



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2014.024

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	02/12/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/12/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Other	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father:	██████████			
Alleged Perpetrator's Name:	Unknown Participant			Relationship to Victim:		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						
Describe (in detail) circumstances surrounding death/near death:						
██████████ was found on his stomach laying in his bed with his pillows above his head. There was vomit on the bed and a little blood. According to the forensic unit there was no signs of foul play.						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:		Telephone #	() -			
Street Address:		City/State/Zip:				
Describe (in detail) interview with family:						
██████████ stated ██████████ had a Febral Seizure from a high fever on 12-9-13 and was transported to ██████████ Children's Hospital by Ambulance. There was no follow up recommended after this event. Dr. ██████████ PCP was contacted by the mother to make sure and was also told that no follow up was needed. ██████████ maternal grandbrother and maternal uncle had a history of Febral Seizures when they were both young. Both parents stated that ██████████ was given Equate Allergy Brand medication on 2-11-14 around 6-7 am. Due to what appeared to be allergy conditions. There were no signs of vomiting yesterday. The family fell asleep downstairs and around 1:00 am ██████████ and ██████████ went upstairs to go to bed and a short time after ██████████ brought ██████████ up to his room and put him into his bed. ██████████ went back downstairs to sleep on the couch since ██████████ was colicky and he had to get up to get ready for work at 4:00. ██████████ took a shower at 4:00 am and checked on ██████████ at around 4:30 am prior to leaving for work at ██████████ where he had to be at 5:00 am. ██████████ stated that he just looked into his son's room to check on him. At 8:30 am ██████████ went into the room to get ██████████ up and found him cold and called 911. ██████████ was pronounced at the scene.						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
Describe disposition of body (Death): ██████████ is at the Medical Examiner Office						
Name of Medical Examiner/Coroner:	██████████ Medical Examiner	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				
Type:		Case #:				
Describe law enforcement or court involvement, if applicable:						
This case is being worked by ██████████ Majors Crime Divisions						
Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):						

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

CS-0635, Rev. 08/13

RD A 2993

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Intake #:	██████████	Investigation #:	██████████	Date of Report:	Case # 2014-024
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Currently this case is preliminary being classified as accidental. LEA found no concerns at the scene or with the time line that the parents gave with the evidence found.

Name: ██████████	Age: ██████████ 2 Mos
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
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Any media inquiry or is attention expected?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:
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Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person: ██████████	Telephone Number: ██████████
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Case Manager: ██████████	Telephone Number: ██████████
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Team Leader: ██████████	Telephone Number: ██████████
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Team Coordinator: ██████████	Telephone Number: (██████████)
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ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Email to: ██████████
within forty-eight (48) hours of notification
Include subject line (in RED): CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 02/12/2014 02:21 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 02/12/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 02/12/2014 06:03 PM
 First Team Leader Assigned: [REDACTED] Date/Time 02/12/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 02/12/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	3 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: Letter
 Narrative: TFACTS:
 Family Case IDs: None
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated No
 Death No



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

Screened out No

History (not listed above): No

County: [redacted]
Notification: Letter
School/ Daycare: [redacted] Pick up time by 5pm
Native American Descent: no
Directions: none given

Reporter's name/relationship: [redacted]

Reporter states:
[redacted] (age 1) lives in the home with his parents ([redacted], age 32 and [redacted], age 28) and sister ([redacted], 2 months old). Today, 2/12/14, at 8:36 am, the police responded at the family's address. The mother ([redacted] called 911 for an ambulance. The police responded with EMS (Emergency Medical Services). [redacted] stated that her child ([redacted]) was not breathing and he was unresponsive.

The officers and EMS responded and pronounced the child deceased. Then the Major Crimes unit was called to the scene. The condition of their home was moderately cluttered, but it appeared to be normal and nothing was found out of the ordinary.

