



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 06/15/2015 11:17 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/15/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/15/2015 02:09 PM
 First Team Leader Assigned: [REDACTED] Date/Time 06/15/2015 02:09 PM
 First Case Manager [REDACTED] Date/Time 06/15/2015 02:09 PM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: Facsimile
 Notification: E-mail
 Narrative: THE CHILD IS NOT IN CUSTODY.

Family Case IDs: [REDACTED]
 Open Court Custody-# [REDACTED] 10/23/13, [REDACTED] (NOTE: According to TFACTS, [REDACTED]
 [REDACTED] is the son of [REDACTED].
 Closed Court Custody 1/23/12-9/28/12, [REDACTED], 2/24/99-4/13/03, [REDACTED]

Open: No
 Substantiated: No
 Death: No
 Number of Screen Outs: 2

History (not listed above):



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

8/20/10, INV# [REDACTED] PHA, Unsubstantiated ([REDACTED] as referent)
 3/21/07, INV# [REDACTED] PHA, Unsubstantiated
 3/31/06, INV# [REDACTED] ENN, Unsubstantiated
 11/26/05, INV# [REDACTED] SRP, Unsubstantiated
 4/29/14, INV# [REDACTED] LOS, Unsubstantiated

Pending: None
 Awaiting Screening: None
 Submitted: None

Sex Offender Registry: None

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

NOTE: The race and address for the family is listed under the ACV's demographic information.

Reporter's name/relationship: [REDACTED]
 (FAXED REPORT)

Reporter states: FAXED REPORT (Typed Verbatim Per the Faxed Report)

This will serve as notice that the [REDACTED] County Medical Examiner's Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 7 week old B/M was found unresponsive on the adult bed of his parents room at [REDACTED] on 6/15/2015 at 2330 hours. The decedent's mother called 911. The victim was transported to [REDACTED] Hospital where resuscitation was continued for a brief time. The decedent's death was pronounced at 0005 hours by Dr. [REDACTED]. The decedent was transported to [REDACTED] for further examination and autopsy. The cause and manner are pending at this time.

The mother's name is [REDACTED] DOB: [REDACTED] SSN [REDACTED]. The father was not home at the time of the incident but his name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]). There are two siblings who live with the mother but are with the father for the summer. The first is [REDACTED] age 11 and [REDACTED] age 10. Our case number is [REDACTED].

Special Needs or Disabilities: Unknown
 Child's current location/is the child safe at this time: Unknown
 Perpetrator's location at this time: Unknown
 Any other safety concerns for the child (ren) or worker who may respond: Unknown
 Domestic Violence present in the home: Unknown

Per SDM; Investigative Track P1

[REDACTED] CM3 @ 12:54 pm on 6/15/15.

Notification sent to [REDACTED] and RA [REDACTED] @ 12:46pm on 6/15/15.

County also notified.



**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:

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]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 30 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:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: Deceased

Address: [REDACTED]

Deceased Date: 06/15/2015

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: NOTELEPHONE

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 10 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 11 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/15/2015

Assignment Date: 06/16/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Abuse Death	Participant, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 09/29/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is no evidence to support the allegations of abuse death. According to the WTRFC, medical examiner's report the cause of death is SIDS.

D. Case Workers

Case Worker: [REDACTED]

Date: 09/29/2015

Team Leader: [REDACTED]

Date: 09/29/2015

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:

None (Child 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)?

Investigator [REDACTED] contacted the [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] on June 16, 2015. Investigator [REDACTED] spoke with the Medical Examiner Dr. [REDACTED] concerning the preliminary report for [REDACTED] autopsy. Dr. [REDACTED] advised the cause of death has been classified as sudden infant death (SIDS). She further explained this classification as being preliminary pending the results of all tests. Dr. [REDACTED] stated there was no observable signs of abuse or trauma noticed during her evaluation. Dr. [REDACTED] informed Investigator [REDACTED] that the full report will be available in approximately 8-12 weeks.

