



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 01/15/2015 11:36 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 01/15/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 01/15/2015 02:10 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 01/15/2015 02:10 PM  
 First Case Manager [REDACTED] Date/Time 01/15/2015 02:10 PM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Mos	Neglect Death	Yes	[REDACTED]	Other Non-relative
[REDACTED]	11 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: None  
 Narrative: Family Case IDs: [REDACTED]  
 Open Court Custody/FSS/FCIP: No  
 Closed Court Custody No  
 Open: [REDACTED] / INV DEI / 12-15-14 / [REDACTED], [REDACTED] No classification  
 Substantiated: None  
 Death: No  
 Number of Screen Outs: 0  
 History (not listed above): No  
 DUPLICATE REFERRAL: No



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

County: [REDACTED]  
 Notification: None  
 School/ Daycare: None  
 Native American Descent: None  
 Directions: None Given

Reporter's name/relationship: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Reporter states: The identified child, [REDACTED] (2 months), is not in DCS custody. [REDACTED] lived with his mother [REDACTED] and her boyfriend [REDACTED]. The child's father is deceased. There are reportedly no other adults or children residing in the home.

It was reported that at 1:30 am on 01/15/15, [REDACTED] was propped up on pillows between [REDACTED] and [REDACTED] and [REDACTED] reportedly fell asleep in the bed with [REDACTED] still propped up on the pillows. When [REDACTED] and [REDACTED] woke up around 9 am this morning [REDACTED] was found face down in the pillows unresponsive. 911 was contacted and the Fire Department arrived and pronounced the time of death at 9:12 am according to the reporter. The reporter stated that [REDACTED] tried to revive the child with CPR but was unsuccessful. [REDACTED] was not transported to the hospital; the county morgue took custody along with the medical examiner.

The reporter stated that there did not appear to be any evidence of foul play. The family was in the middle of moving to [REDACTED] where this incident occurred. [REDACTED] and [REDACTED] are still at this address. This is all the information that the reporter has at this time. There are no additional details or concerns.

LE Report Number [REDACTED]

Special Needs or Disabilities: None  
 Child's current location/is the child safe at this time: Morgue  
 Perpetrator's location at this time: Home  
 Any other safety concerns for the child(ren) or worker who may respond: None  
 Domestic Violence present in the home: None  
 Sex Offender Registry: N/A

Per SDM: Investigative Track, P1-[REDACTED] Team Leader, 01/15/15 @ 12:28 pm

[REDACTED] notified via email

RA [REDACTED] notified via email



**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: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 11 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

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:** 23 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]  
Referral Date: 01/15/2015  
Street Address:  
City/State/Zip:

Investigation ID: [REDACTED]  
Assignment Date: 01/16/2015

**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	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 07/02/2015
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 07/02/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed  
Comments: Allegation Unsubstantiated, Perpetrator Unsubstantiated

**D. Case Workers**

Case Worker: [REDACTED] Date: 07/02/2015  
Team Leader: [REDACTED] Date: 07/06/2015

**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:**

The child was unable to be observed/interviewed due to him being deceased.

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

The autopsy was received for [REDACTED] According to the autopsy the pathological diagnosis is sudden unexplained infant death associated with co-sleeping.

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



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

**Case Name :** [REDACTED]

**Investigation ID:** [REDACTED]

Ms [REDACTED] and Mr [REDACTED] stated that they propped [REDACTED] up on a pillow in the bed between the two of them and they fell asleep. According to Ms. [REDACTED] and Mr [REDACTED] when they woke up the next morning, [REDACTED] was face down on the pillow and unresponsive.

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

There were no witnesses' to the alleged incident.

