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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 10/10/2024 10:14 AM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 10/10/2024

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 10/10/2024 04:00 PM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 10/10/2024 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 10/10/2024 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	Deceased	Abuse Death	Yes /	Unknown Participant [redacted] Unknown	

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: NON-CUSTODIAL CHILD DEATH

Family Case IDs: No
Associated Case IDs: No

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP: No
Closed Court Custody: No

Pending: No
Awaiting Screening: No
Submitted: No

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

Open CPS: INV [redacted] / DEC / 2024-09-30 / ASPS on 2024-10-09 / CM [redacted] Supe. [redacted]
Substantiated: No
Death: No
Screen Outs: No

History (not listed above): No

County of Jurisdiction: [redacted]
School/ Daycare: No

Reporter's Name/Relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (21 days) lives with her mother, [redacted] and her father, Unknown, in [redacted] County. No one else is known to live in the home.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Yes, Immediate Assistance is requested to the [redacted] Children's Hospital Emergency Department ([redacted] TN).

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
On Thursday, 10/10/2024, Law Enforcement was called to the home for an unresponsive child. It is unknown exactly when the call came in. Paramedics made the scene and performed CPR for 15 minutes on [redacted] before transporting her to [redacted] Children's Hospital with CPR in progress during transit. On Thursday, 10/10/2024, at 10:07 AM [redacted] was pronounced deceased. It is unknown if there are any concerning marks or injuries on [redacted] body. There is no information about the circumstances leading up to [redacted] being found unresponsive. It is assumed that [redacted] had been at home with [redacted] but it is unknown if anyone else was present. [redacted] Officer [redacted] came in with [redacted] is in the Emergency Room. There are possibly other family members or friends present with [redacted] The father was reported to be at work but is now in route to the hospital. Per protocol, [redacted] Police Youth Services has been contacted: Detectives are on their way to the hospital.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
No

-Anything additional to add to this initial report for the responding worker to know prior to response?
No

Intake Notation: No
Screener Notation: No

Emailed/Paged CPSI On Call: Email sent to [redacted] Region CPS Notification group. Received by [redacted] on 10/10/2024 @ 10:45 AM [redacted] / Notified Child Death/Preliminary Near-Death Notification Group via Email

Investigation Track - P1 Child Death (approved by [redacted] Director [redacted])
[redacted], CAH Director, on 10/10/24 @ 3:50pm

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

Participant(s)

Name: [redacted] [redacted]

Gender: Female

Date of Birth:

Partipant ID: [redacted]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted] [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: Deceased

Address: [redacted] Texas [redacted]

Deceased Date: 10/10/2024

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted] /mother

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

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:	2025-05-28 14:19:00	Contact Method:	
Contact Time:	02:19 PM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/28/2025
Completed date:	05/28/2025	Completed By:	[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: 05/28/2025 02:19 PM Entered By: [redacted] [redacted]

TL [redacted] reviewed and approved this case for closure. This is a death case where, according to the autopsy, the manner of death was asphyxia - accidental. ACV's umbilical cord was positive for delta-9 carboxy THC on 10/03/2024. The death summary has been reviewed and approved by team coordinator [redacted] and assistant commissioner [redacted]. CM [redacted] presented this case to CPIT and the classification given was AU/PU due to the manner of death being accidental.

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:	2025-05-28 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/04/2025
Completed date:	06/04/2025	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/04/2025 01:21 PM Entered By: [redacted]

[redacted] Closing Summary:

INTRODUCTION
On October 10th, 2024, the Department of Childrens Services (DCS) received a referral for an allegation for Abuse Death, Investigation ID [redacted] regarding Alleged Child Victim (ACV), [redacted] (three weeks old). The Alleged Perpetrator (AP) is unknown at the time of the referral. This investigation was assigned to Child Protective Services Case Manager (CM) [redacted] overseen by Lead Investigator (TL) [redacted] The ACV [redacted] was pronounced deceased 10/10/2024, at 10:07 AM [redacted]

FAMILY COMPOSITION
Alleged Child Victim (ACV), [redacted] (three weeks old), resided in the home with the mother, [redacted] and the birth father [redacted] at the time of the referral.

