



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/28/2015 10:58 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/28/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 05/28/2015 05:33 PM
 First Team Leader Assigned: [REDACTED] Date/Time 05/28/2015 05:33 PM
 First Case Manager [REDACTED] Date/Time 05/28/2015 05:33 PM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: E-mail
 Narrative: Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open: No
 Substantiated: No
 Death: No
 Number of Screen Outs: 0
 History (not listed above): Yes
 2/20/2015- Assessment Track/ # [REDACTED] DEC/ No Services Needed /3/13/2015



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

Pending: None

Awaiting Screening: None

Submitted: None

County: [REDACTED]

Notification: Email

School/ Daycare: None

Native American Descent: None

Directions: None

Reporter's name/relationship: [REDACTED]

The Child is not in Custody

Reporter states: [REDACTED] [REDACTED] (1 m/o) lives with his mother [REDACTED] [REDACTED] and his father [REDACTED] [REDACTED] and his two brothers (names and ages unknown) and his sister (name and age unknown).

[REDACTED] fed her son [REDACTED] around 11:30 p.m. on May 27, 2015 and put [REDACTED] in the bed with her. [REDACTED] woke up on May 28, 2015 around 2:30 a.m. and found [REDACTED] not breathing and non-responsive. [REDACTED] called 911 and an ambulance and law enforcement arrived on scene.

EMS worked on [REDACTED] but [REDACTED] color was already gone. EMS transported [REDACTED] to [REDACTED] Medical Center where [REDACTED] was pronounced dead. [REDACTED] died in his mother's bed where he had been sleeping with his mother. There were no visible injuries to [REDACTED] and there were no visible signs of foul play.

An autopsy is going to take place but it is unknown when the autopsy will be conducted. [REDACTED] and [REDACTED] are back home at this time. [REDACTED] and [REDACTED] have been interviewed by law enforcement. [REDACTED] only statement to law enforcement was that she woke up and [REDACTED] was not breathing.

There are two other male children in the home and one female child. All of the children are believed to be elementary school ages. There is no information available of the children's names and ages at this time. It is unknown if the children have been interviewed by law enforcement. There are no known instances of any child dying or suffering serious injuries in the home in the past.

There are no reported alcohol or drug issues in the home. There are no known law enforcement responses to the home in the past. There are no known mental health issues in the home. There is no known domestic violence in the home.

Law enforcement incident report number [REDACTED]

Law Enforcement is requesting immediate assistance.

Special Needs or Disabilities: None

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

Perpetrator's location at this time: unknown

Any other safety concerns for the child(ren) or worker who may respond: No

Domestic Violence present in the home: No

Per SDM: Investigative Track, P1

[REDACTED] TL @ 12:30 p.m. on 5/28/2015

Notified [REDACTED] County at 12:30 p.m. on 5/28/15



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

A notification was sent to [REDACTED]

The [REDACTED] was notified at 12:30 p.m. on 5/28/15



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 31 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 37 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 1 Yr

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: Mother's number

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: Unable to

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: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

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: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

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: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/28/2015

Assignment Date: 05/29/2015

Street Address:

City/State/Zip:

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] 12/18/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case will close with allegations of Neglect Death as AUPU.

D. Case Workers

Case Worker: [REDACTED]

Date: 12/18/2015

Team Leader: [REDACTED]

Date: 12/18/2015

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:

ACV is deceased.

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

Autopsy revealed that the ACV died as a result of an accidental death.

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

No perpetrator was identified during the course of this investigation.

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

N/A



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

N/A

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 Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/01/2015	Contact Method:	
Contact Time:	10:42 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/01/2015
Completed date:	12/01/2015	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: 12/01/2015 10:44 AM Entered By: [REDACTED]

Family Name: [REDACTED]

Allegations: Child Neglect Death

Classification: AUPU Per the autopsy report, "Based upon the circumstances surrounding death as currently known, especially with the fact of co-sleeping, an accidental asphyxia cannot be ruled out and therefore the cause of death is undetermined. The manner of death is undetermined." There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

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

Services Provided: Resources for counseling were provided to the family.