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

There was not enough evidence to substantiate the allegation of neglect death.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/16/2015

Contact Method:

Contact Time: 03:03 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/16/2015

Completed date: 10/16/2015

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: 10/16/2015 03:04 PM Entered By: [REDACTED]

Case has received a final review for Regional Investigations Director, [REDACTED] and Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 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:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 AM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 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:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 AM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 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:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 AM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 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:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 AM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 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:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 AM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 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:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 AM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 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:	10/12/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 AM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/12/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/23/2015

Completed date: 10/23/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/23/2015 11:45 AM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/12/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/12/2015

Completed date: 10/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 11:24 AM      Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [REDACTED] and has been referred for further review by the Deputy Director of Investigations, [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: 09/13/2015

Contact Method:

Contact Time: 02:50 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2015

Completed date: 09/13/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2015 02:53 PM Entered By: [REDACTED]

**Final Case Summary**

On 01/15/15 the Department of Children Services (DCS) received a priority one referral with an allegation neglect death for non-custodial child [REDACTED]. It was reported that at 1:30 am on 01/15/15, [REDACTED] was propped up on pillows between his mother [REDACTED] and her paramour [REDACTED] and [REDACTED] reportedly fell asleep in the bed with [REDACTED] and in the bed still propped up on the pillows between them. When [REDACTED] and [REDACTED] woke up around 9:00 am on 01/15/15, they found [REDACTED] face down in the pillows unresponsive. 911 was contacted and the [REDACTED] Fire Department arrived and pronounced the time of death at 9:12 am.

The Department of Children's Services is the only agency that investigated [REDACTED] death. The alleged perpetrators for this investigation were listed as [REDACTED] mother [REDACTED] and her paramour [REDACTED] Ms. [REDACTED] and Mr. [REDACTED] were interviewed on 01/15/15 by CPSI [REDACTED] and LI [REDACTED] at the family's home. During the interview, Ms. [REDACTED] stated that she and [REDACTED] got home at approximately 10:30pm on 01/14/15 and [REDACTED] was asleep in his car seat. Ms. [REDACTED] stated that she fed [REDACTED] at approximately 1:30 am, he burped and she propped him up on the pillow between she and Mr. [REDACTED] and they all fell asleep. Ms. [REDACTED] stated that when Mr. [REDACTED] woke up at about 8:45am he found [REDACTED] face down not breathing. Mr. [REDACTED] stated that he called 911 and started CPR. Ms. [REDACTED] stated that [REDACTED] would lie in bed with them until he calms down and then they would put him in the bassinet to sleep. Ms. [REDACTED] stated that [REDACTED] was a healthy child and he did not have any medical issues. During the interviews with Ms. [REDACTED] and Mr. [REDACTED] both were visibly emotional about the child's death. Ms. [REDACTED] cried at times and Mr. [REDACTED] stated that he attempted to perform CPR on [REDACTED].

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

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

This case went before the [REDACTED] County Child Protective Investigation Team on 06/29/15. The autopsy was reviewed



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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by [REDACTED] with the district attorney's office. Ms. [REDACTED] stated that based off the evidence presented and the autopsy the case should be classified as allegation unsubstantiated/perpetrator unsubstantiated.

After reviewing the medical records for [REDACTED] and the autopsy, there is not a preponderance of evidence to substantiate the allegations of this case. The case will be closed and classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated for the allegation of Child Abuse Death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/13/2015

Contact Method:

Contact Time: 02:45 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2015

Completed date: 09/13/2015

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: 09/13/2015 02:47 PM      Entered By: [REDACTED]

The closing SDM has been completed, the results are safe.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/08/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/08/2015

Completed date: 09/08/2015

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: 09/08/2015 01:39 PM      Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [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] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/27/2015

Completed date: 08/27/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/27/2015 03:21 PM Entered By: [REDACTED]

The closing SDM and FAST were not completed on this case due to there being no surviving children in the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2015

Contact Method:

Contact Time: 08:40 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2015

Completed date: 08/26/2015

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: 08/26/2015 08:43 AM      Entered By: [REDACTED]

This case has been reviewed by the Investigations Coordinator [REDACTED]. Minor corrections need by the investigator. Upon corrections made this case will be forwarded for next level review.



