents provided the same story. They stated that [REDACTED] was fed at 8:30 pm last night, December 28, 2014. [REDACTED] was then laid down to go to sleep. The baby was placed between [REDACTED] body and the arm of a recliner. [REDACTED] arm was around the baby, resting on the arm of the recliner. [REDACTED] went to sleep on the couch next to them, and woke up around 12:50 am this morning, December 29, 2014 to check on [REDACTED]. At that time, [REDACTED] noticed that [REDACTED] was not breathing, and was still in the same position between [REDACTED] body and the arm of the recliner. The family then called 911 and no one in the home knew CPR, so dispatch helped talk them through performing CPR until officers and medical personnel could arrive on the scene.

No safety hazards were observed in the home, which was described as a "nice house, just older." [REDACTED] and [REDACTED] are now in [REDACTED] at their home. [REDACTED] will be undergoing an autopsy with the medical examiner's office in [REDACTED]. The local [REDACTED] (in [REDACTED]), [REDACTED] reported that he did not observe any other signs of neglect or abuse on the infant.

[REDACTED] and [REDACTED] reported that [REDACTED] had some congestion symptoms that had been addressed at the doctor (unknown information, in [REDACTED]) recently. There are no other children in the home with [REDACTED] and [REDACTED]. There is no history with the police that the referent is aware of and there are no known patterns of abuse in the home. There is no known alcohol, drug, or mental health issues. At this time, it is reported that [REDACTED] most likely passed away from accidental asphyxiation.

Special Needs or Disabilities: None
Child's current location/is the child safe at this time: Deceased
Perpetrator's location at this time: Home
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 is no known current domestic violence in the home

[REDACTED] group was emailed notification of this report via Outlook. [REDACTED] received the notification. Per SDM: Investigative Track, P1, [REDACTED], TL on 12-29-14 @ 11:56 am

Notified Child Death Group via email: [REDACTED]



**Tennessee Department of Children's Services
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SC [REDACTED] was also copied on the notification email.



**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: [REDACTED] Race: White Age: 17 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
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: 12/29/2014

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: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
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: [REDACTED] Race: Unable to Age: 44 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: 12/29/2014

Assignment Date: 12/29/2014

Street Address:

City/State/Zip:

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 3 rows of allegation data.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Case investigated and closed as AUPU.

D. Case Workers

Case Worker: [Redacted]

Date: 02/25/2015

Team Leader: [Redacted]

Date: 02/25/2015

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:

This case was a child fatality and no victim interview or observation completed.

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion 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 : [REDACTED]

Investigation ID: [REDACTED]

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

[REDACTED] stated when he interviewed both [REDACTED] and [REDACTED] they gave consistent information. He said they reported that the night prior at approximately 8:30 pm Mr. [REDACTED] fed ACV [REDACTED] a bottle. He said Mr. [REDACTED] reported after the feeding he was holding ACV [REDACTED] while she was asleep and he was sitting in a recliner with ACV [REDACTED] between him and the chair arm. He said Mr. [REDACTED] reported his arm was under her and his arm was resting on the arm of the chair. He stated Ms. [REDACTED] reported falling asleep on the couch in the same room and woke up at approximately 12:50 am this morning to check on ACV [REDACTED] and found her to not be breathing. [REDACTED] stated that a re-enactment of the incident was completed with Mr. [REDACTED] using a small bundle of diapers, approximately the same length as ACV [REDACTED]. [REDACTED] stated that this is a recliner with a plush pillow arm and there did appear to be room between Mr. [REDACTED] and the chair arm for the size of an infant to fit. [REDACTED] stated the parents reported ACV [REDACTED] had recently had some congestion issues and had been taken to a doctor in [REDACTED] recently for this but the physician's name and information are unknown. [REDACTED] was asked if he knew which physician [REDACTED] had gone to for the alleged congestion prior to her death and he said he did not know this information. He said that the night of [REDACTED] death the parents were asked about this doctor's visit and law enforcement was not able to get a specific answer about which doctor she was taken to.

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

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

[REDACTED] said he interviewed Mrs. [REDACTED], homeowner of where the child fatality occurred at, when he responded to her home for the death of [REDACTED]. He stated Mrs. [REDACTED] reported the family had only been staying with them for a couple of days and does not reside at her home. He said Mrs. [REDACTED] did not report any concern for Ms. [REDACTED] or Mr. [REDACTED] care of [REDACTED]. [REDACTED] stated that Mrs. [REDACTED] reported having gone to bed prior to [REDACTED] being found dead and [REDACTED] was alive when she went to bed. [REDACTED] said their criminal case was closed and he did not have any updated contact information for the family.

