



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 01/21/2015 01:52 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 01/21/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 01/21/2015 11:44 AM
 First Team Leader Assigned: [REDACTED] Date/Time 01/21/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 01/21/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

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: *****CHILD IS NOT IN DCS CUSTODY*****

TFACTS:

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No



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

Substantiated No

Death No

Screened out No

History (not listed above): Yes,
6/18/09/ ASMT [REDACTED]/LOS/No Services Needed

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

Reporter's name/relationship: [REDACTED]

Reporter states [REDACTED] (1 month) is not in DCS custody. [REDACTED] (1 month) and her two sisters aged five and ten live with their mother, [REDACTED] and [REDACTED] father. The detailed demographic information on [REDACTED] sisters is unknown at this time. There is no information known about the father to [REDACTED] sisters.

[REDACTED] called 911 at 6:47 a.m. on January 20, 2015, and stated [REDACTED] was not breathing. Officers and EMS responded to the family's home the morning of January 20, 2015. An officer spoke with [REDACTED] reported he slept with [REDACTED] on the couch. [REDACTED] reported he woke up to find [REDACTED] not breathing. [REDACTED] reported he then called 911. EMS staff performed CPR on [REDACTED] inside the home, inside the ambulance, and all the way to the hospital. [REDACTED] reported [REDACTED] was alive at 4:30 a.m. on January 20, 2015. [REDACTED] said [REDACTED] was upstairs crying in her bassinet so he brought her downstairs so she would not wake up her mother. [REDACTED] reported he fell asleep on the couch while holding [REDACTED] in his arms. [REDACTED] reported he was still holding [REDACTED] when he woke up.

[REDACTED] was transported to [REDACTED] Children's Hospital by ambulance. [REDACTED] was pronounced dead at 7:41 a.m. on January 20, 2015. The cause of death for [REDACTED] is unknown at this time.

While at the home, responding officers did a walk-through of the home. The home seemed livable and safe for the children.

Special Needs or Disabilities: None reported.

Child's current location/is the child safe at this time: Unknown at the time of this intake.

Perpetrator's location at this time: Unknown at the time of the intake.

Any other safety concerns for the child (ren) or worker who may respond: None reported.

Domestic Violence present in the home: Unknown at the time of the intake.

Per SDM: Investigative Track, P1. [REDACTED] CM 3 @ 3:05am on 1-21-15

Recipients	Time Issued	Response Received	Devices	Responses		
[REDACTED]	01-21-15 03:12:50 AM	[REDACTED]	01-21-15 03:13:44 AM	[REDACTED]	PRIVATE	Received
[REDACTED]	01-21-15 03:12:51 AM	---	PRIVATE	Email Sent		



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

Email notification sent to [REDACTED], Regional
Administrator [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 11 Mos

Address: [REDACTED]

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: [REDACTED] **Race:** Black/African **Age:** 34 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: NOTELEPHONE

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:** Black/African **Age:** 28 Yrs

Address:

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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age: 5 Yrs (Est)

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: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age: 10 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 01/21/2015

Assignment Date: 01/21/2015

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	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 05/04/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Case Closed:Neglect Death classified as Allegations Unsubstantiated perpetrator unsubstantiated

D. Case Workers

Case Worker: [REDACTED]

Date: 05/04/2015

Team Leader: [REDACTED]

Date: 05/05/2015

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 remaining siblings were interviewed and neither made a disclosure and abuse or neglect by the parents.

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 report states the cause of death and the manner of death could not be determined

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

No alleged perpetrator was reported or identified during this investigation.

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

Both parents were interviewed separately. The father stated at about 4:30 am, he got sleepy so he laid her in his left arm and he lay back on the couch. He stated that he ended up dozing off. He stated he woke up about 6:15 or so and the baby was still in the same position. He stated that he thought she was still asleep so



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

Case Name : ██████████

Investigation ID: ██████████

he started rubbing her stomach and she moved a little bit. He stated that she didn't move as much as she normally moves when he do her like that. He stated that at this point, she was still warm. He stated he though she was still sleep, he talked to her and she smiled a little and then her head went to the side. He stated he went upstairs woke the mother and told her she was not breathing. Mr. ██████████ stated they called 911 who walked them through doing infant CPR until the EMT's arrived.

