



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 01/01/2015 11:25 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 01/01/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 01/01/2015 02:30 PM
 First Team Leader Assigned: [REDACTED] Date/Time 01/01/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 01/01/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: E-mail
 Narrative: [REDACTED]

Family Case IDs: There was no history found based on the demographic information provided.

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open: No

Substantiated: No

Death: No

Number of Screen Outs: 0

History (not listed above): No



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

County: [REDACTED]
 Notification: Email
 School/ Daycare: None
 Native American Descent: none

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (2 months) lives with his parents [REDACTED] and [REDACTED]. Reporter believes that there is a 14 year old child that lives in the home but was at the other parent's home for the holiday. No other information for them could be provided.

Law Enforcement (LE) received a 911 call for an infant not breathing. This occurred at 6:00 am this morning. Reporter stated that the ambulance transported the child to [REDACTED] County Hospital and he was pronounced dead approximately 15 or 20 minutes later. Reporter believes that time of death was 6:45 am.

LE spoke with [REDACTED] and [REDACTED]. Reporter stated that they went to bed with the baby around 2:00 am in between them. [REDACTED] woke up first and saw that the baby wasn't breathing. He then woke up [REDACTED] and CPR was tried on the baby but they could not get the baby to breathe. LE and an ambulance were called.

Reporter stated that [REDACTED] and [REDACTED] report that the baby usually slept with them. [REDACTED] had no medical issues, and was taking no medication.

LE reported that the home was neat and clean. There was adequate food, diapers, and toys. There were a couple of cribs in the home.

LE is ruling this as an accidental death. There is nothing from medical professionals that contradict what the parents stated. The report number [REDACTED]

Special Needs or Disabilities: No
 Any other safety concerns for the child(ren) or worker who may respond: No
 Domestic Violence present in the home: No

Per SDM: Investigative Track, P 1 Infant Death

[REDACTED] CM 2 on 1-1-15 @ 11:55 am

Notified Child Death/Child Near Death Notification Group via Email:

[REDACTED]

Paged County

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	01-01-15 12:48:00	01-01-15 12:48:45	[REDACTED]	[REDACTED]
Replied	01-01-15 12:48:02	[REDACTED]	Email Sent	



**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: Race: Age: 24 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 1 Yr

Address: [REDACTED]

Deceased Date:

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: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 36 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 01/01/2015

Assignment Date: 01/01/2015

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	Participant [REDACTED] Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/13/2015

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 10/13/2015

Team Leader: [REDACTED]

Date: 10/13/2015

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:

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

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

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



**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:

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2015

Contact Method:

Contact Time: 11:45 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/11/2015

Completed date: 10/11/2015

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: 10/11/2015 09:16 AM Entered By: [REDACTED]

This case was reviewed by Deputy Director of Investigations [REDACTED] and approved for closure on 10/8/2015 via email sent at 11:45 AM [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:52 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/13/2015 10:52 AM 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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
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Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:52 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:52 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:52 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:52 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:52 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:52 AM 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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/13/2015 10:52 AM Entered By: [REDACTED]

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Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/13/2015 10:52 AM 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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
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Contact Time:	11:45 AM	Contact Duration:	
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Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:52 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:52 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
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Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/13/2015 10:52 AM Entered By: [REDACTED]

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Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:52 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
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Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:52 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/21/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 04:30 PM Entered By: [REDACTED]

Investigator [REDACTED] completed Safety Assessment on 9/21/2015 for placement in the case file.

SDM Safety Decision: Safe



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 08:45 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
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Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 09/25/2015 08:45 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
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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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This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 08:45 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 08:45 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 08:45 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 08:45 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 08:45 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 08:45 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 08:45 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 08:45 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



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:	06/25/2015	Contact Method:	
Contact Time:	03:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/25/2015
Completed date:	06/25/2015	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: 06/25/2015 03:51 PM Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) Office of Child Safety received a referral on 01/01/2015 with an allegation of Child Neglect Death regarding child [REDACTED] was not in DCS custody and was in the custody of his mother [REDACTED] and father [REDACTED].

[REDACTED] (3 months) lived with his mother and father, [REDACTED] and [REDACTED], in [REDACTED] County and two other siblings [REDACTED] (15) and [REDACTED] (9).