Case has been reviewed and approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/30/2015	Contact Method:
Contact Time: 03:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/30/2015
Completed date: 11/30/2015	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: 11/30/2015 03:35 PM Entered By: [REDACTED]

Case Summary:

The Department of Children's Services [DCS] received a referral on 05/28/2015 with an allegation of Neglect Death [NGD] regarding [REDACTED] day old infant, Alleged Child Victim [ACV] [REDACTED] ACV [REDACTED] was not in state custody and was in the custody of his birth mother, [REDACTED] ACV [REDACTED] lived with Ms. [REDACTED] Birth Father, [REDACTED] Half Sisters, [REDACTED] and [REDACTED] and Half Brother, [REDACTED]. On 05/28/2015, at 2:24 A.M., a 911 call was made from the residence of Ms. [REDACTED]. It was reported that ACV [REDACTED] was "not breathing and unresponsive." Ambulance and paramedics arrived at the residence around 2:32 A.M. Law Enforcement also arrived at the scene. ACV [REDACTED] was transported via [REDACTED] County EMS to [REDACTED] Medical Center with advanced cardiac life support in progress. Lifesaving measures were unsuccessful and ACV [REDACTED] was pronounced dead upon arrival at 3:45 A.M. on 05/28/2015.

The investigation into this incident was conducted by members of the [REDACTED] County Sheriff's Office, Captain [REDACTED] Detective [REDACTED] Officer [REDACTED] and DCS Investigator [REDACTED]. The report made to DCS listed an Unknown Participant as the Alleged Perpetrator [AP]. Numerous interviews were conducted with family and law enforcement. Ms. [REDACTED] stated that she fed her son ACV [REDACTED] around 11:30 P.M on May 27, 2015 and put ACV [REDACTED] in the bed with her. Ms. [REDACTED] stated that she woke up on May 28, 2015 around 2:30 A.M. and found ACV [REDACTED] not breathing and non-responsive. Ms. [REDACTED] stated that she called 911 and an ambulance and law enforcement arrived on scene. Law enforcement reported that Ms. [REDACTED] residence was tidy without any visible hazards.

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 case was presented to the [REDACTED] County Child Protective Investigation Team on 07/24/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

There were no concerns of abuse or neglect reported by any parties throughout this investigation. Ms. [REDACTED] and Mr. [REDACTED] seemed to behave appropriately at each encounter. They were both sincere and appeared to be devastated by ACV [REDACTED] death. Resources and services were offered to the family. Per the autopsy report, "Based upon the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

circumstances surrounding death as currently known, especially with the fact of co-sleeping, an accidental asphyxia cannot be ruled out and therefore the cause of death is undetermined. The manner of death is undetermined." 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 Status: Close

Case Name: [REDACTED] [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/24/2015	Contact Method:	
Contact Time:	04:29 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/17/2015
Completed date:	12/17/2015	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: 12/17/2015 04:30 PM Entered By: [REDACTED]
 Case summary will be completed for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/06/2015	Contact Method:	
Contact Time:	04:29 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/17/2015
Completed date:	12/17/2015	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: 12/17/2015 04:29 PM Entered By: [REDACTED]
 Case was staffed with Inv: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/01/2015	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/17/2015
Completed date:	12/17/2015	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: 12/17/2015 04:29 PM Entered By: [REDACTED]
 This case was staffed with Inv. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 08/24/2015 Contact Method:
 Contact Time: 11:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/06/2015
 Completed date: 11/07/2015 Completed By: TFACTS, [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: 11/06/2015 03:22 PM Entered By: [REDACTED]

CASE PRESENTED TO CPIT

-- Investigator (?) presented this case to (identify county) CPIT. Members were present from DCS, Law Enforcement, the District Attorney, Juvenile Court, and the CAC. (Edit if some team members were not present.)

