



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 07/26/2015 07:08 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 07/26/2015

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 07/27/2015 10:36 AM
First Team Leader Assigned: [REDACTED] Date/Time 07/27/2015 12:00 AM
First Case Manager [REDACTED] Date/Time 07/27/2015 12:00 AM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS History

Family Case IDs: [REDACTED]

Open ICPC Yes, Case # [REDACTED] CM [REDACTED], TL [REDACTED] (Child [REDACTED])

Closed Court Custody Yes, Case ID # [REDACTED] / Discharge date 06/23/2015 (Child [REDACTED])

Open CPS None found

Death None found

Substantiated: (INV # [REDACTED] DEC & PHA/ [REDACTED] [REDACTED] Allegation Substantiated / Perpetrator Substantiated / 10-22-2014)



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

Number of Screen Outs: (3)

History (not listed above):

08/5/2014 Track (INV) / Case # [REDACTED] LOS / Allegation Unsubstantiated / Perpetrator Unsubstantiated/ 10-22-2014

01/07/2014 Track (INV) / Case # [REDACTED] ENN & DEC & PHA/ Allegation Unsubstantiated / Perpetrator Unsubstantiated / 04-30-2014

05/29/2013 Track (ASMT) / Case # [REDACTED] /DEC & LOS/ No Services Needed/ 01-20-2014

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School/ Daycare: None known

Native American Descent: Unknown

Directions: [REDACTED]

Note: Address, demographics and applicable phone numbers are listed under the oldest child victim, [REDACTED]

Reporter's name/relationship: [REDACTED]

Reporter states:

The child is not in state custody.

[REDACTED] (age 3) and [REDACTED] (date of birth [REDACTED]) reside with their parents, [REDACTED] and [REDACTED] in [REDACTED].

This morning 07/26/2015 between 5:45 A.M. and 5:55 A.M. the father, [REDACTED], ran to the neighbor's home and stated that he needed help. The neighbor ([REDACTED]) called 911 for the father. When Law Enforcement (LE) made the scene, the father stated that the baby was fine when he fed the baby around 3:00 A.M. and then the father fell asleep shortly after feeding the infant. To the reporter's understanding, the father was holding the baby when he fell asleep with the child in his arms. When the father woke up he realized that something was wrong with the baby. It is unknown at what exact time the father woke up. It is not believed that the mother was at the home when the incident occurred. It is unknown if [REDACTED] was at home when the incident occurred. The reporter only knows limited information concerning this case.

LE is currently investigating and [REDACTED] is at the [REDACTED] Hospital in [REDACTED] speaking with the parents. The medical examiner has not made the scene yet. Photographs have been taken of the deceased baby. Reportedly, there are a few little marks on the baby's legs around the knee area that look like scabbed over abrasions. The abrasions are on both of the baby's legs. There is another little bruise on of the baby's legs that may have been caused by an IV, but the reporter is not certain about this information. LE observed the baby to be purple when the fire department transported him out of the home.

The reporter states that both parents have been observed upset and crying at the hospital. No further information is known or reported at this time as the reporter was not working during the shift when this incident was originally reported. This case is still being investigated by LE.

[REDACTED] is currently at [REDACTED] Hospital with her parents and she does not appear to be injured. [REDACTED] has been pronounced deceased. Both parents are currently at [REDACTED] Hospital located at [REDACTED].



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

Special Needs or Disabilities: None known.

Perpetrator's location at this time: At [REDACTED] Hospital. Both parents are reportedly employed a [REDACTED] It is unknown which location they are employed at.

Domestic Violence present in the home: No known or reported domestic violence or criminal history concerning the father. There is also no known criminal or domestic violence history concerning the mother.

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

Per SDM: Investigative Track, P1 [REDACTED] CMII 7/22/2015 @9:24 A.M.

Email notification sent to [REDACTED] Regional Administrator [REDACTED] and the [REDACTED] email notification group.

[REDACTED] paged at 9:31 A.M.