[REDACTED] passed away on the morning of January 1, 2015. At that time, [REDACTED] was receiving CPR prior to EMS arriving at the home. EMS responded and transported [REDACTED] to [REDACTED] Hospital. Law enforcement was notified and arrived at the home with EMS. Law enforcement reported that the home was neat and clean. There were adequate food, diapers, toys and a couple of cribs in the home. Officers met with Ms. [REDACTED] and Mr. [REDACTED] and they provided a statement to the reporter. According to Ms. [REDACTED] and Mr. [REDACTED] usually slept with them. They reported that [REDACTED] has no medical issues and was currently not on any type of medication. Mr. [REDACTED] and Ms. [REDACTED] reported that they went to bed with the baby around 2:00 am in between them. [REDACTED] woke up first and saw that the baby wasn't breathing. He then woke up [REDACTED] and CPR was tried on the baby but they could not get the baby to breathe. LE and an ambulance were called.

The investigation into this incident was conducted by The City of [REDACTED] Police Department with Detective [REDACTED] and Office of Child Safety Investigator [REDACTED]. The report to DCS listed the alleged perpetrator as Unknown of Child Neglect Death. Numerous interviews were conducted of family, law enforcement and medical staff. No concerns of abuse were concerned by medical staff or law enforcement. Per autopsy report, the cause of death was suffocation and manner of death was accidental. Detective [REDACTED] closed out his case as Accidental.

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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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

always treated as severe child abuse.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 05/15/2015. 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.

Narrative Type: Created In Error Entry Date/Time: 07/10/2015 12:38 PM Entered By: [REDACTED]

Case recording re-done.



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:	06/25/2015	Contact Method:	
Contact Time:	03:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/10/2015
Completed date:	07/10/2015	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: 07/10/2015 12:39 PM Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) Office of Child Safety received a referral on 01/01/2015 with an allegation of Child Neglect Death regarding child [REDACTED] was not in DCS custody and was in the custody of his mother [REDACTED] and father [REDACTED].

[REDACTED] (3 months) lived with his mother and father, [REDACTED] and [REDACTED] in [REDACTED] County and two other siblings [REDACTED] (15) and [REDACTED] (9).

[REDACTED] passed away on the morning of January 1, 2015. At that time, [REDACTED] was receiving CPR prior to EMS arriving at the home. EMS responded and transported [REDACTED] to [REDACTED] Regional Hospital. Law enforcement was notified and arrived at the home with EMS. Law enforcement reported that the home was neat and clean. There were adequate food, diapers, toys and a couple of cribs in the home. Officers met with Ms. [REDACTED] and Mr. [REDACTED] and they provided a statement to the reporter. According to Ms. [REDACTED] and Mr. [REDACTED] [REDACTED] usually slept with them. They reported that [REDACTED] has no medical issues and was currently not on any type of medication. Mr. [REDACTED] and Ms. [REDACTED] reported that they went to bed with the baby around 2:00 am in between them. [REDACTED] woke up first and saw that the baby wasn't breathing. He then woke up [REDACTED] and CPR was tried on the baby but they could not get the baby to breathe. LE and an ambulance were called.

The investigation into this incident was conducted by The City of [REDACTED] Police Department with Detective [REDACTED] and Office of Child Safety Investigator [REDACTED]. The report to DCS listed the alleged perpetrator as Unknown of Child Neglect Death. Numerous interviews were conducted of family, law enforcement and medical staff. No concerns of abuse were expressed by medical staff or law enforcement. Per autopsy report, the cause of death was suffocation and manner of death was accidental. Detective [REDACTED] closed out his case as Accidental.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

always treated as severe child abuse.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 05/15/2015. 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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/24/2015	Contact Method:	
Contact Time:	09:59 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/24/2015
Completed date:	06/24/2015	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: 06/24/2015 10:02 AM Entered By: [REDACTED]

Family Name: [REDACTED]

Allegations: Neglect Death with unknown AP

Classification: AUPU. Autopsy report conclusion was "accidental suffocation" due to co-sleeping. Other children in the home were seen and are safe.

CPIT: [REDACTED] County CPIT team agreed with classification.

Services Provided: Mother and children are in services with [REDACTED] for grief.