-- Allegation:

-- AP:

-- ACV:

-- Classification Decision: It was agreed to classify this case as (?)

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

Narrative Type: Created In Error Entry Date/Time: 11/17/2015 10:39 AM Entered By: [REDACTED]

System Completed an Incomplete Note



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/24/2015	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/30/2015
Completed date:	11/30/2015	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: 11/30/2015 02:49 PM Entered By: [REDACTED]

CASE PRESENTED TO CPIT

- 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 Participant
- ACV: [REDACTED]
- Classification Decision: It was agreed to classify this case as AUPU.
- A copy of the signed CPIT form can be found in the DCS physical file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	08/13/2015	Contact Method:	Face To Face
Contact Time:	05:20 PM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:	██████████	Created Date:	08/14/2015
Completed date:	08/14/2015	Completed By:	██████████
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/14/2015 04:14 PM Entered By: ██████████

Investigator ██████████ met the family at the family home to discuss services such as counseling. Ms. ██████████ stated that her and Mr. ██████████ were interested in grief counseling and stated that it might be good for the children also.

██████████ and ██████████ were present at the home. They have started school and stated that they are enjoying it.

Ms. ██████████ daughter ██████████ is currently in ██████████ with her father. Ms. ██████████ shared that she is trying to get ██████████ enrolled in school in ██████████ but is having a hard time getting everything that she needs together.

Ms. ██████████ shared that she is currently working at the ██████████ gas station just before the county line into ██████████ She shared that it is giving her people to talk to and getting her out of the house.

A referral for counseling will be made to ██████████ ██████████ for the family.

Narrative Type: Addendum 1 Entry Date/Time: 11/17/2015 10:27 AM Entered By: ██████████

Ms. ██████████ and Mr. ██████████ spoke in detail about the first day that they brought ██████████ home from the hospital. Ms. ██████████ stated that they were nervous about bringing him home because he had been put on a ventilator because he was premature. She stated that he would often stop breathing and that the machine would prompt him to start breathing after a certain amount of time. Ms. ██████████ stated that when ██████████ was sent home they did not send a machine with him and had told her that he would be fine. She stated that it was related to her and Mr. ██████████ that ██████████ had gotten to the point where he would start breathing on his own before the machine could prompt him. She stated that they were weary about the breathing issue but admitted that they were just so anxious to have him coming home.

Mr. ██████████ shared that he wonders if ██████████ Hospital had just send a breathing machine home with ██████████ if any of this would have happened. Mr. ██████████ stated that he can't concern himself with the what if's and that he just needed to be thankful for the time that he was able to enjoy him.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED] [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/10/2015 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 08/14/2015
 Completed date: 08/14/2015 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: 08/14/2015 03:44 PM Entered By: [REDACTED]

Investigator [REDACTED] went to the family residence to check on the family and to inquire about counseling services to the parents and children. The father, [REDACTED], was home. He stated that the mother and children were in [REDACTED] at her mother's house for the evening and would be back later.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/07/2015	Contact Method:	
Contact Time:	01:38 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/07/2015
Completed date:	08/07/2015	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: 08/07/2015 01:40 PM Entered By: [REDACTED]

Family Name: [REDACTED]

Allegations: Neglect Death birth mother as AP

Classification: Not yet classified, waiting on autopsy

CPIT: This has been discussed with CPIT team members but it is not ready to present to classify.

Services Provided: Services for counseling were offered but refused at this point.