07-26-15 09:31:37 AM [REDACTED]

07-26-15 09:33:09 AM [REDACTED]

Received



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 11 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

None known

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

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: 4 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: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** [REDACTED]

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: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 24 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral**

A. Investigation

Case Name: [REDACTED] Investigation ID: [REDACTED]
 Referral Date: 07/26/2015 Assignment Date: 07/27/2015
 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	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/30/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [REDACTED] is living in the home with her father [REDACTED] where her needs are being met. [REDACTED] is deceased 07/26/2015

D. Case Workers

Case Worker: [REDACTED] Date: 11/30/2015
 Team Leader: [REDACTED] Date: 12/28/2015

E. Investigation Summary

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

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

[REDACTED] did not make a disclosure.

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

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

Perpetrator is unknown at this time. The only adult in the home was the father [REDACTED] [REDACTED] stated: CPSI [REDACTED] / [REDACTED] at the family home/ face to face interview with [REDACTED] the birth father to [REDACTED] [REDACTED] stated he lives in the home with his girlfriend [REDACTED] his daughter [REDACTED] and his son that passed away 07/26/2015 [REDACTED] [REDACTED] stated he does not have a history of mental health, alcohol and drug, or domestic violence. [REDACTED] stated he works day shift and his



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

Case Name : ██████████

Investigation ID: ██████████

girlfriend ██████ works overnights. ██████ stated he is the primary caretaker at night time for ██████ and ██████ and stated the only other people supervise ██████ and ██████ is ██████ and ██████ mother and father. ██████ stated the children only spent one time away from home with the grandparents. ██████ stated 07/25/2015 around 9:00 PM he begin to prepare ██████ for bed. ██████ stated he feed ██████ between 9:00 PM and 9:30 PM. ██████ stated he was sitting in the lounge chair inside the home with ██████ in his lap. ██████ stated ██████ was wrapped in a blanket in his arms. ██████ stated he was sitting propped up with pillows behind him while feeding ██████. ██████ stated ██████ fell asleep before 10:00 PM. ██████ stated ██████ woke up at 12:00 AM and he feed him again. ██████ stated ██████ fell right back to sleep after eating his bottle. ██████ while the baby was sleeping he was up the entire time watching TV. ██████ stated he never moved out the chair throughout the night. ██████ stated he held ██████ all night long. ██████ stated ██████ woke up around 3:00 AM and ██████ feed him again. ██████ stated he was still holding the baby in his hand. ██████ stated he begin to get sleepy around 3:00 AM and dosed off because he was tired. ██████ stated when he fell asleep the baby was breathing and he was still wrapped up in the blanket. ██████ stated he woke up around 6:00 AM, but was not sure what the exact time was and laid the baby in the bassinet still wrapped in the blanket and went to use the restroom. ██████ stated when he returns from the restroom, he reached down to pick ██████ up and notice a small amount of blood on his cheek. ██████ stated he could not recall the cheek the blood was on. ██████ stated he immediately felt the baby was a little warm and breathing a little bit. ██████ stated he performed CPR on ██████ and nothing happened. ██████ stated he then stuck his finger down ██████ throat. ██████ stated he ran out the house to the neighbor and told them to call for help. ██████ stated he did not think anything was wrong because he has always fallen asleep with the baby in his lap. ██████ stated the marks on ██████ came from him trying to crawl on the carpet. ██████ stated ██████ is a strong baby and he rolls around on the carpet. ██████ stated ██████ was lying on the blanket and crawled off into the carpet and he notices the bruising about four days ago from the carpet. ██████ stated ██████ has the same nightly routine, nothing has changed. ██████ stated ██████ had no health concerns. ██████ stated ██████ was born 6 weeks early. ██████ stated ██████ did have a hard time gaining weight when he was first born but he was fine after a week. ██████ stated ██████ had his one month shots in June 2015. ██████ stated ██████ has an appointment schedule for July 30, 2015 to get his checkup. ██████ stated ██████ pediatrician is ██████ at ██████ in ██████.

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

This morning 07/26/2015 between 5:45 A.M. and 5:55 A.M. the father, ██████ ran to the neighbor's home and stated that he needed help. The neighbor ██████ called 911 for the father. When Law Enforcement (LE) made the scene, the father stated that the baby was fine when he fed the baby around 3:00 A.M. and then the father fell asleep shortly after feeding the infant. To the reporter's understanding, the father was holding the baby when he fell asleep with the child in his arms. When the father woke up he realized that something was wrong with the baby. It is unknown at what exact time the father woke up. It is not believed that the mother was at the home when the incident occurred. It is unknown if ██████ was at home when the incident occurred. The reporter only knows limited information concerning this case.

