



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 12/30/2013 08:32 AM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 12/30/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 12/30/2013 09:16 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 12/30/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 12/30/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	6 Mos	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	Birth Father
[REDACTED]	6 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

**Referent(s)**

Referent Name: Role to Alleged Victim(s):

Referent Address:

Referent Phone Number:

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS:

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody No

Open CPS - No

Substantiated No





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

**Participant(s)**

**Name:** [REDACTED]  
Gender: Male Date of Birth: [REDACTED] Participant ID: [REDACTED]  
SSN: Race: White Age: 6 Mos  
Address: [REDACTED]  
Deceased Date:  
School/ ChildCare Comments:

Alleged Perpetrator: No  
DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]  
Gender: Female Date of Birth: [REDACTED] Participant ID: [REDACTED]  
SSN: Race: White Age: 21 Yrs  
Address:  
Deceased Date:  
School/ ChildCare Comments:

Alleged Perpetrator: Yes  
DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

**Gender:** Male

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**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]  
 Referral Date: 12/30/2013  
 Street Address: [REDACTED]  
 City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]  
 Assignment Date: 12/30/2013

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/05/2014
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/05/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments:

**D. Case Workers**

Case Worker: [REDACTED]  
 Team Leader: [REDACTED]

Date: 06/05/2014  
 Date: 06/05/2014

**E. Investigation Summary**

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

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

The child was deceased and the nurses stated that he was deceased on arrival. The nurse stated that there was some bruising around rectum that appeared to be trauma. Dr. [REDACTED] said the baby did have diarrhea and could have caused the trauma. CPSI [REDACTED] asked about other concerns and Dr. [REDACTED] stated there was blood in the belly but this cause was unknown. There were no bruises or marks noted at this time.

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

Autopsy summary:

The child did not appear well following a bout of diarrhea and prior to his collapse the mother considered taking the child to [REDACTED] instead of following up on the previously scheduled well baby visit. The main cause of



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

Case Name : ██████████ ██████████

Investigation ID: ██████████

death of ██████████ ██████████ is fulminant disseminated neonatal herpes caused by Herpes Simplex Virus Types 1 and 2. The manner of death is natural.

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

██████████ said ██████████ was using the bathroom a lot throughout the night. She denied the child vomiting but said diarrhea started at 2am on 12/30/13. ██████████ said she was at the doctor on Friday (12-27) and everything was fine. She says ██████████ was drinking formula every 3 4 hours and would eat 2.5 fluid oz. The mother recalled the baby having 6-7 dirty diapers. She also checked his fever and said it was 98.6. ██████████ put the thermometer underneath her arm. She denied seeing any blood on butt but did see some on the diaper.

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

When she returned home, ██████████ brought ██████████ over to her home around 7:30am because he had diarrhea on the previous night. She looked at ██████████ and says that she didnt like the way he looked. This is when she woke up her husband. ██████████ told ██████████ that ██████████ had been up all night due to diarrhea. She also said ██████████ had been in the NICU because ██████████ had an infection and they were monitoring the eating.

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

6/5/14 Closing Summary: This case came to the attention of the Department on 12/30/13 with allegations of Neglect Death. It was alleged that Law Enforcement was contacted because ██████████ ██████████ (9 days) was unresponsive. Upon further investigation it was learned ██████████ was born by an emergency C-section and was held in NICU for observation. All the parties involved reported ██████████ had diarrhea on the morning of 12/30 and had given him Mylicon drops for gas. The mother, ██████████ took the child to the grandmothers home the next morning to get advice about his sickness. The grandmother, ██████████ recommended going to the ER but noticed change in color to his lips. He became limp and CPR was administered until ██████████ Metro arrived. The autopsy revealed the manner of death is natural. This case is closed as Allegations UNSUBSTANTIATED Perpetrator UNSUBSTANTIATED.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/05/2014	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/05/2014
Completed date:	06/05/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/05/2014 06:02 PM Entered By: [REDACTED]