Case has been reviewed and approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/06/2015 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/07/2015
 Completed date: 08/07/2015 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: 08/07/2015 01:46 PM Entered By: [REDACTED]

Investigator [REDACTED] spoke to [REDACTED] County Sheriff's Office Detective [REDACTED] regarding update on the case. He stated that he did not have an update on the information. He shared that he had requested the SUID (Sudden Unexplained Infant Death) Forms from the Medical Examiner but had not yet received those. He also shared that he had not received the autopsy on the child at this point. Detective [REDACTED] stated that he was told that the autopsy may take up to 6 months as they are behind at this point.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/29/2015 Contact Method: Face To Face
 Contact Time: 11:30 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 06/10/2015
 Completed date: 06/10/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 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: 06/10/2015 03:35 PM Entered By: [REDACTED]

A forensic interview was conducted regarding details of the night that ACV [REDACTED] died. [REDACTED] ([REDACTED]), age 9, was present at the home the night of the incident. [REDACTED] stated that he knew why he was there. He shared that he was there about the baby, [REDACTED]

[REDACTED] stated that the baby was crying on the bed and that the baby would only take the bottle from [REDACTED]. [REDACTED] shared that he laid down on the sofa and went to sleep. When he woke up [REDACTED] and [REDACTED] were both crying. He stated that Ms. [REDACTED] ([REDACTED] birth mother) woke up and he thought that is was [REDACTED] crying and he woke up too.

He didn't see anyone drop the baby and was asleep on the sofa in the living room but he heard a noise and so he thought that it was the baby hitting the floor. [REDACTED] stated that he thought he heard [REDACTED] say something about "we dropped the baby".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/29/2015	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	06/10/2015
Completed date:	06/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/10/2015 03:36 PM Entered By: [REDACTED]

A forensic interview was conducted regarding details of the night that ACV [REDACTED] died. [REDACTED] is 10 years old, she was at home the night of the incident. [REDACTED] stated that he baby brother died yesterday. She shared that [REDACTED] was asleep and ACV [REDACTED] was awake.

[REDACTED] (8) went into the bedroom and went through the diaper bag and started feeding him with the bottle in the diaper bag. [REDACTED] then woke up and told [REDACTED] that he couldn't feed him with that bottle because it was old and then she fell back asleep. [REDACTED] gave [REDACTED] old milk that night.

When [REDACTED] woke up again, [REDACTED] was blue and she was trying to get [REDACTED] to wake up. Paramedics and the police came to the house too.

She knows that [REDACTED] went into the bedroom to check on [REDACTED] while she and their cousin, [REDACTED] were making cupcakes in the kitchen.

No one held him that night. She reported that she is afraid to hold him because he is so tiny. No one picked him up and no one dropped him that night.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/29/2015 Contact Method: Face To Face
 Contact Time: 11:30 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 06/10/2015
 Completed date: 06/10/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/10/2015 04:37 PM Entered By: [REDACTED]

A forensic interview was conducted regarding details of the night that ACV [REDACTED] [REDACTED] died. [REDACTED] ([REDACTED]) age 8, was present at the home during the time of the incident.

[REDACTED] stated that he attends [REDACTED] Elementary School and is going to the 2nd grade. He added that he isn't sure that he is going to the 2nd grade because "anything can happen you know and sometimes people don't go to the next grade."

[REDACTED] stated that he knows why he is there today. He shared that it was about his baby that died; he was a month old "a month and ten days old". [REDACTED] shared that [REDACTED] was named after his grandpa that was killed in the tornado.

[REDACTED] stated that he was about to go to sleep when he saw the light turn on in [REDACTED] [REDACTED] room. [REDACTED] said that [REDACTED] wasn't breathing. [REDACTED] stated that he felt like he was having a bad dream. [REDACTED] doesn't know how long [REDACTED] was out of breath. [REDACTED] said that his lips were blue and his face was blue and one side of him was hot and one side of him was cold.

[REDACTED] always got to take care of [REDACTED] but I only got to take care of him once, that was the day he died. I was feeding him warm water and milk mixed together, [REDACTED] had made the bottle. [REDACTED] was there, [REDACTED] was there, me, [REDACTED] and [REDACTED] [REDACTED] and [REDACTED] were making cupcakes and [REDACTED] was sleeping."

"[REDACTED] was crying on the bed next to [REDACTED] she was sleeping, and I went to cheer him up. [REDACTED] woke up and told me to get off the bed."