SYNOPSIS OF REFERRAL
On Thursday, 10/10/2024, law enforcement was called to the home for an unresponsive child. The paramedics made it to the scene and performed CPR for 15 minutes on the (ACV) [redacted] before transporting her to [redacted] Childrens Hospital with CPR in progress during transit. On Thursday, 10/10/2024, at 10:07 AM [redacted] the (ACV), [redacted] was pronounced deceased. It was unknown if there were any concerning marks or injuries on [redacted] body. There was no information about the circumstances leading up to [redacted] being found unresponsive. It was assumed the mother, [redacted] had been at home with [redacted] but it was unknown if anyone else was present. [redacted] Police Officer [redacted] came in with [redacted] and the mother, [redacted] to the Emergency Room. There were possibly other family members or friends present with [redacted] The birth father, [redacted] was reported to be at work, but was enroute to the hospital. Per protocol, [redacted] Police Youth Services had been contacted.
On Thursday, 10/10/2024, CM [redacted] in a private room at the hospital and in the presence of the detective and the medicolegal death investigator [redacted], interviewed the birth mom [redacted] The mother reported the ACV went to [redacted] Children's Hospital yesterday and was transferred after 2 hours to [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted] [redacted]
Case Status:	Close	Organization:	[redacted] Region

Children's Hospital due to vomiting. After 2 hours the baby was discharged from the hospital because the doctor said she was ok and could go home. The birth mother reported they never gave any injections to the ACV when she was admitted to the ER. The last appointment for the ACV with the pediatrician was on 09/26/24. She was not diagnosed with anything at birth or during the appointment with the doctor and stated the appointment with the pediatrician was just a regular newborn appointment.
The birth mother stated that in the last 72 hours the ACV had no fever or coughing, just diarrhea, but nothing abnormal. She stated yesterday, the ACV was throwing up, and that was the reason why she came to the hospital. The birth mother stated the ACV began having reflux when she was born and stated she was the only person who fed the ACV. The last bottle feeding to the ACV was around 4:00 am today. The ACV ingested 2 ounces of formula at home and 2 ounces of formula at 2:00 am at the hospital. Ms. [redacted] reported she was tired after she returned home from the hospital with the ACV, and the baby went to sleep with her in the same bed on a flat pillow. When she woke up, the ACV was unresponsive.
Ms. [redacted] reported after she and the baby arrived home from the hospital, she took the baby from the car seat and put her on the bed. Then she went to the bathroom. The birth father called out to her because the baby was crying. She explained the ACV was laying down on the bed drinking her bottle when she started chocking, so she picked up the baby to care for her and laid her back on the bed. She reported this was not the first time she co-slept with her baby and explained the birth father left home at 4:00 am. She explained she was rocking the baby and when she put her on the flat pillow the ACV and she went to sleep. When she woke up, the baby was face down on her belly, and her skin color was blue. She called 911, and her neighbor began CPR on the ACV. The ambulance arrived, and the baby passed away.
The birth mother consented to a random urine drug screen due to the concerns for Drug Exposed Child, and she tested positive for THC.

PERTINENT INTERVIEWS
On Thursday, 10/10/2024, CM [redacted] spoke with the hospital social worker [redacted] and she reported her coworker made the report and stated the ACV, [redacted] was transported to [redacted] Childrens Hospital as a CPR in progress. The time of death was 10:07 am, and she stated she was not aware of the circumstances leading up to the infant being found unresponsive since 4:00 am.
AUTOPSY
On 2/11/2025, the autopsy result confirmed that CPD was for Asphyxia, and MOD: was Accident

CPIT PRESENTATION
On 02/25/2025, this case was presented on CPIT, and it was agreed that the classification would be AUPU due to CPD for Asphyxia, and MOD was Accidental. The team agreed that there was a preponderance of evidence that supported the substantiation of abuse death as AUPU, due to the MOD being accidental.

ALLEGATION DEFINITIONS
Per DCS Policy Work Aid 1 Section E:
The Department of Children Services defines Child 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 or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.
-Any child death caused by abuse or neglect resulting from the parent or caretakers to stop another persons direct action that resulted in the death of the child.

CLOSING PARAGRAPH:
This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for ACV, [redacted] The autopsy confirmed that CPD was for Asphyxia, and MOD: was accidental.