6/5/14 Closing Summary: This case came to the attention of the Department on 12/30/13 with allegations of Neglect Death. It was alleged that Law Enforcement was contacted because [REDACTED] (9 days) was unresponsive. Upon further investigation it was learned [REDACTED] was born by an emergency C-section and was held in NICU for observation. All the parties involved reported [REDACTED] had diarrhea on the morning of 12/30 and had given him Mylicon drops for gas. The mother, [REDACTED] took the child to the grandmothers home the next morning to get advice about his sickness. The grandmother, [REDACTED] recommended going to the ER but noticed change in color to his lips. He became limp and CPR was administered until [REDACTED] arrived. Prenatal showed no concerns. The autopsy revealed the manner of death is natural. This case is closed as Allegations UNSUBSTANTIATED Perpetrator UNSUBSTANTIATED.

6/5/14 740: A copy of the Classification and Summary will be submitted to TL [REDACTED] for review. Upon approval, a copy is then sent by TL [REDACTED] to the Juvenile Court Judge.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/28/2014 Contact Method: Correspondence  
 Contact Time: 09:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/05/2014  
 Completed date: 06/05/2014 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/05/2014 05:35 PM Entered By: [REDACTED] [REDACTED]

5/28/14 CPIT Classification Meeting: This case was presented to Child Protective Investigative Team for classification. It was determined that the case is Unsubstantiated.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/28/2014

Completed date: 05/28/2014

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: 05/28/2014 02:57 PM Entered By: [REDACTED]

[REDACTED] - Open 01/06/2014 -

Received December 30th for Neglect Death. [REDACTED] was 9 days old and unresponsive. Det. [REDACTED] is working the case with CPS. [REDACTED] stated that the baby had diarrhea all night. It started yesterday afternoon and was in ever diaper. [REDACTED] was kept in the NICU for 3 days due to the mother having an infection and they thought that the infection might of transferred to the child. [REDACTED] was born 37 weeks and 4 days. The grandmother stated that when [REDACTED] and [REDACTED] first came over he looked fine and they came over so that grandmother could bring them to [REDACTED]. When she came back from putting her cloths on [REDACTED] had lost his color. Dr. [REDACTED] stated that there was blood in the child belly and bruising and tearing around rectum. This could be from diarrhea but also could not. Neither [REDACTED] nor [REDACTED] reports that they have any other children. Mother and father were given grief counseling information. Medical records and the mothers OBGYN records received. Notes up to date.

Plan

Present to CPIT



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/22/2014	Contact Method:	Face To Face
Contact Time:	07:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/05/2014
Completed date:	06/05/2014	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Medical Exam		
Contact Sub Type:			

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/05/2014 05:47 PM      Entered By: [REDACTED] [REDACTED]

Autopsy was received on this day. These documents are in the file for reference.

The summary stated the following:

....The child did not appear well following a bout of diarrhea and prior to his collapse the mother considered taking the child to [REDACTED] instead of following up on the previously scheduled well baby visit. The main cause of death of [REDACTED] [REDACTED] is fulminant disseminated neonatal herpes caused by Herpes Simplex Virus Types 1 and 2. The manner of death is natural.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/02/2014 Contact Method:  
 Contact Time: 12:58 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/02/2014  
 Completed date: 05/02/2014 Completed By: [REDACTED] [REDACTED] [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: 05/02/2014 12:03 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

CPSI [REDACTED] talked to Detective [REDACTED] and he stated that he has not received anything as of this date. He also stated that if there was foul play he would have been contacted. The preliminary autopsy was received and now CPSI [REDACTED] is waiting on the final autopsy since the case was presented to CPIT and they wanted to hold the case until the final autopsy was received.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/01/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 05/01/2014

Completed date: 05/01/2014

Completed By: [REDACTED] [REDACTED] [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: 05/01/2014 06:54 PM      Entered By: [REDACTED] [REDACTED] [REDACTED]

LI [REDACTED] contacted Victims Advocate [REDACTED] with the District Attorney Office and asked to please see if the final autopsy was completed for this family.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/23/2014

Contact Method:

Contact Time: 10:43 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/23/2014