LE is currently investigating and ██████ is at ██████ Hospital in ██████ speaking with the parents. The medical examiner has not made the scene yet. Photographs have been taken of the deceased baby. Reportedly, there are a few little marks on the baby's legs around the knee area that look like scabbed over abrasions. The abrasions are on both of the baby's legs. There is another little bruise on of the baby's legs that may have been caused by an IV, but the reporter is not certain about this information. LE observed the baby to be purple when the fire department transported him out of the home.

The reporter states that both parents have been observed upset and crying at the hospital. No further information is known or reported at this time as the reporter was not working during the shift when this incident was originally reported. This case is still being investigated by LE.

██████ is currently at ██████ Hospital with her parents and she does not appear to be injured. ██████ has been pronounced deceased. Both parents are currently at ██████ Hospital located at ██████.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	12/28/2015	Contact Method:	
Contact Time:	01:54 PM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:		Created Date:	12/28/2015
Completed date:	12/28/2015	Completed By:	██████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:	Closing		

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

Narrative Type: Original Entry Date/Time: 12/28/2015 01:54 PM Entered By: ██████████
11/30/2015
Closing Case Summary

The Department of Children Services received a referral on 07/26/2015 with the allegation of Abuse Death towards alleged child victim (ACV) ██████████ 2 month old against the alleged perpetrator, ██████████. The case was assigned to CPSI ██████████ 07/26/2015.

The incident was investigated by Child Protective Service Investigator ██████████ with the Department of Children Services and Detective ██████████ with the ██████████ Police Department.

Child Protective Services Team (CPIT) Member Det. ██████████ made initial face to face with ██████████ Det. ██████████ stated she observed scabbed abrasions on his knees. The autopsy 07/27/2015 did not show any trauma. The date of death is 07/26/2015.

CPSI ██████████ conducted interviews with all family members living in the home. There were no indications of drug use, mental health issues or domestic violence. Each family member reported consistent accounts of the family life and the events surrounding discovering ██████████. Mr. ██████████, birth father, is the primary caregiver to ██████████ at night. ██████████ birth mother, is the primary caregiver during the day. The parents work different shifts and are home to care for the children. The only other people who ever supervise the children are the grandparents. Both parents stated that ██████████ would normally eat every few hours. Mr. ██████████ noted that he had bundled ██████████ and was feeding him in the lounge chair while Mr. ██████████ was watching the television. Mr. ██████████ stated that he dozed off while in the chair and remembers ██████████ breathing at that time. He woke up and placed ██████████ in the crib and when he came back, Mr. ██████████ noticed blood on ██████████ cheek. Mr. ██████████ performed CPR and got a neighbor to help. The only health issue noted was a difficulty for ██████████ to gain weight right after his birth, but he had since made up for any lacking weight.

On 07/26/2015 @ 6:31AM, CPSI ██████████ was notified that ██████████ was pronounced deceased at ██████████ Hospital. Forensic Pathologist ██████████, M.D., ██████████ medical examiner ██████████ M.D. J.D., Ph.D. Cause of death- probable positional asphyxia, manner of death- accident, and circumstances of death- co-sleeping with father on the couch.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Child death:

DCS Policy defines Child death/near death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report; any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child; any child death that is the result of the caretaker's failure to meet childcare responsibilities..

On 11/18/2015 CPSI [REDACTED] presented the case to CPIT and the following classifications were agreed upon: [REDACTED]
[REDACTED] is being unsubstantiated for Abuse Death towards [REDACTED] "

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

"Daily notice of the Referral and Classification pursuant to 37-105 sent to Juv. Ct, Law Enforcement as applicable." Per Local protocol.



