



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 06/11/2015 11:32 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 06/11/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 06/11/2015 01:51 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 06/11/2015 01:51 PM  
 First Case Manager [REDACTED] Date/Time 06/11/2015 01:51 PM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Mos	Abuse Death	Yes	[REDACTED]	Birth Mother

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: E-mail  
 Narrative: This is a Non-Custody Child  
 TFACTS: Yes  
 Family Case ID: [REDACTED]  
 Open Court Custody/FSS/FCIP: None located  
 Closed Court Custody: None located  
 Open CPS: None located  
 Substantiated: None located  
 Death: None located



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

Screened out: None located

History (not listed above):

# [REDACTED] / DEI / Unable to complete / 03-01-14

# [REDACTED] / DEI / Unsubstantiated / 10-22-13 (\*per case summary dictations allegation substantiated but classification list allegation as unsubstantiated\*)

County: [REDACTED]

Notification: Email

School/ Daycare: No

Native American Descent: No

Directions: None given

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (2 years old) and infant, [REDACTED] ([REDACTED] days old), reside with their mother, [REDACTED] is the father of the infant. Mr. [REDACTED] does not reside in the home with the family.

Today, June 11, 2015 at 7:30am, the [REDACTED] Police Department received a call from the mother. She stated when she woke up this morning, the infant was unresponsive. The mother stated she and the infant went to bed at 11:30pm last night. The mother stated the infant slept in the bed with her and the two year old ([REDACTED]) was in a separate sleeping area. The mother stated she breast-fed the infant at 3:30am and laid the infant back down and then when she woke up at 7:30am this morning, the infant was unresponsive.

Upon officers arrival there was no sign of life. Emergency Medical Services (EMS) arrived at the home and the infant was pronounced deceased at the scene. There will be an autopsy completed. The mother stated she had a healthy pregnancy; the infant was born full term without any complications. The mother and two children were the only individuals reportedly in the home at the time of the infant's death.

The home environment was observed. The mother probably smokes in the home based on the smell and observed cigarettes that were left out, in view. There was food observed lying around the home and the food appeared to be two or three days old. There was an empty beer can in the bedroom where the two year old is believed to sleep. The reporter is not aware of the mother having any prior involvement with Law Enforcement. The two year old child was taken to a neighbor's home as officers cleared the scene. The two year old child appeared to be okay. The mother was not taken in for questioning; the two year old child could be in the mother's care at this time.

Is there any domestic violence in the home? Not aware

Are there any safety risks for the responding CPS worker? Not aware

Do any of the children in the home have any sort of disability? Not aware

[REDACTED] received email notification of this P1 report via email.

Per SDM: Investigation/P1-neglect/abuse death, [REDACTED], TL on 6-11-15 @ 12:50 pm

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:

Participant ID: [REDACTED]

SSN:

Race: White

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:**

**Race:** White

**Age:** 11 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:**

**Contact Comments:** grandmother's number above (name unknown)

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 3 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:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** White      **Age:** 24 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/11/2015

Assignment Date: 06/12/2015

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]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 12/23/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: There is no evidence to substantiate the allegations of neglect death. The infant died of asphyxiation during breast feeding and the death was ruled accidental by the medical examiner.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 12/23/2015

Team Leader: [REDACTED]

Date: 12/23/2015

**E. Investigation Summary**

**Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.**

**Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:**

The initial home visit was made to the home on 06/11/15 by DCS and law enforcement. The deceased infant was not observed as the infant had been sent for an autopsy. The other child in the home, [REDACTED], was observed at his daycare on that date and the child appeared to be clean and healthy.

The home was noted to be neat and clean and there were no visible safety hazards.

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

Per the results of the autopsy, the infant died of asphyxiation during breast feeding and the death was ruled accidental by the medical examiner.

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

[REDACTED] reported that she woke up about 3:30 a.m. to breast feed. [REDACTED] reported the baby was on the left side and they both fell asleep while breast feeding. [REDACTED] said she woke up about 7:20 a.m. and noticed



**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]

the babies tummy was not moving. [REDACTED] said she went to pick the baby up and she wa blue on one side and she began CPR. [REDACTED] said she started screaming for help and called 911. This CPSI asked [REDACTED] where her son, [REDACTED] was at the time. She said [REDACTED] was in the bed on the other side of her. This CSPI asked [REDACTED] if anyone had ever talked with her about co-sleeping and she said that the staff at [REDACTED] spoke with her about it when the baby was born but she has always slept with her children when they were babies. This CPSI cautioned her about the dangers and hazards of co-sleeping.

[REDACTED] reported that the babies pediatrician is Dr. [REDACTED] in [REDACTED]. The babies last appointment was on June 1, 2015 for a well child check up as she had been a little stuffy and coughy. [REDACTED] reported that the baby had no other issues.