Completed date: 04/23/2014

Completed By: [REDACTED] [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/23/2014 09:55 AM Entered By: [REDACTED] [REDACTED] [REDACTED]

IL [REDACTED] contacted [REDACTED] with the DA's Office to see if she could contact the Medical Examiners Office and see if a Preliminary autopsy was completed or the final.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/23/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 05/01/2014

Completed date: 05/01/2014

Completed By: [REDACTED] [REDACTED] [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: 05/01/2014 06:56 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

[REDACTED] with the DA's Office sent a email to this LI and informaed her that the Medical Examiners Office sent her the Preliminary autopsy and she was faxing it over now.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/05/2014

Completed date: 06/05/2014

Completed By: [REDACTED] [REDACTED] [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/05/2014 05:33 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

Documents were received from [REDACTED] Medical for the Prenatal records.

These records are pertained in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/04/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2014

Completed date: 04/21/2014

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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/21/2014 11:35 AM Entered By: [REDACTED]

[REDACTED] - Open 01/06/2014 -

Received December 30th for Neglect Death . [REDACTED] was 9 days old and unresponsive. Det. [REDACTED] is working the case with CPS. [REDACTED] stated that the baby had diarrhea all night. It started yesterday afternoon and was in ever diaper. [REDACTED] was kept in the NICU for 3 days due to the mother having an infection and they thought that the infection might of transferred to the child. [REDACTED] was born 37 weeks and 4 days. The grandmother stated that when [REDACTED] and [REDACTED] first came over he looked fine and they came over so that grandmother could bring them to [REDACTED]. When she came back from putting her cloths on [REDACTED] had lost his color. Dr. [REDACTED] stated that there was blood in the child belly and bruising and tearing around rectum. This could be from diarrhea but also could not. Neither [REDACTED] nor [REDACTED] reports that they have any other children. Mother and father were given grief counseling information.

Plan

Call [REDACTED] see if he has received preliminary autopsy

Get [REDACTED] medical records and the mothers OBGYN records

30 day classification waived due to fatality case



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/30/2013

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/05/2014

Completed date: 06/05/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency, Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/05/2014 05:41 PM      Entered By: [REDACTED] [REDACTED]

12/30/13

HV

CPSI [REDACTED] and Investigator from the [REDACTED] office went to the home to take pictures. The home was warm from the heaters and they were turned off when we arrived. They were also doing remodeling in the trailer home and some holes were covered with plywood. The layout of the living room was the same as described. They showed CPSI prescription medications and were appropriate count in the bottles.

CPSI gave 2 numbers for grief counseling and they were not worried about DCS coming back to their home and seemed to be in shock.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
 Contact Date: 12/30/2013 Contact Method: Face To Face  
 Contact Time: 11:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 01/17/2014  
 Completed date: 01/30/2014 Completed By: System Completed  
 Purpose(s): Permanency,Safety - Child/Community,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/17/2014 04:39 PM Entered By: [REDACTED]

12/30/13 11:00am

Interview with [REDACTED] at Childrens Hospital. IN this interview were CPSI [REDACTED] Det. [REDACTED] Det. [REDACTED] and Medical Examiner [REDACTED]. [REDACTED] said he married [REDACTED] about 3-4 years ago. Ms. [REDACTED] is the mother of [REDACTED] (father) and [REDACTED] is the step father. He says he has known [REDACTED] (aka. [REDACTED] for about 4-5 years. They are currently living in lot 5 and only have 1 child between the 2 of them. Also living in lot 5 is [REDACTED] roommate, [REDACTED] Det. [REDACTED] asked [REDACTED] to tell about the events that happened this morning.