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 08/06/2015 Contact Method:  
Contact Time: 12:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 08/06/2015  
Completed date: 08/17/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Case Summary  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/06/2015 12:28 PM Entered By: [REDACTED]  
Final Case Summary

On 01/15/15 the Department of Children Services (DCS) received a priority one referral with an allegation neglect death for non-custodial child [REDACTED]. It was reported that at 1:30 am on 01/15/15, [REDACTED] was propped up on pillows between his mother [REDACTED] and her paramour [REDACTED] and [REDACTED] reportedly fell asleep in the bed with [REDACTED] and in the bed still propped up on the pillows between them. When [REDACTED] and [REDACTED] woke up around 9:00 am on 01/15/15, they found [REDACTED] face down in the pillows unresponsive. 911 was contacted and the [REDACTED] Fire Department arrived and pronounced the time of death at 9:12am.

The Department of Children's Services is the only agency that investigated [REDACTED] death. The alleged perpetrators for this investigation were listed as [REDACTED] mother [REDACTED] and her paramour [REDACTED] Ms. [REDACTED] and Mr. [REDACTED] were interviewed on 01/15/15 by CPSI [REDACTED] and LI [REDACTED] at the family's home. During the interview, Ms. [REDACTED] stated that she and [REDACTED] got home at approximately 10:30pm on 01/14/15 and [REDACTED] was asleep in his car seat. Ms. [REDACTED] stated that she fed [REDACTED] at approximately 1:30 am, he burped and she propped him up on the pillow between she and Mr. [REDACTED] and they all fell asleep. Ms. [REDACTED] stated that when Mr. [REDACTED] woke up at about 8:45am he found [REDACTED] face down not breathing. Mr. [REDACTED] stated that he called 911 and started CPR. Ms. [REDACTED] stated that [REDACTED] would lie in bed with them until he calms down and then they would put him in the bassinet to sleep. Ms. [REDACTED] stated that [REDACTED] was a healthy child and he did not have any medical issues. During the interviews with Ms. [REDACTED] and Mr. [REDACTED] both were visibly emotional about the child's death. Ms. [REDACTED] cried at times and Mr. [REDACTED] stated that he attempted to perform CPR on [REDACTED]

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

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

This case went before the [REDACTED] County Child Protective Investigation Team on 06/29/15. The autopsy was reviewed



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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by [REDACTED] with the district attorney's office. Ms. [REDACTED] stated that based off the evidence presented and the autopsy the case should be classified as allegation unsubstantiated/perpetrator unsubstantiated.

After reviewing the medical records for [REDACTED] and the autopsy, there is not a preponderance of evidence to substantiate the allegations of this case. The case will be closed and classified as allegation unsubstantiated/perpetrator unsubstantiated.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2015

Contact Method:

Contact Time: 10:44 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/27/2015

Completed date: 08/27/2015

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: 08/27/2015 03:18 PM Entered By: [REDACTED]

The autopsy and medical records were scanned into tfacts on 07/17/15. According to the autopsy the decedent was reportedly found unresponsive after co-sleeping with adults. Autopsy showed no lethal findings. Postmortem toxicology was negative for drugs. Cultures for bacterial and viral infections were negative or noncontributory. Death was caused by sudden unexplained infant death associated with co-sleeping. The manner of death is undetermined.

According to the medical records that were received [REDACTED] was seen at his doctor's office at the [REDACTED] Children's Clinic on 11/25/14 and 12/03/14. [REDACTED] was seen on 11/25/14 for his well child exam. There were medical issues noted at the time of the visit. On 12/03/14, [REDACTED] was seen for his circumcision. There were no other medical issues noted at the time of the visit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/14/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/17/2015

Completed date: 08/17/2015

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: 08/17/2015 10:45 AM      Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [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] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 07/02/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2015

Completed date: 07/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2015 04:14 PM Entered By: [REDACTED]