Case has been reviewed.



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:	05/21/2015	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/21/2015
Completed date:	05/21/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/21/2015 03:49 PM Entered By: [REDACTED]

On 5/21/2015 at 2:00pm, Ms. [REDACTED] and [REDACTED] arrived at the DCS office to speak with Investigator [REDACTED] Ms. [REDACTED] stated that she received Inv. [REDACTED] card on on her door at home. Ms. [REDACTED] stated that she, [REDACTED] and [REDACTED] have been going good and that things are better. She stated that she put [REDACTED] in counseling at [REDACTED] due to attitude issues. She stated that she feels [REDACTED] is doing great. Inv. [REDACTED] provided a copy of the autopsy report to Ms. [REDACTED] and she stated will now have to work on closure now that the report is complete. Ms. [REDACTED] stated that she and Mr. [REDACTED] are in communication with one another but denied there are together in a relationship. She stated that she feels he is doing better. She denied that she or the children needs anything for DCS.

[REDACTED] stated she plans to go swimming over the summer and that she will be attending [REDACTED] School next school year. She appeared to be healthy, clean and dressed appropriate. Throughout the visit, she played on her tablet.



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:	05/19/2015	Contact Method:	Attempted Face To Face
Contact Time:	02:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/19/2015
Completed date:	05/19/2015	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: 05/19/2015 03:34 PM Entered By: [REDACTED]

On 5/19/2015, Investigator [REDACTED] arrived at the family home. There was no answer at the the door and Inv. [REDACTED] left a card with contact information for Ms. [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: 05/15/2015

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/19/2015

Completed date: 05/19/2015

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: 05/19/2015 11:26 AM Entered By: [REDACTED]

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

-- Allegation: Neglect Death

-- AP: Unknown

-- ACV: [REDACTED]

-- Classification Decision: It was agreed to classify this case as AUPU due to the manner of death being reported as an accident caused by suffocation (co-sleeping).

-- 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: 05/15/2015

Contact Method:

Contact Time: 07:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/19/2015

Completed date: 05/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/19/2015 11:23 AM Entered By: [REDACTED]

On 5/15/2015 at 7:50am, Investigator [REDACTED] received autopsy report on [REDACTED] via email. The report can be found in the case file.

Cause of Death: Suffocation

Manner of Death: Accident



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: 04/23/2015

Contact Method: Face To Face

Contact Time: 09:35 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 05/06/2015

Completed date: 05/06/2015

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2015 02:03 PM Entered By: [REDACTED]

On 4/23/2015 at 9:35am, Investigator [REDACTED] spoke with [REDACTED] at [REDACTED] High School. She stated everything has been going good. She stated that she has been living at her home and not at her grandparents. [REDACTED] appeared upset and stated that she does not like having to speak to DCS about everything and denied needing anything. She stated that DCS would not be talking to her if her brother never passed away. She stated that she does not like thinking about it or bringing it back up. Inv. [REDACTED] explained the purpose of the visits to make sure she and her sister have everything they need and services are offered during this time. [REDACTED] appeared healthy and no concerns were observed.



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:	04/08/2015	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/19/2015
Completed date:	05/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/19/2015 10:39 AM Entered By: [REDACTED]

On 4/8/2015 at 10:30am, Investigator [REDACTED] arrived at the family home and spoke with Ms. [REDACTED]. She stated everything has been well and feels that the family is doing better. Inv. [REDACTED] observed [REDACTED] at the family home and she was in the kitchen eating with friends. Ms. [REDACTED] stated that [REDACTED] had a sleep over last night with friends. Ms. [REDACTED] reported that she and Mr. [REDACTED] are no longer in a relationship and he is currently living with friends. Ms. [REDACTED] denied attending [REDACTED] still and stated that she felt she was not getting the services she needed there. She stated that she is attending a mental health services next to the hospital and so far she is enjoying it. Ms. [REDACTED] stated that [REDACTED] and [REDACTED] appeared to be dealing with the issues fine and they have been staying busy with friends and family. She denied that she or the children needed anything from DCS and Ms. [REDACTED] stated she is waiting for the autopsy to have closure. Inv. [REDACTED] observed the family home to be clean and no concerns were observed. Inv. [REDACTED] asked [REDACTED] how she has been and she stated "I have been good". She appeared to be healthy, clean and dressed in her pajamas. The interaction between Ms. [REDACTED] and [REDACTED] appeared appropriate. Ms. [REDACTED] reported that [REDACTED] was at her grandparents home, spending time with them.