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

Lt. [REDACTED] said that the lividity on the babies left side and indentions on the body from the creases in the bed sheet were consistent with what the mother reported.

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

ASPS as there is no evidence to substantiate the allegations of neglect death.

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



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/23/2015 Contact Method:  
 Contact Time: 01:48 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/23/2015  
 Completed date: 12/23/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/23/2015 01:50 PM Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/23/2015	Contact Method:	
Contact Time:	01:43 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/23/2015
Completed date:	12/23/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:	Closing		

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/23/2015 01:43 PM      Entered By: [REDACTED]

The [REDACTED] County Department of Children's Services Child Protective Services Investigations Division received a referral on 06/11/15 with an allegation of Child Abuse Death regarding a non-custodial infant, [REDACTED]. The investigation was conducted by Lt. [REDACTED] of the [REDACTED] Police Department and [REDACTED] County Child Protective Services Investigator [REDACTED] in collaboration with EMS [REDACTED].

The report to DCS listed the mother of the infant, [REDACTED], as the alleged perpetrator. Numerous interviews were conducted with the parent, family friends and medical professionals.

On June 11, 2015, [REDACTED] day old, [REDACTED] was found unresponsive by her mother, [REDACTED], when she awoke that morning. Ms. [REDACTED] reported that at approximately 11:30 p.m. the night before she had put [REDACTED] in the bed with her and her 2 year old son, [REDACTED]. Ms. [REDACTED] stated that she breast fed the infant at approximately 3:30 a.m. and then laid the infant back down. She advised that she woke up at 7:30 a.m. to find the infant unresponsive and immediately called 911. [REDACTED] Police Officer [REDACTED] was the first to respond to the scene at 7:36 a.m. and initiated CPR, which was observed by Lt. [REDACTED] when he arrived at approximately 7:37 a.m. EMS arrived at 7:45 a.m. and took the baby to the ambulance until EMS [REDACTED] arrived on scene at 8:05 a.m. The baby was pronounced dead at 8:15 a.m.

EMS [REDACTED] spoke with Ms. [REDACTED] who reported that the infant had no history of medical issues and reported that she had a normal pregnancy. Lt. [REDACTED] advised that the lividity on the babies left side and indentions on the body from the creases in the bed sheet were consistent with what the mother reported. Ms. [REDACTED] was appropriately concerned and did not appear to be under the influence. During a subsequent interview with Ms. [REDACTED] later on this same date, Ms. [REDACTED] submitted to a urine drug screen that yielded positive results for opiates; however, she presented a valid prescription that had been filled on 05/20/15.

Due to the sibling's age [REDACTED] could not be interviewed, although he appeared healthy and well taken care of when initial contact with the family was established. He was not listed as an Alleged Child Victim (ACV) in this investigation; however, a subsequent referral, investigation # [REDACTED] did include [REDACTED] as an ACV after the family relocated to another county. That most recent referral was received on 09/25/2015 as related to allegations of sexual abuse and environmental neglect and cited Ms. [REDACTED] and the father of [REDACTED] as alleged perpetrators. [REDACTED] was ultimately removed from his mother's custody during that investigation and is placed non-custodially with his maternal grandparents.

The autopsy of the infant was received on 11/02/15 and the cause of death was Asphyxia, manner of death was accident with the circumstances of death being asphyxiated during breast feeding.

DCS Policy Work Aid 1 (E) defined the following criteria for Child Death:



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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Child death is defined as:

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- c) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

This case was presented to the [REDACTED] County Child Protective Investigation Team on 11/10/2015 and team members were in agreement that there is not sufficient evidence to substantiate the allegation of Child Neglect Death. Without a preponderance of evidence to substantiate this allegation, the case will be closed with a classification of Allegation Unsubstantiated/Perpetrator Unsubstantiated.



**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: 01:35 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/01/2015  
 Completed date: 12/01/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/01/2015 01:35 PM Entered By: [REDACTED]  
 This case was reviewed by Investigations Coordinator [REDACTED] and feedback has been given to the team via email.



**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:	11/24/2015	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/24/2015
Completed date:	11/24/2015	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: 11/24/2015 04:43 PM      Entered By: [REDACTED]

LI [REDACTED] completed an administrative review and case staffing with CPS-[REDACTED] on this date. Case documentation has been updated according to previous feedback provided by Deputy Director of Investigations [REDACTED] and the case summary has now been submitted to IC [REDACTED] for review and approval. This investigation is near completion and ready for submission 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: 11/10/2015 Contact Method: Face To Face  
 Contact Time: 10:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 11/18/2015  
 Completed date: 11/18/2015 Completed By: [REDACTED]  
 Purpose(s): Service Planning  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/18/2015 01:12 PM Entered By: [REDACTED]

11/10/15 CPIT:

This case was presented to CPIT on this date. The team recommended that [REDACTED] be unsubstantiated for abuse death of [REDACTED]. The following members were present at the meeting.