The allegation of Abuse Death has been unsubstantiated after receiving the autopsy which said that the child died from sudden unexplained infant death associated with co-sleeping. A home visit was done by [REDACTED] and [REDACTED] and the mother, her paramour and his sister were interviewed. While at the home the child's room was observed and a drug screen was given to the paramour who tested positive for marijuana. [REDACTED] [REDACTED] declined to submit to a drug screen and declined the services that were offered. The mother does not have custody of her other son due to him being in his father's care in another part of the state. The case has been reviewed in CPIT and by AG [REDACTED] [REDACTED] who signed off on the classification as Allegation unsubstantiated/ Perp unsubstantiated. The case is being forwarded to upper management for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2015

Contact Method: Correspondence

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2015

Completed date: 07/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2015 04:07 PM Entered By: [REDACTED]

The AG and the Judge have been made aware of the classification of the allegation concerning [REDACTED]



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 06/30/2015 Contact Method:  
Contact Time: 03:10 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 06/30/2015  
Completed date: 06/30/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Case Summary  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/30/2015 03:40 PM Entered By: [REDACTED]

**Closing Case Summary**

On 01/15/2015, the Department of Children Services received a referral for non-custodial child [REDACTED] for an allegation of Neglect Death. The alleged perpetrators in this case were listed as his birth mother [REDACTED] and her paramour [REDACTED]. According to the referral, it was reported that on 1:30 am 01/15/15 [REDACTED] was propped up on a pillow between [REDACTED] and [REDACTED]. Reportedly [REDACTED] and [REDACTED] fell asleep with [REDACTED] still propped up on the pillows. When [REDACTED] and [REDACTED] woke up around 9 [REDACTED] was found face down on the pillows unresponsive. 911 was contacted, the [REDACTED] Fire Department arrived and pronounced the time of death at 9:12 am. When this this referral was received, there was an open investigation for [REDACTED] or allegations of drug exposed child with his mother [REDACTED] and her paramour [REDACTED] listed as the alleged perps.

CPSI [REDACTED] and LI [REDACTED] interviewed Ms [REDACTED] and Mr. [REDACTED] regarding the allegations in the referral. Ms. [REDACTED] stated she propped [REDACTED] up on a pillow in the between her and Mr [REDACTED] and they all fell asleep. Ms. [REDACTED] stated that when they woke up the next morning, [REDACTED] was face down and not breathing. Ms. [REDACTED] was notified about the previous case the department had open. Ms. [REDACTED] denied any drug use and refused to submit to a drug screen. Mr. [REDACTED] submitted to a drug screen and was positive for marijuana, amphetamines and benzodiazepines. Mr. [REDACTED] provided prescriptions for Amphetamines Salt Cox XR20MG and Alprazolam ER 2. Ms. [REDACTED] reported that she has another son [REDACTED] who is in the legal custody of his father Case [REDACTED]

CPSI [REDACTED] attempted to contact collateral contacts, [REDACTED] and [REDACTED] but was unsuccessful. Grief counseling was offered to the family but were declined. Ms. [REDACTED] and [REDACTED] stated that they would seek out counseling services through their church.

The autopsy for [REDACTED] was received and the pathological diagnosis is sudden unexplained infant death associated with co-sleeping. A copy of the autopsy has been placed in the file. CPSI [REDACTED] attempted to conduct follow up visits with the family but was unsuccessful. This case is being submitted to LI [REDACTED] for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/29/2015

Contact Method:

Contact Time: 03:17 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2015

Completed date: 06/30/2015

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: 06/30/2015 03:09 PM      Entered By: [REDACTED]

CPSI [REDACTED] received an e-mail from [REDACTED] stating that she reviewed the autopsy for [REDACTED] Ms. [REDACTED] recommended that the case be classified as AUPU 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] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 06/25/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2015

Completed date: 07/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2015 04:05 PM Entered By: [REDACTED]

This Lead Investigator and the assigned investigator have sent numerous emails to AG [REDACTED] asking her to review the autopsy and to give her recommendation for the classification so that the case may be closed. AG [REDACTED] was spoken to today at CPIT and asked that we resend the information to her again. This case will remain open until it has been reviewed by the AG.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/28/2015