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:	12/28/2015	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/28/2015
Completed date:	12/28/2015	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: 12/28/2015 03:58 PM Entered By: [REDACTED]
 12/28/2015
 Case approve 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:	12/15/2015	Contact Method:	
Contact Time:	05:44 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/15/2015
Completed date:	12/15/2015	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: 12/15/2015 05:45 PM Entered By: [REDACTED]
 12/15/2015

Administrative Review:

This has been reviewed by Lead Investigator [REDACTED] and death case summary has been submitted to Upper Management 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: 12/08/2015 Contact Method: Phone Call
 Contact Time: 12:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/08/2015
 Completed date: 12/08/2015 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: 12/08/2015 12:14 PM Entered By: [REDACTED]
 The father [REDACTED] did not provide CPSI [REDACTED] with [REDACTED] social security number. Mr. [REDACTED] stated he did not have it.



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:	12/04/2015	Contact Method:	
Contact Time:	01:49 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/04/2015
Completed date:	12/04/2015	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: 12/04/2015 01:50 PM Entered By: [REDACTED]

12/04/2015

This case has been reviewed by Lead Investigator [REDACTED] and feedback has been given via email.



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: 12/01/2015

Contact Method: Face To Face

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/08/2015

Completed date: 12/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Medical Exam

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/08/2015 12:17 PM Entered By: [REDACTED]

CPSI [REDACTED] received the medial records to [REDACTED] and [REDACTED]. These documents has been uploaded in TFACTS documents.



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: 11/13/2015 Contact Method:
 Contact Time: 11:59 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/13/2015
 Completed date: 11/13/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/13/2015 12:00 PM Entered By: [REDACTED]
 11/13/2015
 Administrative Review:
 This case has been reviewed by Lead Investigator [REDACTED] and feedback has been given to the CPSI [REDACTED] 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: 11/09/2015 Contact Method: Face To Face
 Contact Time: 01:33 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/10/2015
 Completed date: 11/10/2015 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: 11/10/2015 01:41 PM Entered By: [REDACTED]

11/09/2015

CPSI [REDACTED] spoke with Mr. [REDACTED]. Mr. [REDACTED] stated he is seeking grief counseling this week. Mr. [REDACTED] stated he did not think he needed the counseling at first. Mr. [REDACTED] stated the family is doing well. Mr. [REDACTED] stated he will inform CPSI [REDACTED] if he utilized the services given to him by CPSI [REDACTED] or difference services. CPSI [REDACTED] requested court orders from the father. Mr. [REDACTED] stated the mother has supervised visited with [REDACTED]. The are court orders that the mother can see [REDACTED] once a month supervised. Mr. [REDACTED] stated [REDACTED] has not seen her mother since June 1, 2015. CPSI [REDACTED] will follow up with the family to retrieve those court orders. Mr. [REDACTED] stated he had the paperwork but he did not know where they where at the 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: 11/09/2015 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/10/2015
 Completed date: 11/10/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/10/2015 01:35 PM Entered By: [REDACTED]

11/09/2015

CPSI [REDACTED] made face to face with [REDACTED] at the family home. [REDACTED] was eating apple sauce, pretzels, and hotdogs. [REDACTED] stated she had been out of town visiting her grandmother. [REDACTED] stated she likes spending time with her grandmother. [REDACTED] stated she has been playing with her play dough. CPSI [REDACTED] did not observe any visible marks or bruises on [REDACTED]. CPSI [REDACTED] observed the home to be hazard free.



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:	11:56 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/04/2015
Completed date:	11/04/2015	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: 11/04/2015 11:59 AM Entered By: [REDACTED]

11/04/2015

Administrative Review:

This case has been reviewed by Lead Investigator, [REDACTED] and feedback has been given to CPSI [REDACTED]

Next Step:

f2f visit with surviving siblings schedule for 11/09/2015



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: 10/28/2015 Contact Method: Correspondence
 Contact Time: 12:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/28/2015
 Completed date: 10/28/2015 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: 10/28/2015 12:00 PM Entered By: [REDACTED]

10/28/2015

CPSI [REDACTED] provided grief counseling information to [REDACTED]

o Address: [REDACTED]

o Phone [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: 10/26/2015 Contact Method: Phone Call
 Contact Time: 11:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/28/2015
 Completed date: 10/28/2015 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: 10/28/2015 11:41 AM Entered By: [REDACTED]