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:	2025-05-26 14:45:00	Contact Method:	
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/26/2025
Completed date:	05/26/2025	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: 05/26/2025 02:45 PM Entered By: [redacted]

Based on information given, the ACV(s) primary household is comprised of the following individuals:

[redacted] Alleged Perpetrator (AP), Birth Mother1 [redacted]
[redacted] Alleged Child Victim (ACV) Deceased [redacted]
Birth Father \

-BACKGROUND CHECKS-

A TFACTS search was performed on 5/26/2025 for DCS history on the family members and other involved individuals and the following results were found:

Investigation ID	Investigation Name	Track	Priority	Status	Status Date	Organization
[redacted]	Investigation	1	Open	10/10/2024	[redacted]	Region
[redacted]	Investigation	3	Open	09/30/2024	[redacted]	Region

A search of the following websites was performed on the family members and other involved individuals and the following results were found:

-- National Sex Offender Public Website:
No results found based on information provided.

-- Drug Offender Registry Database:
No results found based on information provided.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted] [redacted]
Case Status:	Close	Organization:	[redacted] Region

-- [redacted] County Criminal County Clerk Website:

No results found based on information provided.

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:	2025-05-26 14:24:00	Contact Method:	
Contact Time:	02:24 PM	Contact Duration:	
Entered By:	[redacted] [redacted] [redacted]	Recorded For:	
Location:		Created Date:	05/26/2025
Completed date:	05/26/2025	Completed By:	[redacted] [redacted] [redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/26/2025 02:43 PM Entered By: [redacted] [redacted] [redacted]

On October 10th, 2024, the Department of Childrens Services (DCS) received a referral for an allegation for Abuse Death, Investigation ID [redacted] regarding Alleged Child Victim (ACV), [redacted] [redacted] (three weeks old). The Alleged Perpetrator (AP) is unknown at the time of the referral. This investigation was assigned to Child Protective Services Case Manager (CM) [redacted] [redacted] overseen by Lead Investigator (TL) [redacted] [redacted] The ACV [redacted] [redacted] was pronounced deceased 10/10/2024, at 10:07 AM [redacted]

On 2/11/2025, the autopsy result confirmed that CPD was for Asphyxia, and MOD: was Accident

On 02/25/2025, this case was presented on CPIT, and it was agreed that the classification would be AUPU due to CPD for Asphyxia, and MOD was Accidental. The team agreed that there was a preponderance of evidence that supported the substantiation of abuse death as AUPU, due to the MOD being accidental.

This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for ACV, [redacted] [redacted] The autopsy confirmed that CPD was for Asphyxia, and MOD: was accidental.

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:	2025-05-20 14:00:00	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/20/2025
Completed date:	05/20/2025	Completed By:	[redacted] [redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2025 02:01 PM Entered By: [redacted] [redacted]

Death summary and checklist sent for approval on 3/24/25. Still waiting for approval so CPS can close 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:	2025-03-24 02:02:00	Contact Method:	
Contact Time:	02:02 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/24/2025
Completed date:	03/24/2025	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

[redacted] [redacted]

Participant(s)

[redacted] [redacted] [redacted] [redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/24/2025 02:02 PM Entered By: [redacted]

All investigative tasks have been completed. Death summary and checklist have been sent to TC [redacted] Results of review are pending.

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:	2025-02-28 04:00:00	Contact Method:	
Contact Time:	04:00 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/12/2025
Completed date:	03/12/2025	Completed By:	[redacted] [redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/12/2025 04:04 PM Entered By: [redacted] [redacted]

TL [redacted] ongoing admin review. Case was presented to CPIT since autopsy results returned back MOD as asphyxia. AU/PU agreed upon by team. Death summary submitted to TL [redacted] TL [redacted] forwarded death summary to new TL [redacted] to review and submit to TC.

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: 2025-02-25 11:00:00 Contact Method: Attempted Phone Call

Contact Time: 11:00 AM Contact Duration:

Entered By: [redacted] Recorded For:

Location: DCS Office Created Date: 02/25/2025

Completed date: 02/25/2025 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: 02/25/2025 06:45 PM Entered By: [redacted]

CPD was for Asphyxia, and MOD: was Accident

On 02/25/2025, This case was presented on CPIT, and they agreed with the classification as AUPU, MOD was asphyxia.

