



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 03/17/2015 01:25 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 03/17/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 03/17/2015 03:16 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 03/17/2015 12:00 AM  
 First Case Manager [REDACTED] Date/Time 03/17/2015 12:00 AM

**Allegations**

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

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address: [REDACTED]  
 Referent Phone Number:  
 Type of Contact: Facsimile  
 Notification: None  
 Narrative: This is not a custodial child.

Family Case IDs: None found with information provided

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open: None

Substantiated: None

Death: None



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

Number of Screen Outs: 0

History (not listed above): No

County: [REDACTED]

Notification: None

School/ Daycare: Not provided

Native American Descent: Not provided

Directions: None provided

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

Note: This report was taken directly from a fax sent to the hotline on 3-17-2015. A scanned version of this document is available under the "Documents" link above the narrative as Document ID [REDACTED].

Reporter states: On 3-16-2015 [REDACTED] dispatched that CPR was in progress on an infant at [REDACTED].

Upon my arrival I made contact with [REDACTED] and [REDACTED]. They were standing outside the residence and [REDACTED] was holding an unresponsive infant that was dressed and had a blanket wrapped partially around him. As I approached them [REDACTED] handed me the baby and [REDACTED] said "please help my baby" at this time the infant was not breathing. I could not feel a pulse, the infants face was still warm to the touch it was 41 degrees outside. The child's lips were bluish in color and the immediate area to the left of both of his eyes was also a bluish in color. I began giving the child chest compressions. [REDACTED] told me that he had been doing CPR earlier. Within a minute, emergency services arrived on scene. During this time I briefly spoke with [REDACTED] he said that he and his wife both work two jobs and tonight they were trying to catch up on sleep. All three were in the bed and asleep around 8:30 or 9:00. [REDACTED] was sleeping on the right side of the bed, [REDACTED] on the left and [REDACTED] was on [REDACTED] left side also in the bed. Around 1 am he said he woke up and asked [REDACTED] where the baby was, she raised up and said right here. At that time, the baby didn't look right and he thought [REDACTED] wasn't breathing, he also told me that the infant's lips were bluish. [REDACTED] said his cell phone was dead so [REDACTED] ran upstairs to call 911. According to [REDACTED] the child did not have any known illnesses and had been acting normal and happy. [REDACTED] did take me into his residence and showed me where his bed was at.

EMS transported the infant to the emergency room, but doctors were unable to revive the child. The parents left the residence in their personal vehicle en route to the Emergency Room. Deputy [REDACTED] also left the area and went to the ER. [REDACTED] contacted the Criminal Investigation Unit. Lt. [REDACTED] and Detective Dial came to the residence and took control of the case.

Special Needs or Disabilities: Unknown

Child's current location/is the child safe at this time: deceased

Perpetrator's location at this time: Unknown

Any other safety concerns for the child(ren) or worker who may respond: Unknown

Domestic Violence present in the home: Unknown

Per SDM: Investigation/P1

Notified Child Death Group via email: [REDACTED]

RA [REDACTED] was also copied on the notification 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:** White

**Age:** Deceased

**Address:** [REDACTED]

**Deceased Date:** 03/16/2015

**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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED], Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/17/2015

Assignment Date: 03/17/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Participant [REDACTED] Unknown	[REDACTED]	*Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/26/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 10/19/2015

Team Leader: [REDACTED]

Date: 10/19/2015

**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:**

[REDACTED] died the morning of 3/16/2015, found unresponsive after co-sleeping with his parents. [REDACTED] Sheriff's department responded to the home and Detective [REDACTED] was assigned to this case. EMS transported the infant to the emergency room, but doctors were unable to revive the child. The autopsy report has cause and manner of death could not be determined.

**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 has cause and 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)?**

The perpetrator was listed as Unknown in this case.