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] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/11/2015

Contact Method:

Contact Time: 11:26 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/15/2015

Completed date: 06/15/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/15/2015 11:27 AM Entered By: [REDACTED]

This case was reviewed and approved for closure by [REDACTED] on 6/11/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/11/2015	Contact Method:	
Contact Time:	08:25 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	06/11/2015
Completed date:	06/11/2015	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: 06/11/2015 08:26 AM Entered By: [REDACTED]

The Department of Children's Services (DCS) received a referral on 12/29/2014 with an allegation of Neglect Death regarding child [REDACTED]

[REDACTED] was not in the custody of the Department of Children's Services at the time of her death and there was no DCS history for [REDACTED]

According to [REDACTED] with the [REDACTED] this family resides in [REDACTED] and came to [REDACTED] on 12/27/14 to stay a couple of days to visit with Mr. [REDACTED] aunt, [REDACTED]. The home of Mrs. [REDACTED] is where the allegations occurred. Mr. [REDACTED] reported feeding [REDACTED] at approximately 8:00 or 8:30 pm. on the night of 12/28/14 and then falling asleep with [REDACTED] in a recliner after the feeding. Ms. [REDACTED] reported she woke up at approximately 12:50 am on 12/29/14 to check on [REDACTED] and found her not breathing. 911 was called and a dispatcher walked to family through how to perform CPR. Law enforcement arrived and also found her not to be breathing and continued CPR. [REDACTED] was transported to [REDACTED] Emergency Room where attempts to revive her were unsuccessful. Responding [REDACTED] wrote in his police report "She appeared to be a healthy baby, no signs of abuse".

[REDACTED] was pronounced deceased on 12/29/2014 at 1:31 am.

An investigation into this incident was conducted by the [REDACTED] and Department of Children's Services [REDACTED]

The report to DCS listed [REDACTED] and Unknown as the alleged perpetrators of Neglect Death. Interviews were conducted with [REDACTED] and [REDACTED] by [REDACTED]. [REDACTED] stated when he interviewed both [REDACTED] and [REDACTED] they gave consistent information. He said they reported that the night prior at approximately 8:30 pm Mr. [REDACTED] fed ACV [REDACTED] a bottle. He said Mr. [REDACTED] reported after the feeding he was holding ACV [REDACTED] while she was asleep and he was sitting in a recliner with ACV [REDACTED] between him and the chair arm. He said Mr. [REDACTED] reported his arm was under her and his arm was resting on the arm of the chair. He stated Ms. [REDACTED] reported falling asleep on the couch in the same room and woke up at approximately 12:50 am this morning to check on ACV [REDACTED] and found her to not be breathing. Det.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated that a re-enactment of the incident was completed with Mr. [REDACTED] using a small bundle of diapers, approximately the same length as ACV [REDACTED]. [REDACTED] stated that this is a recliner with a plush pillow arm and there did appear to be room between Mr. [REDACTED] and the chair arm for the size of an infant to fit. [REDACTED] stated the parents reported ACV [REDACTED] had recently had some congestion issues and had been taken to a doctor in [REDACTED] recently for this but the physician's name and information are unknown. [REDACTED] was asked if he knew which physician [REDACTED] had gone to for the alleged congestion prior to her death and he said he did not know this information. He said that the night of [REDACTED] death the parents were asked about this doctor's visit and law enforcement was not able to get a specific answer about which doctor she was taken to.

[REDACTED] said he interview Mrs. [REDACTED], homeowner of where the child fatality occurred at, when he responded to her home for the death of [REDACTED]. He stated Mrs. [REDACTED] reported the family had only been staying with them for a couple of days and does not reside at her home. He said Mrs. [REDACTED] did not report any concern for Ms. [REDACTED] or Mr. [REDACTED] care of [REDACTED]. [REDACTED] stated that Mrs. [REDACTED] reported having gone to bed prior to [REDACTED] being found dead and [REDACTED] was alive when she went to bed.

[REDACTED] said their criminal case was closed and he did not have any updated contact information for the family.

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

- a) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- b) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.
- c) 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.

The case was presented to the [REDACTED] Child Protective Investigation Team on 2/23/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegations of Neglect Death.

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

The case will be closed and classified as Allegations Unsubstantiated Perpetrator Unsubstantiated for 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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/20/2015	Contact Method:	Phone Call
Contact Time:	11:20 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Provider Office	Created Date:	04/20/2015
Completed date:	04/20/2015	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: 04/20/2015 11:31 AM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] by phone. [REDACTED] asked if [REDACTED] paternal great aunt to [REDACTED] was interviewed at the beginning of this case due to her home in [REDACTED] being where the death of [REDACTED] occurred. [REDACTED] said he did interview Mrs. [REDACTED] when he responded to her home for the death of [REDACTED]. He stated Mrs. [REDACTED] reported the family had only been staying with them for a couple of days and does not reside at her home. He said Mrs. [REDACTED] did not report any concern for Ms. [REDACTED] or Mr. [REDACTED] care of [REDACTED]. [REDACTED] stated that Mrs. [REDACTED] reported having gone to bed prior to [REDACTED] being found dead and [REDACTED] was alive when she went to bed. He stated he obtained a written statement from Mrs. [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method:

Contact Time: 03:56 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/10/2015

Completed date: 03/10/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/10/2015 03:57 PM Entered By: [REDACTED]