[REDACTED], DCS

[REDACTED], DCS

[REDACTED], DCS

[REDACTED], District Attorney's office

[REDACTED], Juvenile Court

[REDACTED] County Sheriff's Department

[REDACTED] Police Department



**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:	11/06/2015	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/01/2015
Completed date:	12/01/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/01/2015 03:11 PM      Entered By: [REDACTED]

11/06/15 NOTATION:

[REDACTED] was removed by [REDACTED] County DCS on this date.



**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:	11/04/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/04/2015
Completed date:	12/04/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/04/2015 02:08 PM      Entered By: [REDACTED]

11/04/15 NOTATION:  
 Received Medical Records from [REDACTED] Pediatrics. ( See file)



**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:	11/02/2015	Contact Method:	
Contact Time:	04:12 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/02/2015
Completed date:	11/02/2015	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: 11/02/2015 03:12 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/02/2015	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/04/2015
Completed date:	12/04/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/04/2015 02:06 PM      Entered By: [REDACTED]

11/02/2015 NOTATION:

Autopsy received from [REDACTED] County EMS worker [REDACTED]. ( See file)



**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:	11/02/2015	Contact Method:	Correspondence
Contact Time:	10:06 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/02/2015
Completed date:	11/02/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/02/2015 10:07 AM      Entered By: [REDACTED]  
 11/02/2015 CORRESPONDENCE:  
 This CPSI sent an email to [REDACTED] in [REDACTED] office inquiring about the results of the autopsy.



## 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: 11/02/2015 Contact Method: Attempted Phone Call  
Contact Time: 09:50 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 11/02/2015  
Completed date: 11/02/2015 Completed By: [REDACTED]  
Purpose(s): Service Planning  
Contact Type(s): Collateral Contact  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/02/2015 10:00 AM Entered By: [REDACTED]

11/02/2015 ATTEMPTED TELEPHONE CALL: ([REDACTED])

This CPSI phoned [REDACTED] County EMS and left a number for [REDACTED] to phone this CPSI regarding the autopsy of [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: 11/02/2015 Contact Method: Phone Call  
Contact Time: 09:30 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 11/02/2015  
Completed date: 11/02/2015 Completed By: [REDACTED]  
Purpose(s): Service Planning  
Contact Type(s): Collateral Contact  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/02/2015 09:59 AM Entered By: [REDACTED]

11/02/2015 TELEPHONE CALL: [REDACTED]  
This CPSI phoned Detective [REDACTED] from the [REDACTED] Police Department and asked if he had spoken with the coroners office regarding the autopsy of this child. He said he had not done so as of yet and advised that he would be calling [REDACTED] County EMS to find out the status of the autopsy. This CPSI advised that I would call them and let him know the results.



**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:	10/29/2015	Contact Method:	Phone Call
Contact Time:	02:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/29/2015
Completed date:	10/29/2015	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: 10/29/2015 04:30 PM      Entered By: [REDACTED]

LI [REDACTED] contacted CPS-I [REDACTED] via telephone on this date in order to discuss the status of the open investigation (# [REDACTED] in [REDACTED] County. CPS-I [REDACTED] advised that Ms. [REDACTED] has not been cooperating with the investigation, such as by not maintaining contact, being available for home visits, or returning telephone calls to reach her. CPS-I [REDACTED] advised that this matter has been discussed with DCS legal and an Order to Complete an Investigation will be filed with the juvenile court. Via email, LI [REDACTED] provided CPS-I [REDACTED] with a summary of the circumstances related to CPS-I [REDACTED] investigation so that the court would be aware of this current child death investigation for consideration as to whether Ms. [REDACTED] should be compelled to cooperate.



**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:	10/27/2015	Contact Method:	
Contact Time:	03:45 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/29/2015
Completed date:	10/29/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/29/2015 04:06 PM      Entered By: [REDACTED]

LI [REDACTED] staffed this investigation with CPS-I [REDACTED] on this date. Documentation is current and results of the autopsy are still pending. A new investigation (# [REDACTED]) was received on 09/29/2015 related to allegations of sexual abuse and environmental neglect with [REDACTED], sibling to the deceased [REDACTED], cited as the ACV. This newer investigation was assigned to [REDACTED] County as the family has moved and [REDACTED] is the assigned CPS-Investigator. CPS-I [REDACTED] has communicated with CPS-I [REDACTED] and offered to assist however needed.



**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:	10/20/2015	Contact Method:	Phone Call
Contact Time:	10:36 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/26/2015
Completed date:	10/26/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/26/2015 05:50 PM      Entered By: [REDACTED]

10/20/2015 TELEPHONE CALL: [REDACTED]  
 CPSI phoned [REDACTED] with the [REDACTED] Police Department and inquired about if he had heard anything about the autopsy results. He reported that he had not but he would be checking on this and get back in touch with this CPSI.