Contact Method:

Contact Time: 02:38 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2015

Completed date: 06/30/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2015 03:06 PM      Entered By: [REDACTED]

CPSI [REDACTED] e-mailed a copy of [REDACTED] autopsy to [REDACTED] for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/21/2015

Contact Method:

Contact Time: 01:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2015

Completed date: 06/30/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2015 03:05 PM      Entered By: [REDACTED]

An e-mail was sent to [REDACTED] with the [REDACTED] Child Advocacy Center checking on the status of [REDACTED] autopsy being e-mailed to [REDACTED] for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/20/2015

Contact Method: Attempted Phone Call

Contact Time: 09:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/20/2015

Completed date: 04/20/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): [REDACTED]

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/20/2015 09:57 AM      Entered By: [REDACTED]

CPSI [REDACTED] attempted to speak with Ms. [REDACTED] via telephone but was unsuccessful. The telephone number was not in service.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2015

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/17/2015

Completed date: 04/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/17/2015 08:31 AM      Entered By: [REDACTED]

This case went back before the Child Protective Investigative Team on 04/08/15. The autopsy was sent to assistant district attorney [REDACTED] for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/06/2015

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2015

Completed date: 06/30/2015

Completed By: [REDACTED]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2015 02:53 PM      Entered By: [REDACTED]

This case went before the Child Protective Investigative Team for review. The autopsy was sent to [REDACTED] with the District Attorney's office for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/17/2015

Completed date: 04/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/17/2015 08:28 AM Entered By: [REDACTED]

The autopsy was received for [REDACTED]. According to the autopsy, the pathological diagnosis is sudden unexplained infant death associated with co-sleeping.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2015

Contact Method: Attempted Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/20/2015

Completed date: 04/20/2015

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: 04/20/2015 10:01 AM      Entered By: [REDACTED]

CPSI [REDACTED] attempted to make contact with birth mother/alleged perp [REDACTED] at [REDACTED] CPSI [REDACTED] knocked on the door but there was no answer. This worker left a card on the door.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 03/13/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2015

Completed date: 07/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2015 03:59 PM Entered By: [REDACTED]

The case has been reviewed with CPSI [REDACTED] and cannot be classified at this time because the autopsy has not been completed; therefore this case will go over the 60 day time-frame to complete an investigation. The mother and her paramour were engaged and services were offered and declined. There are no other children living inside of the home with the mother. The sibling lives with his birth father in [REDACTED]Tn according to the mother. The CPSI is being instructed to return the case to CPIT for review by the AG once the autopsy becomes available.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2015

Contact Method: Attempted Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/20/2015

Completed date: 04/20/2015

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: 04/20/2015 09:56 AM      Entered By: [REDACTED]

Collateral Contact

CPSI [REDACTED] attempted to contact [REDACTED], father of Ms. [REDACTED] older child [REDACTED] but there was no answer. This worker was unable to leave a message.

CPSI [REDACTED] attempted to contact [REDACTED] Ms. [REDACTED] mother but there was no answer, this worker left a message requesting a call back.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/22/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/11/2015

Completed date: 03/11/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/11/2015 03:45 PM      Entered By: [REDACTED]

Background Checks: [REDACTED]

The following Internet Records Clearance inquiries were completed on the date(s) indicated on:

Justice System Inquiry (JSSI): Reckless Driving,

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

Background Checks: [REDACTED]

The following Internet Records Clearance inquiries were completed on the date(s) indicated on:

Justice System Inquiry (JSSI): Violation of Vehicle Registration Law

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results



**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: 01/21/2015

Contact Method:

Contact Time: 12:03 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/17/2015

Completed date: 04/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/17/2015 08:20 AM      Entered By: [REDACTED]

The child fatality form has been completed and e-mailed to LI [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/20/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/17/2015

Completed date: 04/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/17/2015 08:19 AM      Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] forensic investigator at the medical examiner's office who reported that there was no trauma noted to [REDACTED] body.