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: 04/07/2015

Contact Method:

Contact Time: 04:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/07/2015

Completed date: 04/07/2015

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: 04/07/2015 04:11 PM Entered By: [REDACTED]

Admin Review held.

The case remains open awaiting the autopsy report.

Inv. [REDACTED] will maintain contact with the family until the case is concluded.



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: 03/31/2015

Contact Method: Face To Face

Contact Time: 01:20 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 05/19/2015

Completed date: 05/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/19/2015 10:44 AM Entered By: [REDACTED]

On 3/31/2015 at 1:20pm, Investigator [REDACTED] arrived at [REDACTED] Elementary to speak to [REDACTED]. She reported everything has been good that her and her family are doing fine. She reported she is doing good in school and getting good grades. [REDACTED] stated that her stepfather [REDACTED] is not living with them and that he is living with a friend. She stated that her mother seems like is doing good and she is still getting counseling. [REDACTED] denied that she thinks she needs counseling and stated that she is doing good. [REDACTED] appeared to be healthy, clean and dressed in her school uniform.



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: 03/30/2015

Contact Method: Attempted Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2015

Completed date: 04/02/2015

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: 04/02/2015 03:31 PM Entered By: [REDACTED]

On 3/30/2015 at 9:30am, Investigator [REDACTED] tried contacting Ms. [REDACTED] at [REDACTED]. The phone number is disconnected.



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: 03/11/2015

Contact Method:

Contact Time: 01:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2015

Completed date: 03/11/2015

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: 03/11/2015 01:21 PM Entered By: [REDACTED]

Admin Review held.

The case remains open awaiting the autopsy report.

Inv. [REDACTED] will maintain contact with the family until the case is concluded.



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: Face To Face

Contact Time: 01:25 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 05/19/2015

Completed date: 05/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/19/2015 11:00 AM Entered By: [REDACTED]

On 2/27/2015 at 1:25pm, Investigator [REDACTED] arrived at [REDACTED] Elementary and spoke with [REDACTED]. She reported that things have been fine but feels that her mother has a hard time some days about her brother. She stated that her mother's is getting better but she has her days when she is sad. [REDACTED] reported that her mother attends [REDACTED] and feels that it is helping her. She denied that she needed counseling. She reported that Mr. [REDACTED] is not living with them and that her and her mother are not going to be together. She stated that she feels safe at home with her mother and that she wants to be there for her mother. [REDACTED] appeared to be healthy, clean and dressed in her school uniform.



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:	Face To Face
Contact Time:	09:50 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	School	Created Date:	05/19/2015
Completed date:	05/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/19/2015 10:54 AM Entered By: [REDACTED]

On 2/27/2015 at 9:50am, Investigator [REDACTED] arrived at [REDACTED] High School and spoke with [REDACTED]. She reported everything has been good and that she and [REDACTED] have been staying at their apartment with their mom. She reported that her step dad [REDACTED] is in [REDACTED] with her family due to the situation. She stated that her mother and [REDACTED] are not going to be together. She stated since the incident she has been fine and that she keeps herself busy with friends. She stated that her mother is attending counseling and it seems to be helping her. [REDACTED] denied that she needs counseling. She stated that she wants to concentrate on school and not have to talk about her brother all the time. [REDACTED] appeared to be healthy, clean and dressed in her school uniform.



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: 02/12/2015

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/20/2015

Completed date: 02/20/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/20/2015 10:38 AM Entered By: [REDACTED]

On 2/12/2015 at 11:00am, Investigator [REDACTED] spoke with [REDACTED] via telephone. She stated she and her family are doing fine and that they are taking one day at a time. Ms. [REDACTED] was inquiring if Inv. [REDACTED] received the autopsy on [REDACTED] and Inv. [REDACTED] advised her that the autopsy report takes weeks to be completed. She stated that Mr. [REDACTED] is in [REDACTED] with his family due to be admitted to two mental hospital for grieving over [REDACTED] death. She stated she feels, Mr. [REDACTED] being with his family is the best thing for him. Ms. [REDACTED] stated that she has turn to religion to relief her pain and grief. She stated that she will keep in touch with Inv. [REDACTED] regarding the family.