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



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

Case Name : ██████████

Investigation ID: ██████████

The intake stated:

Reporter states: On 3-16-2015 ██████████ dispatched that CPR was in progress on an infant at ██████████. Upon my arrival I made contact with ██████████ and ██████████. They were standing outside the residence and ██████████ was holding an unresponsive infant that was dressed and had a blanket wrapped partially around him. As I approached them ██████████ handed me the baby and ██████████ said "please help my baby" at this time the infant was not breathing. I could not feel a pulse, the infants face was still warm to the touch it was 41 degrees outside. The child's lips were bluish in color and the immediate area to the left of both of his eyes was also a bluish in color. I began giving the child chest compressions. ██████████ told me that he had been doing CPR earlier. Within a minute, emergency services arrived on scene. During this time I briefly spoke with ██████████ he said that he and his wife both work two jobs and tonight they were trying to catch up on sleep. All three were in the bed and asleep around 8:30 or 9:00. ██████████ was sleeping on the right side of the bed ██████████ on the left and ██████████ was on ██████████ left side also in the bed. Around 1 am he said he woke up and asked ██████████ where the baby was, she raised up and said right here. At that time, the baby didn't look right and he thought ██████████ wasn't breathing, he also told me that the infant's lips were bluish. ██████████ said his cell phone was dead so ██████████ ran upstairs to call 911. According to ██████████ the child did not have any known illnesses and had been acting normal and happy. ██████████ did take me into his residence and showed me where his bed was at.

EMS transported the infant to the emergency room, but doctors were unable to revive the child. The parents left the residence in their personal vehicle en route to the Emergency Room. ██████████ also left the area and went to the ER. ██████████ contacted the Criminal Investigation Unit. ██████████ and Detective ██████████ came to the residence and took control of the case.

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

On 3/17/2015, P1 intake was called into the DCS Child Abuse Hotline. The intake was screened into ██████████ County with allegation of Neglect Death against alleged perpetrator, Unknown. The alleged child victim is ██████████. The intake was assessed and assigned to Investigator ██████████ on 3/17/2015. The case was presented to the ██████████ County Child Protective Investigation Team on 10/16/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegations of Child Neglect Death. There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death. The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

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: 10/28/2015

Contact Method:

Contact Time: 09:39 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2015

Completed date: 10/28/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2015 10:13 AM Entered By: [REDACTED]

This case was reviewed by Deputy Director of Investigations [REDACTED] and approved for closure on 10/28/2015 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: 10/26/2015	Contact Method:
Contact Time: 10:20 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/26/2015
Completed date: 10/26/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original      Entry Date/Time: 10/26/2015 10:22 AM      Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) Office of Child Safety received a referral on 3/17/2015 with an allegation of Child Neglect Death regarding child [REDACTED]. [REDACTED] was not in DCS custody and was in the custody of his mother [REDACTED] and father [REDACTED]. [REDACTED] (3 months) lived with his mother and father, [REDACTED] and [REDACTED] in [REDACTED] with no other siblings.

[REDACTED] passed away on the morning of March 16, 2015. Law enforcement responded to the home for the purpose of CPR being in progress on an infant. Law enforcement arrived at the home; Mr. and Mrs. [REDACTED] were outside the residence, and Mr. [REDACTED] was holding an unresponsive infant wrapped in a blanket. At that time, life-saving measures were performed on [REDACTED] that were unsuccessful. EMS arrived at the home and transported the child to [REDACTED] Hospital, but doctors were unable to revive the child. Law enforcement reported that [REDACTED] face was warm, and his eyes and lips were bluish in color upon receiving the child from the parents at the home. Law enforcement spoke with Mr. [REDACTED] and Mr. [REDACTED] stated that he and Mrs. [REDACTED] were trying to catch up on sleep due to working two jobs. Mr. [REDACTED] reported to law enforcement that he, Mrs. [REDACTED] and [REDACTED] slept in the same bed and when he woke up around 1 am, he saw the child was bluish in color and not breathing. According to Mr. [REDACTED], he reported to law enforcement that [REDACTED] did not have any known illnesses and had been acting normal and happy prior to this incident.

The investigation into this incident was conducted by [REDACTED] Sheriff's Department with Detective [REDACTED] and Office of Child Safety Investigator [REDACTED]. The report to DCS listed the alleged perpetrator as Unknown of Child Neglect Death. Numerous interviews were conducted of family and law enforcement. No concerns of abuse were reported by the family or law enforcement. Per autopsy report, the cause of death was "could not be determined" and manner of death was "could not be determined". Detective Dial closed the criminal investigation case as Unfounded.