"Me and [REDACTED] and [REDACTED] were taking turns feeding [REDACTED] the bottle while he was laying on the bed."

When asked what he thought happened to his baby brother [REDACTED] [REDACTED] stated, "I think it was me that did it. I think it was the old bottle and I fed it to him or he put that blanket over his head and couldn't breath."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/29/2015 Contact Method: Face To Face
 Contact Time: 09:10 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 06/10/2015
 Completed date: 06/10/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/10/2015 12:25 PM Entered By: [REDACTED]

Investigator [REDACTED] met the maternal grandmother, [REDACTED] and Ms. [REDACTED] oldest child, [REDACTED] at the family residence, [REDACTED]

Ms. [REDACTED] was again sitting outside with the maternal grandmother, Ms. [REDACTED]. Ms. [REDACTED] stated that she heard that the baby, ACV [REDACTED] could have possibly been dropped. She stated that she was asleep and can't be sure. Investigator [REDACTED] advised that [REDACTED] had called last night about the same allegations. Investigator [REDACTED] advised that a forensic interview would be helpful for all the children that were present at the home at that time. Ms. [REDACTED] agreed and stated that she would get all of the children together and have them wherever they needed to be. Investigator [REDACTED] stated that the forensic interview had already been discussed and if all the children that were present could be at [REDACTED] at 11:30 that same morning. Ms. [REDACTED] and Ms. [REDACTED] agreed and stated that they would make sure that the three children, [REDACTED] and [REDACTED] would be there at 11:30.

Investigator [REDACTED] spoke to [REDACTED] who was not home at the time of the incident. She was actually with her grandmother, Ms. [REDACTED] in [REDACTED]. Investigator [REDACTED] asked her how she was doing and she stated that she was fine. Condolences and counseling services were offered to [REDACTED] as well as to the other family members.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/29/2015	Contact Method:
Contact Time: 08:00 AM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/10/2015
Completed date: 06/10/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/10/2015 05:26 PM Entered By: [REDACTED]
 Narrative Type: Original Entry Date/Time: 05/28/2015 8:00 Entered By: [REDACTED]

-- On 05/28/2015 at 10:58 am, a P1 intake was called into the DCS Child Abuse Hotline. The intake was screened into [REDACTED] County at 12:30 pm with allegation of Neglect Death against alleged perpetrator, Unknown Participant. The alleged child victim is [REDACTED]. The intake was assessed and assigned by Lead Investigator [REDACTED] to Investigator [REDACTED] on 05/28/2015. Response is due on: 05/29/2015. It is unknown at this time if the child(ren) are of Native American decent. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy. Contact will be made with the referent within 30 days if necessary.

-- The intake stated:

Reporter states: [REDACTED] (1 m/o) lives with his mother [REDACTED] and his father [REDACTED] and his two brothers (names and ages unknown) and his sister (name and age unknown).

[REDACTED] fed her son [REDACTED] around 11:30 p.m. on May 27, 2015 and put [REDACTED] in the bed with her. [REDACTED] woke up on May 28, 2015 around 2:30 a.m. and found [REDACTED] not breathing and non-responsive. [REDACTED] called 911 and an ambulance and law enforcement arrived on scene.

EMS worked on [REDACTED] but [REDACTED] color was already gone. EMS transported [REDACTED] to [REDACTED] Medical Center where [REDACTED] was pronounced dead. [REDACTED] died in his mother's bed where he had been sleeping with his mother. There were no visible injuries to [REDACTED] and there were no visible signs of foul play.

An autopsy is going to take place but it is unknown when the autopsy will be conducted. [REDACTED] and [REDACTED] are back home at this time. [REDACTED] and [REDACTED] have been interviewed by law enforcement. [REDACTED] only statement to law enforcement was that she woke up and [REDACTED] was not breathing.

There are two other male children in the home and one female child. All of the children are believed to be elementary school ages. There is no information available of the children's names and ages at this time. It is unknown if the children have been interviewed by law enforcement. There are no known instances of any child dying or suffering serious injuries in the home in the past.