This case was reviewed for closure by IC [REDACTED]. The case will be sent for further review by RID [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/10/2015	Contact Method:	Phone Call
Contact Time:	03:10 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Provider Office	Created Date:	03/10/2015
Completed date:	03/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/10/2015 03:32 PM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] with the [REDACTED] by phone. [REDACTED] was asked if he knew which doctor [REDACTED] had gone to for the alleged congestion prior to her death and he said he did not know this information. He said that the night of [REDACTED] death the parents were asked about this doctor's visit and law enforcement was not able to get a specific answer about which doctor she was taken to. [REDACTED] said their criminal case was closed and he did not have any updated contact information for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/10/2015	Contact Method:	Attempted Phone Call
Contact Time:	03:05 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Provider Office	Created Date:	03/10/2015
Completed date:	03/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/10/2015 03:22 PM Entered By: [REDACTED]

[REDACTED] attempted to contact [REDACTED] [REDACTED] [REDACTED] father, by phone on the phone number listed for him on the Clearsearch results. There was no answer and no option to leave a voicemail message.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method: Attempted Phone Call

Contact Time: 02:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 03/10/2015

Completed date: 03/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/10/2015 03:20 PM Entered By: [REDACTED]

[REDACTED] attempted to contact [REDACTED] [REDACTED] by phone. There was a recording stating at the subscribers request this number is not receiving incoming calls.

Narrative Type: Addendum 1 Entry Date/Time: 03/10/2015 03:27 PM Entered By: [REDACTED]

This attempted phone call was made in an attempt to gather information regarding what physician [REDACTED] [REDACTED] was seen by for congestion prior to her death.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 03/02/2015 Contact Method:
 Contact Time: 12:55 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/02/2015
 Completed date: 03/02/2015 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: 03/02/2015 12:54 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) received a referral on 12/29/2014 with an allegation of Neglect Death regarding child [REDACTED]

[REDACTED] was not in the custody of the Department of Children's Services at the time of her death and there was no DCS history for [REDACTED]

According to [REDACTED] with the [REDACTED] this family resides in [REDACTED] and came to [REDACTED] on 12/27/14 to stay a couple of days to visit with Mr. [REDACTED] aunt [REDACTED]. The home of Mrs. [REDACTED] is where the allegations occurred. Mr. [REDACTED] reported feeding [REDACTED] at approximately 8:00 or 8:30 pm. on the night of 12/28/14 and then falling asleep with [REDACTED] in a recliner after the feeding. Ms. [REDACTED] reported she woke up at approximately 12:50 am on 12/29/14 to check on [REDACTED] and found her not breathing. 911 was called and a dispatcher walked to family through how to perform CPR. Law enforcement arrived and also found her not to be breathing and continued CPR. [REDACTED] was transported to [REDACTED] Emergency Room where attempts to revive her were unsuccessful. Responding [REDACTED] wrote in his police report "She appeared to be a healthy baby, no signs of abuse".

[REDACTED] was pronounced deceased on 12/29/2014 at 1:31 am.

An investigation into this incident was conducted by the [REDACTED] and Department of Children's Services Investigator [REDACTED]

The report to DCS listed [REDACTED] and Unknown as the alleged perpetrators of Neglect Death. Interviews were conducted with [REDACTED] and [REDACTED] by [REDACTED]. [REDACTED] stated when he interviewed both [REDACTED] and [REDACTED] they gave consistent information. He said they reported that the night prior at approximately 8:30 pm Mr. [REDACTED] fed ACV [REDACTED] a bottle. He said Mr. [REDACTED] reported after the feeding he was holding ACV [REDACTED] while she was asleep and he was sitting in a recliner with ACV [REDACTED] between him and the chair arm. He said Mr. [REDACTED] reported his arm was under her and his arm was resting on the arm of the chair. He stated Ms. [REDACTED] reported falling asleep on the couch in the same room and woke up at approximately 12:50 am this morning to check on ACV [REDACTED] and found her to not be breathing. Det.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated that a re-enactment of the incident was completed with Mr. [REDACTED] using a small bundle of diapers, approximately the same length as ACV [REDACTED]. [REDACTED] stated that this is a recliner with a plush pillow arm and there did appear to be room between Mr. [REDACTED] and the chair arm for the size of an infant to fit. [REDACTED] stated the parents reported ACV [REDACTED] had recently had some congestion issues and had been taken to a doctor in [REDACTED] recently for this but the physician's name and information are unknown.

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

- a) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- b) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.
- c) 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.

The case was presented to the [REDACTED] Child Protective Investigation Team on 2/23/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegations of Neglect Death.