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

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



**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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always treated as severe child abuse.

3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 10/16/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegations of Child Neglect Death.

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

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/16/2015

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/19/2015

Completed date: 10/19/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, 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: 10/19/2015 11:33 AM Entered By: [REDACTED]

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

-- Allegation: Neglect Death

-- AP: Unknown

-- ACV [REDACTED]

-- Classification Decision: It was agreed to classify this case as AUPU due to the manner of death being reported as could not be determined.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/25/2015 08:44 AM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/25/2015 08:44 AM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/25/2015 08:44 AM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/25/2015 08:44 AM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 08:44 AM Entered By: [REDACTED]

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**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 08:44 AM Entered By: [REDACTED]

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
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**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/25/2015 08:44 AM      Entered By: [REDACTED]

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

Narrative Type: Original      Entry Date/Time: 09/25/2015 08:44 AM      Entered By: [REDACTED]

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

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

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

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Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/25/2015 08:44 AM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 08:44 AM Entered By: [REDACTED]

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Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
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**Children Concerning****Participant(s)****Narrative Details**

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



**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:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/25/2015 08:44 AM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/25/2015 08:44 AM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/10/2015

Contact Method:

Contact Time: 09:55 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/25/2015

Completed date: 09/25/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2015 08:44 AM Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/31/2015

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/14/2015

Completed date: 10/14/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/14/2015 09:57 AM Entered By: [REDACTED]

On 8/31/2015, Investigator [REDACTED] received a copy of the autopsy report for ACV [REDACTED]. The report can be found in the case file.

Cause of death and 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: 07/10/2015

Contact Method: Attempted Phone Call

Contact Time: 10:35 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/10/2015

Completed date: 07/10/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2015 10:38 AM Entered By: [REDACTED]

On 7/10/2015 at 10:35am, Investigator [REDACTED] tried contacted Mr. and Mrs. [REDACTED] at [REDACTED] and [REDACTED]. There was no answer on either number and Inv [REDACTED] left a voicemail with contact information.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/24/2015	Contact Method:	
Contact Time:	10:02 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/24/2015
Completed date:	06/24/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 06/24/2015 10:05 AM      Entered By: [REDACTED]

Family Name: [REDACTED]

Allegations: Neglect Death

Classification: Not yet classified, no autopsy report has been received. No other children in the home.

CPIT [REDACTED] County CPIT team has been made aware and LE is working with Investigator on this case.

Services Provided: parents have been referred for services.

Case has been reviewed.



**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: Phone Call

Contact Time: 03:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/21/2015

Completed date: 05/21/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/21/2015 03:39 PM Entered By: [REDACTED]

On 5/21/2015 at 3:35pm, Investigator [REDACTED] contacted and spoke with Mr. [REDACTED]. He stated everything has been going well. He stated that he and Mrs. [REDACTED] found out 3 days ago that she is expecting their second child. He stated that he feels it is a blessing and hopes that everything turns out better than before. Mr. [REDACTED] inquired about the autopsy report and if it was completed and Inv. [REDACTED] explained that it takes a few month and that all reports are still pending. Mr. [REDACTED] denied that he or Mrs. [REDACTED] need anything from DCS at this time and that they will contact Inv. [REDACTED] if they need anything. He stated him and Mrs. [REDACTED] are taking one day at a time and they are doing fine.



**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: 04/17/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/22/2015

Completed date: 04/22/2015

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: 04/22/2015 03:52 PM Entered By: [REDACTED]

On 4/17/2015, Investigator [REDACTED] sent a resource guide via mail to Mr. and Mrs. [REDACTED] at the address provided by Mrs. [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: 04/17/2015	Contact Method: Phone Call
Contact Time: 03:00 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/22/2015
Completed date: 04/22/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 04/22/2015 03:51 PM      Entered By: [REDACTED]

On 4/17/2015 at 3:00pm, Investigator [REDACTED] contacted Mrs. [REDACTED] via telephone. Mrs. [REDACTED] stated that she and Mr. [REDACTED] have been dealing with his grandmother and that she just got out of the hospital and is now back home. She stated that she has not made an appointment with the [REDACTED] program yet due to having to take care of Mr. [REDACTED] grandmother and stated that she will contact them to schedule one. Inv [REDACTED] explained that a [REDACTED] County resource guide will be sent to their address for her and Mr. [REDACTED]. Mrs. [REDACTED] provided an address of [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: 04/03/2015