[redacted] was transported to the Medical Examiner's Office at the [redacted] County Regional Forensic Center. They will do an autopsy on the child. The [redacted] County DCS worker ([redacted]) had responded. The mother's daughter, [redacted] is with her parents. The father had left for work but he returned home. There were no reports of any mental or physical conditions present in the children. Currently, the family is at home.

County paged through MIR3 @ 3:33 pm, [redacted]
Per SDM: Investigative Track, P-1 (Neglect Death), [redacted] TL on 2-12-14 @ 3:30 pm

Notified Child Death Group: [redacted]
RA [redacted] was also copied on the notification email.

Table with 5 columns: Recipients, Time Issued, Response Received, Devices, Responses. Row 1: [redacted], 02-12-14 03:34:15 PM, [redacted], ---, [redacted], Email Sent. Row 2: [redacted], 02-12-14 03:34:15 PM, [redacted], 02-12-14 03:35:09 PM, [redacted], Received.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 3 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: This is his mother's cell phone. Her name is [REDACTED]

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 29 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age: 1 Yr 4 Mos

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: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 33 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: WORK

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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/12/2014

Assignment Date: 02/12/2014

Street Address:

City/State/Zip:

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	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/12/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: No Services Needed.

D. Case Workers

Case Worker: [REDACTED]

Date: 06/12/2014

Team Leader: [REDACTED]

Date: 06/13/2014

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.

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

[REDACTED] said she has no concerns with Mr. and Mrs. [REDACTED] [REDACTED] has no needs that appear to be unmet.

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

There was not a perpetrator.

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

[REDACTED] (age 1) lives in the home with his parents ([REDACTED] age 32 and [REDACTED], age 28) and sister ([REDACTED], 2 months old). Today, 2/12/14, at 8:36 am, the police responded at the family's address. The mother ([REDACTED]) called 911 for an ambulance. The police responded with EMS (Emergency



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

Medical Services). [REDACTED] stated that her child ([REDACTED]) was not breathing and he was unresponsive.

The officers and EMS responded and pronounced the child deceased. Then the Major Crimes unit was called to the scene. The condition of their home was moderately cluttered, but it appeared to be normal and nothing was found out of the ordinary.

[REDACTED] was transported to the Medical Examiner's Office at the [REDACTED] County Regional Forensic Center. They will do an autopsy on the child. The [REDACTED] County DCS worker ([REDACTED]) had responded. The mother's daughter, [REDACTED] is with her parents. The father had left for work but he returned home. There were no reports of any mental or physical conditions present in the children. Currently, the family is at home.

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

Summary and results of the investigation:

[REDACTED] passed away in his sleep. There were no signs of foul play at the scene. The autopsy results revealed [REDACTED] died of Croup that attached to the heart and was listed as natural.

Based on the summary and the results of the investigation, each allegation meets the criteria as outlined by policy. This case is being classified as AU/PU. This case is being submitted to Lead Investigator [REDACTED] for review and closure.

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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/03/2014

Contact Method:

Contact Time: 08:19 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/03/2014

Completed date: 11/03/2014

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: 11/03/2014 07:20 AM Entered By: [REDACTED]

Case ID [REDACTED] -- Approved for closure by [REDACTED] Deputy Director of Investigations



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:	09/26/2014	Contact Method:	
Contact Time:	03:15 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/28/2014
Completed date:	09/28/2014	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: 09/28/2014 06:21 AM Entered By: [REDACTED]

ADMINISTRATIVE REVIEW/ CASE STAFFING -

This case was staffed on this date between investigator [REDACTED] and lead investigator [REDACTED]. This case came to the Department's attention on 02/12/14 with allegations of neglect death by an unknown perpetrator against the child [REDACTED]. The final autopsy was received and reads death by natural causes. The case has already been presented to CPIT. The autopsy has been scanned into TFACTS documents.