Investigator [REDACTED] received the official autopsy report from [REDACTED]. The report confirmed the cause of death as SIDS (Sudden Infant Death Syndrome). There was no evidence of trauma reported by the medical examiner.



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]

Dr. [REDACTED], medical examiner
[REDACTED]

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

Investigator [REDACTED] asked the mother to provide a timeline of events for the entire day of June 14, 2015. The mother began by stating that she woke up at approximately 3:30am to feed [REDACTED]. She advised that after he was fed, she changed his diaper and clothes, and he went back to sleep. She stated that he was awakened around 8:30am-9:00am. She fed him again, changed his diaper, and played with him for a short period of time before he fell asleep. The mother stated that she left the home around 1-2:00pm to go to the leasing office inside of her apartment complex to load money onto a card so that she can wash clothes. During this time, [REDACTED] was left with the father. The father, [REDACTED] [REDACTED] advised that [REDACTED] had awakened during the time the mother was out of the home, but fell asleep on his chest prior to her returning. The mother advised that she made it back to the home around 3:-3:30pm. At that point she woke him up to change his diaper, feed him, and put on different clothes so that they can leave the home to run errands. The mother advised that she left the home with [REDACTED] and visited [REDACTED] [REDACTED] and [REDACTED]. She further advised that she was alone during this time with the child. The father stated that he left the home at the same time the mother left. He stated that he met a lady name [REDACTED] at a local grocery store parking lot to sale her some furniture. The mother stated when she arrived back at the apartment she brought him back into the home, but left him inside of his car seat so that she can eat her food. She advised that she did not want to awaken him before she eats. The mother stated the father returned to the home shortly after she did, which was around 5:15pm. Once he made it back to the home they just sat around talking to each other and playing with [REDACTED]. The father advised that he left the home around 8:00pm to go to work. At that point, the mother was alone with [REDACTED]. The mother stated that she remained on the couch with [REDACTED] sitting in her lap while she watched television. She stated she remained on the couch until approximately 9:30pm - 10:15pm. It was at this point when the mother placed [REDACTED] on the bed inside of her bedroom. She advised that she placed him on his side in the middle of the bed. After placing him in the bed, she began to clean. After 10-15 minutes passed, she came back into the room to check on [REDACTED] and he was breathing. She stated that she re-positioned his arm, and he remained sleep. The mother stated that she started back cleaning, and returned after 15-20 minutes. She changed his diaper, and put him back to sleep. The mother stated that once he was asleep, she began to clean again. The next time she checked on him 30 minutes had passed. At this point of checking on him, the mother advised she discovered [REDACTED] was not breathing. Ms. [REDACTED] stated [REDACTED] was faced down (on his stomach) on the bed. She stated she immediately called 911, and began to perform CPR until the paramedics arrived.

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

None

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

None

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: 12/17/2015 Contact Method:
 Contact Time: 02:00 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): Permanency, 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: 12/17/2015 02:13 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) received a referral on 06/15/2015 with an allegation of Child Abuse Death regarding [REDACTED]

The reporter advised that [REDACTED] was transported to [REDACTED] Children's Hospital on 06/15/2015 after being discovered unresponsive on the adult bed inside his parents' bedroom at [REDACTED] at approximately 2330 Hours. When the mother discovered [REDACTED] unresponsive, she contacted 911. The child's death was pronounced at 0005 Hours by Dr. [REDACTED] at [REDACTED] Hospital.

The investigation was presented to the [REDACTED] Child Protection Investigation Team (CPIT) on 06/16/2015. The CPIT team deferred assigning the case to a member of Law Enforcement until further information was received from the [REDACTED] Child Protective Services Investigator (CPSI) [REDACTED] [REDACTED] contacted the Medical Examiner at [REDACTED] Dr. [REDACTED] on 06/16/2015. Dr. [REDACTED] advised the cause of death was classified as Sudden Infant Death (SIDS). She advised the results were preliminary pending the results of all tests performed. Dr. [REDACTED] confirmed there were no observable signs of abuse or trauma noticed during her evaluation. The official autopsy results were delivered to CPSI [REDACTED] on 08/17/2015. According to the report the cause of death was ruled accidental. There was no evidence of traumatic injury to the body.