Contact Method:

Contact Time: 10:20 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/10/2015

Completed date: 07/10/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2015 10:50 AM Entered By: [REDACTED]

On 4/3/2015 at 10:20am, Investigator [REDACTED] obtained medical records from [REDACTED] Pediatric Clinic for [REDACTED]. Records indicate that [REDACTED] was taken for well child check ups and that he was well developed, well nourished and in no apparent distress. Immunizations were given. The records can be found in the case file.



**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: 04/02/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/10/2015

Completed date: 07/10/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2015 10:56 AM Entered By: [REDACTED]

On 4/2/2015, Investigator [REDACTED] obtained medical records from [REDACTED] Regional Hospital. Records indicated that [REDACTED] was full term at 40+ weeks and weight was 7 lbs 2 oz. Mrs. [REDACTED] received prenatal care from Dr. [REDACTED] at [REDACTED] Women's Group. Records can be found in the case file.



**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: Phone Call
Contact Time: 01:40 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/22/2015
Completed date: 04/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 04/22/2015 03:48 PM      Entered By: [REDACTED]

On 4/1/2015 at 1:40pm, Investigator [REDACTED] received a call from Mrs. [REDACTED]. She stated that she currently at work. [REDACTED] explained that the [REDACTED] program was discussed with Mr. [REDACTED] and he wanted to speak with her regarding services. Mrs. [REDACTED] stated that the [REDACTED] program contacted her yesterday and they will be setting up a meeting with her for services. Mrs. [REDACTED] stated that she and Mr. [REDACTED] moved in with his grandmother to take care of her due to her being sick. She stated that she is trying to focus on work and take one day at a time but that it is hard. She denied needing anything from DCS. [REDACTED] informed Mrs. [REDACTED] that Inv. [REDACTED] will follow up with her and follow up with any services.



**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: 03/30/2015

Contact Method: Attempted Phone Call

Contact Time: 09:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/22/2015

Completed date: 04/22/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/22/2015 03:39 PM Entered By: [REDACTED]

On 3/30/2015 at 9:35am, Investigator [REDACTED] tried contacting Mrs. [REDACTED] at [REDACTED]. There was no answer and Inv. [REDACTED] left a message with contact information.



**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: 03/30/2015

Contact Method: Phone Call

Contact Time: 09:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/22/2015

Completed date: 04/22/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/22/2015 03:43 PM Entered By: [REDACTED]

On 3/30/2015 at 9:20am, Investigator [REDACTED] contacted Mr. [REDACTED] via telephone. He stated things have been okay and that him and Mrs. [REDACTED] are taking one day at a time. He stated that he and Mrs. [REDACTED] are working many hours and denied needing anything. Inv. [REDACTED] explained the [REDACTED] programs and if they would be interested and Mr. [REDACTED] stated that he will discuss with Mrs. [REDACTED] and let Inv. [REDACTED] know.



**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: 03/27/2015

Contact Method:

Contact Time: 04:30 PM

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): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 04:34 PM      Entered By: [REDACTED]

Investigator [REDACTED] completed the FAST Assessment on 3/27/2015 for placement in the case file.



**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: 03/27/2015

Contact Method:

Contact Time: 02:10 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/10/2015

Completed date: 07/10/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2015 10:42 AM Entered By: [REDACTED]

On 3/27/2015, Investigator [REDACTED] sent a release of information for Mrs. [REDACTED] via fax to Dr. [REDACTED] at the [REDACTED] [REDACTED] for prenatal records.

Inv. [REDACTED] sent a release of information for [REDACTED] via fax to [REDACTED] Hospital and [REDACTED] Pediatric Clinic requesting records.



**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: 03/18/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/10/2015

Completed date: 07/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/10/2015 10:46 AM      Entered By: [REDACTED]

On 3/18/2015, Investigator [REDACTED] requested and obtained the EMS records regarding [REDACTED] death on 3/16/2015. The records can be found in the case file.