Investigator follow-up:

During the last admin review dated 07/29/14 it was discovered that the medical release form had not been signed properly by the parent. Inv. [REDACTED] was to obtain other reports as well, and she was going to contact [REDACTED] to assist with this. The updated child fatality closing summary was filled out and entered into TFACTS.

Next Steps: The form has now been signed properly by the mother and her release form was sent out for more records. The case has been forwarded to central for closure and will be re-forwarded on the log that supervisors are now required to keep regarding child fatalities, near fatalities, admin closures, and unable to complete cases.



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: 09/23/2014 Contact Method:
 Contact Time: 12:34 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/23/2014
 Completed date: 09/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 11:34 AM Entered By: [REDACTED]

CLOSING CASE SUMMARY FOR CHILD DEATH/ NEAR DEATH

Referral: [REDACTED] (age 1) lives in the home with his parents ([REDACTED], age 32 and [REDACTED], age 28) and sister [REDACTED], 2 months old). Today, 2/12/14, at 8:36 am, the police responded at the family's address. The mother [REDACTED] called 911 for an ambulance. The police responded with EMS (Emergency Medical Services). [REDACTED] stated that her child ([REDACTED]) was not breathing and he was unresponsive.

The officers and EMS responded and pronounced the child deceased. Then the Major Crimes unit was called to the scene. The condition of their home was moderately cluttered, but it appeared to be normal and nothing was found out of the ordinary.

[REDACTED] was transported to the Medical Examiner's Office at the [REDACTED] County Regional Forensic Center. They will do an autopsy on the child. The [REDACTED] County DCS worker ([REDACTED]) had responded. The mother's daughter, [REDACTED] is with her parents. The father had left for work but he returned home. There were no reports of any mental or physical conditions present in the children. Currently, the family is at home.

Synopsis of event: The child was found in his bed non-responsive.

Investigators involved: Inv. [REDACTED] Inv. [REDACTED] Inv. [REDACTED] Major Crimes.

Alleged perpetrator: Unknown

Details of interviews: The parents gave no known reason why he would pass away. The child slept in his own bed by himself.

Policy:

CHILD DEATH/ NEAR DEATH:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

4. Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.

CPIT: This case was presented to [REDACTED] County Child Protective Investigation Team and the decision to close it as Allegation Unsubstantiated/ Perpartrator Unsubstantiated was agreed upon.

Result of interviews: The parents were appropriately mourning for their child and didn't know what the cause of his death was from.

Preponderance of evidence: The autopsy stated that [REDACTED] passed away from a virus and it was classified as natural.

Closing and classification: Allegation Unsubstantiated/ Perpartrator Unsubstantiated



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: 09/15/2014 Contact Method: Phone Call
 Contact Time: 08:30 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/15/2014
 Completed date: 09/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/15/2014 07:50 AM Entered By: [REDACTED]

Inv. [REDACTED] talked to Dr. [REDACTED]. Dr. [REDACTED] said she talked to the mother about the Allergy medicine for [REDACTED] because of a bunch of snot. She said to give him 1/4 teaspoon of allergy medicine. She said the parents are very concionious and very caring of their children and that she doesn't have any concerns for either parent for either child.



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: 08/05/2014

Contact Method: Face To Face

Contact Time: 08:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/15/2014

Completed date: 09/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2014 07:28 AM Entered By: [REDACTED]

Inv. [REDACTED] went to the daycare to see [REDACTED]. She was clean and dressed appropriately. the director [REDACTED] said she does fine at daycare and she has no problems with crying. She said she doesn't have any concerns with [REDACTED] or her parents and she didn't before [REDACTED] had passed away either. [REDACTED] said [REDACTED] started day care at 16-17 months and the parents always brought what the kids needed. The kids were always clean.



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: 08/04/2014 Contact Method:
 Contact Time: 01:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/04/2014
 Completed date: 08/04/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/04/2014 12:35 PM Entered By: [REDACTED]

Inv. [REDACTED] faxed a release to [REDACTED] to request the EMT reports.