10/26/2015

CPSI [REDACTED] spoke with the father [REDACTED] in regards to the whereabouts of the family. CPSI [REDACTED] has not been able to make face to face with [REDACTED] or [REDACTED]. [REDACTED] contacted the department to inform the department he and [REDACTED] are visiting family out of town. CPSI [REDACTED] schedule an appointment for Nov. 9 @ 1:00 PM when the family arrives in [REDACTED] to visit with the 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: 10/22/2015 Contact Method: Attempted Face To Face
 Contact Time: 04:55 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/27/2015
 Completed date: 10/27/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2015 03:51 PM Entered By: [REDACTED]

10/22/2015

CPSI [REDACTED] attempted a home visit 10/22/2015 no one was home. CPSI [REDACTED] left a letter in the door for the family to contact the 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: 09/24/2015 Contact Method:
Contact Time: 09:14 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 09/24/2015
Completed date: 09/24/2015 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: 09/24/2015 04:01 PM Entered By: [REDACTED]
09/24/2015 9:14 am
LI [REDACTED] received an email from [REDACTED] documenting the autopsy results for [REDACTED] are still pending.



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: 10:21 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/18/2015
 Completed date: 09/18/2015 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: 09/18/2015 10:44 AM Entered By: [REDACTED]

09/18/2015

Administrative Review:

ACV: [REDACTED] (1 month/deceased)

Sibling: [REDACTED] (4 years old)

Allegation: Abuse Death

The mother of [REDACTED] is [REDACTED] and the mother of [REDACTED] is [REDACTED]. The father of both children is [REDACTED]. Mr. [REDACTED] has custody of [REDACTED] and they both reside with Ms. [REDACTED] and [REDACTED]. Ms. [REDACTED] was at work and [REDACTED] and [REDACTED] were in the care of Mr. [REDACTED]. Mr. [REDACTED] stated he fed [REDACTED] two times the night before he passed away. He states waking up around 2 or 3 and [REDACTED] was fine. Mr. [REDACTED] reports sitting in a recliner chair holding [REDACTED]. Mr. [REDACTED] stated he woke up at approximately 6 am and laid [REDACTED] in his crib and went to the restroom. When he returned, he noticed that [REDACTED] body was warmer. Due to other visible concerns, Mr. [REDACTED] attempted CPR and then ran to his neighbor's home and called 911. [REDACTED] was transported [REDACTED] Hospital and pronounced deceased. CPSI [REDACTED] interviewed [REDACTED] and she made no disclosure. [REDACTED] also had a medical examination and there were no concerns noted. The home was appropriate and all of the basic necessities were present for [REDACTED]. CPSI [REDACTED] offered grief counseling and the family decline and stated they would go through their church. The family also declined funeral resources. Mr. [REDACTED] reported the bruises on the knees were from [REDACTED] being on the carpet for approximately 15 minutes and attempting to pull up; this resulted in the bruising on the knees. Last IZT with [REDACTED] was made September 10, 2015. Home visit and collateral complete. Medical record are in the file enclosed for [REDACTED] and [REDACTED]. CPSI [REDACTED] will obtain the records pertaining to [REDACTED] for [REDACTED] Medical Center. CPSI [REDACTED] spoke with [REDACTED] Pediatrician at [REDACTED] and there were no concerns noticed. LI [REDACTED] sent an email to [REDACTED] requesting to a homeless shelter.

Next Steps:

Waiting for Autopsy results
 Present CPIT upon retrieval



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: Phone Call
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/28/2015
 Completed date: 10/28/2015 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: 10/28/2015 11:36 AM Entered By: [REDACTED]

09/18/2015

CPSI [REDACTED] attempted to contact the family and the phone was disconnected. CPSI [REDACTED] contacted a collateral and received a updated contact number.



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:	System Completed
Contact Date:	09/17/2015	Contact Method:	Face To Face
Contact Time:	03:45 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/07/2015
Completed date:	10/18/2015	Completed By:	System Completed
Purpose(s):			
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: Entered By:



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: 08/21/2015 Contact Method: Phone Call
 Contact Time: 06:25 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/21/2015
 Completed date: 08/21/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2015 06:28 PM Entered By: [REDACTED]
 08/21/2015 6:25 pm
 LI [REDACTED] received a telephone call from [REDACTED] inquiring if her case was still open. LI [REDACTED] informed her that the case was opened and provided her with CPSI [REDACTED] contact information.