**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:	10/12/2015	Contact Method:	Correspondence
Contact Time:	08:51 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/21/2015
Completed date:	10/21/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/21/2015 06:21 PM      Entered By: [REDACTED]  
 10/21/15 CORRESPONDENCE:  
 CPSI [REDACTED] sent an email to [REDACTED] regarding the autopsy results of [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:	09/30/2015	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/30/2015
Completed date:	09/30/2015	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: 09/30/2015 12:44 PM      Entered By: [REDACTED]

LI [REDACTED] completed a case staffing with CPS-I [REDACTED] and an administrative review on this date. The autopsy report has not yet been received and CPS-I [REDACTED] reports sending a request to [REDACTED]. A new CPS referral has been received (investigation # [REDACTED] in [REDACTED] County due to allegations of sexual abuse and environmental neglect regarding [REDACTED], the sibling to the ACV in this current investigation. The county assignment has changed from the initial referral due to the family recently relocating. CPS-I [REDACTED] has had contact with the assigned CPS-I, [REDACTED], for the new investigation and will follow up with her. CPS-I [REDACTED] has been provided with a copy of the Child Death Checklist and continue with investigative tasks that have not been completed to date.



**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: 09/29/2015 Contact Method: Face To Face  
 Contact Time: 01:15 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 10/21/2015  
 Completed date: 10/21/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/21/2015 06:19 PM Entered By: [REDACTED]  
 Child Protective Services Investigator (CPSI) [REDACTED] completed a face to face to observe the alleged child victim.  
 [REDACTED] and the classroom teacher were present.

[REDACTED] was on a mat to take a nap. [REDACTED] was still awake. CPSI tried to engage [REDACTED] did not verbally respond. The teacher stated yesterday was [REDACTED] first day and [REDACTED] has not had problems adjusting. The daycare has the same number has this CPSI for [REDACTED].

[REDACTED] was wearing only a pull up and a shirt. CPSI did not observe any marks on [REDACTED]

Next Step: Interview [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: 09/29/2015 Contact Method:  
 Contact Time: 11:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/01/2015  
 Completed date: 12/01/2015 Completed By: [REDACTED]  
 Purpose(s): Service Planning  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/01/2015 03:02 PM Entered By: [REDACTED]

09/29/15 CORRESPONDENCE:

This CPSI notified [REDACTED] County CPS [REDACTED] that there are bond conditions in place against [REDACTED]. This CPSI will send a copy of this to CPSI [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: 09/28/2015 Contact Method: Phone Call  
 Contact Time: 08:22 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/30/2015  
 Completed date: 09/30/2015 Completed By: [REDACTED]  
 Purpose(s): Service Planning  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/30/2015 12:45 PM Entered By: [REDACTED]

09/28/15 TELEPHONE CALL: [REDACTED]

LI [REDACTED] phoned this CPSI and inquired about [REDACTED] and her son, [REDACTED]. According to LI [REDACTED] a new referral has been received in [REDACTED] County and the case has been assigned to [REDACTED]. This CPSI advised LI [REDACTED] of my involvement with the case.

Narrative Type: Addendum 1 Entry Date/Time: 11/18/2015 02:01 PM Entered By: [REDACTED]

While talking with LI [REDACTED] this CPSI advised that there have been reports that [REDACTED] and [REDACTED] had a domestic altercation and this CPSI was going to follow up on this when she met [REDACTED] at the scheduled home visit on 09/30/15. LI [REDACTED] advised that she would send the assigned CPSI an email regarding this and request that she follow up on this issue since the family is now living in [REDACTED] County. In the meantime, this CPSI will check to see if there are current bond conditions in place.

LI [REDACTED] will send an email to the assigned CPSI and cc this CPSI.



**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: 09/25/2015 Contact Method: Phone Call  
 Contact Time: 11:15 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/30/2015  
 Completed date: 09/30/2015 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: 09/30/2015 12:38 PM Entered By: [REDACTED]

09/25/15 TELEPHONE CALL: [REDACTED]  
 This CPSI spoke with [REDACTED] on this date. She advised that she had moved to [REDACTED] Tennessee last week. She said she had to get away from [REDACTED] and she is much happier. She said she is working at the [REDACTED] and that [REDACTED] is enrolled in daycare at [REDACTED]. This CPSI scheduled a home visit for 09/30/15 at 9:00 a.m. She advised that her new address is [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: 09/24/2015 Contact Method: Phone Call  
 Contact Time: 10:16 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/24/2015  
 Completed date: 09/24/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/24/2015 10:23 AM Entered By: [REDACTED]