Narrative Type: Addendum 1 Entry Date/Time: 02/25/2025 06:46 PM Entered By: [redacted]

CPD was for Asphyxia, and MOD: was Accident

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:	2025-02-11 14:10:00	Contact Method:	
Contact Time:	02:10 PM	Contact Duration:	
Entered By:	[redacted] [redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/11/2025
Completed date:	02/11/2025	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/11/2025 02:11 PM Entered By: [redacted] [redacted] [redacted]

On 2/11/2025, The Autopsy for ACV [redacted] [redacted] came back ,and the result was:

COD: Asphyxia
MOD: Accident

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:	2025-01-15 10:48:00	Contact Method:	
Contact Time:	10:48 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/15/2025
Completed date:	01/15/2025	Completed By:	[redacted] [redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] [redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/15/2025 10:50 AM Entered By: [redacted] [redacted]

TL [redacted] and CM [redacted] [redacted] reviewed this case for next steps. This is a newborn drug exposed child that was found unresponsive while co-sleeping with the mother. The child was later pronounced deceased at the hospital. Currently, CM [redacted] [redacted] is waiting on the autopsy results for this ACV.

Next Steps:
- CM will request ACVs birth, PCP, ER and hospital visit prior to death, and current incident medical records. Records will be reviewed and uploaded to TFACTS.
- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
- CM will complete interviews with father and roommate.
- CM will follow-up with mother regarding A&D services.
- CM will document and upload autopsy into TFACTS once received.
- CM will complete Closing FAST prior to case closure.
- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review

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:	2024-10-18 12:30:00	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/21/2024
Completed date:	10/21/2024	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: 10/21/2024 08:02 AM Entered By: [redacted]

The death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with the following staff: Case Manager (CM) [redacted] Team Leader (TL) [redacted] CPS Director (CPSD) [redacted], and Director of Critical Incident Support (DCIS) [redacted].

The CPS investigation was assigned in TFACTS on 10/10/24 concerning the death of ACV [redacted] (21 days). It was reported [redacted] resided with her birth mother [redacted] and birth father [redacted] in [redacted] County. The parents have no other children and no other minors reside in the home. It was reported an adult roommate [name unknown] resides in the home.

On 10/10/24 the mother reported she co-slept in the bed with [redacted] and woke to find her unresponsive. 911 was called and paramedics responded to the home. [redacted] was transported to the hospital where pronounced deceased. An autopsy was ordered.

The mother reported [redacted] had been sick and vomiting her formula on 10/9/24 so she took her to [redacted] ER, from where she was then transferred to [redacted] Childrens Hospital. The mother reported [redacted] found no underlying concerns for [redacted] but recommended changing her formula, discharging her at 2am with new formula. The mother reported feeding [redacted] the new formula before going to bed upon their arrival home. The mother reported placing [redacted] in the adult bed beside her and when she woke, the baby was partially under her stomach. The father was reportedly at work at the time of the incident.

The family had an open CPS investigation for DEC concerns at the time of the incident. A case opened at the time of [redacted] birth due to the umbilical cord testing positive for THC, and the mothers UDS positive for THC. The mother admitted to regular THC use throughout pregnancy and reported she used for self-therapy. [redacted] was reportedly otherwise born healthy and had a follow-up appointment with PCP on 9/29/24 with no concerns. A&D services were recommended to the mother and she denied the need for them and refused. Due to the open case the mother was drug screened following the death of [redacted] and was positive for THC only. She admitted to continued THC use following [redacted] birth. There was no evidence of impairment or observations of drugs to determine there was use involved at

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted] [redacted]
Case Status:	Close	Organization:	[redacted] Region

the time of the death incident. Grief counseling services were offered to the mother. Interviews still need to be completed with the father and roommate. Home visit was completed with no environmental concerns noted. Safe sleep was discussed with the mother during the open case prior to the death incident, and the family had a pack-n-play and crib in the home.

Next Steps:
-- CM will request ACVs birth, PCP, ER and hospital visit prior to death, and current incident medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will complete interviews with father and roommate.
-- CM will follow-up with mother regarding A&D services.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

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:	System Completed
Contact Date:	2024-10-18 08:26:00	Contact Method:	
Contact Time:	08:26 AM	Contact Duration:	
Entered By:	[redacted] [redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/18/2024
Completed date:	11/18/2024	Completed By:	System Completed

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: 10/18/2024 08:26 AM Entered By: [redacted] [redacted] [redacted]

[redacted] PD Detective assigned to this case: [redacted]

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:	2024-10-16 12:00:00	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted] [redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/16/2024
Completed date:	10/16/2024	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/16/2024 03:16 PM Entered By: [redacted] [redacted] [redacted]

The detective assigned to this case is [redacted] and Medicolegal death investigator is [redacted].