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: 08/04/2015 Contact Method: Phone Call
 Contact Time: 12:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/04/2015
 Completed date: 08/04/2015 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: 08/04/2015 12:53 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted a home visit 08/03/2015 6:45PM at the family home [REDACTED].
 When CPSI [REDACTED] arrive there was no one home. CPSI [REDACTED] have contacted the collaterals 08/04/2015 [REDACTED] and was
 able to reach the mother to [REDACTED]. [REDACTED] stated the father was at work and she will have him to contact
 the department as soon as she talks to him. CPSI [REDACTED] informed Ms. [REDACTED] needs to have an medical exam completed
 within 72 hours (recommended by the department). CPSI [REDACTED] will follow up with the family to ensure it is completed.



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: 07/29/2015 Contact Method: Attempted Phone Call
 Contact Time: 04:30 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): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2015 11:00 AM Entered By: [REDACTED]
 CPSI [REDACTED] attempted to contact the family for them to schedule [REDACTED] a doctors appointment and the cellular phone was disconnected.



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: 07/28/2015 Contact Method: Phone Call
Contact Time: 09:00 AM 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): Collateral Contact,Notation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2015 10:57 AM Entered By: [REDACTED]
CPSI [REDACTED] spoke with the Care Team at [REDACTED] Hospital. The Care Team stated there is no need for them to do a exam on the three year old in the home, if there were no visible marks and bruises on ACV. The Care Team only examining children two and under as needed. The Care Team wants [REDACTED] to follow up with her primary doctor.



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:
 Contact Time: 02:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office 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): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2015 02:40 PM Entered By: [REDACTED]
 CPSI [REDACTED] called Care Team at [REDACTED] Hospital and left a voicemail in regards to having the three year old ([REDACTED]) examining. CPSI [REDACTED] waiting for the response.



**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:
Contact Time: 08:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 11/10/2015
Completed date: 11/10/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Case Summary
Contact Sub Type: Opening

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

Narrative Type: Original Entry Date/Time: 11/10/2015 06:54 PM Entered By: [REDACTED]

Initial CASE SUMMARY

Child Protective Service, Investigator: [REDACTED]
Case Name: [REDACTED]
Victims Name: [REDACTED]
Other Child living in the home : [REDACTED]

Household Composition:

Mother: [REDACTED]
Child: [REDACTED]
Other Child living in the home: [REDACTED]

The Child is not of Native American Descent

The Department of Children Services received the referral on 07/26/15 and this CPSI [REDACTED] received the referral on 7/26/15, as a Priority 1 Abuse Death. The alleged perpetrator is listed as unknown the alleged victim is listed [REDACTED]

Reporter states:

This morning 07/26/2015 between 5:45 A.M. and 5:55 A.M. the father, [REDACTED] ran to the neighbor's home and stated that he needed help. The neighbor [REDACTED] called 911 for the father. When Law Enforcement (LE) made the scene, the father stated that the baby was fine when he fed the baby around 3:00 A.M. and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

then the father fell asleep shortly after feeding the infant. To the reporter's understanding, the father was holding the baby when he fell asleep with the child in his arms. When the father woke up he realized that something was wrong with the baby. It is unknown at what exact time the father woke up. It is not believed that the mother was at the home when the incident occurred. It is unknown if [REDACTED] was at home when the incident occurred. The reporter only knows limited information concerning this case.

LE is currently investigating and Youth Services is at [REDACTED] in [REDACTED] speaking with the parents. The medical examiner has not made the scene yet. Photographs have been taken of the deceased baby. Reportedly, there are a few little marks on the baby's legs around the knee area that look like scabbed over abrasions. The abrasions are on both of the baby's legs. There is another little bruise on of the baby's legs that may have been caused by an IV, but the reporter is not certain about this information. LE observed the baby to be purple when the fire department transported him out of the home.