On 12/30/13, [REDACTED] said his wife [REDACTED] got him up out of bed around at approximately 7am. [REDACTED] had brought [REDACTED] over to their home concerned because he had been sick all night. He said he went to the living room and saw the [REDACTED] (baby) in the living room not moving. When he saw [REDACTED] like this, he then went to get the neighbor [REDACTED] to get help. [REDACTED] stated [REDACTED] knew CPR because he used to be a lifeguard. [REDACTED] came over to the home because he was called to come over due to [REDACTED] having problem. As he noticed what was going on, [REDACTED] told [REDACTED] to call 911 and she replied that [REDACTED] (mother) was already speaking to them. He says [REDACTED] (father) was not at their home but was instead at work. [REDACTED] usually goes to work at 7 am. [REDACTED] reported [REDACTED] stated they needed to go to the hospital because the baby did not look right. [REDACTED] told investigators that he could hear [REDACTED] breathing and started snapping his fingers in front of the childs face. He described the childs breathing sounded like a gurgling sound. [REDACTED] did see snot coming out of the childs nose. He said [REDACTED] was pale with little color to his lips. When [REDACTED] came in, he took the baby to the black chair in the living room and began to do CPR. He denied anyone fighting at this time.

[REDACTED] further explained he did see [REDACTED] and the child on the evening of 12/29. He denied there being any problems and named the people at his home.

11:23am

Interview with [REDACTED] [REDACTED] [REDACTED] This interview was at [REDACTED] Hospital with Major Crimes and Medical Examiners office.

[REDACTED] is the grandmother of [REDACTED] and the birth mother to [REDACTED] [REDACTED]. He said [REDACTED] lives in lot 5 but comes over to their mobile home a lot of the time. She stated [REDACTED] and [REDACTED] got together back in the summer but says



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

they have known [REDACTED] for many years because [REDACTED] mother is [REDACTED] best friend. According to [REDACTED] she got up the morning of 12/30 to take [REDACTED] to work like she does normally. When she returned home, [REDACTED] brought [REDACTED] over to her home around 7:30am because he had diarrhea on the previous night. She looked at [REDACTED] and says that she didnt like the way he looked. This is when she woke up her husband. [REDACTED] told [REDACTED] that he

Narrative Type: Addendum 1    Entry Date/Time: 06/05/2014 05:31 PM    Entered By: [REDACTED] [REDACTED]

12:20pm

Interview with [REDACTED] [REDACTED]  
 [REDACTED] stated she was recently married to [REDACTED] [REDACTED]. She then explained what happened on the previous night with her son, [REDACTED]. She advised she woke her son up for work and the baby was not feeling good all through the night. [REDACTED] said [REDACTED] was using the bathroom a lot throughout the night. She denied the child vomiting but said diarrhea started at 2am on 12/30/13. [REDACTED] said she was at the doctor on Friday (12-27) and everything was fine. She says [REDACTED] was drinking formula every 3-4 hours and would eat 2.5 fluid oz. The mother recalled the baby having 6-7 dirty diapers. She also checked his fever and said it was 98.6. [REDACTED] put the thermometer underneath her arm. She denied seeing any blood on butt but did see some on the diaper. [REDACTED] said she did have problems during her pregnancy due to having bacteria problems. After staying up all night with him in the living room, [REDACTED] then went across the street to the paternal grandmothers house. She says [REDACTED] was staying in the crib and they were sleeping on a mattress on the floor because of the cold. [REDACTED] arrived at [REDACTED] house and said he wasnt feeling good and wanted [REDACTED] to feel his head. [REDACTED] then tried to feed him and but he did not want to take his formula. She wanted to take [REDACTED] to the hospital and then described him changing color and did not think he was breathing at this time.

[REDACTED] admitted to occasionally smoking cigarettes during pregnancy but denied using alcohol or drugs. This was also confirmed by other family members. Pre natal care was at [REDACTED] and [REDACTED]

Interview with [REDACTED] [REDACTED]  
 [REDACTED] stated he married [REDACTED] on 11/15/2013 but had been seeing each other for 3-4 years. [REDACTED] reported [REDACTED] being sick and had slept in the living room with his wife and son because it being cold outside. He stated he was up every now and then to help [REDACTED] with [REDACTED] but stated he slept for most of the night because he had to go to work the next day.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/30/2013 Contact Method: Face To Face  
 Contact Time: 10:45 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 01/17/2014  
 Completed date: 01/17/2014 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Well Being  
 Contact Type(s): Initial ACV Face To Face,Medical Exam  
 Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/17/2014 03:48 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

12/30/13

[REDACTED] with [REDACTED] [REDACTED] in the ER at [REDACTED] Hospital. IN the room was CPSI, Det. [REDACTED] Det. [REDACTED] and 2 nurses.