The mother reported the day before they went to the ██████████ Museum, the park and over her mom's house. She she stated the kids ate and she put them to bed. Around 2:00 am, she made ██████████ a bottle and the dad was feeding her. She stated she went upstairs to bed. She stated around 6:30 am she got up to use the bathroom and went back to bed, a few minutes later she heard the dad screaming her name and he was coming up the stairs. She stated he told her ██████████ was not breathing. She took her and checked to see if she was breathing. She report she gave her back to the father and she called 911 while he conducted CPR until the ambulance arrived and the took over.

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

There is no other evidence or factors that support the investigative findings.

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: 10/08/2015

Contact Method:

Contact Time: 12:48 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2015

Completed date: 10/08/2015

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: 10/08/2015 02:51 PM Entered By: [REDACTED]

The case has been investigated by CPSI [REDACTED] the child's cause and manner of death could not be determined according to the autopsy. The CPSI interviewed the mother and father, observed the home and completed background checks. The CPSI offered grief counseling to the family but they declined and stated that if it's needed in the future that they can access it through their private insurance. The two siblings were observed and there were no marks or bruises observed. The CPSI has obtained medical records and reviewed the case with the AG and CPIT. The case has been reviewed by IC [REDACTED], RID [REDACTED] and Deputy Director of investigations [REDACTED] who granted approval for case closure on today. The AG and the Judge will be made aware of the classification when the 740 is forwarded.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:40 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 10:53 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:	11:40 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 10:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:40 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 10:53 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:	11:40 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 10:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:40 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 10:53 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:	11:40 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 10:53 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:40 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 10:53 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:	11:40 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 10:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:40 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 10:53 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:	11:40 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 10:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:40 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 10:53 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:	11:40 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 10:53 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	11:40 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 10:53 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:	11:40 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 10:53 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2015

Contact Method:

Contact Time: 11:40 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 10:53 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: 10/05/2015

Contact Method:

Contact Time: 11:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/05/2015

Completed date: 10/05/2015

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: 10/05/2015 11:33 AM Entered By: [REDACTED]

[REDACTED] medical records were scanned into the Tennessee Family and Child Tracking System (TFACTS).



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: 08/07/2015

Contact Method: Notation

Contact Time: 01:00 PM

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 10:39 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: 05/06/2015

Contact Method:

Contact Time: 03:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2015

Completed date: 05/06/2015

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: 05/06/2015 03:37 PM Entered By: [REDACTED]

Autopsy report was uploaded to the Tennessee Family and Child Tracking System (TFACTS).



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: 05/05/2015	Contact Method:
Contact Time: 05:19 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/05/2015
Completed date: 05/05/2015	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: 05/05/2015 05:19 PM Entered By: [REDACTED]

Closing Case Summary:

On 01/21/2015 the Department received a referral alleging neglect death. The victim is listed as [REDACTED] (1 mos). The alleged perpetrator is listed as unknown. This case is non-custodial case. A history check was completed on the family and it reveals that on 5/27/09 there was an investigation for lack of supervision, the victim was listed as [REDACTED] and the alleged perpetrator was listed as [REDACTED] the case was classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated.