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:	2024-10-15 08:15:00	Contact Method:	Face To Face
Contact Time:	08:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2024
Completed date:	10/15/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/15/2024 10:13 AM Entered By: [redacted]

CPIT Convened

DCS Follow-Up

Detective [redacted] is assigned. Complaint #[redacted]

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:	2024-10-11 12:00:00	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	10/14/2024
Completed date:	10/14/2024	Completed By:	[redacted]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/14/2024 02:10 PM Entered By: [redacted]

CM [redacted] in a private room at the hospital in the presence of the Dective and the medicolegal death investigator [redacted] interviewed the birth mom [redacted] and reported that the ACV went to [redacted] Children's Hospital, yesterday and she was transferred after 2 hours to [redacted] children's hospital due vomited and after 2 hours that the ACV was transferred the baby was discharged from the hospital because the doctor said that she was ok and she can go home. The birth mother reported they never gave any shot to the ACV when she was admitted to the ER. The last appointment for the ACV with the pediatrician was on 09/26the. She was not diagnosed with anything at birth or during the appointment with the docto and stated that the appointment with the pediatrician was just regular newborn appointment.

The birth mother stated that in The last 72 ACV had no fever, no coughing, just diarrhea, but nothing abnormal. She stated that yesterday, ACV was fuzziness and throwing up, and that was the reason why she came to the hospital. The birth mother stated that ACV started having reflux when she was born and stated that she was the only person who fed ACV. The last bottle she gave to the ACV was around 4 am today, 2 ounces at home and 2 ounces at 2:00 am at the hospital. Mrs. [redacted] reported that she was tired after she came from the hospital with the ACV, and the baby went to sleep with her in the same bed on a flat pillow; when she woke up, the ACV was unresponsive.

Mrs. [redacted] reported that after she and the baby arrived home from the hospital, she took the baby from the car seat and put her on the bed; she went to the bathroom; the Birth father called her because the baby was crying, and explained that The ACV was laying down on the bed drinking her bottle when the baby started to shocking she picked up the baby and take care the baby and put back the baby on the bed, and reported that this is not the first time that she was sleeping with her baby and explained that the birth father left home at 4:00 am, and explained that she was rocking up the baby when she put in the flat pillow the ACV and she went to sleep too. When she woke up, the baby was face down on her belly, and her skin color was blue; she called 911, and her neighbor started doing CPR on the ACV, and then the ambulance came, and the baby passed away.

CM [redacted] and [redacted] conducted a UDS on the birth mom due to the concerns for DEC, and she tested positive for THC.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted] [redacted]
Case Status:	Close	Organization:	[redacted] Region

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:	2024-10-10 10:35:00	Contact Method:	
Contact Time:	10:35 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	10/14/2024
Completed date:	10/14/2024	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: 10/14/2024 01:29 PM Entered By: [redacted]

CM [redacted] spoke with the social worker [redacted] and she reported her coworker made the report and stated that the ACV [redacted] was transported to [redacted] Childrens Hospital as a CPR in progress. The time of death was 10:07 am, and she stated that she was not aware of the circumstances leading up to the infant being found unresponsive since 4:00 am.

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:	2024-10-10 10:30:00	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	10/14/2024
Completed date:	10/14/2024	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

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/14/2024 01:26 PM Entered By: [redacted]

CM [redacted] traveled to the [redacted] children's hospital to meet an immediate response for a death child P1 with open case with the departament. CM was able to observe the ACV [redacted] in the ER room without any sign of life. The ACV's body had no concerning marks or injuries.

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:	2024-10-10 08:30:00	Contact Method:	
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/21/2024
Completed date:	10/21/2024	Completed By:	[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: 10/21/2024 08:01 AM Entered By: [redacted] [redacted]

This case was assigned to CM [redacted] Response is due to on 10/11/24. The allegations are DEC. CM [redacted] will meet response, enter notes, complete investigative tasks including the FAST and continue to update supervision.

Case is to be established and linked to family case within 30 calendar days.
Complete FAST within five (5) business days of intake.
Complete Safety within ten (10) business days of intake if the FAST is not completed within the first 5 business days of intake.
Classify case within 30 calendar days of intake.