**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: 03/17/2015

Contact Method:

Contact Time: 04:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/14/2015

Completed date: 09/14/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/14/2015 02:40 PM      Entered By: [REDACTED]

Investigator [REDACTED] completed Safety Assessment on 3/17/2015 for placement in the case file.  
 SDM Safety Decision: Conditionally Safe due to the death of the child and the autopsy pending.



**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: 03/17/2015	Contact Method: Face To Face
Contact Time: 03:00 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 04/08/2015
Completed date: 04/08/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 04/08/2015 09:51 AM      Entered By: [REDACTED]

LI [REDACTED] responded to the residence along with Inv. [REDACTED] due to a referral on the child death of [REDACTED] LI [REDACTED] completed the interview with Mrs. [REDACTED] while Inv. [REDACTED] spoke with Mr. [REDACTED] LI [REDACTED] spoke with Mrs. [REDACTED] on 3/17/15 at her home in [REDACTED] TN. Mrs. [REDACTED] stated that her birthdate is [REDACTED] and she is 20 years old. Mrs. [REDACTED] stated that she married [REDACTED] on 12/19/2014. Mrs. [REDACTED] stated that [REDACTED] was born on [REDACTED]. Mrs. [REDACTED] stated that she received prenatal care and her OB doctor was Dr. [REDACTED]. Mrs. [REDACTED] stated that [REDACTED] current pediatrician was Dr. [REDACTED]. Mrs. [REDACTED] reported that [REDACTED] was a healthy baby and has had no medical issues since birth. Mrs. [REDACTED] stated that during her pregnancy she did have high blood pressure and there were some concerns in the beginning because [REDACTED] was not gaining weight in the womb, but that did not lead to any medical conditions with [REDACTED]. Mrs. [REDACTED] stated that [REDACTED] weighed 7lb 2oz at birth. Mrs. [REDACTED] reported that she was induced and had [REDACTED] via C-Section. Mrs. [REDACTED] reported that [REDACTED] was full term. Mrs. [REDACTED] reported that she works at [REDACTED] and Mr. [REDACTED] has two jobs, one at [REDACTED] and one at [REDACTED]. LI [REDACTED] asked Mrs. [REDACTED] if she would be able to discuss the days that led up to [REDACTED] death. Mrs. [REDACTED] stated that she was fine with discussing the issue. Mrs. [REDACTED] stated that she worked at [REDACTED] on Sunday, March 15th from 7am-2pm. Mrs. [REDACTED] stated that Mr. [REDACTED] kept [REDACTED] all day while she was at work. Mrs. [REDACTED] stated that Mr. [REDACTED] and [REDACTED] picked her up from work and then she came back home to change clothes. Mrs. [REDACTED] stated that she, Mr. [REDACTED] and [REDACTED] then went to [REDACTED] for dinner. Mrs. [REDACTED] stated that [REDACTED] appeared to be feeling fine. Mrs. [REDACTED] reported that on the night of March 15th that she laid [REDACTED] down to go to sleep around 8:30 pm. Mrs. [REDACTED] stated that she and Mr. [REDACTED] went to bed shortly after [REDACTED]. Mrs. [REDACTED] reported that she, Mr. [REDACTED] and [REDACTED] all sleep in the same bed. Mrs. [REDACTED] stated that she does have a baby bed, but does not use it because it would hurt her stomach where she had a C-Section when she would bend over the baby bed to pick [REDACTED] up. Mrs. [REDACTED] stated that Mr. [REDACTED] sleeps on one side, she sleeps in the middle and [REDACTED] sleeps sideways on the bed next to her, propped up on a pillow. LI [REDACTED] discussed with Mrs. [REDACTED] at that time the safety concerns about co sleeping, but Mrs. [REDACTED] seemed as if it has never been a problem. Mrs. [REDACTED] stated that sometime after Midnight, into the morning of 3/17/15, she and Mr. [REDACTED] both woke up to use the restroom. Mrs. [REDACTED] stated that she looked at [REDACTED] and he looked as if he was still sleeping. Mrs. [REDACTED] then stated that she noticed that [REDACTED] color did not look right and she stated that she [REDACTED] was pale and looked blue around his mouth. Mrs. [REDACTED] stated that Mr. [REDACTED] scooted [REDACTED] to the edge of the bed and saw that [REDACTED] wasn't breathing and that is when Mr. [REDACTED] began performing CPR on him.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

and they also called 911. Mrs. [REDACTED] stated that EMS arrived and took over CPR and transported [REDACTED] to [REDACTED] where he was pronounced dead. Mrs. [REDACTED] reported that [REDACTED] had taken half a bottle before going to sleep.