09/24/15 TELEPHONE CALL: ([REDACTED])  
 This CPSI phoned the maternal grandmother [REDACTED], at [REDACTED] and spoke with her about her daughter. She said that [REDACTED] has moved to somewhere in [REDACTED] in a house but she does not know the address. She said that she is concerned about how [REDACTED] is going to pay for it as she does not have a job.  
 [REDACTED] said she is concerned about [REDACTED] because she got into a domestic with her boyfriend, [REDACTED] and there is currently an order of protection. She said she feels that [REDACTED] might still be seeing him but she is not sure.  
 [REDACTED] said that she has noticed a change in [REDACTED]. She said he seems to be aggressive and she is not sure why. She said she is not sure what is going on with him but she is concerned.  
 This CPSI asked that she call me if she hears from her to let this CPSI. She said she would do so.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 09/24/2015 Contact Method: Phone Call

Contact Time: 10:08 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 09/24/2015

Completed date: 09/24/2015 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: 09/24/2015 10:16 AM Entered By: [REDACTED]

09/24/15 TELEPHONE CALL: ([REDACTED])  
This CPSI attempted to phone [REDACTED] and left a message for her to call me.



**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: 09/24/2015 Contact Method: Phone Call  
 Contact Time: 10:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/24/2015  
 Completed date: 09/24/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/24/2015 10:15 AM Entered By: [REDACTED]

09/24/2015 TELEPHONE CALL: [REDACTED]  
 This CPSI phoned [REDACTED] to inquire about [REDACTED]. According to the director, [REDACTED] last week at the daycare was last week [REDACTED] reported that she moved to [REDACTED] to be closer to her family.

Narrative Type: Addendum 1 Entry Date/Time: 11/19/2015 09:38 AM Entered By: [REDACTED]

[REDACTED] stated that she feels as though [REDACTED] is doing the best she can with [REDACTED] and he is always clean and appears to be well taken care of. [REDACTED] stated that [REDACTED] appears to be in need of support from her family members to help her through this difficult time with losing her infant daughter.

This CPSI asked [REDACTED] if she had ever seen anything that concerned her about [REDACTED] and she reported that she is a good mother and she has no concerns in that regard just with her ability to cope with her loss without support.



**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: 08/31/2015 Contact Method: Phone Call  
 Contact Time: 10:39 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/04/2015  
 Completed date: 09/04/2015 Completed By: [REDACTED]  
 Purpose(s): Service Planning  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/04/2015 09:49 AM Entered By: [REDACTED]

08/31/15 TELEPHONE CALL: [REDACTED]

[REDACTED] phoned this CPSI on this date. She said that [REDACTED] is really sick. She said he has been diagnosed with strep-pneumonia and is on antibiotics. She said they have an appointment with Dr. [REDACTED] today. This CPSI explained that since he is sick, we will reschedule the home visit to another 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:	08/31/2015	Contact Method:	Phone Call
Contact Time:	07:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/04/2015
Completed date:	09/04/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

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

08/31/15 TELEPHONE MESSAGE:

[REDACTED] phoned this CPSI and explained that [REDACTED] is sick and she will need to reschedule the appointment for today.



**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: 08/28/2015 Contact Method: Phone Call  
 Contact Time: 11:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/04/2015  
 Completed date: 09/04/2015 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: 09/04/2015 09:54 AM Entered By: [REDACTED]

08/28/15 TELEPHONE CALL: [REDACTED]  
 This CPSI spoke with [REDACTED] on this date. She said that she is at her mother's home and has been for about the past week. She said she hopes she can move closer to her parents. She said that she plans on coming home over the weekend. A home visit is scheduled for Monday morning at 8:30 a.m.



**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:	08/20/2015	Contact Method:	
Contact Time:	10:26 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/20/2015
Completed date:	08/20/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/20/2015 10:28 AM      Entered By: [REDACTED]

08/20/2015 NOTATION:

CPSI sent an email to [REDACTED] in [REDACTED] Office requesting her to check on the status of the autopsy on [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: 08/20/2015 Contact Method: Attempted Phone Call  
 Contact Time: 10:25 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/20/2015  
 Completed date: 08/20/2015 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: 08/20/2015 10:27 AM Entered By: [REDACTED]  
 08/20/2015 TELEPHONE CALL: ([REDACTED])  
 CPSI phoned [REDACTED] and left a message for her to call me.



**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:	08/13/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/31/2015
Completed date:	08/31/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/31/2015 03:58 PM      Entered By: [REDACTED].

[REDACTED] conducted an administrative review with CPS-I [REDACTED] on this date. CPS-I [REDACTED] will contact [REDACTED] to inquire about the status of the autopsy report. CPS-I [REDACTED] will conduct a monthly visit with the sibling in the home and will continue investigative tasks necessary to work towards case 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: 07/27/2015 Contact Method: Phone Call  
 Contact Time: 09:17 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/27/2015  
 Completed date: 07/27/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/27/2015 11:50 AM Entered By: [REDACTED]

07/27/15 TELEPHONE CALL: [REDACTED]

[REDACTED] phoned this CPSI and left a message on this date. She said she is currently at her mother's home in [REDACTED] and she will not be at her home for a few days. She said that [REDACTED] is sick and has strep on his body and they were at the ER, last night. She said she is hopeful they will be in [REDACTED] by Wednesday and she will call this CPSI then.