Department of Children's Services

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

A. Investigation

Case Name: [redacted] [redacted]

Investigation ID: [redacted]

Referral Date: 10/10/2024

Assignment Date: 10/11/2024

Street Adress:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified
1	[redacted]	[redacted]	Abuse Death	Unk, Unkn		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 02/11/2025

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being classified as AUPU, due the autopsy foautopsy for ACV [redacted] [redacted] was:

COD: Asphyxia
MOD: Accident

D. Case Workers

Case Worker: [redacted] Date: 02/11/2025

Team Leader: [redacted] Date: 02/11/2025

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:

CM [redacted] traveled to the [redacted] children's hospital to meet an immediate response for a death child P1 with open case with the departament. CM was able to observe the ACV [redacted] [redacted] in the ER room without any sign of life. The ACV's body had no concerning marks or injuries.

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

On 02/25/2025, This case was presented on CPIT, and they agreed with the classification as AUPU, MOD was asphyxia.

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

CM [redacted] in a private room at the hospital in the presence of the Dective and the medicolegal death investigator [redacted] interviewed the birth mom [redacted] [redacted] and reported that the ACV went to [redacted] Children's Hospital, yesterday and she was transferred after 2 hours to [redacted] children's hospital due vomited

Department of Children's Services

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

Case Name : [redacted] **Investigation ID:** [redacted]

and after 2 hours that the ACV was transferred the baby was discharged from the hospital because the doctor said that she was ok and she can go home. The birth mother reported they never gave any shot to the ACV when she was admitted to the ER. The last appointment for the ACV with the pediatrician was on 09/26the. She was not diagnosed with anything at birth or during the appointment with the docto and stated that the appointment with the pediatrician was just regular newborn appointment.

The birth mother stated that in The last 72 ACV had no fever, no coughing, just diarrhea, but nothing abnormal. She stated that yesterday, ACV was fuzziness and throwing up, and that was the reason why she came to the hospital. The birth mother stated that ACV started having reflux when she was born and stated that she was the only person who fed ACV. The last bottle she gave to the ACV was around 4 am today, 2 ounces at home and 2 ounces at 2:00 am at the hospital. Mrs. [redacted] reported that she was tired after she came from the hospital with the ACV, and the baby went to sleep with her in the same bed on a flat pillow; when she woke up, the ACV was unresponsive.

Mrs. [redacted] reported that after she and the baby arrived home from the hospital, she took the baby from the car seat and put her on the bed; she went to the bathroom; the Birth father called her because the baby was crying, and explained that The ACV was laying down on the bed drinking her bottle when the baby started to shocking she picked up the baby and take care the baby and put back the baby on the bed, and reported that this is not the first time that she was sleeping with her baby and explained that the birth father left home at 4:00 am, and explained that she was rocking up the baby when she put in the flat pillow the ACV and she went to sleep too. When she woke up, the baby was face down on her belly, and her skin color was blue; she called 911, and her neighbor started doing CPR on the ACV, and then the ambulance came, and the baby passed away.

CM [redacted] and [redacted] conducted a UDS on the birth mom due to the concerns for DEC, and she tested positive for THC.

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

CM [redacted] spoke with the social worker [redacted] and she reported her coworker made the report and stated that the ACV [redacted] was transported to [redacted] Children's Hospital as a CPR in progress. The time of death was 10:07 am, and she stated that she was not aware of the circumstances leading up to the infant being found unresponsive since 4:00 am.

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

On October 10th, 2024, the Department of Children's Services (DCS) received a referral for an allegation for Abuse Death, Investigation ID [redacted] regarding Alleged Child Victim (ACV), [redacted] (three weeks old). The Alleged Perpetrator (AP) is unknown at the time of the referral. This investigation was assigned to Child Protective Services Case Manager (CM) [redacted] overseen by Lead Investigator (TL) [redacted] The ACV [redacted] was pronounced deceased 10/10/2024, at 10:07 AM [redacted]

On 2/11/2025, the autopsy result confirmed that CPD was for Asphyxia, and MOD: was Accident

On 02/25/2025, this case was presented on CPIT, and it was agreed that the classification would be AUPU due to CPD for Asphyxia, and MOD was Accidental. The team agreed that there was a preponderance of evidence that supported the substantiation of abuse death as AUPU, due to the MOD being accidental.

This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for ACV, [redacted] The autopsy confirmed that CPD was for Asphyxia, and MOD: was accidental.