As part of the investigation, CPSI [REDACTED] interviewed the mother, [REDACTED] [REDACTED] and the father, [REDACTED] [REDACTED]

During the interview CPSI [REDACTED] asked the mother to provide a timeline of events for the entire day of June 14, 2015. She advised that she and the father was in and out of the home for majority of the day running errands. When she finally settled [REDACTED] down she began to clean the home. The mother stated she placed [REDACTED] on the bed inside of her bedroom. She advised that she placed him on his side in the middle of the bed. After placing him in the bed, she began to clean. After checking on him 3 times throughout the night she discovered [REDACTED] was not breathing. Ms. [REDACTED] stated [REDACTED] was faced down (on his stomach) on the bed. She stated she immediately called 911, and began to perform CPR until the paramedics arrived. The father advised that he was at work when the incident took place. He advised that he received a call while at work, and immediately left for the hospital when he was notified.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

1. 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.

2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect.

NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline will select Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician.

NOTE: Preliminary near deaths are always treated as severe child abuse.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 09/23/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Abuse Death.

After interviewing the family concerning the events leading up to the death of [REDACTED] [REDACTED] it was determined that there were no signs of trauma or injuries to the child's body. The mother's statement was consistent with the medical examiner's autopsy results. The child was not placed in a safe sleeping environment, which resulted in his death.

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

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



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: 12/17/2015 Contact Method: Phone Call
 Contact Time: 11:30 AM 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): 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: 12/17/2015 12:07 PM Entered By: [REDACTED]

CPSI [REDACTED] made a follow-up telephone call to the mother on 12/17/2015. Mrs. [REDACTED] advised during the telephone call that she was still residing in [REDACTED] with her mother. The current address is [REDACTED]. Ms. [REDACTED] also stated that she had begun working with the United States Postal Services in [REDACTED]. She stated that she will be living there until a position comes available in [REDACTED]. Ms. [REDACTED] advised that the children, [REDACTED] and [REDACTED] was doing well. She stated that [REDACTED] was having difficulty coping with the death of [REDACTED]. She advised that she does need services for him. CPSI [REDACTED] advised Ms. [REDACTED] that he will research service providers in the [REDACTED] area, and get back with her once he gather additional information. The mother confirmed that she does have insurance coverage offered through her employer. She stated that she was willing to use her insurance, and pay the co-pay for [REDACTED] to receive counseling services. CPSI [REDACTED] also confirmed that Ms. [REDACTED] employer offers EAP. CPSI [REDACTED] advised Ms. [REDACTED] to contact her EAP Provider to determine if they offer services to [REDACTED]. Ms. [REDACTED] advised that she will contact them on this date.

CPSI [REDACTED] advised Ms. [REDACTED] that he will be submitting the case for review. CPSI [REDACTED] also explained that the allegations for Abuse Death was classified as Allegations 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: 12/17/2015 Contact Method:
 Contact Time: 11:15 AM 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): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/17/2015 11:24 AM Entered By: [REDACTED]
 CPSI [REDACTED] updated the FFA for this family on 12/17/2015. A copy of the FFA will be placed inside the case file for review.



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: 12/17/2015 Contact Method:
 Contact Time: 10:30 AM 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): 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: 12/17/2015 11:31 AM Entered By: [REDACTED]

CPSI [REDACTED] completed the Family Advocacy Support Tool (FAST 2.0) on 12/17/2015. The assessment indicated there was a no need for services/risk. The safety assessment indicated no risk associated with this family.