Both parents were interviewed separately. The father stated at about 4:30 am, he got sleepy so he laid her in his left arm and he lay back on the couch. He stated that he ended up dozing off. He stated he woke up about 6:15 or so and the baby was still in the same position. He stated that he thought she was still asleep so he started rubbing her stomach and she moved a little bit. He stated that she didn't move as much as she normally moves when he do her like that. He stated that at this point, she was still warm. He stated he though she was still sleep, he talked to her and she smiled a little and then her head went to the side. He stated he went upstairs woke the mother and told her she was not breathing. Mr. [REDACTED] stated they called 911 who walked them through doing infant CPR until the EMT's arrived. The mother reported the day before they went to the [REDACTED] Museum, the park and over her mom's house. She stated the kids ate and she put them to bed. Around 2:00 am, she made [REDACTED] a bottle and the dad was feeding her. She stated she went upstairs to bed. She stated around 6:30 am she got up to use the bathroom and went back to bed, a few minutes later she heard the dad screaming her name and he was coming up the stairs. She stated he told her [REDACTED] was not breathing. She took her and checked to see if she was breathing. She report she gave her back to the father and she called 911 while he conducted CPR until the ambulance arrived and they took over.

[REDACTED] Police and Emergency services responded to the scene. The victim was transported in full arrest to [REDACTED] arriving at 0722 hours. Death was pronounced at 0741 hours by Dr. [REDACTED] after all lifesaving measures failed. The Medical Examiner Offices was notified of the death. The [REDACTED] County Medical Examiners responded to receive the body to perform an autopsy [REDACTED] M.D. from the [REDACTED] Regional Forensic Center Office of Medical Examiners was present at the autopsy and her results were documented on the autopsy report included in this case file. Department of Children Services Investigator [REDACTED] initiated the Department's investigation on 1/21/ 2015 which was later joined by Child Protection Services Investigator, [REDACTED] The [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

County District Attorney's Office, [REDACTED] was also consulted upon receiving of autopsy report.

There was no alleged perpetrator reported in the Department of Children's Services referral. Interviews were conducted with family members to include birth mother, step father, and siblings.

The mother, father and the two siblings were interviewed separately. The interview with the father, [REDACTED] and the mother, [REDACTED] were consistent with each other's. There are two remaining siblings in the home [REDACTED], 6 (DOB: [REDACTED]) and [REDACTED], 10 ([REDACTED]) both children were interviewed and neither made a disclosure of abuse or neglect by the parents. The home was observed and no safety hazards were noted.

The Department of Children's Services defines neglect death as any child death that is the result of the caretaker's failure to meet childcare responsibilities. This case initially went before the [REDACTED] County Child Protective Investigation team (CPIT) on 1/22/2015. The CPIT reconvene once the autopsy was received. There is not a preponderance of evidence to substantiate the allegation. The case will be closed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated for the allegation of Child Neglect Death. Notification of classification was sent to Juvenile Court and the District Attorney per local protocol and policy.

Narrative Type: Addendum 1 Entry Date/Time: 05/27/2015 06:52 PM Entered By: [REDACTED]

The Department of Children's Services defines neglect death as any child death that is the result of the caretaker's failure to meet childcare responsibilities.

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

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

The Medical Examiner autopsy results states the cause of death and the manner of death could not be determined.



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:	05/05/2015	Contact Method:	
Contact Time:	04:39 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/05/2015
Completed date:	05/05/2015	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: 05/05/2015 04:40 PM Entered By: [REDACTED]

The closing structure decision making (SDM) was completed, and routed to the Lead Investigator. The closing SDM deemed the child to be 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:	05/05/2015	Contact Method:	Phone Call
Contact Time:	01:45 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/05/2015
Completed date:	05/05/2015	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: 05/05/2015 05:57 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] contacted the mother [REDACTED]. CPSI [REDACTED] asked the mother how things were going and she states everything is going well. CPSI [REDACTED] informed Ms. [REDACTED] the Department had received a copy of the autopsy report and was in the process of closing out her family case. CPSI [REDACTED] asked Ms. [REDACTED] if at this time is there anything the Department could assist the family with and she stated no. CPSI [REDACTED] informed Ms. [REDACTED] if some time down the line she feels the kids or her self could use grief counseling she could always access services through their insurance. CPSI [REDACTED] gave her the contact number for [REDACTED] a free grief camp for the children.