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

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

Narrative Type: Created In Error Entry Date/Time: 06/11/2015 08:25 AM Entered By: [REDACTED]

This recording will be documented on 6/11/15 as case closure with additional information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/27/2015 Contact Method: Attempted Phone Call
 Contact Time: 11:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/02/2015
 Completed date: 03/02/2015 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: 03/02/2015 09:20 AM Entered By: [REDACTED]

[REDACTED] attempted to contact [REDACTED] [REDACTED] by phone at the only number available for the family. There was a recording that stated at the subscribers request this number is not accepting incoming call.s

Narrative Type: Addendum 1 Entry Date/Time: 03/10/2015 03:26 PM Entered By: [REDACTED]

This attempted phone call was made in an attempt to gather information regarding what physician [REDACTED] [REDACTED] was seen by for congestion prior to her death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/27/2015	Contact Method:	
Contact Time:	11:27 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/27/2015
Completed date:	02/27/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/27/2015 11:29 AM Entered By: [REDACTED]

Family Name: [REDACTED]

Allegations: Neglect Death

Classification: AUPU pending autopsy. Family was visiting with relatives for holidays, infant was fed by and was being held by the father in a recliner. Father and infant fell asleep. Mother woke up to check on infant and infant was not breathing. 911 was called. No charges have been filed. No other children in home. Family lives out of state in [REDACTED]. Mother is a juvenile who currently with her mother in [REDACTED].

CPIT: Presented to [REDACTED] CPIT team who agreed with classification as AUPU. Autopsy had been received by DA's office and they provided a copy to investigator. Autopsy states cause of death "probable suffocation", manner of death "accidental".

Circumstances of death "co-sleeping with father in a recliner".

Services Provided: Offered to family.

Case has been reviewed.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/25/2015	Contact Method:	
Contact Time:	02:20 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	03/10/2015
Completed date:	03/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/10/2015 03:39 PM Entered By: [REDACTED]

[REDACTED] received an email from DCS [REDACTED] regarding the Clearsearch results for [REDACTED] [REDACTED]. She stated she did not find any information on [REDACTED] [REDACTED] with his listed date of birth in [REDACTED]. She was able to find information for a [REDACTED] (different spelling of his first name) with a possible address of [REDACTED] [REDACTED] and phone number of [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/25/2015

Contact Method:

Contact Time: 01:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/25/2015

Completed date: 02/25/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/25/2015 01:53 PM Entered By: [REDACTED]

[REDACTED] sent a request to DCS [REDACTED] to complete a Clearsearch for [REDACTED] [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/23/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Provider Office Created Date: 03/02/2015
 Completed date: 03/02/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/02/2015 12:21 PM Entered By: [REDACTED]

[REDACTED] was provided a copy of the autopsy report for [REDACTED] [REDACTED] from the [REDACTED]
 The Autopsy Report stated the "Cause of Death: Probable Suffocation, Manner of Death: Accident, Circumstances of Death: Co-sleeping with father in a recliner"



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	02/23/2015	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Provider Office	Created Date:	03/02/2015
Completed date:	03/02/2015	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: 03/02/2015 09:27 AM Entered By: [REDACTED]

-- [REDACTED] presented this case to [REDACTED] CPIT. Members were present from DCS, Law Enforcement, the District Attorney, Juvenile Court, and the CAC.

-- Allegation: Neglect Death

-- AP: Unknown, [REDACTED]

-- ACV: [REDACTED]

-- Classification Decision: It was agreed to classify this case as Allegations Unfounded Perpetrator Unfounded (AUPU)

-- A copy of the signed CPIT form can be found in the DCS physical file.

Narrative Type: Created In Error Entry Date/Time: 03/02/2015 12:28 PM Entered By: [REDACTED]

Notation will be entered to reflect classification as Unsubstantiated instead of the term Unfounded.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/23/2015	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Provider Office	Created Date:	03/02/2015
Completed date:	03/02/2015	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: 03/02/2015 12:29 PM Entered By: [REDACTED]

-- [REDACTED] presented this case to [REDACTED] CPIT. Members were present from DCS, Law Enforcement, the District Attorney, Juvenile Court, and the CAC.

-- Allegation: Neglect Death

-- AP: Unknown, [REDACTED]

-- ACV: [REDACTED]

-- Classification Decision: It was agreed to classify this case as Allegations Unsubstantiated Perpetrator Unsubstantiated (AUPU)

-- A copy of the signed CPIT form can be found in the DCS physical file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/29/2015	Contact Method:	Phone Call
Contact Time:	04:25 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Provider Office	Created Date:	03/02/2015
Completed date:	03/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/02/2015 12:05 PM Entered By: [REDACTED]

