

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

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 04/15/2023 05:03 PM [REDACTED]  
Track Assigned: Special Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 04/15/2023

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]/DCS Central Office  
Date/Time Assigned : 04/16/2023 12:00 AM  
First Team Leader Assigned: [REDACTED] Date/Time 04/16/2023 12:00 AM  
First Case Manager [REDACTED] Date/Time 04/16/2023 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[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: E-mail  
Narrative: CUSTODIAL CHILD DEATH

Family Case IDs: [REDACTED]  
Associated Case IDs: None

Family Case ID Detailed History:  
Open Court Custody/FSS/FCIP SS Custody Case ID: [REDACTED] / begin: 11.21.2022 / ACV: [REDACTED]  
[REDACTED] / FSW [REDACTED], FSW TL [REDACTED]  
Closed Court Custody None

Pending: None  
Awaiting Screening: None  
Submitted: None



**Tennessee Department of Children's Services  
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Open CPS: None  
Substantiated: INV ID: [REDACTED] / DEC / AP: [REDACTED] / ASPS / 12.27.2022  
Death: None  
Screen Outs: None

History (not listed above): None

County of Jurisdiction: [REDACTED]  
School/ Daycare: None  
Active Military Status: No

Reporter's name/relationship: [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] resides with his foster mother, [REDACTED], and foster father, [REDACTED] in [REDACTED] County.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?  
No

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.

[REDACTED] called Team Leader (TL) [REDACTED] saying she is on a cruise now. She stated she left [REDACTED] with her mother (name unknown). It is unknown how long he has been with her. [REDACTED] mother laid him down for a nap, then couldn't wake him up. The ambulance was contacted, and they still couldn't wake him up. [REDACTED] is currently at [REDACTED] Hospital ([REDACTED], TN [REDACTED] TL [REDACTED] spoke with medical staff who stated they were working on [REDACTED] Medical staff stated he has not woken up since coming to the hospital. Staff stated they don't foresee him waking up, but they are still working on him. No one suspects child abuse at this point. No one advised that [REDACTED] has any injuries, marks, or bruises on his person.

-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

-----Extended Intake-----

Extended Intake Narrative: the child has now passed away.

Open INV/ASMT ID: none yet

CM who took the Ext. Intake, Date AND Time: [REDACTED], CM2 on 4-15-23 at 6:03 pm / (Entered into TFACTS by) [REDACTED], CM3 on 4.15.2023 @ 6:05pm [REDACTED] T.

Emailed: [REDACTED] and [REDACTED]

CM Notation: None  
Screener Notation: None

Emailed/Paged CPSI On Call: [REDACTED] Region / [REDACTED] County SIU on-call was notified through MIR 3 at 6:47pm [REDACTED]. [REDACTED] /04-15-23 06:47:59 PM [REDACTED] 04-15-23 06:48:47 PM [REDACTED] / Received.

Notified Child Death/Preliminary Near-Death Notification Group via Email:



**Tennessee Department of Children's Services  
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SIU IC [REDACTED] CC'd on Email

Per SDM: SIU P1 / Custodial Child Death / [REDACTED], CM3 on 4.15.2023 @ 6:53pm [REDACTED].

Additional info provided by SIU Director, [REDACTED]:

Police have completed interviews. Grandparents put him in bassinet and found him rolled over with milk coming from mouth. No abuse or neglect suspected. He has a multitude of medical issues and was drug exposed at birth. Baby had just learned how to roll over. Reenactment was completed by LE.

Assign for tracking only per phone call with [REDACTED]

Note: The incident does not meet the definition of abuse or neglect as established by Tennessee Law and Rules. An investigation is being opened solely for the purpose of capturing data related to the death in the Child Death / Near Death Application, which requires an Investigation ID for every death to be present in TFACTS. Once this information is successfully captured, the investigation will be closed with a classification of Unable to Complete due to the absence of an abuse or neglect allegation. Another intake ([REDACTED]) was entered to reflect a screen out decision due to this situation not meeting criteria per DCS policy for Child Death case investigation assignment. - [REDACTED], CAH Director



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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:**

**Participant 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]

**Gender:**

**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:**



Case #2023.044

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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

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

**Address:** [REDACTED], Tennessee [REDACTED]

**Deceased Date:** 04/15/2023

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

**Gender:**

**Date of Birth:**

**Participant 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**

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Case Id:	██████████	Case Name:	████████████████████
Case Status:	Close	Organization:	Upper Cumberland Region

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**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	2023-08-04 11:13:00.0	Contact Method:	
Contact Time:	11:13 AM	Contact Duration:	
Entered By:	████████████████	Recorded For:	
Location:		Created Date:	08/04/2023
Completed date:	08/04/2023	Completed By:	████████████████
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: 08/04/2023 12:54 PM      Entered By: ████████████████████

Autopsy received. Cause of death is listed as Jacobs Syndrome. Manner of death is "natural". The autopsy has been uploaded into TFACTS





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

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: Upper Cumberland Region

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-04-17 19:00:00.0	Contact Method:
Contact Time: 07:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/17/2023
Completed date: 04/17/2023	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: 04/17/2023 05:44 PM      Entered By: [REDACTED]

Per additional information obtained by SIU Director [REDACTED] and approval from Deputy Commissioner [REDACTED], this Custodial Child Death will only be assigned for tracking purposes. Please see the following additional information and disclaimer for this process.

**Additional information:**

Police have completed interviews. Grandparents put him in bassinet and found him rolled over with milk coming from mouth. No abuse or neglect suspected. He has a multitude of medical issues and was drug exposed at birth. Baby had just learned how to roll over. Reenactment was completed by LE. Assign for tracking only per phone call with [REDACTED].

**Disclaimer:**

The incident does not meet the definition of abuse or neglect as established by Tennessee Law and Rules. An investigation is being opened solely for the purpose of capturing data related to the death in the Child Death / Near Death Application, which requires an Investigation ID for every death to be present in TFACTS. Once this information is successfully captured, the investigation will be closed with a classification of Unable to Complete due to the absence of an abuse or neglect allegation. Another intake ([REDACTED]) was entered to reflect a screen out decision due to this situation not meeting criteria per DCS policy for Child Death case investigation assignment.



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

### A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/15/2023

Assignment Date: 04/17/2023

Street Address: [REDACTED],

City/State/Zip: [REDACTED] Tennessee [REDACTED]

### B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
							CSEM	
1	[REDACTED]	[REDACTED]	Abuse Death	Unknown, Unknown		Unable to Complete	Yes	[REDACTED]
								04/17/2023

### C. Disposition Decision

Disposition Decision:

Comments:

### D. Case Workers

Case Worker: [REDACTED]

Date: 04/17/2023

Team Leader: [REDACTED]

Date: 04/17/2023

### 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:**

**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)?**

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

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



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

**Case Name :** [REDACTED]

**Investigation ID:** [REDACTED]

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