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:	05/05/2015	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/05/2015
Completed date:	05/05/2015	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: 05/05/2015 05:30 PM Entered By: [REDACTED]

This case went before the Child Protective Investigating Team (CPIT), it was classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated. Present during CPIT was [REDACTED], Investigator Lead with the Department of Children Services, Sgt. [REDACTED] with [REDACTED] Police Department, [REDACTED] with the District Attorney Office, [REDACTED] with the [REDACTED] and [REDACTED] County Sheriff Officer [REDACTED]; all parties were in agreement with the classification decision.



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: 05/04/2015

Contact Method: Correspondence

Contact Time: 02:14 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/05/2015

Completed date: 05/05/2015

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: 05/05/2015 05:25 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] received correspondence from [REDACTED], [REDACTED] with the [REDACTED] County District Attorney General's Office. Attorney [REDACTED] stated she reviewed the autopsy report and was in agreement with classifying the case as Allegation Unsubstantiated / Perpetrator Unsubstantiated (AUPU).



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: 05/01/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/05/2015

Completed date: 05/05/2015

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: 05/05/2015 11:33 AM Entered By: [REDACTED]

This case went before the Child Protective Investigating Team, a copy of the information was forwarded to [REDACTED], [REDACTED] with the [REDACTED] County District Attorney General'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: 04/30/2015

Contact Method: Correspondence

Contact Time: 01:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/05/2015

Completed date: 05/05/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/05/2015 12:23 PM Entered By: [REDACTED]

The autopsy report was received. The report states [REDACTED] 1 m.o. B/F was discovered without signs of life at 0600 hours on 1/20/15 at her residence by her father who contacted 911 emergency and started cardiopulmonary resuscitation. [REDACTED] Police and emergency services responded to the scene located at [REDACTED] and transported the victim in full arrest to [REDACTED] arriving at 0722 hours. Death was pronounced at 0741 hours by Dr. [REDACTED] after all lifesaving measures failed. The Medical Examiner's Office was notified of the death by [REDACTED] who reported the victim had no medical history. A brief body examine was performed and photographed. Jurisdiction of the death was accepted by the medical Examiner's Office and the decedent was transported to Regional Forensic Center for further examination and final disposition to the funeral home. The cause of death and the manner of death could not be determined.



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: 04/01/2015

Contact Method:

Contact Time: 04:49 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/01/2015

Completed date: 04/01/2015

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: 04/01/2015 04:50 PM Entered By: [REDACTED]

This case is remaining open waiting on the autopsy 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: 03/09/2015

Contact Method: Phone Call

Contact Time: 04:21 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): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2015 01:41 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] contacted the mother, [REDACTED]. Ms. [REDACTED] reports everything is going well and they all are adjusting. CPSI [REDACTED] asked Ms. [REDACTED] if she felt that either her or the children need grief counseling at this time and stated no. CPSI [REDACTED] informed Ms. [REDACTED] her case is reminding open waiting on the autopsy report and if anytime during the life of the case she feels they could benefit from grief counseling to contact CPSI [REDACTED] and she will get it arranged.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2015

Contact Method: Face To Face

Contact Time: 11:27 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 03/11/2015

Completed date: 03/11/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2015 12:21 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] completed a school with [REDACTED] and [REDACTED]. The children report things are going well in the home. CPSI interviewed the child regarding current safety, permanence, home environment, and well-being. These questions were gathered to assess if there current running water and utilities, food, imminent danger, or severe hazards occurring in the home. The child was able to give details to their meals at home and stated they always have enough to eat.



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: 06:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/05/2015

Completed date: 05/05/2015

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: 05/05/2015 11:25 AM Entered By: [REDACTED]

The Initial structure decision making (SDM) was completed and routed to the Lead Investigator. The initial SDM deemed the child to be 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: 01/22/2015

Contact Method:

Contact Time: 12:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/11/2015

Completed date: 08/11/2015

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: 08/11/2015 03:29 PM Entered By: [REDACTED]

The child death notification form was submitted.