There are no reported alcohol or drug issues in the home. There are no known law enforcement responses to the home in the past. There are no known mental health issues in the home. There is no known domestic violence in the home.

Law enforcement incident report number [REDACTED]

Law Enforcement is requesting immediate assistance.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

TFACTS HISTORY CHECK

-- Investigator [REDACTED] performed a search in TFACTS on 05/29/2015 for DCS history on the family members and other involved individuals and reviewed all results from that search.
-- # [REDACTED] 02/20/2015, Drug Exposed Child, AP [REDACTED] [REDACTED] No Services Needed, ACV [REDACTED] [REDACTED]

REFERENT NOTIFICATION

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

HOUSEHOLD COMPOSITION

-- The ACV(s) primary household is comprised of the following individuals:

1. ACV [REDACTED]
2. [REDACTED], half sister
3. [REDACTED], half brother
4. [REDACTED], half sister
5. [REDACTED], birth mother
6. [REDACTED] birth father



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/28/2015	Contact Method:	Phone Call
Contact Time:	07:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/10/2015
Completed date:	06/10/2015	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: 06/10/2015 09:57 AM Entered By: [REDACTED]

Investigator [REDACTED] received a call from CPIT Team Member, [REDACTED] with the [REDACTED] County Sheriff's Office. [REDACTED] stated that she had received a call from Detective [REDACTED] who stated that he received a call from the ACV's mother, [REDACTED]. Ms. [REDACTED] stated that one of the children may have dropped the baby, resulting in his death, while she was asleep. Ms. [REDACTED] stated that this was told to her by a cousin that had been at the house the night ACV [REDACTED] died.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/10/2015
 Completed date: 06/10/2015 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: 06/10/2015 09:47 AM Entered By: [REDACTED]

Investigator [REDACTED] spoke to maternal grandmother, [REDACTED] regarding the whereabouts of [REDACTED] Ms. [REDACTED] stated that she had taken [REDACTED] to another family members house but that she and [REDACTED] would be coming back to [REDACTED] the next morning. Ms. [REDACTED] stated that she would be assisting her daughter, Ms. [REDACTED] in making funeral arrangements. Ms. [REDACTED] stated that she would have [REDACTED] at the families home around 9:00 am. Investigator [REDACTED] agreed to meet the maternal grandmother and [REDACTED] at the home at that time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2015 Contact Method: Face To Face
 Contact Time: 03:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/10/2015
 Completed date: 06/10/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/10/2015 09:36 AM Entered By: [REDACTED]

Investigator [REDACTED] went to the family residence located at [REDACTED] to offer condolences and counseling to the family after the early morning death of their 1 month old son ACV [REDACTED]. The mother, [REDACTED] and a family friend were sitting outside on the front porch. Ms. [REDACTED] was still very upset and could barely talk. She kept repeating "I just want my baby back. Can you bring my baby back?"

Birth father, [REDACTED] was also present at the home. He and siblings, [REDACTED] (8) and [REDACTED] (10) came out onto the front porch as well. The entire family was still clearly upset and had been crying all morning. Investigator [REDACTED] offered counseling services for the family and again expressed condolences.

Not present at the home was Ms. [REDACTED] oldest child, [REDACTED] who was with her maternal grandmother in [REDACTED]. Mr. [REDACTED] provided Investigator [REDACTED] with the contact number to be able to reach the maternal grandmother, [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2015 Contact Method: Face To Face
 Contact Time: 01:30 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 06/10/2015
 Completed date: 06/10/2015 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: 06/10/2015 09:51 AM Entered By: [REDACTED]
 CPIT CONVENED

-- CPIT was convened with Detective [REDACTED] and [REDACTED] members of the [REDACTED] County CPIT on May 28, 2015, as required by DCS policy.

-- Allegation: Neglect Death

-- AP: Unknown

-- ACV: [REDACTED]