**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:	07/21/2015	Contact Method:	Phone Call
Contact Time:	03:22 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/21/2015
Completed date:	07/21/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/21/2015 03:25 PM      Entered By: [REDACTED]

07/21/2015 TELEPHONE CALL: [REDACTED]

[REDACTED] phoned this CPSI on this date. She said she is on her way to [REDACTED] to attend a funeral. She said she is doing much better and she started school.

A home visit is scheduled for 07/27/15 at 1:00 p.m.



**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: 07/20/2015 Contact Method: Attempted Face To Face  
 Contact Time: 03:05 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/20/2015  
 Completed date: 07/20/2015 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: 07/20/2015 03:47 PM Entered By: [REDACTED]

07/20/2015 ATTEMPTED FACE TO FACE:

This CPSI went to [REDACTED] home on this date and there was no one home. This CPSI left my card on the door and asked that she call me.

As this CPSI was leaving, a neighbor, [REDACTED], stopped this CPSI and said she had just seen the family leave a little bit ago. This CPSI asked her how [REDACTED] was doing and she said she seemed to be doing better but she still has hard times.



**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: 07/20/2015 Contact Method: Face To Face  
 Contact Time: 02:40 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: School Created Date: 07/20/2015  
 Completed date: 07/20/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/20/2015 03:44 PM Entered By: [REDACTED]

07/20/2015 FACE TO FACE: [REDACTED]  
 This CPSI went to [REDACTED] on this date to observe [REDACTED]. This CPSI spoke with [REDACTED] daycare teacher, [REDACTED]. She said that [REDACTED] is doing really well. She said that he asked about his sister the first week after the tragedy occurred but he has not said anything else about it. She said that [REDACTED] mother appears to be doing better and she seems to having alot more better days than she was at first. She said that she is supposed to start school today but she is not sure if she is going to do this or not.  
 At this time, this CPSI went into the room and played blocks with [REDACTED] was noted to be clean and appropriately dressed and interacted well with this CPSI.

Narrative Type: Addendum 1 Entry Date/Time: 11/19/2015 09:45 AM Entered By: [REDACTED]

This CPSI asked [REDACTED] about the mother, [REDACTED], and her involvement with her son. She said that she knows that [REDACTED] is struggling but is a good mother. She said that is always pleasant and lovint towards [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/19/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/01/2015
Completed date:	12/01/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/01/2015 03:04 PM      Entered By: [REDACTED]

CPSI [REDACTED] completed checks on all Perpetrators in the residence and perpetrators at the following websites:  
 TN Sex Offender - Negative  
 National Sex Offender - Negative  
 TN Felony Offender - Negative  
 TN Meth Offender Negative  
 Abuse Registry Negative



**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: 06/12/2015 Contact Method:  
 Contact Time: 03:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/02/2015  
 Completed date: 12/02/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/02/2015 02:26 PM Entered By: [REDACTED]

Safety, Permanence, Well-being  
 Date: 06/12/15

Child Protective Services Investigator [REDACTED] (CPSI) completed the initial Safety Assessment. There are no current immediate intervention is not recommended. The safety decision is: 1. Safe. No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.



**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: 06/11/2015 Contact Method: Face To Face  
 Contact Time: 04:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 06/29/2015  
 Completed date: 06/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/29/2015 03:37 PM Entered By: [REDACTED]

06/11/15 COLLATERAL VISIT: ([REDACTED] 4:30 P.M.

This CPSI and Lt. [REDACTED] went to [REDACTED] on this date to make a face to face contact with the other child, [REDACTED]. The maternal grandmother, [REDACTED], brought the child out of the daycare. CPSI said hello to the child and asked him how school was and he said school was good.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/11/2015	Contact Method: Face To Face
Contact Time: 03:38 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 06/29/2015
Completed date: 06/29/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 06/29/2015 03:35 PM      Entered By: [REDACTED]

06/11/15 HOME VISIT: [REDACTED] 3:38 P.M.