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: 12/10/2015 Contact Method:
 Contact Time: 04:25 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/11/2015
 Completed date: 12/11/2015 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: 12/11/2015 12:42 PM Entered By: [REDACTED]

The autopsy has been received for this investigation. CPSI [REDACTED] has been e-mailed regarding the next steps to move this case towards 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:	11/16/2015	Contact Method:	
Contact Time:	04:27 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/09/2015
Completed date:	12/09/2015	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: 12/09/2015 12:39 PM Entered By: [REDACTED]

This case has been reviewed by [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:	10/16/2015	Contact Method:	
Contact Time:	11:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/16/2015
Completed date:	10/16/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/16/2015 12:07 PM Entered By: [REDACTED]

This case has been reviewed by [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: 09/29/2015 Contact Method:
 Contact Time: 02:00 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): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/17/2015 11:06 AM Entered By: [REDACTED]

CPSI [REDACTED] has classified the case as Allegations Unsubstantiated/Perpetrator Unsubstantiated. There was no evidence to support the allegations.



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: 09/23/2015 Contact Method: Correspondence
 Contact Time: 09:00 AM 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): 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: 12/17/2015 10:57 AM Entered By: [REDACTED]

This case was presented to the CPIT team on 09/23/2015. The case was stamped DCS to handle as appropriate. The CPIT Team also signed the CPIT review form, in which the team agreed with the classification decision: AUPU. A copy of the form will be included in the case file for review.



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: 09/18/2015 Contact Method:
 Contact Time: 02:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/22/2015
 Completed date: 09/22/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/22/2015 10:41 AM Entered By: [REDACTED]
 Investigator [REDACTED] received the medical records from [REDACTED] for [REDACTED] on 09/18/15. Investigator [REDACTED] forwarded the medical records, autopsy report, CPIT classification form, and handle and return form to LI [REDACTED] on this date. Investigator [REDACTED] will update documentation once information is returned.



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: 09/17/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/17/2015
 Completed date: 09/17/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/17/2015 03:03 PM Entered By: [REDACTED]

Investigator [REDACTED] contacted the doctor's office [REDACTED] [REDACTED] on 09/17/2015. The nurse advised that the doctor had to sign off on releasing the medical records, and it wasn't ready. The nurse advised that someone will contact Investigator [REDACTED] on 09/18/2015 to discuss the request.



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: 09/15/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/16/2015
 Completed date: 09/16/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/16/2015 01:03 PM Entered By: [REDACTED]
 Investigator [REDACTED] faxed a medical release to [REDACTED] [REDACTED] to obtain the medical records for [REDACTED] [REDACTED] on 09/15/2015



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: 08/17/2015 Contact Method:
 Contact Time: 10:24 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/17/2015
 Completed date: 08/17/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/17/2015 10:34 AM Entered By: [REDACTED]

Investigator [REDACTED] received the autopsy report for ACV, [REDACTED] [REDACTED] on August 17, 2015. The summary and interpretation section of the report included the following information:

"This nearly 2-month-old child was reportedly found face down on an adult bed that was covered by a fleece blanket. Despite attempted cardiopulmonary resuscitation, death was pronounced a short time later at a local emergency department. He was born at term via normal spontaneous vaginal delivery. At postmortem examination, there is no evidence of traumatic injury to the body. Internal examination, laboratory testing and a review of the available medical records do not reveal evidence of a disease that would be expected to cause death. In my opinion, the death is most likely due to asphyxiation with a risk factor of an unsafe sleep environment. With the circumstances surrounding death as a currently known and with the information available to me, the manner of death is accident."



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: 08/10/2015 Contact Method:
Contact Time: 11:48 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 08/10/2015
Completed date: 08/10/2015 Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being
Contact Type(s): Notation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/10/2015 11:52 AM Entered By: [REDACTED]

Investigator [REDACTED] contacted the [REDACTED] to obtain an update on the autopsy for [REDACTED] [REDACTED] on 08/10/2015. The operator advised that a semi-complete report was ready. She stated the doctor signature was needed prior to its completion. She advised that a report will be mailed to Investigator [REDACTED] office whenever it is complete.