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: 02/06/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/19/2015

Completed date: 05/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/19/2015 11:20 AM Entered By: [REDACTED]

On 2/6/2015, Investigator [REDACTED] received medical records on [REDACTED] from [REDACTED] Regional Hospital via mail. The records can be found in the case file.

Narrative Type: Addendum 1 Entry Date/Time: 07/10/2015 10:32 AM Entered By: [REDACTED]

Records indicated that [REDACTED] was born full term at 39 + 3 weeks with no complications. Ms. [REDACTED] was provided prenatal care from Dr. [REDACTED] at the [REDACTED] Women's Health Group. [REDACTED] weight was 7 lbs 1 oz.



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:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/19/2015

Completed date: 05/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/19/2015 11:19 AM Entered By: [REDACTED]

On 1/29/2015, Investigator [REDACTED] requested medical record on [REDACTED] from [REDACTED] Regional Hospital via fax of release.

Narrative Type: Addendum 1 Entry Date/Time: 07/10/2015 10:33 AM Entered By: [REDACTED]

Inv. [REDACTED] also requested records from [REDACTED] Pediatric Clinic .



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:	01/22/2015	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/19/2015
Completed date:	05/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/19/2015 11:13 AM Entered By: [REDACTED]

On 1/22/2015 at 2:00pm, Ms. [REDACTED] arrived at the DCS office to speak with Investigator [REDACTED]. She stated she has received Inv. [REDACTED] contact cards on their home. Inv. [REDACTED] explained the purpose of contact is due to the death of her son and to offer services to her family. Ms. [REDACTED] stated that she and Mr. [REDACTED] are attending [REDACTED] and she has attending 2 sessions. Ms. [REDACTED] reported that at this time she and her daughters [REDACTED] and [REDACTED] are staying with Ms. [REDACTED] parents in [REDACTED]. She stated with her son [REDACTED] passing away in their home, it is hard to go back to the house at this time. Ms. [REDACTED] reported that she and Mr. [REDACTED] went to her sister's house for New Years Eve to play poker. She stated that she has [REDACTED] with her and Mr. [REDACTED]. She reported that [REDACTED] and [REDACTED] were with other family members and not at the house at the time of the incident. She stated that she, Mr. [REDACTED] and [REDACTED] left her sister's house around 3am and they all fell asleep in the same bed. Ms. [REDACTED] reported that [REDACTED] slept between her and Mr. [REDACTED]. Ms. [REDACTED] stated that Mr. [REDACTED] woke up hours later stated "he's not breathing". She report that they contacted 911 and Mr. [REDACTED] performed CPR on [REDACTED] until EMS arrived at the home. Ms. [REDACTED] stated that [REDACTED] did not make it and all funeral services are completed. She stated she is waiting for all the reports due to not feeling she has any closure. Ms. [REDACTED] reported that [REDACTED] was a healthy and happy child. She denied that he has any medical conditions and illnesses. Inv. [REDACTED] explained the process of the case regarding pending autopsy report and CPIT.

Investigator [REDACTED] presented and discussed all required initial DCS legal forms and procedures including: Client's Rights Handbook, HIPAA, Equal Access/Grievance, Native American Veto Verification, Parents Bill of Rights, and if necessary Releases of Information, with the following individuals on 1/22/2015. Signatures were received and dated on all documentation, where required, and placed into the case 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: 01/22/2015

Contact Method: Face To Face

Contact Time: 10:20 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 01:07 PM Entered By: [REDACTED]