4:25 pm. [REDACTED] called the phone number listed for the family and requested to speak with [REDACTED]. [REDACTED] was told that [REDACTED] was not at this residence at this time but the individual that answered the phone identified herself as [REDACTED] mother, [REDACTED] Mrs. [REDACTED] stated that her daughter, [REDACTED] is not doing well. She said she never stays at home and stays friend's houses and her paramour [REDACTED] home the majority of the time. She stated she has tried to get [REDACTED] to go to counseling but she will not. She said there is no other number she has to contact [REDACTED] and she is not sure exactly where she is staying at this time. She said after [REDACTED] death, [REDACTED] did take too much medication and tried to overdose and she was transported to [REDACTED] Hospital. [REDACTED] was transferred to [REDACTED] Hospital in [REDACTED] for inpatient treatment. She said that [REDACTED] wanted to place [REDACTED] in a ten day inpatient treatment program but the time that she was scheduled to be in their facility was also during the time they had planned [REDACTED] funeral. She said [REDACTED] stated they would not release [REDACTED] to attend [REDACTED] funeral and due to this [REDACTED] decided to not follow through with the inpatient treatment. Mrs. [REDACTED] stated that she thought [REDACTED] would check herself back into [REDACTED] Hospital after the funeral to follow through with treatment but she did not. Mrs. [REDACTED] said her daughter now reports she does not feel that she needs any counseling and just needs to "forget all this". [REDACTED] asked if she could speak with her daughter and see if she would be willing to meet with [REDACTED] or call [REDACTED] to discuss counseling options. Mrs. [REDACTED] said she would talk with her daughter but she does not feel that she will be receptive to services. [REDACTED] stated that [REDACTED] had requested information on how to obtain a GED and would like to give her that information. Mrs. [REDACTED] stated her daughter knew how to obtain a GED through [REDACTED] because her oldest daughter is going through the program to obtain her GED. Mrs. [REDACTED] said she has explained to her daughter that she needs to follow up with her GED or go back to high school but [REDACTED] refuses to go back to school and in the state of [REDACTED] it is legal for a student to drop out of school at the age of sixteen. [REDACTED] provided Mrs. [REDACTED] with the information obtained from the [REDACTED] County Board of Education on how to obtain a GED. She said if [REDACTED] is willing to talk with or meet with [REDACTED] she will contact her. [REDACTED] asked if she had a contact phone number or address for [REDACTED] and she said she did not.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/29/2015

Contact Method: Phone Call

Contact Time: 03:55 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 03/02/2015

Completed date: 03/02/2015

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: 03/02/2015 12:03 PM Entered By: [REDACTED]

3:55 pm. [REDACTED] contacted the [REDACTED] Board of Education and spoke with [REDACTED] [REDACTED] inquired about how an individual could obtain a GED in [REDACTED] Mrs. [REDACTED] stated that GEDs are obtained through the Adult Education Department at [REDACTED] Community College at the [REDACTED] campus at [REDACTED] She stated that the time to sign up is on Mondays at either 7:30 am or 4:30 pm and the classes are from 3 to 3 1/2 hours. She stated if the individual obtaining a GED was under the age of eighteen years of age then they would need to provide a written permission request from a parent or guardian and also and Exit form from their last high school would need to be filled out by their school. She stated individuals also needed to provide either a driver's license or state issued id for identification purposes.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/28/2015	Contact Method:	Phone Call
Contact Time:	05:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/02/2015
Completed date:	03/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

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

5:00 pm. [REDACTED] contacted [REDACTED] by phone. She said she is staying at different friend's houses right now but that her primary residence is still her mother's home. She said she and [REDACTED] father, [REDACTED] are not together in a relationship any longer and she is not sure where [REDACTED] is located and said she does not have a phone number for him. She said they are not together because of "all this" and said there was a strain on their relationship after [REDACTED] death. [REDACTED] asked her if there was any services she felt she needed or anything DCS could help her with. She said she does not feel she needs any counseling at this time but knew that she could go to the [REDACTED] in [REDACTED] if she needed counseling. She said she would like to get a job or her GED because she feels like if she could stay busy it would keep her mind off of [REDACTED] death. [REDACTED] asked her where she last went to high school and she stated [REDACTED] High School in [REDACTED] and that is where she is still zoned to attend if she went back to school. She said she did not want to go back to that school because they kicked her out of school when she became pregnant with [REDACTED]. She said she would like to get her GED but does not know who to contact. [REDACTED] stated she would contact her prior school the following day and gather some information regarding obtaining a GED for her. [REDACTED] asked her where she had looked to obtain a job and she said nowhere at this time because she does not have a driver's license and does not know where to look for a job. She said her mother and family could provide transportation if she obtained a job. [REDACTED] asked her if she had access to the internet and she said she did. [REDACTED] talked with her about a jobsearch website called Indeed.com. While on the phone with [REDACTED] Ms. [REDACTED] accessed this site and [REDACTED] navigated her through a job search by phone. There were two different jobs that Ms. [REDACTED] found that she said she might be interested in and neither of those jobs required a GED or high school diploma. Ms. [REDACTED] stated she would talk to her mother about taking her to put in applications this week. [REDACTED] stated she would call her when information regarding obtaining a GED had been gathered. [REDACTED] provided her contact information and advised Ms. [REDACTED] to call if she had any questions or if she needed any assistance.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/07/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/27/2015
Completed date:	02/27/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/27/2015 11:26 AM Entered By: [REDACTED]

Family Name: [REDACTED]

Allegations: Neglect Death

Classification: AUPU pending autopsy. Family was visiting with relatives for holidays, infant was fed by and was being held by the father in a recliner. Father and infant fell asleep. Mother woke up to check on infant and infant was not breathing. 911 was called. No charges have been filed. No other children in home. Family lives out of state in [REDACTED]. Mother is a juvenile who currently with her mother in [REDACTED].