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

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 10/10/2024**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	**Assessed at Location:** Hospital
Risk Level: Moderate Need/Risk	
Event Start Date: 05/28/2025	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 10/11/2024	**Approver:** [redacted]

PARTICIPANTS

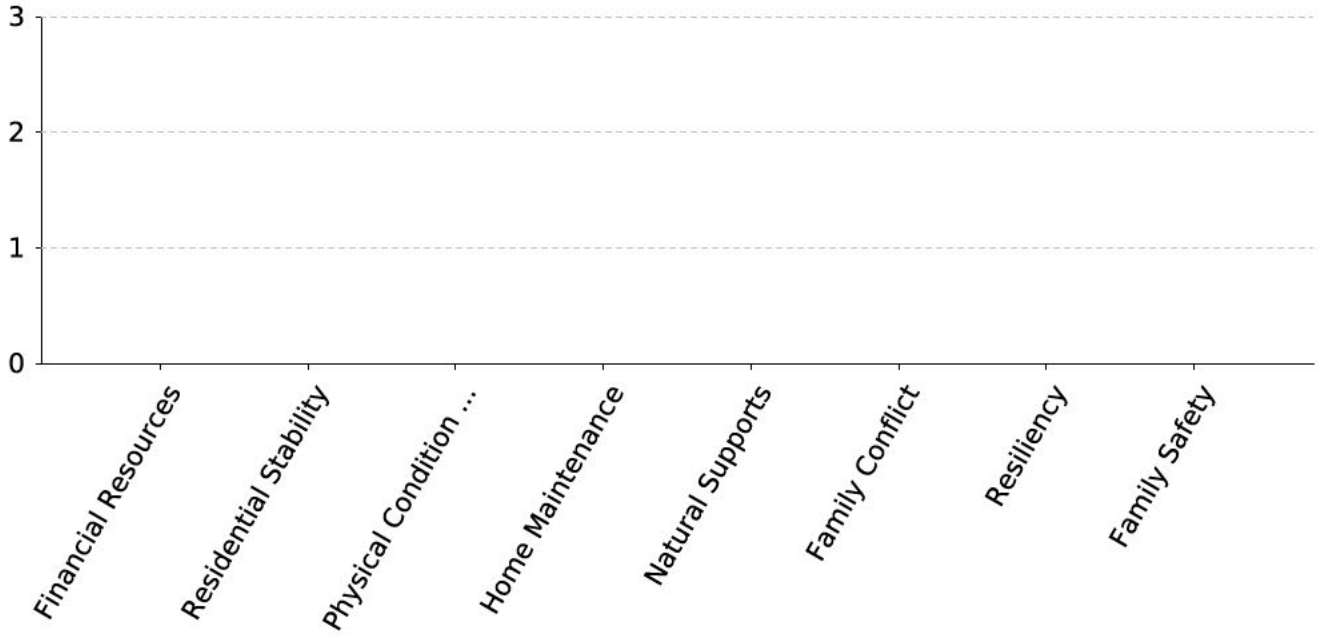
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted]	23 Yrs	Primary	F	[redacted]	N/A	N/A
[redacted] (ACV)	Deceased	Youth	F	[redacted]	0	Low

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 10/10/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).