Mrs. [REDACTED] stated that she and Mr. [REDACTED] live in the basement of the home that belongs to family friend, [REDACTED] Mr. [REDACTED] is 72 years old and they know him through other family and he has helped out the family by letting them live in the basement. Mrs. [REDACTED] stated that she has been on probation for Theft charges, but is now off of probation. LI [REDACTED] inquired about any medications that Mrs. [REDACTED] takes and Mrs. [REDACTED] stated that she takes Anxiety medication, but does not take it regularly. Mrs. [REDACTED] stated that she has never used illegal drugs. Mrs. [REDACTED] stated that Mr. [REDACTED] has a history of marijuana use and has ha previous Theft charges and simple possession charges.

LI [REDACTED] asked Mrs. [REDACTED] if the home could be observed. Mrs. [REDACTED] agreed. On the day that LI [REDACTED] and Inv. [REDACTED] were at the home, EMS and Law Enforcement were completing the Child Death Recreation. Upon entering the home, LI [REDACTED] observed a very unkempt room. The room that the family lives in was in disarray. There was old food, food containers, trash, clothes, diapers and many other things all over the floor. There was barely a place to walk. There was a strong odor in the home which appeared to be from all of the old food lying around. There were pill bottles laid around throughout the home. The home was clearly deplorable and appeared as if the environment would be unsafe for a 3 month old baby. The bed where the family slept appeared to be very messy. There were no sheets on the bed and a few comforters and blankets that were piled up on the bed. Both the mother and father reported that [REDACTED] slept in the bed with them.

After the death recreation, LI [REDACTED] asked Mr [REDACTED] if LI [REDACTED] and Inv [REDACTED] could see all the pill bottles and complete a pill count. The pill count was completed and a pill bottle was also seen that was in the freezer that belonged to Mrs. [REDACTED] Mr [REDACTED] reported that he had just got lortabs filled on 3/4/15 with a quantity of 90 pills and there were no pills left on 3/17/15. After the pill count all parties walked outside the residence and LI [REDACTED] talked further to Mrs. [REDACTED] and Mr. [REDACTED] about possible drug use. Mr. [REDACTED] disclosed that he has been smoking Marijuana ever since [REDACTED] was born. Mrs. [REDACTED] also admitted that she did not tell the truth earlier about marijuana use and stated that she has also been using and has used within the past two weeks. After talking with both parties, there is a strong concern of Prescription pill abuse or sell of the lortabs by Mr [REDACTED] and the obvious concern of Marijuana use by both parents.

The pill count is listed below.

Prescription bottle under the name of [REDACTED] (maiden name)

Hydroxyzine- filled on 8/13/14 Qty14- 2 pills left

Clindamycin- Filled on 11/21/14 150 mg 4 pills left.

Cetirizine- Filled on 5/10/14- 10 mg Qty 15- 6 pills left

Escitalopram- Filled on 2/4/14- Qty 30- 10 mg- 15 pills left.

Mr. [REDACTED] was unable to locate the Hydrocodone bottle that was filled on March 4-2015.



**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: 03/17/2015

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/12/2015

Completed date: 10/12/2015

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: 10/12/2015 03:37 PM Entered By: [REDACTED]

On 3/17/2015 at 3:00pm, Investigator [REDACTED] spoke with maternal grandparents Mr. and Mrs. [REDACTED] at the family home. Mr. and Mrs. [REDACTED] denied having any concerns with Mr. and Mrs. [REDACTED] with their grandson. Mrs. [REDACTED] stated they do not see Mr. and Mrs. [REDACTED] everyday but when she does, [REDACTED] was taken care of. Mr. [REDACTED] stated that Mrs. [REDACTED] is a good mother, has a job and took care of [REDACTED]. No concerns were expressed by Mr. and Mrs. [REDACTED] regarding drug use or the well-being of [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: 03/17/2015	Contact Method: Face To Face
Contact Time: 01:35 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/18/2015
Completed date: 03/18/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 03/18/2015 10:25 AM      Entered By: [REDACTED]