CPIT: Will be presented to [REDACTED] CPIT team.

Services Provided: Offered to family.

Case has been reviewed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/06/2015	Contact Method:	Attempted Phone Call
Contact Time:	04:15 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Provider Office	Created Date:	03/02/2015
Completed date:	03/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/02/2015 11:41 AM Entered By: [REDACTED]

[REDACTED] attempted to contact the phone number for the family but there was no answer and no option to leave a voice mail.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/02/2015	Contact Method:	Phone Call
Contact Time:	04:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Provider Office	Created Date:	01/02/2015
Completed date:	01/02/2015	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: 01/02/2015 04:18 PM Entered By: [REDACTED]

[REDACTED] contacted the phone number listed for the family and when a female answered, [REDACTED] requested to speak with [REDACTED]. [REDACTED] was told by the person that answered the phone that [REDACTED] was unable to speak with [REDACTED] at this time and then she identified herself as [REDACTED] mother, [REDACTED]. She began crying and seemed to have difficulty speaking. [REDACTED] expressed condolences for the loss of her granddaughter. Mrs. [REDACTED] said she appreciated the concern but stated she is upset at this time due her being at the hospital with her daughter, [REDACTED] due to an overdose. She said this occurred today and they are at [REDACTED] and [REDACTED]. She said they believe her daughter is going to be okay medically. [REDACTED] asked if there was any assistance that DCS could help her or her family with at this time and she said no but she would keep [REDACTED] number and call if there is anything she feels she needs. [REDACTED] said she would follow up with her the following week to check on [REDACTED] and see if there is anything that DCS could assist the family with.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method: Attempted Phone Call

Contact Time: 04:48 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/29/2014

Completed date: 12/29/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/29/2014 04:49 PM Entered By: [REDACTED]

[REDACTED] attempted to contact ACV [REDACTED] parents, [REDACTED] [REDACTED] and [REDACTED] [REDACTED] on the only phone number listed for them on the police report and in TFACTS. The number went immediately to a voicemail.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method:

Contact Time: 04:31 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/29/2014

Completed date: 12/29/2014

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: 12/29/2014 04:33 PM Entered By: [REDACTED]

[REDACTED] e-mailed the Notice of Child Death (CS-0635) Form to the Child Fatality Notification Group.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/29/2014	Contact Method:	Attempted Phone Call
Contact Time:	03:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/29/2014
Completed date:	12/29/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Alleged Perpetrator Interview, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/29/2014 03:44 PM Entered By: [REDACTED]

[REDACTED] attempted to contact ACV [REDACTED] parents, [REDACTED] [REDACTED] and [REDACTED] [REDACTED] on the only phone number listed for them on the police report and in TFACTS. The number went immediately to a voicemail and [REDACTED] left a voicemail message requesting they contact [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 12/29/2014 Contact Method: Face To Face
 Contact Time: 02:05 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 12/29/2014
 Completed date: 12/29/2014 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/29/2014 04:47 PM Entered By: [REDACTED]

[REDACTED] met with [REDACTED] with the [REDACTED] at the [REDACTED] to discuss this case. [REDACTED] provided [REDACTED] a copy of the Preliminary Investigative Report. [REDACTED] stated there are no other children in the home of the parents and they have no other children. He stated that AP [REDACTED] and AP [REDACTED] (ACV [REDACTED] parents) reside in [REDACTED] with AP [REDACTED] parents and had been in [REDACTED] for a couple of days to visit with AP [REDACTED] aunt. [REDACTED] stated that Mrs. [REDACTED] s home is the address listed on the referral and where officers responded to ACV [REDACTED] being unresponsive. [REDACTED] stated he interviewed both [REDACTED] and [REDACTED] and they gave consistent information. He said they reported that last night at approximately 8:30 pm AP [REDACTED] fed ACV [REDACTED] a bottle. He said Mr. AP [REDACTED] reported after the feeding he was holding ACV [REDACTED] while she was asleep and he was sitting in a recliner with ACV [REDACTED] between him and the chair arm with his arm under her and his arm resting on the arm of the chair. AP [REDACTED] reported falling asleep on the couch in the same room and woke up at approximately 12:50 am to check on ACV [REDACTED] and found her to not be breathing. [REDACTED] reported that 911 was called and the family had assistance from a dispatcher in how to complete CPR. He stated he and the [REDACTED] went to the residence and he did not observe any visible safety hazards and [REDACTED] reported that he did not observe any other signs of neglect or abuse on the child. [REDACTED] stated that [REDACTED] thought he had a doll to complete a re-enactment with AP [REDACTED] but he did not. [REDACTED] stated they used a small bundle of diapers, approximately the same length as ACV [REDACTED] to complete a re-enactment of where ACV [REDACTED] was when AP [REDACTED] was holding her in the recliner. [REDACTED] stated that this is a recliner with a plush pillow arm and there did appear to be room between AP [REDACTED] and the chair arm for the size of an infant to fit. [REDACTED] stated the parents reported ACV [REDACTED] had recently had some congestion issues and had been taken to a doctor in [REDACTED] recently for this but the physician's name and information are unknown. [REDACTED] stated that the family has gone back to [REDACTED] where they reside. [REDACTED] stated ACV [REDACTED] body has been taken to the State Medical Examiner's office in [REDACTED] for an autopsy. [REDACTED] stated he would contact [REDACTED] if there is any update on this case or additional information.