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
Contact Date: 01/16/2015 Contact Method: Face To Face  
Contact Time: 03:30 PM Contact Duration: Less than 01 Hour  
Entered By: [REDACTED] Recorded For:  
Location: Family Home Created Date: 01/21/2015  
Completed date: 01/21/2015 Completed By: [REDACTED]  
Purpose(s): Safety - Child/Community  
Contact Type(s): Initial ACV Face To Face, Parent/Caretaker Interview  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/21/2015 12:12 PM Entered By: [REDACTED]

A home visit was made to [REDACTED] by CPSI [REDACTED]. The home was observed to be a three bedroom one bath home. CPSI [REDACTED] and [REDACTED] spoke with the mother, [REDACTED] and her paramour [REDACTED] and his sister [REDACTED] regarding the referral. Ms. [REDACTED] reported that [REDACTED] was eating normal yesterday and that he was happy. The family reports that the child was seen by [REDACTED] and her co-workers yesterday at [REDACTED] Communities at approximately 5:00pm. Ms. [REDACTED] stated that they got home at approximately 10:30pm on 01/14/15 and [REDACTED] was asleep in his car seat. Ms. [REDACTED] stated that she fed [REDACTED] at approx 1:30, he burped and she propped him up on the pillow between she and Mr. [REDACTED] and they all fell asleep. Ms. [REDACTED] stated that when Mr. [REDACTED] woke up at about 8:45am he found [REDACTED] face down not breathing. Mr. [REDACTED] stated that he called 911 and started CPR. Ms. [REDACTED] stated that [REDACTED] would lie in bed with them until he calms down and then they would put him in the bassinet to sleep. The family was made aware that the department had received a referral in December alleging drug exposed infant. The mother denied using drugs; however she refused to submit to a drug screen. Mr. [REDACTED] consented to a drug screen and was positive for marijuana, amphetamines and benzodiazepines. Mr. [REDACTED] provided prescriptions for Amphetamines Salt Cox XR20MG and Alprazolam ER 2 MG. Pictures were taken of the bassinet, swing and car seat. During the interview, mom stated that she does have another child [REDACTED] who currently resides with his father [REDACTED]. Sr. Ms. [REDACTED] stated that in 2014 custody of [REDACTED] was given to his father due to Ms. [REDACTED] going to jail and leaving rehab early. Ms. [REDACTED] stated that Mr. [REDACTED] home was a better environment for [REDACTED] and his father reside in [REDACTED] TN. Ms. [REDACTED] signed all departmental forms including a release of information in order to obtain medical records from [REDACTED] primary care giver Dr. [REDACTED] with [REDACTED] Children's Clinic.

[REDACTED] had already been taken to the county morgue when this worker arrived to the home.

Narrative Type: Created In Error Entry Date/Time: 02/04/2015 10:11 AM Entered By: [REDACTED]

This interview took place on 01/15/15, not 01/16/15.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Created In Error

Contact Date: 01/16/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/11/2015

Completed date: 09/12/2015

Completed By: TFACTS, Person Merge

Purpose(s):

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time:

Entered By:

Narrative Type: Created In Error Entry Date/Time: 09/13/2015 02:36 PM

Entered By: [REDACTED]

This entry was completed by the system prior to the documentation being entered.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/16/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2015

Completed date: 09/13/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/13/2015 02:38 PM      Entered By: [REDACTED]

The initial SDM was completed, the ACV is conditionally safe.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/16/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/11/2015

Completed date: 03/11/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/11/2015 03:46 PM      Entered By: [REDACTED]

A request was sent to the medical examiner for [REDACTED] autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/16/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/11/2015

Completed date: 03/11/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/11/2015 03:52 PM      Entered By: [REDACTED]

Tfacts history check

Tfacts was checked, Ms. [REDACTED] has prior history with the department. In December 2014, Investigation ID [REDACTED] was received for allegations of drug exposed infant. Ms. [REDACTED] and her paramour [REDACTED] were listed as alleged perps. The case has not been classified yet.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/16/2015