On 3/17/2015 at 1:35pm, Investigator [REDACTED] met and spoke with birth father Mr. [REDACTED]. Mr. [REDACTED] stated that he, his wife Mrs. [REDACTED] and their son [REDACTED] resides at the home and rents the basement room of the home. He stated that they have been living their for almost a year. He stated that he works at [REDACTED] and [REDACTED] in [REDACTED] TN. He stated that Mrs. [REDACTED] works at [REDACTED]. Inv. [REDACTED] asked Mr. [REDACTED] to provided a timeline of the events that took place on 3/16/2015. Mr. [REDACTED] stated that [REDACTED] appeared to be fine and like himself all day Saturday 3/15/2015 and all day Sunday 3/16/2015. Mr. [REDACTED] stated that he, Mrs. [REDACTED] and [REDACTED] got home Sunday night around 8:30pm from a friend's house. He stated that Ms. [REDACTED] was not feeling well due to "women issues" and was in the bathroom for about 20 minutes and in that time, he changed [REDACTED] diaper, fed him a 8 ounce bottle in which [REDACTED] drank 4 ounces of it, burped him and laid him down to sleep. Mr. [REDACTED] stated that he laid [REDACTED] on the left side of the bed, catty corner, wrapped in his white blanket and one pillow behind his head. Mr. [REDACTED] stated when Mrs. [REDACTED] came out of the bathroom, [REDACTED] was asleep and she lay in the middle while he slept on the right side of the bed. Mr. [REDACTED] stated that [REDACTED] has a crib but he did not sleeping in the crib and would cry when they would try to lay him down in the crib. Mr. [REDACTED] stated he woke up sometime after midnight to use the bathroom and the television was on and he asked Mrs. [REDACTED] where [REDACTED] was and he seen him next to her. He stated that from the television light, [REDACTED]'s face appeared to be white in color and he immediately picked him up with one hand behind [REDACTED] head and one hand on his back. He stated that [REDACTED] did not appear to be breathing and he turned the light on of the room and [REDACTED] mouth and hands appeared to be blue in color. He stated that he told Mrs. [REDACTED] to run upstairs to call 911 and while on the phone with dispatch, they walked him through CPR. He stated that he performed CPR until EMS arrived at their home. He stated when EMS arrived he had [REDACTED] wrapped in a blanket and handed him to the EMS or an officer. Mr. [REDACTED] stated that EMS worked on [REDACTED] in the drive way for about 20 minutes and then they told him and Mrs., [REDACTED] to follow them to the hospital. Mr. [REDACTED] stated at the hospital, he and Mrs. [REDACTED] were told that [REDACTED] did not survive. Inv. [REDACTED] asked Mr. [REDACTED] about any prescribed medication and he stated he is prescribed Lortab due to his a back injury when he was in a car accident in January 2014. Ms. [REDACTED] threw it away. He stated that he refilled his prescription on 3/4/2015 of 90 count of Lortab and he took his last pill last night. He stated that he is prescribed 3 times a day or as need and he admitted to taking at least 6 pills daily. Mr. [REDACTED] was unable to provide a recent prescription bottle and stated that he thinks Mrs. [REDACTED] threw it away. Mr. [REDACTED] admitted to smoking marijuana last night with Mrs. [REDACTED] due to stress and anxiety. He stated prior to last night, the last time he smoke marijuana was when they found out Ms. [REDACTED] was pregnant. Mr.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] refused and was not willing to take a drug screen and stated he does not feel like it is necessary. While Inv. [REDACTED] was at the home, [REDACTED] Sheriff's Department Detectives [REDACTED] and [REDACTED] were at the home to complete a re-creation of the event with video and pictures. Inv [REDACTED] and LI [REDACTED] observed Mr. [REDACTED] and Mrs. [REDACTED] room. They reside with a family friend and rent their basement room out. The room appeared to be in deplorable conditions with clothes, trash, medication bottles, condom wrappers and food on the ground. The bed appeared to not have a sheet on it but had several blankets on top. A baby crib was observed in the room next to the bed that has several stuffed animals inside. Pictures were taken and can be found in the case file.