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: 07/31/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/31/2015
 Completed date: 07/31/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2015 04:07 PM Entered By: [REDACTED]
 CPSI [REDACTED] is still awaiting 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: [REDACTED] Contact Method:
 Contact Time: 11:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/21/2015
 Completed date: 07/21/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/21/2015 11:17 PM Entered By: [REDACTED]
 Investigator [REDACTED] is awaiting a courtesy interview from the [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: 06/30/2015 Contact Method: Face To Face
 Contact Time: 03:45 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/14/2015
 Completed date: 09/14/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, 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: 09/14/2015 02:03 PM Entered By: [REDACTED]

Time: 3:45 p.m.

On June 30, 2015, CPSI, [REDACTED] interviewed [REDACTED] at [REDACTED] County Department of Children's Services as a courtesy interview. [REDACTED] was transported to the office by her biological father [REDACTED]. Due to the child being with her father in [REDACTED] last week, the investigator was unable to interview her until they returned; which was yesterday.

According to [REDACTED] she was not present when her sibling died. She was with her father, who resides in [REDACTED]. She stated that she spends time with her father during the summer months. She informed the investigator that the last time she observed her brother was about 7-9 days ago. She stated that the last time she seen him, there was a rash on his body. No other marks or bruises were seen on his body.

At the end of the interview, the father informed the investigator, if needed, call him.



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: 01:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 06/19/2015
Completed date: 06/19/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being
Contact Type(s): Notation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/19/2015 02:16 PM Entered By: [REDACTED]

Family Composition

[REDACTED] DOB: [REDACTED] (Birth Mother)
[REDACTED] DOB [REDACTED] (Birth Father)
[REDACTED] / DOB: [REDACTED] (sibling)
[REDACTED] / DOB [REDACTED] (sibling)
[REDACTED] DOB: [REDACTED] (ACV-Deceased:06/14/2015)

[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: 06/19/2015 Contact Method:
 Contact Time: 11:33 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/19/2015
 Completed date: 06/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/19/2015 01:52 PM Entered By: [REDACTED]
 Investigator [REDACTED] conducted background checks for [REDACTED] and [REDACTED]. The results are as follow:

[REDACTED]
 [REDACTED] Criminal Background Check: Negative
 Sexual Offender Registry: Negative
 Drug Offender Check: Negative
 TFACTS History: Investigations [REDACTED] [REDACTED] [REDACTED] [REDACTED]
 All investigations were classified as: Allegations Unsubstantiated/Perpetrator Unsubstantiated.

[REDACTED]
 [REDACTED] Criminal Background Check: Negative
 Sexual Offender Registry: Negative
 Drug Offender Check: Negative
 TFACTS History: 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: 06/17/2015 Contact Method:
 Contact Time: 10:00 AM 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): 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: 12/17/2015 11:04 AM Entered By: [REDACTED]

Investigator [REDACTED] completed an initial SDM safety assessment on 06/17/15. There were no immediate harm factors identified at the time of the assessment. Based on the information provided there was 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: 06/16/2015 Contact Method:
 Contact Time: 02:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/16/2015
 Completed date: 06/16/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/16/2015 02:57 PM Entered By: [REDACTED]

Investigator [REDACTED] contacted the [REDACTED] on June 16, 2015. Investigator [REDACTED] spoke with the Medical Examiner Dr. [REDACTED] concerning the preliminary report for [REDACTED] autopsy. Dr. [REDACTED] advised the cause of death has been classified as sudden infant death (SIDS). She further explained this classification as being preliminary pending the results of all tests. Dr. [REDACTED] stated there was no observable signs of abuse or trauma noticed during her evaluation. Dr. [REDACTED] informed Investigator [REDACTED] that the full report will be available in approximately 8-12 weeks.

Dr. [REDACTED] medical examiner
 [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: 06/16/2015 Contact Method: Correspondence
 Contact Time: 09:00 AM 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): 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: 12/17/2015 11:33 AM Entered By: [REDACTED]

This case went before the Child Protective Services Investigative team on 06/16/2015. It was stamped for DCS to handle and return.