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/11/2015

Completed date: 03/11/2015

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: 03/11/2015 03:38 PM      Entered By: [REDACTED]

This case went before the Child Protective Investigative Team on 01/16/15, an autopsy was requested.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/15/2015	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	03/11/2015
Completed date:	03/11/2015	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: 03/11/2015 03:42 PM      Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] discussed the initial paperwork with Ms. [REDACTED]. She signed the Acknowledgment of Receipt of the Clients' Rights Handbook, Notification of Equal Access to Programs and Services and grievance Procedures, Native American Heritage Veto Verification, Authorization for Release of Information and HIPPA Protected Health Information to the Department of Children's Services and Notification of Release, HIPPA Notice of Privacy Practices-Client Acknowledgement and Authorization for release of Medical Information. She also provided the family composition information.

[REDACTED] - birth mother DOB [REDACTED]  
 [REDACTED] - mother paramour DOB [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/15/2015 Contact Method: Face To Face  
 Contact Time: 03:30 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/04/2015  
 Completed date: 02/04/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Initial ACV Face To Face, Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/04/2015 10:12 AM Entered By: [REDACTED]

A home visit was made to [REDACTED] by CPSI [REDACTED]. The home was observed to be a three bedroom one bath home. CPSI [REDACTED] and [REDACTED] spoke with the mother, [REDACTED] and her paramour [REDACTED] and his sister [REDACTED] regarding the referral. Ms. [REDACTED] reported that [REDACTED] was eating normal yesterday and that he was happy. The family reports that the child was seen by [REDACTED] and her co-workers yesterday at [REDACTED] at approximately 5:00pm. Ms. [REDACTED] stated that they got home at approximately 10:30pm on 01/14/15 and [REDACTED] was asleep in his car seat. Ms. [REDACTED] stated that she fed [REDACTED] at approx 1:30, he burped and she propped him up on the pillow between she and Mr. [REDACTED] and they all fell asleep. Ms. [REDACTED] stated that when Mr. [REDACTED] woke up at about 8:45am he found [REDACTED] face down not breathing. Mr. [REDACTED] stated that he called 911 and started CPR. Ms. [REDACTED] stated that [REDACTED] would lie in bed with them until he calms down and then they would put him in the bassinet to sleep. The family was made aware that the department had received a referral in December alleging drug exposed infant. The mother denied using drugs; however she refused to submit to a drug screen. Mr. [REDACTED] consented to a drug screen and was positive for marijuana, amphetamines and benzodiazepines. Mr. [REDACTED] provided prescriptions for Amphetamines Salt Cox XR20MG and Alprazolam ER 2 MG. Pictures were taken of the bassinet, swing and car seat. During the interview, mom stated that she does have another child [REDACTED] who currently resides with his father [REDACTED]. Sr. Ms. [REDACTED] stated that in 2014 custody of [REDACTED] was given to his father due to Ms. [REDACTED] going to jail and leaving rehab early. Ms. [REDACTED] stated that Mr. [REDACTED] home was a better environment for [REDACTED] and his father reside in [REDACTED] TN. Ms. [REDACTED] signed all departmental forms including a release of information in order to obtain medical records from [REDACTED] primary care giver Dr. [REDACTED] with [REDACTED] Children's Clinic.

[REDACTED] had already been taken to the county morgue when this worker arrived to the home.

Narrative Type: Addendum 1 Entry Date/Time: 07/13/2015 02:59 PM Entered By: [REDACTED]

"Per Work Aid 2: It is not required for the DCS case manager to observe the deceased child"



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/15/2015

Contact Method: Attempted Phone Call

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/17/2015

Completed date: 04/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/17/2015 08:23 AM      Entered By: [REDACTED]

CPSI [REDACTED] attempted to contact the referent regarding the case. This worker was informed that the referent was gone for the day. A message was left requesting a call back.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/15/2015

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/13/2015

Completed date: 09/13/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2015 02:41 PM Entered By: [REDACTED]