CPSI [REDACTED] and Lt. [REDACTED] went to the home of [REDACTED] at [REDACTED] at approximately 3:38 p.m. When we arrived at the apartment complex, [REDACTED] met us in the breezeway of the home. This CPSI observed [REDACTED] to be visibly upset. This CPSI introduced myself to [REDACTED] and explained it was protocol for DCS to respond in these matters. [REDACTED] said she understood. [REDACTED] reported to CPSI [REDACTED] that she had been involved with DCS previously when she had a drug abuse issue and this was about 3 years ago when she was hanging out with the wrong crowd. [REDACTED] said she went to rehab and got clean and moved away from all of her friends in order to begin a new life. [REDACTED] said she no longer uses drugs and is currently in school to be a medical assistant. [REDACTED] said she cannot believe this has happened and just wants her baby back. At this time, this CPSI asked [REDACTED] if she would be able to tell me what occurred. [REDACTED] reported that she woke up about 3:30 a.m. to breast feed. [REDACTED] reported the baby was on the left side and they both fell asleep while breast feeding. [REDACTED] said she woke up about 7:20 a.m. and noticed the babies tummy was not moving. [REDACTED] said she went to pick the baby up and she wa blue on one side and she began CPR. [REDACTED] said she started screaming for help and called 911. This CPSI asked [REDACTED] where her son, [REDACTED] was at the time. She said [REDACTED] was in the bed on the other side of her. This CSPI asked [REDACTED] if anyone had ever talked with her about co-sleeping and she said that the staff at [REDACTED] spoke with her about it when the baby was born but she has always slept with her children when they were babies. This CPSI cautioned her about the dangers and hazards of co-sleeping. [REDACTED] reported that the babies pediatrician is Dr. [REDACTED]. The babies last appointment was on June 1, 2015 for a well child check up as she had been a little stuffy and coughy. [REDACTED] reported that the baby had no other issues. CPSI [REDACTED] asked [REDACTED] for permission to go into the home with her at this time to which she gave permission. Once inside the home, CPSI observed the home to be minimally cluttered and there were no safety hazards in the home. [REDACTED] readily agreed to submit to a urine drug screen for this CPSI. The drug screen was positive for opiates for which she presented a valid prescription that was filled on 05/20/15. Photographs of the home were previously taken by Lt. [REDACTED] and provided to CPS [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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Narrative Type: Addendum 1    Entry Date/Time: 11/02/2015 03:43 PM    Entered By: [REDACTED]

## Household Composition:

[REDACTED], mother  
[REDACTED], son  
[REDACTED], daughter (deceased)

In order to engage the family, this CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Investigative/Assessment process. CPSI thoroughly explained and provided [REDACTED] with the following forms:

Notice of Privacy Practices  
Notification of Equal Access to Programs  
Parent's Bill of Rights  
Client's Rights Handbook  
Native American Heritage Veto Verification  
Signed acknowledgements can be found in the CPS case file.



**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: 06/11/2015 Contact Method: Face To Face  
Contact Time: 03:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Other Community Site Created Date: 06/29/2015  
Completed date: 06/29/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): CPIT (Child Protective Investigative Team)  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/29/2015 03:34 PM Entered By: [REDACTED]

06/11/15 CPIT: [REDACTED] 3:00 P.M.

This CPSI went to the [REDACTED] Police Department and spoke with Lt. [REDACTED] at approximately 3:00 p.m. According to Lt. [REDACTED] the 911 call came out at 7:33 a.m. as a non-responsive child. [REDACTED] Officer [REDACTED] first responded at approximately 7:36 a.m. The mother of the infant, [REDACTED], met Officer [REDACTED] in the breezeway of the apartment complex and she was holding the baby. Ms. [REDACTED] handed Officer [REDACTED] the baby and he began CPR until EMS arrived to the home. Lt. [REDACTED] stated that he arrived at the home at approximately 7:37 a.m. and observed Officer [REDACTED] performing CPR. EMS arrived at 7:45 a.m. and took the baby to the ambulance until [REDACTED] arrived on scene at 8:05 a.m. The baby was pronounced dead at 8:15 a.m.

Lt. [REDACTED] reported that he and [REDACTED] from EMS went into the home and spoke with the mother, [REDACTED]. Ms. [REDACTED] reported that the infant had no history of medical issues and reported that she had a normal pregnancy. [REDACTED] was breast feeding the baby. [REDACTED] reported she went to bed at approximately 11:30 p.m. and she had both of her children in the bed with her. [REDACTED] said she woke up at 3:30 a.m. to breast feed [REDACTED] said the baby was on her left side and [REDACTED] was on her right and they fell back asleep. [REDACTED] said when she woke up at approximately 7:30 a.m., she noticed the baby was unresponsive.

Lt. [REDACTED] said that the lividity on the babies left side and indentions on the body from the creases in the bed sheet were consistent with what the mother reported.

Lt. [REDACTED] reported that he went to the neighbors home where the older child, [REDACTED] was staying. Lt. [REDACTED] was unable to interview [REDACTED] as he is too young. The child appeared healthy and well taken care of.

Lt. [REDACTED] stated the home appeared to be in order and there was food in the home. Lt. [REDACTED] stated that the only concern he had was an empty beer can was on the nightstand in the 2 year old's bedroom.

The mother, [REDACTED], was appropriately concerned and did not appear to be under the influence. The only 3 people that were in the home when the incident occurred were [REDACTED] and her two children.