Narrative Type: Created In Error Entry Date/Time: 03/02/2015 09:34 PM Entered By: [REDACTED]

Case note will be re-documented to correct grammatical mistakes.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/29/2014	Contact Method:	Face To Face
Contact Time:	02:05 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	03/02/2015
Completed date:	03/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/02/2015 12:13 PM Entered By: [REDACTED]

[REDACTED] with the [REDACTED] interviewed both parents at the residence of Mr. [REDACTED] aunt, [REDACTED]. [REDACTED] stated there are no other children in the home of the parents and they have no other children. He stated he interviewed both parents, [REDACTED] and [REDACTED] earlier this morning and they reside in [REDACTED] with Ms. [REDACTED] parents. [REDACTED] stated the parents had been in [REDACTED] for a couple of days to visit with Mr. [REDACTED] aunt, [REDACTED]. [REDACTED] stated that Mrs. [REDACTED]'s home is the address listed on the referral and where officers responded to Alleged Child Victim (ACV) [REDACTED] being unresponsive. [REDACTED] stated when he interviewed both [REDACTED] and [REDACTED] they gave consistent information. He said they reported that the night prior at approximately 8:30 pm Mr. [REDACTED] fed ACV [REDACTED] a bottle. He said Mr. [REDACTED] reported after the feeding he was holding ACV [REDACTED] while she was asleep and he was sitting in a recliner with ACV [REDACTED] between him and the chair arm. He said Mr. [REDACTED] reported his arm was under her and his arm was resting on the arm of the chair. He stated Ms. [REDACTED] reported falling asleep on the couch in the same room and woke up at approximately 12:50 am this morning to check on ACV [REDACTED] and found her to not be breathing. [REDACTED] stated that a re-enactment of the incident was completed with Mr. [REDACTED] using a small bundle of diapers, approximately the same length as ACV [REDACTED]. [REDACTED] stated that this is a recliner with a plush pillow arm and there did appear to be room between Mr. [REDACTED] and the chair arm for the size of an infant to fit. [REDACTED] stated the parents reported ACV [REDACTED] had recently had some congestion issues and had been taken to a doctor in [REDACTED] recently for this but the physician's name and information are unknown. [REDACTED] stated that the family has gone back to [REDACTED] where they reside.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/29/2014	Contact Method:	Face To Face
Contact Time:	02:05 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	03/02/2015
Completed date:	03/02/2015	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: 03/02/2015 09:36 PM Entered By: [REDACTED]

[REDACTED] met with [REDACTED] with the [REDACTED] at the [REDACTED] to discuss this case. [REDACTED] provided [REDACTED] a copy of the Preliminary Investigative Report. [REDACTED] stated there are no other children in the home of the parents and they have no other children. He stated [REDACTED] and [REDACTED] (ACV [REDACTED] parents) reside in [REDACTED] with [REDACTED] parents and had been in [REDACTED] for a couple of days to visit with Mr. [REDACTED] aunt. [REDACTED] stated that Mrs. [REDACTED] s home is the address listed on the referral and where officers responded to Alleged Child Victim (ACV) [REDACTED] unresponsive. [REDACTED] stated he interviewed both [REDACTED] and [REDACTED] and they gave consistent information. He said they reported that last night at approximately 8:30 pm Mr. [REDACTED] fed [REDACTED] a bottle. He said Mr. [REDACTED] reported after the feeding he was holding [REDACTED] while she was asleep and he was sitting in a recliner. He said Mr. [REDACTED] reported ACV [REDACTED] was between him and the chair arm with his arm under her and his arm resting on the arm of the chair. Ms. [REDACTED] reported falling asleep on the couch in the same room and woke up at approximately 12:50 am to check on ACV [REDACTED] and found her to not be breathing. [REDACTED] reported that 911 was called and the family had assistance from a dispatcher in how to complete CPR. He stated he and the [REDACTED] went to the residence and he did not observe any visible safety hazards. He stated [REDACTED] reported that he did not observe any other signs of neglect or abuse on the child. [REDACTED] stated that [REDACTED] thought he had a doll to complete a re-enactment with Mr. [REDACTED] but he did not. [REDACTED] stated they used a small bundle of diapers, approximately the same length as ACV [REDACTED] to complete a re-enactment of where ACV [REDACTED] was when Mr. [REDACTED] was holding her in the recliner. [REDACTED] stated that this is a recliner with a plush pillow arm and there did appear to be room between Mr. [REDACTED] and the chair arm for the size of an infant to fit. [REDACTED] stated the parents reported ACV [REDACTED] had recently had some congestion issues and had been taken to a doctor in [REDACTED] recently for this but the physician's name and information are unknown. [REDACTED] stated that the family has gone back to [REDACTED] where they reside. [REDACTED] stated ACV [REDACTED] body had been taken to the [REDACTED] office in [REDACTED] for an autopsy. [REDACTED] stated he would contact [REDACTED] if there is any update on this case or additional information.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/29/2014	Contact Method:	Phone Call
Contact Time:	12:40 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/29/2014
Completed date:	12/29/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/29/2014 03:50 PM Entered By: [REDACTED]