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: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/05/2015

Completed date: 05/05/2015

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: 05/05/2015 11:28 AM Entered By: [REDACTED]

This case went before the Child Protective Investigating Team, it was stamped for the Department to handle as appropriate.



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: Attempted Face To Face

Contact Time: 01:51 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/01/2015

Completed date: 06/01/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/01/2015 03:52 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:	Created In Error
Contact Date:	01/21/2015	Contact Method:	Correspondence
Contact Time:	05:33 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/21/2015
Completed date:	01/22/2015	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: 01/21/2015 05:34 PM Entered By: [REDACTED]

The following Internet Records Clearance inquiries were completed on [REDACTED]:

Justice System Inquiry (JSSI): 8/2013-VIOL. FINANCIAL RESPOSIBILITY LAW; 8/2010- SPEED LIMIT 45 MPH ZONE

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

SSMS Check: 5/27/09-investigation: [REDACTED] Victim [REDACTED] / Perp: [REDACTED] / LOS/AUPU

The following Internet Records Clearance inquiries were completed on [REDACTED]:

Justice System Inquiry (JSSI): no records found

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

SSMS Check: no results were found

Narrative Type: Created In Error Entry Date/Time: 08/11/2015 04:24 PM Entered By: [REDACTED]

The records checks was entered incorrectly.



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:	01/21/2015	Contact Method:	Correspondence
Contact Time:	05:33 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/11/2015
Completed date:	08/11/2015	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: 08/11/2015 04:26 PM Entered By: [REDACTED]

The following Internet Records Clearance inquiries were completed on [REDACTED]:

Justice System Inquiry (JSSI): 8/2013-VIOL. FINANCIAL RESPOSIBILITY LAW; 8/2010- SPEED LIMIT 45 MPH ZONE

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

Tennessee Family and Child Tracking System (TFACTS) Check: 5/27/09-investigation: [REDACTED] Victim: [REDACTED] / Perp: [REDACTED] / LOS/AUPU

The following Internet Records Clearance inquiries were completed on [REDACTED]:

Justice System Inquiry (JSSI): no records found

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Tennessee Family and Child Tracking System (TFACTS) Check: no results were found



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: 01/21/2015 Contact Method: Face To Face
 Contact Time: 05:29 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Family Home Created Date: 01/21/2015
 Completed date: 01/22/2015 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: 01/21/2015 05:30 PM Entered By: [REDACTED]

Date: January 21, 2015

Time: 10:44 am

Location: [REDACTED]

On 01/21/2015, Investigator [REDACTED] made face to face contact with the mother, [REDACTED]. Ms. [REDACTED] stated that on Monday, she and the kids went to the [REDACTED] museum with her mom and other family. She stated that they went to the park and then out to eat. She stated that they went over to her mom's house afterwards and watched a movie. She stated that her mom took them home about 9:00. She stated that the children went to bed shortly after and then she, the baby, and the father stayed up to watch movies and ate steak. She stated that around 2:00 am, she made [REDACTED] a bottle and the dad was feeding her. She stated that she kissed [REDACTED] on the cheek and told him that she would see them upstairs. She stated that she got up around 6:30 am to use the bathroom and went back to bed. She stated that she had just closed her eyes for about 5 minutes when she heard the dad screaming her name and he was coming up the stairs. She stated that she was like what is it and he said [REDACTED] was not breathing. She stated that she told him to give her to her and she checked her to see if she was breathing. Ms. [REDACTED] stated that the baby was turning gray and she wasn't moving. She stated that she handed her back to him and told him to do CPR while she calls 911. She stated that she called 911 and they told him how to do infant CPR. She stated that the ambulance came and took over and told her to get her stuff and come on. She stated that [REDACTED] was a happy baby and she like to play. She stated that the only time she fussed was when she was hungry or wet. She stated that she had her own bed and would sleep in it. She stated that her oldest daughter woke up and went to the bathroom, but she told her to go back to bed because she didn't want her to see her sister like that. Ms. [REDACTED] stated that the baby was healthy. Ms. [REDACTED] stated that they had an appointment at 12:30 to make the funeral arrangements.