**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: 03/17/2015

Contact Method: Attempted Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/10/2015

Completed date: 06/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/10/2015 09:41 AM Entered By: [REDACTED]

On 3/17/2015, Investigator [REDACTED] and LI [REDACTED] arrived at the family home. Inv. [REDACTED] did not observe ACV [REDACTED] due to be deceased on 3/16/2015 and autopsy pending.



**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: 03/17/2015	Contact Method:
Contact Time: 01:25 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 03/18/2015
Completed date: 03/18/2015	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: 03/18/2015 04:43 PM      Entered By: [REDACTED]

On 3/17/2015, P1 intake was called into the DCS Child Abuse Hotline. The intake was screened into [REDACTED] with allegation of Neglect Death against alleged perpetrator, Unknown. The alleged child victim is [REDACTED]. The intake was assessed and assigned to Investigator [REDACTED] on 3/17/2015. Response is due on: 3/18/2015. It is unknown at this time if the child(ren) are of Native American decent. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.

The intake stated:

Reporter states: On 3-16-2015 [REDACTED] dispatched that CPR was in progress on an infant at [REDACTED]. Upon my arrival I made contact with [REDACTED] and [REDACTED]. They were standing outside the residence and [REDACTED] was holding an unresponsive infant that was dressed and had a blanket wrapped partially around him. As I approached them [REDACTED] handed me the baby and [REDACTED] said "please help my baby" at this time the infant was not breathing. I could not feel a pulse, the infants face was still warm to the touch it was 41 degrees outside. The child's lips were bluish in color and the immediate area to the left of both of his eyes was also a bluish in color. I began giving the child chest compressions. [REDACTED] told me that he had been doing CPR earlier. Within a minute, emergency services arrived on scene. During this time I briefly spoke with [REDACTED] he said that he and his wife both work two jobs and tonight they were trying to catch up on sleep. All three were in the bed and asleep around 8:30 or 9:00. [REDACTED] was sleeping on the right side of the bed, [REDACTED] on the left and [REDACTED] was on [REDACTED] left side also in the bed. Around 1 am he said he woke up and asked [REDACTED] where the baby was, she raised up and said right here. At that time, the baby didn't look right and he thought [REDACTED] wasn't breathing, he also told me that the infant's lips were bluish. [REDACTED] said his cell phone was dead so [REDACTED] ran upstairs to call 911. According to [REDACTED] the child did not have any known illnesses and had been acting normal and happy. [REDACTED] did take me into his residence and showed me where his bed was at. EMS transported the infant to the emergency room, but doctors were unable to revive the child. The parents left the residence in their personal vehicle en route to the Emergency Room. [REDACTED] also left the area and went to the ER. [REDACTED] contacted the Criminal Investigation Unit [REDACTED] and Detective [REDACTED] came to the residence and took control of the case.

Investigator [REDACTED] performed a search in TFACTS on 3/17/2015 for DCS history on the family members and other involved individuals and reviewed all results from that search and no history was found while Mr. [REDACTED] and Mrs. [REDACTED] were parents to [REDACTED]. There is DCS history on Mr. [REDACTED] while he was a juvenile.



**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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HOUSEHOLD

[REDACTED] DOB: [REDACTED]  
[REDACTED] DOB: [REDACTED]  
[REDACTED] DOB: [REDACTED]

CPIT was convened with the [REDACTED] Sheriff's Department. Detective [REDACTED] is investigating this case.



**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: 03/17/2015

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/17/2015

Completed date: 03/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/17/2015 04:57 PM      Entered By: [REDACTED]

On 3/17/2015 at 12:00pm, Investigator [REDACTED] spoke with Detective [REDACTED] of the [REDACTED] Sheriff's Department and he stated that upon arriving on the case 3/16/2015, there was no know trauma on the child and it appeared to be accidental co-sleeping with the parents. Detective [REDACTED] stated that an autopsy has been completed and a prelim report stated Unable to Determine.