The reporter states that both parents have been observed upset and crying at the hospital. No further information is known or reported at this time as the reporter was not working during the shift when this incident was originally reported. This case is still being investigated by LE.

[REDACTED] is currently at [REDACTED] with her parents and she does not appear to be injured. [REDACTED] has been pronounced deceased. Both parents are currently at [REDACTED] located at [REDACTED]

TFACTS HISTORY:

DEC- ACV- [REDACTED] classified as ASPS, AP- [REDACTED] 10/22/2014
 EN, DEC- ACV [REDACTED] classified as AUPU- AP [REDACTED] 04/30/2014

All interviews were conducted in a private setting on an individual basis.

CPIT: Yes

Narrative Type: Addendum 1 Entry Date/Time: 12/08/2015 12:20 PM Entered By: [REDACTED]

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable



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: 07/26/2015 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home 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)

Narrative Details

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

07/26/2015 1:00 PM

CPSI [REDACTED] /at the family home had a face to face interview with [REDACTED] the birth mother to [REDACTED] stated she lives in the home with her boyfriend [REDACTED] his daughter [REDACTED] and her son that passed away 07/26/2015 [REDACTED] stated [REDACTED] has the same routine every night. [REDACTED] stated she is rarely at home at night because she works full time overnight. [REDACTED] stated she usually babysit during the day. [REDACTED] stated when she do babysit during the day she breast feed [REDACTED] every couple hours. [REDACTED] stated she does not know what happened to his leg where there are marks located. [REDACTED] stated she came home from work a couple of days ago and noticed it. [REDACTED] stated she asked [REDACTED] what happen and he said it was from the carpet. [REDACTED] stated "my baby is strong but I do not know what happened because I was not here." [REDACTED] stated the baby has a doctor appointment this week. [REDACTED] stated [REDACTED] just begin to start gaining weight well. [REDACTED] stated she does not have a history of mental health, alcohol and drug, or domestic violence. [REDACTED] stated when she and [REDACTED] are both home she usually cares for [REDACTED] [REDACTED] stated she and [REDACTED] falls asleep in her bedroom. [REDACTED] stated she places [REDACTED] in the baby bed while she sleeps in her bed. [REDACTED] stated [REDACTED] usually falls asleep playing the game in the front room when she is 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: 07/26/2015 Contact Method: Face To Face
 Contact Time: 12:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home 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): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2015 11:06 AM Entered By: [REDACTED]

07/26/2015 12:00PM

Perpetrator unknown at this time.

CPSI [REDACTED] at the family home/ face to face interview with [REDACTED] the birth father to [REDACTED] stated he lives in the home with his girlfriend [REDACTED] his daughter [REDACTED] and his son that passed away 07/26/2015 [REDACTED]. [REDACTED] stated he does not have a history of mental health, alcohol and drug, or domestic violence. [REDACTED] stated he works day shift and his girlfriend [REDACTED] works overnights. [REDACTED] stated he is the primary caretaker at night time for [REDACTED] and [REDACTED] stated the only other people supervise [REDACTED] and [REDACTED] is [REDACTED] and [REDACTED] mother and father. [REDACTED] stated the children only spent one time away from home with the grandparents. [REDACTED] stated 07/25/2015 around 9:00 PM he begin to prepare [REDACTED] for bed. [REDACTED] stated he feed [REDACTED] between 9:00 PM and 9:30 PM. [REDACTED] stated he was sitting in the lounge chair inside the home with [REDACTED] in his lap. [REDACTED] stated [REDACTED] was wrapped in a blanket in his arms. [REDACTED] stated he was sitting propped up with pillows behind him while feeding [REDACTED] stated [REDACTED] fell asleep before 10:00 PM. [REDACTED] stated [REDACTED] woke up at 12:00 AM and he feed him again. [REDACTED] stated [REDACTED] fell right back to sleep after eating his bottle. [REDACTED] while the baby was sleeping he was up the entire time watching TV. [REDACTED] stated he never moved out the chair throughout the night. [REDACTED] stated he held [REDACTED] all night long. [REDACTED] stated [REDACTED] woke up around 3:00 AM and [REDACTED] feed him again. [REDACTED] stated he was still holding the baby in his hand. [REDACTED] stated he begin to get sleepy around 3:00 AM and dosed off because he was tired. [REDACTED] stated when he fell asleep the baby was breathing and he was still wrapped up in the blanket. [REDACTED] stated he woke up around 6:00 AM, but was not sure what the exact time was and laid the baby in the bassinet still wrapped in the blanket and went to use the restroom. [REDACTED] stated when he returns from the restroom, he reached down to pick [REDACTED] up and notice a small amount of blood on his cheek. [REDACTED] stated he could not recall the cheek the blood was on. [REDACTED] stated he immediately felt the baby was a little warm and breathing a little bit. [REDACTED] stated he performed CPR on [REDACTED] and nothing happened. [REDACTED] stated he then stuck his finger down [REDACTED] throat. [REDACTED] stated he ran out the house to the neighbor and told them to call for help. [REDACTED] stated he did not think anything was wrong because he has always fallen asleep with the baby in his lap. [REDACTED] stated the marks on [REDACTED] came from him trying to crawl on the carpet. [REDACTED] stated [REDACTED] is a strong baby and he rolls around on the carpet. [REDACTED] stated [REDACTED] was lying on the blanket and crawled off into the carpet and he notices the bruising about four days ago from the carpet. [REDACTED] stated [REDACTED] has the same nightly routine, nothing has changed. [REDACTED] stated [REDACTED] had no health concerns. [REDACTED] stated [REDACTED] was born 6 weeks early. [REDACTED] stated [REDACTED] did have a hard time gaining weight when he was first born but he was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