-- CPIT was convened with [REDACTED] with the [REDACTED] a member of the [REDACTED] CPIT on 12/29/14, as required by DCS policy.

-- Allegation: Neglect Death

-- AP: [REDACTED] and Unknown

-- ACV: [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/29/2014	Contact Method:	Phone Call
Contact Time:	12:17 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/29/2014
Completed date:	12/29/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/29/2014 03:47 PM Entered By: [REDACTED]

-- CPIT was convened with [REDACTED] with the [REDACTED] a member of the [REDACTED] CPIT on 12/29/14, as required by DCS policy.

-- Allegation: Neglect Death

-- AP: [REDACTED] [REDACTED] [REDACTED] and Unknown

-- ACV: [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/29/2014 Contact Method:
 Contact Time: 12:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/29/2014
 Completed date: 12/29/2014 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: 12/29/2014 04:57 PM Entered By: [REDACTED]

-- On 12/29/14 at 9:12 am, a P1 intake was called into the DCS Child Abuse Hotline. The intake was screened into [REDACTED] at 11:56 am with allegations of Neglect Death against alleged perpetrator(s), Unknown, [REDACTED] and [REDACTED]. The alleged child victim(s) is/are [REDACTED]. The intake was assessed and assigned by Lead Investigator [REDACTED] to [REDACTED] on 12/29/14. Response is due on: 12/30/14. It is unknown at this time if the child(ren) are of Native American decent. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy. Contact will be made with the referent within 30 days if necessary.

-- The intake stated:

[REDACTED] (2 months) lived with her mother, [REDACTED] and father, [REDACTED] in [REDACTED]. The family lives in [REDACTED] with [REDACTED] parents (unknown information other than address - [REDACTED]). This incident took place at an aunt's home, [REDACTED] in [REDACTED]. It is unknown if [REDACTED] is [REDACTED] or [REDACTED] aunt. Both [REDACTED] and [REDACTED] live with [REDACTED] parents (unknown) in [REDACTED]. [REDACTED] is not in state custody.

Both of the parents provided the same story. They stated that [REDACTED] was fed at 8:30 pm last night, December 28, 2014. [REDACTED] was then laid down to go to sleep. The baby was placed between [REDACTED] body and the arm of a recliner. [REDACTED] arm was around the baby, resting on the arm of the recliner. [REDACTED] went to sleep on the couch next to them, and woke up around 12:50 am this morning, December 29, 2014 to check on [REDACTED]. At that time, [REDACTED] noticed that [REDACTED] was not breathing, and was still in the same position between [REDACTED] body and the arm of the recliner. The family then called 911 and no one in the home knew CPR, so dispatch helped talk them through performing CPR until officers and medical personnel could arrive on the scene. No safety hazards were observed in the home, which was described as a "nice house, just older." [REDACTED] and [REDACTED] are now in [REDACTED] at their home. [REDACTED] will be undergoing an autopsy with the medical examiner's office in [REDACTED]. The local medical examiner (in [REDACTED]), [REDACTED] reported that he did not observe any other signs of neglect or abuse on the infant.

[REDACTED] and [REDACTED] reported that [REDACTED] had some congestion symptoms that had been addressed at the doctor (unknown information, in [REDACTED] recently. There are no other children in the home with [REDACTED] and [REDACTED]. There is no history with the police that the referent is aware of and there are no known patterns of abuse in the home. There is no known alcohol, drug, or mental health issues. At this time, it is reported that [REDACTED] most likely passed away from accidental asphyxiation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

TFACTS HISTORY CHECK

-- [REDACTED] performed a search in TFACTS on 12/29/14 for DCS history on the family members and other involved individuals and reviewed all results from that search.

No history found for [REDACTED] [REDACTED] or [REDACTED] [REDACTED] at alleged perpetrators and no history found for [REDACTED] [REDACTED]

REFERENT NOTIFICATION

-- A notification of case assignment is sent to the referent within 30 days when possible.

Narrative Type: Addendum 1 Entry Date/Time: 03/23/2015 10:03 PM Entered By: [REDACTED]

This intake was received by The Department of Children's Services after law enforcement responded to the home. Both parents had returned to the state of [REDACTED] when DCS was contacted.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 12/29/14 9:12 AM

Date of Assessment: 12/29/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____