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: 06/15/2015 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 06/16/2015
 Completed date: 06/16/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/16/2015 11:05 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/15/2015 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 06/16/2015
 Completed date: 06/16/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,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: 06/16/2015 12:43 PM Entered By: [REDACTED]

Investigator [REDACTED] made a home visit on June 15, 2015, to meet with the mother [REDACTED] and father, [REDACTED]. Upon arrival at the home, Ms. [REDACTED] was sitting on the stairs outside of her apartment with Ms. [REDACTED]. She advised that she did not want to go inside of the home to discuss the incident because of other people being present. Investigator [REDACTED] proceeded with conducting the interview on the stairs with the mother. Investigator [REDACTED] explained the investigation process to the mother, and had her to sign paperwork, which included:

Acknowledgement of Client's Right
 Notice of Privacy Practices
 Notification of Equal Access to Programs and Services/Grievance Procedures
 Native American Heritage Veto/Verification
 Release of Information to/from DCS

After having the mother to sign all of the necessary paperwork, Investigator [REDACTED] asked the mother to provide a timeline of events for the entire day of June 14, 2015. The mother began by stating that she woke up at approximately 3:30am to feed [REDACTED]. She advised that after he was fed, she changed his diaper and clothes, and he went back to sleep. She stated that he was awakened around 8:30am-9:00am. She fed him again, changed his diaper, and played with him for a short period of time before he fell asleep. The mother stated that she left the home around 1-2:00pm to go to the leasing office inside of her apartment complex to load money onto a card so that she can wash clothes. During this time, [REDACTED] was left with the father. The father, [REDACTED] advised that [REDACTED] had awakened during the time the mother was out of the home, but fell asleep on his chest prior to her returning. The mother advised that she made it back to the home around 3:-3:30pm. At that point she woke him up to change his diaper, feed him, and put on different clothes so that they can leave the home to run errands. The mother advised that she left the home with [REDACTED] and visited [REDACTED] and [REDACTED]. She further advised that she was alone during this time with the child. The father stated that he left the home at the same time the mother left. He stated that he met a lady name [REDACTED] at a local grocery store parking lot to sale her some furniture. The mother stated when she arrived back at the apartment she brought him back into the home, but left him inside of his car seat so that she can eat her food. She advised that she did not want to awaken him before she eats. The mother stated the father returned to the home shortly after she did, which was around 5:15pm. Once he made it back to the home they just sat around talking to each other and playing with [REDACTED]. The father advised that he left the home around 8:00pm.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

to go to work. At that point, the mother was alone with [REDACTED]. The mother stated that she remained on the couch with [REDACTED] sitting in her lap while she watched television. She stated she remained on the couch until approximately 9:30pm - 10:15pm. It was at this point when the mother placed [REDACTED] on the bed inside of her bedroom. She advised that she placed him on his side in the middle of the bed. After placing him in the bed, she began to clean. After 10-15 minutes passed, she came back into the room to check on [REDACTED] and he was breathing. She stated that she re-positioned his arm, and he remained sleep. The mother stated that she started back cleaning, and returned after 15-20 minutes. She changed his diaper, and put him back to sleep. The mother stated that once he was asleep, she began to clean again. The next time she checked on him 30 minutes had passed. At this point of checking on him, the mother advised she discovered [REDACTED] was not breathing. Ms. [REDACTED] stated [REDACTED] was faced down (on his stomach) on the bed. She stated she immediately called 911, and began to perform CPR until the paramedics arrived.

The parents advised there were no other adults or children in the home or around [REDACTED] on this day (06-14-15). The mother advised that he was only fussing/crying when it was time for him to eat on this day. According to the mother, [REDACTED] did not have any medical conditions. His last doctor's visit was on 05/29/15. The mother stated this doctor's visit was unplanned. She took him to see the doctor due to having mucus around his eyes. There was no diagnosis made at that doctor's visit. The doctor is (Dr. [REDACTED] at [REDACTED] on [REDACTED]). The mother stated that [REDACTED] only received a Hep B shot while in the hospital after birth. She described having a full-term healthy pregnancy with no complications at birth.