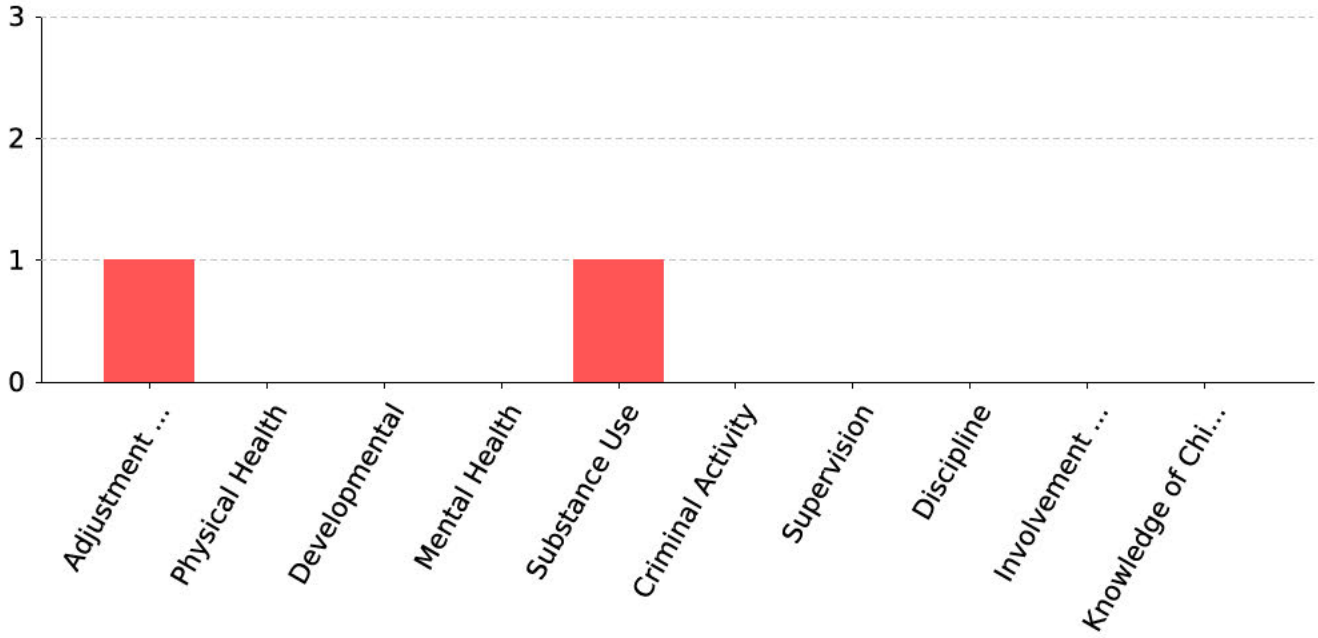


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	0	

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 10/10/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted]	Person ID: [redacted]	Role Primary Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	1	The ACV passed away on 10/10/2024.
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	1	AP tedte dpositive for THC on 10/10/2024
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	

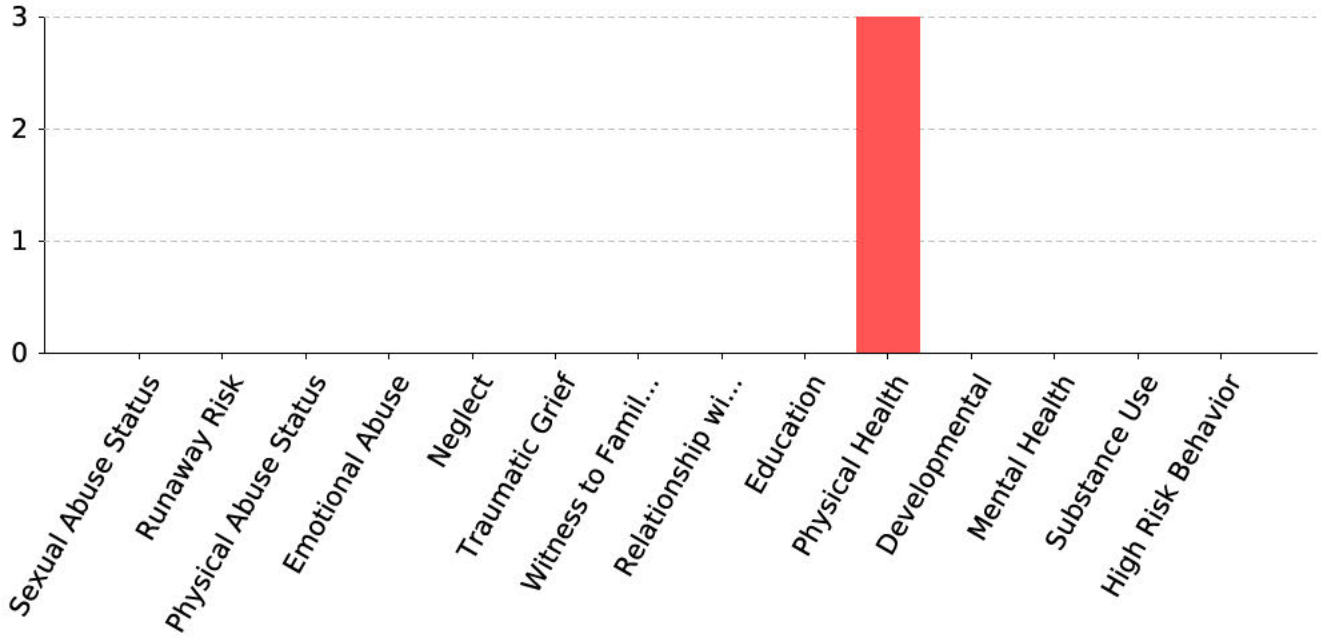
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 10/10/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH

This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.

Participant: [redacted]	Person ID: [redacted]	Age:Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	3	The ACV passed away on 10/10/2024, and the umbilical cord came positive for THC.
Developmental	0	

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 10/10/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	