The child was deceased and the nurses stated that he was deceased on arrival. The nurse stated that there was some bruising around rectum that appeared to be trauma. She then requested Dr. [REDACTED] to come in to the room for a better opinion.

Dr. [REDACTED] came in the room and showed investigators the concerns she has of the child. She pulled the legs back on the child to show the rectum. She said there was a bruise on the 9 o'clock of the rectum. Dr. [REDACTED] said the baby did have diharrea and could have caused the trauma. CPSI [REDACTED] asked about other concerns and Dr. [REDACTED] stated there was blood in the belly but this cause was unkown. There were no bruises or marks noted at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/30/2013 Contact Method:  
 Contact Time: 09:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/17/2014  
 Completed date: 01/17/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Case Summary  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/17/2014 02:01 PM Entered By: [REDACTED]

Family Name: [REDACTED]

Family Composition:

Child: [REDACTED] DOB: [REDACTED] and SS# [REDACTED]

Mother: [REDACTED] DOB: [REDACTED] and SS# [REDACTED]

Legal Father: [REDACTED] DOB: [REDACTED] and SS# [REDACTED]

Paternal Grandparents:

[REDACTED] dob: [REDACTED] SS# [REDACTED]

[REDACTED] dob: [REDACTED] SS# [REDACTED]

Addresses [REDACTED]

Phone [REDACTED]

Schools:n/a

Names/Addresses/Phone numbers of all biological/legal fathers

Bio Father: [REDACTED]

**REFERRAL AND REFERRANT:**

12/30/13

Today, 12/30/2013, [REDACTED] was contacted due to [REDACTED] being unresponsive. The father reported that [REDACTED] had not been breathing for about 20 minutes so EMS started CPR (mother was present during father's statements). The father did not say what the delay was in contacting [REDACTED]. [REDACTED] has since been transferred to [REDACTED] Hospital and to the referents knowledge he still was not breathing at the time of transport.

The referent was told that the parents told one of the nurses that they were trying to feed [REDACTED] (no details).

It is believed that [REDACTED] County Case Manager, [REDACTED] is on his way to the hospital.

The referent states that they were inside of the familys home, but cannot give any details on the conditions because I wasnt paying attention.

The parents have not been interviewed by [REDACTED] and the referent states that they do not have any other details beyond



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

what has been provided.

At the end of report the referent states that they were told that the hospital pronounced [REDACTED] deceased (time unknown).

**CASE ASSIGNMENT:**

12/30/13 This case came to the attention of the Department on 12/30/13 and was assigned to [REDACTED] [REDACTED] on 12/30/13 as a P1. Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification is made to the District Attorneys Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff) as requested per Juvenile Court Judge [REDACTED]

**CPIT / CLASSIFICATION (CPIT FOR INVESTIGATION ONLY)**

12/30/13 CPIT: Child Protective Investigation Team was convened with [REDACTED] [REDACTED] (Major Crimes). It was determined that the investigators were going to go to the home to speak to a neighbor and then to Childrens Hospital to interview the parents and grandparents.

1/17/13 Tennessee Bureau of Investigation Sex Offender Registry search: CM [REDACTED] searched the database and found no results pertaining to [REDACTED] [REDACTED] or [REDACTED] [REDACTED]. A copy of such finding is contained within the hard file.

Tennessee Bureau of Investigation Meth Offender Registry search: CM [REDACTED] searched the database and found no results pertaining to [REDACTED] [REDACTED] or [REDACTED] [REDACTED]. A copy of such finding is contained within the hard file.

Tennessee Felony Offender search: CM [REDACTED] searched the database and found no results pertaining to [REDACTED] [REDACTED] or [REDACTED] [REDACTED]. A copy of such finding is contained within the hard file.