fine after a week. [REDACTED] stated [REDACTED] had his one month shots in June 2015. [REDACTED] stated [REDACTED] has an appointment schedule for July 30, 2015 to get his checkup. [REDACTED] stated [REDACTED] pediatrician is [REDACTED] at [REDACTED] in [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 12/08/2015 12:19 PM Entered By: [REDACTED]

In order to engage the family, CPSI [REDACTED] explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment approach. CPSI [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledge form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI [REDACTED] obtained signed acknowledgements of such and copies have been placed into the 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: 07/26/2015 Contact Method: Face To Face
 Contact Time: 11:45 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home 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): Other Child Living in the Home Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2015 11:04 AM Entered By: [REDACTED]

07/26/2015 11:45 AM

CPSI [REDACTED] face to face interview with [REDACTED] (other child living in the home). CPSI [REDACTED] conducted the interview in a private setting. [REDACTED] stated she is three years old and she likes to play with play dough, paint, and read books. [REDACTED] stated she lives in the home with her daddy, [REDACTED] (house dog), and [REDACTED] stated she was feeding the baby last night while [REDACTED] watched her. [REDACTED] stated she likes to feed the baby sometimes. CPSI [REDACTED] observes [REDACTED] in a purple short sleeve shirt and white shorts. CPSI [REDACTED] did not observe any marks, scratches, or bruises 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: Created In Error
 Contact Date: 07/26/2015 Contact Method: Face To Face
 Contact Time: 08:40 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home 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): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2015 11:44 AM Entered By: [REDACTED]

07/26/2015

CPSI [REDACTED] did not make face to face contact alleged child victim (ACV) due to being decease. Det. [REDACTED] made initial face to face with ACV. Det. [REDACTED] stated she observed bruises on ACV knee. ACV date of death is 07/26/2015 the perpetrator is unknown at this time. The cause of the death is unknown at this time as well.

Narrative Type: Created In Error Entry Date/Time: 07/27/2015 12:51 PM Entered By: [REDACTED]

Error



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: 07/26/2015 Contact Method: Face To Face
Contact Time: 08:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Family Home 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): Initial ACV Face To Face
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2015 12:52 PM Entered By: [REDACTED]

CPSI [REDACTED] did not make face to face contact alleged child victim (ACV) due to being deceased. Det. [REDACTED] made initial face to face with ACV. Det. [REDACTED] stated she observed scabbed abrasions on his knees. The autopsy 07/27/2015 did not show any trauma, and Det. [REDACTED] will schedule the follow up meeting with the doctor. ACV date of death is 07/26/2015 the perpetrator is unknown at this time.