On 1/22/2015 at 10:20pm, Investigator [REDACTED] arrived at [REDACTED] Elementary and spoke with [REDACTED]. She stated she is 9 years old and in the 4th grade. She stated that she lives with her mom [REDACTED] her mom's boyfriend [REDACTED] and her sister [REDACTED]. She stated that she knows why Inv. [REDACTED] is talking to her today and it is because of her baby brother [REDACTED]. She stated that her sister is staying at their granny's house and she is staying with mom and [REDACTED] at their friend's house. She stated that it is hard for her mom to look at all the baby stuff at their home. [REDACTED] stated that she was at her dad [REDACTED] house when her baby brother died. She stated that she does not know what happen. She stated that her brother was a happy baby and he smiled all the time. [REDACTED] stated that her mother is getting therapy but she does not know where. She stated she feels that therapy is helping her mother and also staying at their granny's and her friend's house is helping her mother. She stated that she feels safe at home with her mom and [REDACTED]. [REDACTED] appeared to be healthy and clean. She stated that her mom and [REDACTED] were nice to her baby brother [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: 01/15/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/14/2015

Completed date: 09/14/2015

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: 09/14/2015 02:29 PM Entered By: [REDACTED]

Investigator [REDACTED] completed initial Safety Assessment on 1/15/2015 for placement in the case file.
SDM Safety Decision: Conditionally safe due to the death of the child and the autopsy pending.Investigator [REDACTED] completed the FAST Assessment for placement in the case file.
-- FAST Score: LOW



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:	01/15/2015	Contact Method:	Face To Face
Contact Time:	01:45 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	School	Created Date:	01/26/2015
Completed date:	01/26/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/26/2015 01:09 PM Entered By: [REDACTED]

On 1/15/2015 at 1:45pm, Investigator [REDACTED] arrived at [REDACTED] High School and spoke with [REDACTED]. Inv. [REDACTED] explained the purpose of the visit was due to receiving a report regarding the incident involving her sibling [REDACTED] stated she is 15 years old and in 9th grade. She stated that she lives with her mother [REDACTED], her boyfriend [REDACTED] and sister [REDACTED]. She stated that her mother has been doing pretty well under the circumstances. She stated that she and her sister were not at their house when their little brother passed away. [REDACTED] stated the night of incident, she was at her best friend's house and [REDACTED] was at their father's house. She stated that her mother and Mr. [REDACTED] were at her aunt and uncle's home for New Years and they got home around 2 or 3 am. She stated that Mr. [REDACTED] found him not breathing. She stated that [REDACTED] was a very good baby. She stated that [REDACTED] would smile, laugh and already had his own personality. [REDACTED] stated that her mother stated counseling through [REDACTED] since this has happen. She stated that her grandparents have been helping out. [REDACTED] appeared to be healthy and clean.



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: 01/13/2015

Contact Method: Phone Call

Contact Time: 03:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/13/2015

Completed date: 01/13/2015

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: 01/13/2015 03:54 PM Entered By: [REDACTED]

On 1/13/2015 at 3:45pm, Investigator [REDACTED] contacted the family residence and spoke with maternal grandmother [REDACTED]. She stated that she lives in [REDACTED] and [REDACTED] (15) and [REDACTED] (9) are living with her for the time being. She stated that she brings them to their home in the morning to get n the bus to go to school. She stated that Ms. [REDACTED] and Mr. [REDACTED] were staying with her initially but now they are staying with friends. She stated that she has no concerns but wants everyone to get back into their routine for the otehr children sake. She stated that she feels that [REDACTED] is taking the situation farley well but she is not sure about [REDACTED]. She stated that she will have Ms. [REDACTED] or Mr. [REDACTED] contact Inv. [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: 01/12/2015

Contact Method: Attempted Phone Call

Contact Time: 03:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/12/2015

Completed date: 01/12/2015

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: 01/12/2015 03:39 PM Entered By: [REDACTED]

On 1/12/2015 at 3:35pm, Investigator [REDACTED] tried contacting Mr. [REDACTED] and Ms. [REDACTED] at [REDACTED]. A young female answered the phone and stated that her parents are at the store and she is at home with her grandmother. The young female stated she will have her parents contact Investigator [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: 01/12/2015

Contact Method: Attempted Face To Face

Contact Time: 02:25 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/12/2015

Completed date: 01/12/2015

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: 01/12/2015 03:35 PM Entered By: [REDACTED]

On 1/12/2015 at 2:25pm, Investigator [REDACTED] arrived at the family home. There was no answer at the home and Investigator [REDACTED] left a card with contact 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:	01/08/2015	Contact Method:	
Contact Time:	10:54 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/08/2015
Completed date:	01/08/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/08/2015 10:55 AM Entered By: [REDACTED]

Adin Review. This is a child death case on a Non Custodial Child. The case will remain open until the Autopsy report has been received.