The following forms were explained to and signed by Ms. [REDACTED]

Authorization for Release of Information and HIPAA Protected health Information from the Department of Children's Services

HIPAA Notice of Privacy Practices- Client Acknowledgment

Native American Heritage Veto Verification

Notification of Equal Access to Programs and Services and Grievance Procedures

Acknowledgment of Receipt of Client Rights Handbook



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The home environment was observed and no safety hazards were noted. The couch was observed where the dad and the deceased victim were laying. A bassinet was observed in the parent's bedroom. The parents also had a baby bed in the room that presently did not have a mattress to it yet.

Narrative Type: Created In Error Entry Date/Time: 01/22/2015 04:11 PM Entered By: [REDACTED]

time enter incorrectly



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: 01/21/2015 Contact Method:
 Contact Time: 04:17 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/22/2015
 Completed date: 01/22/2015 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: 01/22/2015 04:17 PM Entered By: [REDACTED]

- the mom and dad have been dating for about a year and ½
- the home has 2 bedrooms/1 ½ bath
- Insurance: Blue Care ([REDACTED] and [REDACTED] United Healthway ([REDACTED])
- Pediatrician: Dr [REDACTED]
- mom and dad are both employed at [REDACTED] / mom 3 ½ years (\$343/week) and dad 2yrs
- Food Stamps: \$306
- Rent: \$565
- Utilities- \$100-\$150
- no drug or alcohol history
- no history of Domestic Violence
- previous DCS history 5/27/09 Lack of Supervision vic: [REDACTED] perp: [REDACTED] AUPU

HOUSEHOLD COMPOSITION

[REDACTED] /4th father is [REDACTED] (incarcerated)
 [REDACTED] /K father is [REDACTED]

COLLATERAL CONTACTS

[REDACTED] (maternal grandmother) [REDACTED]
 [REDACTED] (dad's mother) [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: 01/21/2015	Contact Method: Face To Face
Contact Time: 12:45 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: School	Created Date: 01/22/2015
Completed date: 01/22/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Other Child Living in the Home Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 01/22/2015 04:15 PM Entered By: [REDACTED]

Date: January 21, 2015

Time: 12:45 pm

Location: [REDACTED] Elementary School

On 01/21/2015, Investigator [REDACTED] and Investigator [REDACTED] made face to face contact with [REDACTED]. She stated that they did not go to school on yesterday. [REDACTED] stated that her sister stopped breathing. She stated that she was in her bed asleep when she heard her mom scream the baby's name. She stated that she went to the bathroom and then went to her mom room but she told her to go back in her room. She stated that she saw [REDACTED] lying on the bed and the dad was trying to see if she was breathing. She stated that her mom had the phone and told the people that her baby wasn't breathing. She stated that the dad was pumping her chest (not real hard) and blowing in her mouth. She stated that she heard the person on the phone telling them what to do. [REDACTED] stated that her brother, [REDACTED] was still asleep, but she didn't go back to sleep. She stated that [REDACTED] was a happy baby and she helped feed her sometimes. She stated that at their grandmother house, [REDACTED] was laughing and playing and the dog was sniffing her. When asked about her feeding, she stated that she spit up a lot and milk would come out of her nose. She stated that sometimes she would throw up and it would come out of her nose. [REDACTED] stated that [REDACTED] whips her brother sometimes and he tells them to stop doing stuff. She stated that when [REDACTED] would cry sometimes, [REDACTED] would not get mad. She stated that [REDACTED] was on the list for daycare but she didn't go yet, she stayed home with her mom or with [REDACTED]. She stated that her Grandma [REDACTED] and her Aunt [REDACTED] would spoil the baby. She stated that they always pick her up and try to babysit her. She stated that everybody was excited about [REDACTED] being born and she was excited just a little bit. [REDACTED] stated that she makes B's, C's, E's, and S's and her teacher name is Ms. [REDACTED]. She stated that she likes to read. [REDACTED] was observed to be groomed well and appeared to be well taken care of.