Ms. [REDACTED] stated she has three other children: [REDACTED] (age 16), [REDACTED] (age 11), and [REDACTED] (Age 10). She advised [REDACTED] was in State's Custody for Delinquency/Runaway. He is placed with a foster family in [REDACTED]. The foster parents names are Mr. and Mrs. [REDACTED] telephone# [REDACTED]. [REDACTED] was visiting with her father, [REDACTED] in [REDACTED]. Mr. [REDACTED] telephone contact is: [REDACTED]. [REDACTED] was currently visiting with a relative, [REDACTED] in [REDACTED]. Ms. [REDACTED] telephone contact is: [REDACTED]. Investigator [REDACTED] explained to Ms. [REDACTED] that he needs to interview the children whenever they return to [REDACTED]. Investigator [REDACTED] asked Ms. [REDACTED] if she has alternative arrangement for the children until the department can gather additional information concerning the allegations. She agreed to allow the children to remain with the maternal grandmother, [REDACTED] (Tel. # [REDACTED]).

The father, [REDACTED] advised that he has two other children by two different women, [REDACTED] and [REDACTED]. Both children lives with their mother full-time. He advised that he does not have any visitation with the children. Investigator [REDACTED] asked Mr. [REDACTED] for the mothers' telephone contacts.

Investigator concluded the visit by going inside of the home to view the bedroom where the incident took place. Investigator [REDACTED] did not observe an infant bed anywhere in the home. The mother advised that she did not have one for the child, and she was co-sleeping with the child and the father since birth. Investigator [REDACTED] gave the mother a business card, and told her that he will be in contact with her to determine a time to meet with the other children once they arrive back to [REDACTED]. The mother or father did not have any additional information or questions prior to Investigator [REDACTED] leaving the home.



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: 06/15/2015 Contact Method: Phone Call
 Contact Time: 02:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/15/2015
 Completed date: 09/15/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Referent Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/15/2015 03:38 PM Entered By: [REDACTED]

Investigator [REDACTED] contacted the referent by telephone on 06/15/2015. The referent did not have any additional information pertaining to the allegations. Investigator [REDACTED] made the referent aware that an investigation had been initiated with the family concerning the allegations made.



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: 06/15/2015 Contact Method:
 Contact Time: 02:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/16/2015
 Completed date: 06/16/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, 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: 06/16/2015 10:47 AM Entered By: [REDACTED]

Investigator [REDACTED] was assigned a priority 1 (P1) referral on June 15, 2015. The alleged child victim was listed as [REDACTED] (7 weeks old). The allegations involved (Abuse Death) with an unknown alleged perpetrator.

Reporter states: This will serve as notice that the [REDACTED] County Medical Examiner's Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 7 week old B/M was found unresponsive on the adult bed of his parents room at [REDACTED] 6/15/2015 at 2330 hours. The decedent's mother called 911. The victim was transported to [REDACTED] Children's Hospital where resuscitation was continued for a brief time. The decedent's death was pronounced at 0005 hours by Dr. [REDACTED]. The decedent was transported to [REDACTED] for further examination and autopsy. The cause and manner are pending at this time. The mother's name is [REDACTED] DOB: [REDACTED] SSN [REDACTED]. The father was not home at the time of the incident but his name is [REDACTED] (DOB [REDACTED]) SSN [REDACTED]. There are two siblings who live with the mother but are with the father for the summer. The first is [REDACTED] age 11 and [REDACTED] age 10.



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: 06/15/2015 Contact Method:
 Contact Time: 01:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/17/2015
 Completed date: 06/17/2015 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: 06/17/2015 02:22 PM Entered By: [REDACTED]

This case is assigned to Investigator, [REDACTED]. The case is being assigned on 06/15/15. The allegation is neglect death. The alleged child victim is [REDACTED] age 7 weeks old. The alleged perpetrator is listed as unknown. The referent will be notified of the referral via the CARAT system. The District Attorney and Juvenile Court will be notified about the report according to policy.