**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: 06/11/2015 Contact Method: Phone Call  
 Contact Time: 02:20 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/29/2015  
 Completed date: 06/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/29/2015 03:33 PM Entered By: [REDACTED]

06/11/15 COLLATERAL CONTACT: ([REDACTED] 2:20 P.M.

CPSI [REDACTED] called [REDACTED] County EMS worker [REDACTED] at approximately 2:20 p.m. [REDACTED] was the acting coroner that responded to the scene. According to [REDACTED], the mother reported that the baby was laying on her left side in the bed when her mother found her and the mother was on the right side. Upon examining the infant, there was no evidence of abuse and there were no concerns noted [REDACTED] reported that he did observe the other infant at the residence and he appeared to be healthy and well taken care of. The body of the infant was sent to [REDACTED] for an autopsy.



**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:	06/11/2015	Contact Method:	Phone Call
Contact Time:	01:05 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/29/2015
Completed date:	06/29/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/29/2015 03:33 PM      Entered By: [REDACTED]

06/11/15 CPIT: ([REDACTED] 1:05 P.M.

CPSI contacted Lt. [REDACTED] at the [REDACTED] Police Department via telephone at approximately 1:00 p.m. Lt. [REDACTED] informed this CPSI that he had responded to the home this morning at approximately 7:30 a.m. and that EMS went to the home as well. Lt. [REDACTED] advised that all personnel has left the home at this time. Lt. [REDACTED] stated that there did not appear to be any evidence of abuse and there were no concerns noted in the home. According to Lt. [REDACTED] the mother had the infant in the bed with her and she awoke this morning to find the infant not breathing. CPSI explained that I would be meeting with him with a short time later to discuss the situation.



**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:	06/11/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/29/2015
Completed date:	06/29/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/29/2015 03:32 PM      Entered By: [REDACTED]

06/11/15 TELEPHONE CALL: [REDACTED] 1:00 p.m.

LI [REDACTED] phoned this CPSI as I was walking out of court and advised me of the referral with the response time of P-1.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/11/2015	Contact Method:
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/26/2015
Completed date: 10/26/2015	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Case Summary	
Contact Sub Type: Opening	

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

Narrative Type: Original      Entry Date/Time: 10/26/2015 05:48 PM      Entered By: [REDACTED]

Referral assigned to CPSI [REDACTED] with the response time of P-1

Referent notification was made by Email

Notification sent to the District Attorney's office via local protocol.

Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff/or Supervisors) as requested per Juvenile Court Judge.

Reporter states [REDACTED] (2 years old) and infant [REDACTED] ( [REDACTED] days old), reside with their mother, [REDACTED]. [REDACTED] is the father of the infant. Mr. [REDACTED] does not reside in the home with the family.

Today, June 11, 2015 at 7:30am, the [REDACTED] Police Department received a call from the mother. She stated when she woke up this morning, the infant was unresponsive. The mother stated she and the infant went to bed at 11:30pm last night. The mother stated the infant slept in the bed with her and the two year old [REDACTED] was in a separate sleeping area. The mother stated she breast-fed the infant at 3:30am and laid the infant back down and then when she woke up at 7:30am this morning, the infant was unresponsive.

Upon officers arrival there was no sign of life. Emergency Medical Services (EMS) arrived at the home and the infant was pronounced deceased at the scene. There will be an autopsy completed. The mother stated she had a healthy pregnancy; the infant was born full term without any complications. The mother and two children were the only individuals reportedly in the home at the time of the infant's death.

The home environment was observed. The mother probably smokes in the home based on the smell and observed cigarettes that were left out, in view. There was food observed lying around the home and the food appeared to be two or three days old. There was an empty beer can in the bedroom where the two year old is believed to sleep. The reporter is not aware of the mother having any prior involvement with Law Enforcement. The two year old child was taken to a neighbor's home as officers cleared the scene. The two year old child appeared to be okay. The mother was not taken in for questioning; the two year old child could be in the mother's care at this time.

Is there any domestic violence in the home? Not aware



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Are there any safety risks for the responding CPS worker? Not aware  
 Do any of the children in the home have any sort of disability? Not aware

[REDACTED] County/[REDACTED] [REDACTED] [REDACTED] received email notification of this P1 report via email.  
 Per SDM: Investigation/P1-neglect/abuse death [REDACTED], TL on 6-11-15 @ 12:50 pm

Notified Child Death Group via email [REDACTED]  
 RA [REDACTED] was also copied on the notification email.

Narrative Type: Addendum 1    Entry Date/Time: 12/01/2015 03:22 PM    Entered By: [REDACTED]

Investigation ID: [REDACTED] (03/01/14)

ACV: [REDACTED]

AP: [REDACTED]

Allegation: Drug Exposed Infant

Indication: Unable to complete

Investigation ID: [REDACTED] (10/22/13)

ACV: [REDACTED]

AP: [REDACTED]

Allegation: Drug Exposed Infant

Indication: Unsubstantiated