Alleged Perp Interview

CPSI [REDACTED] and LI [REDACTED] spoke with Ms. [REDACTED] and Mr. [REDACTED] regarding the allegations. Ms. [REDACTED] reported that [REDACTED] was eating normal yesterday and that he was happy. The family reports that the child was seen by [REDACTED] and her co-workers yesterday at [REDACTED] at approximately 5:00 pm. Ms. [REDACTED] stated that they got home at approximately 10:30 pm on 01/14/15 and [REDACTED] was asleep in his car seat. Ms. [REDACTED] stated that she fed [REDACTED] at approx 1:30, he burped and she propped him up on the pillow between she and Mr. [REDACTED] and they all fell asleep. Ms. [REDACTED] stated that when Mr. [REDACTED] woke up at about 8:45 am he found [REDACTED] face down not breathing. Mr. [REDACTED] stated that he called 911 and started CPR. Ms. [REDACTED] stated that [REDACTED] would lie in bed with them until he calms down and then they would put him in the bassinet to sleep. The family was made aware that the department had received a referral in December alleging drug exposed infant. The mother denied using drugs; however she refused to submit to a drug screen. Mr. [REDACTED] consented to a drug screen and was positive for marijuana, amphetamines and benzodiazepines. Mr. [REDACTED] provided prescriptions for Amphetamines Salt Cox XR20MG and Alprazolam ER 2 MG.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 01/15/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2015

Completed date: 07/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2015 03:35 PM Entered By: [REDACTED]

A priority 1 referral was received concerning [REDACTED] with the allegation being listed as neglect death. The case is being assigned to CPSI [REDACTED] with the response being due on 1-16-15 at 11:36 AM. The CPSI will make contact with the reporter and gather any other available information that was not listed in the referral. The CPSI is being instructed to make contact with the mother and her paramour and to observe the home. The CPSI is also being instructed to review prior case history and document an understanding. The CPSI will have all required forms signed and obtain collateral contacts. The Fatality form will be completed and forwarded to this Lead Investigator for review before being sent to upper management. The case will be staffed in CPIT on 1-16-15 and the Judge and the AG's office will be made aware of the report.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/15/2015

Contact Method:

Contact Time:

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/11/2015

Completed date: 03/11/2015

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: 03/11/2015 11:33 AM Entered By: [REDACTED]

**INITIAL CASE SUMMARY:**

Investigator [REDACTED] is assigned the following P1 referral by LI [REDACTED]

**Alleged victims:**

[REDACTED] - DOB [REDACTED]

**Alleged Perpetrator:**

[REDACTED] - birth mother

[REDACTED] - mother's paramour

On 01/15/15 the Department of Children's Services received a p1 referral for [REDACTED] for an allegation of neglect death. The alleged perps are listed as his birth mother [REDACTED] and her paramour [REDACTED]. According to the referral, the identified child, [REDACTED] (2 months), is not in DCS custody. [REDACTED] lived with his mother [REDACTED] and her boyfriend [REDACTED]. The child's father is deceased. There are reportedly no other adults or children residing in the home. It was reported that at 1:30 am on 01/15/15, [REDACTED] was propped up on pillows between [REDACTED] and [REDACTED] and [REDACTED] reportedly fell asleep in the bed with [REDACTED] still propped up on the pillows. When [REDACTED] and [REDACTED] woke up around 9 am this morning [REDACTED] was found face down in the pillows unresponsive. 911 were contacted and the Fire Department arrived and pronounced the time of death at 9:12 am according to the reporter. The reporter stated that [REDACTED] tried to revive the child with CPR but was unsuccessful. [REDACTED] was not transported to the hospital; the county morgue took custody along with the medical examiner. The reporter stated that there did not appear to be any evidence of foul play. The family was in the middle of moving to [REDACTED] where this incident occurred. [REDACTED] and [REDACTED] are still at this address. This is all the information that the reporter has at this time. There are no additional details or concerns.

The referent did not request notification of the report.