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: 01/21/2015

Contact Method: Face To Face

Contact Time: 12:39 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 01/22/2015

Completed date: 01/22/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/22/2015 04:07 PM Entered By: [REDACTED]

Date: January 21, 2015

Time: 12:39 pm

Location: [REDACTED] Elementary School

On 01/21/2015, Investigator [REDACTED] and Investigator [REDACTED] made face to face contact with [REDACTED] stated that his baby sister died. He stated that his baby sister was crying real hard at the hospital. He stated that his baby sister is not going back home. He stated that [REDACTED] had a white bed and [REDACTED] fixed her bed. He stated that the doctor checked her. [REDACTED] was verbal, but it was hard to understand exactly what he was saying. [REDACTED] was observed to be well groomed and appeared to be well taken care of.



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: 01/21/2015

Contact Method: Attempted Phone Call

Contact Time: 12:11 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/05/2015

Completed date: 05/05/2015

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: 05/05/2015 11:42 AM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] contacted the referent but did not receive an answer. CPSI [REDACTED] left a voice mail asking for a return call.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/21/2015	Contact Method:	Face To Face
Contact Time:	10:44 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	01/22/2015
Completed date:	01/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/22/2015 04:12 PM Entered By: [REDACTED]

Date: January 21, 2015

Time: 10:44 am

Location: [REDACTED]

On 01/21/2015, Investigator [REDACTED] made face to face contact with the mother, [REDACTED]. Ms. [REDACTED] stated that on Monday, she and the kids went to the [REDACTED] museum with her mom and other family. She stated that they went to the park and then out to eat. She stated that they went over to her mom's house afterwards and watched a movie. She stated that her mom took them home about 9:00. She stated that the children went to bed shortly after and then she, the baby, and the father stayed up to watch movies and ate steak. She stated that around 2:00 am, she made [REDACTED] a bottle and the dad was feeding her. She stated that she kissed [REDACTED] on the cheek and told him that she would see them upstairs. She stated that she got up around 6:30 am to use the bathroom and went back to bed. She stated that she had just closed her eyes for about 5 minutes when she heard the dad screaming her name and he was coming up the stairs. She stated that she was like what is it and he said [REDACTED] was not breathing. She stated that she told him to give her to her and she checked her to see if she was breathing. Ms. [REDACTED] stated that the baby was turning gray and she wasn't moving. She stated that she handed her back to him and told him to do CPR while she calls 911. She stated that she called 911 and they told him how to do infant CPR. She stated that the ambulance came and took over and told her to get her stuff and come on. She stated that [REDACTED] was a happy baby and she like to play. She stated that the only time she fussed was when she was hungry or wet. She stated that she had her own bed and would sleep in it. She stated that her oldest daughter woke up and went to the bathroom, but she told her to go back to bed because she didn't want her to see her sister like that. Ms. [REDACTED] stated that the baby was healthy. Ms. [REDACTED] stated that they had an appointment at 12:30 to make the funeral arrangements.

The following forms were explained to and signed by Ms. [REDACTED]

Authorization for Release of Information and HIPAA Protected health Information from the Department of Children's Services

HIPAA Notice of Privacy Practices- Client Acknowledgment

Native American Heritage Veto Verification

Notification of Equal Access to Programs and Services and Grievance Procedures

Acknowledgment of Receipt of Client Rights Handbook



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The home environment was observed and no safety hazards were noted. The couch was observed where the dad and the deceased victim were laying. A bassinet was observed in the parent's bedroom. The parents also had a baby bed in the room that presently did not have a mattress to it 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:	01/21/2015	Contact Method:	Face To Face
Contact Time:	10:35 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	01/22/2015
Completed date:	01/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/22/2015 04:04 PM Entered By: [REDACTED]

Date: January 21, 2015

Time: 10:35 am

Location: [REDACTED]