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: Attempted Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2015

Completed date: 01/02/2015

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: 01/02/2015 01:56 PM Entered By: [REDACTED]

On 1/2/2015 at 1:00pm, Investigator [REDACTED] arrived at the family home. There was no answer at the door and Inv. [REDACTED] left a card with contact information on the door.



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: Attempted Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2015

Completed date: 01/02/2015

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: 01/02/2015 12:58 PM Entered By: [REDACTED]

On 1/2/2015 at 9:00am, Investigator [REDACTED] tried contacting Mr. [REDACTED] and Ms. [REDACTED] at [REDACTED]. There was no answer and Inv. [REDACTED] left a voicemail with contact 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: 01/01/2015

Contact Method: Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2015

Completed date: 01/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/02/2015 12:49 PM Entered By: [REDACTED]

On 1/1/2015 at 1:00pm, Investigator [REDACTED] spoke with Detective [REDACTED] of the [REDACTED] Police Department, who interviewed the birth father [REDACTED]. Detective [REDACTED] reported that Mr. [REDACTED] stated he and Ms. [REDACTED] (birth mother) were at a family's home of New Years. Mr. [REDACTED] stated he did not consume any alcohol due to being the one to drive home. Mr. [REDACTED] stated that Ms. [REDACTED] consumed 6 beers with the time of 6pm and 11pm. Mr. [REDACTED] stated Ms. [REDACTED] did not appear to be intoxicated. Mr. [REDACTED] stated he, Ms. [REDACTED] and [REDACTED] arrived home around 2am. Mr. [REDACTED] stated he and Ms. [REDACTED] laid down with ACV [REDACTED] between them. Mr. [REDACTED] stated he woke up around 6am to use the restroom and he went to adjust [REDACTED] sleeping position due to his feet looking odd. Mr. [REDACTED] stated that that time he noticed that [REDACTED] was not breathing and woke up Ms. [REDACTED]. He stated was tried on the baby but it appeared not to work. Mr. [REDACTED] stated law enforcement and an ambulance were contacted.

Det. [REDACTED] stated he will provided Inv. [REDACTED] with copies of reports, interviews and pictures.



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: 01/01/2015

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2015

Completed date: 01/02/2015

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: 01/02/2015 03:35 PM Entered By: [REDACTED]

On 1/1/2015, P1 intake was called into the DCS Child Abuse Hotline. The intake was screened into [REDACTED] County with allegation of Neglect Death against alleged perpetrator, Unknown. The alleged child victim is [REDACTED]. The intake was assessed and assigned to Investigator [REDACTED] on 1/1/2015. Response is due on: 1/2/2015. 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:

Reporter states: [REDACTED] (2 months) lives with his parents [REDACTED] and [REDACTED]. Reporter believes that there is a 14 year old child that lives in the home but was at the other parent's home for the holiday. No other information for them could be provided.

Law Enforcement (LE) received a 911 call for an infant not breathing. This occurred at 6:00 am this morning. Reporter stated that the ambulance transported the child to [REDACTED] County Hospital and he was pronounced dead approximately 15 or 20 minutes later. Reporter believes that time of death was 6:45 am.

LE spoke with [REDACTED] and [REDACTED]. Reporter stated that they went to bed with the baby around 2:00 am in between them. [REDACTED] woke up first and saw that the baby wasn't breathing. He then woke up [REDACTED] and CPR was tried on the baby but they could not get the baby to breathe. LE and an ambulance were called.

Reporter stated that [REDACTED] and [REDACTED] report that the baby usually slept with them. [REDACTED] had no medical issues, and was taking no medication.

LE reported that the home was neat and clean. There was adequate food, diapers, and toys. There were a couple of cribs in the home.

LE is ruling this as an accidental death. There is nothing from medical professionals that contradict what the parents stated. The report number [REDACTED].

Investigator [REDACTED] performed a search in TFACTS on 1/1/2015 for DCS history on the family members and other involved individuals and reviewed all results from that search and no history was found.