On 01/21/2015, Investigator [REDACTED] made face to face contact with the father, [REDACTED]. Mr. [REDACTED] stated that he got off of work about 2 pm on Monday. He stated that when the kids got home, he played with them and then they went to bed. He stated that he and the mom do shifts with the baby and so it was his time. He stated that about 2:00 am, the mom went to bed and he was feeding the baby. He stated that he burped her and they were watching TV. He stated that at about 4:30 am, he got sleepy so he laid her in his left arm and he lay back on the couch. He stated that he ended up dozing off. He stated that this is not the first time they have fallen asleep like this from being up and watching TV. Mr. [REDACTED] stated that he woke up about 6:15 or so and the baby was still in the same position. He stated that he thought she was still asleep so he started rubbing her stomach and she moved a little bit. He stated that she did not move as much as she normally moves when he do her like that. He stated that at this point, she was still warm. He stated that picked her up and started talking to her, but she still did not move. He stated that she smiled a little and then her head went to the side. Mr. [REDACTED] stated that he took her upstairs and woke the mom up, telling her that the baby was not breathing, and to call 911. He stated that mom had her and checked to see if she was breathing and then she gave her back to him. He stated that he tried to do CPR himself while the mom was calling 911. He stated that he was doing the Adult CPR so the Emergency person walked him through doing Child CPR. He stated that when he tried to open her mouth, her gums were locked together. He stated that when he got upstairs and started doing CPR, her body temperature started cooling down. Mr. [REDACTED] stated that EMT got there and took over. He stated that she was a happy baby and the only time she fussed was when she was hungry or wet. He stated that she has her own bed and he normally will take her and put her in there once she falls asleep.



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: 01/21/2015	Contact Method:
Contact Time: 01:52 AM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 01/21/2015
Completed date: 01/22/2015	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: 01/21/2015 05:26 PM Entered By: [REDACTED]

On 01/21/2015, the Department of Children's Services received a referral with the allegation of Neglect Death. The alleged victim is 1 month old [REDACTED]. The alleged perpetrator is unknown. The report states that [REDACTED] called 911 and stated that [REDACTED] was not breathing. [REDACTED] stated that he fell asleep with [REDACTED] on the couch and woke up to her not breathing. He reported that [REDACTED] was alive at 4:30 am. [REDACTED] was transported to [REDACTED] and pronounced dead at 7:41 am. The cause of death is unknown.

The referent was not notified by letter or by the online Child Abuse Reporting and Tracking (CARAT) at the time report was made due to the referent no requesting notification. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.

The case was assigned to Child Protective Service Investigator (CPSI) [REDACTED] as a priority 1 on 1/21/2015.

Narrative Type: Created In Error Entry Date/Time: 08/11/2015 04:22 PM Entered By: [REDACTED]

Entry not labeled



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:	01/21/2015	Contact Method:	
Contact Time:	01:52 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/11/2015
Completed date:	08/11/2015	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: 08/11/2015 04:23 PM Entered By: [REDACTED]

Opening Case Summary:

On 01/21/2015, the Department of Children's Services received a referral with the allegation of Neglect Death. The alleged victim is 1 month old [REDACTED]. The alleged perpetrator is unknown. The report states that [REDACTED] called 911 and stated that [REDACTED] was not breathing. [REDACTED] stated that he fell asleep with [REDACTED] on the couch and woke up to her not breathing. He reported that [REDACTED] was alive at 4:30 am. [REDACTED] was transported to [REDACTED] and pronounced dead at 7:41 am. The cause of death is unknown.

The referent was not notified by letter or by the online Child Abuse Reporting and Tracking (CARAT) at the time report was made due to the referent not requesting notification. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.

The case was assigned to Child Protective Service Investigator (CPSI) [REDACTED] as a priority 1 on 1/21/2015.



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: 03/11/2014

Contact Method:

Contact Time: 01:45 PM

Contact Duration: Less than 05

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): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2015 01:46 PM Entered By: [REDACTED]

There are no safety concerns at this time, the case remains open while awaiting the autopsy.