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: 08/04/2014 Contact Method: Phone Call
 Contact Time: 01:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/04/2014
 Completed date: 08/04/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/04/2014 12:22 PM Entered By: [REDACTED]

Inv. [REDACTED] called [REDACTED] [REDACTED] at [REDACTED]. They said to fax a release to [REDACTED] with the child's name, DOB, and address and any other information that to identify the child. They said it would be a 2-3 week process on getting the reports back.



**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:	08/04/2014	Contact Method:	
Contact Time:	08:38 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/04/2014
Completed date:	08/04/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/04/2014 07:39 AM Entered By: [REDACTED]

Inv. [REDACTED] scanned in the medical records from the doctor for [REDACTED] and [REDACTED]. They are in the forms section under other.



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: 07/31/2014

Contact Method: Attempted Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/15/2014

Completed date: 09/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2014 07:30 AM Entered By: [REDACTED]

Inv. [REDACTED] called [REDACTED] doctor Dr [REDACTED]. Inv. [REDACTED] left a message to return call.



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: 07/30/2014

Contact Method: Face To Face

Contact Time: 05:15 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/04/2014 12:13 PM Entered By: [REDACTED]

Inv. [REDACTED] went to talk to Ms. [REDACTED] at her place of employment due to Ms. [REDACTED] asking if the meeting could happen there. Ms. [REDACTED] said the doctor told her when she called or took [REDACTED] for an appointment that based on his symptoms to go ahead and give him the allergy medicine. Ms. [REDACTED] said she remembers having the discussion with the doctor for a total of three times in 2 years. Ms. [REDACTED] said she would give him the allergy medication 1-2 times during the times he had the same symptoms, since she gave it to him every 12 hours as the label directions read. Ms. [REDACTED] stated the same EMT come to the home both times for [REDACTED] once for his seizure and the second time for his death. Ms. [REDACTED] thinks it was [REDACTED] Ambulance that has come to the home twice.

Ms. [REDACTED] said it would be okay to see [REDACTED] at Daycare on 8-5-14 @ 8 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: 07/29/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/04/2014
 Completed date: 08/04/2014 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: 08/04/2014 11:29 AM Entered By: [REDACTED]

ADMINISTRATIVE REVIEW/ CASE STAFFING

This case was staffed on this date between investigator [REDACTED] and lead investigator [REDACTED]. This case came to the Department's attention on 02/12/14 with allegations of neglect death by an unknown perpetrator against the child [REDACTED]. The final autopsy was received and reads death by natural causes. The case has already been presented to CPIT. The autopsy has been scanned into TFACTS documents.

The case has also been reviewed by [REDACTED], Regional Investigations Director. At this point, we are still waiting on medical records for the children, including the child who passed away. The child's PCP still needed to be interviewed, as well as the child's daycare. In prior case notes, it was documented that the parents were interviewed together, and there was no information regarding the allergy medication the mother was giving the child. There was little information on exactly how the CPIT team was convened and that strategy decided upon by the CPIT team. We were also to follow up in gathering police reports and EMS reports.

Investigator follow-up:

Medical records have been requested but the release was not signed correctly as the mother did not initial the forms correctly. Other reports will be obtained as well, and [REDACTED] with DCS can assist with this if needed.



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: 07/14/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/14/2014
 Completed date: 07/14/2014 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: 07/14/2014 10:41 AM Entered By: [REDACTED]

ADMINISTRATIVE REVIEW/ CASE STAFFING

This case was staffed on this date between Investigator [REDACTED] and Lead Investigator [REDACTED]. This case came to the Department's attention on 02/12/14 with allegations of neglect death by an unknown perpetrator against the child [REDACTED]. The final autopsy was received and reads death by natural causes. The case has already been presented to CPIT. The autopsy has been scanned into TFACTS documents.

Next Steps: This case has been submitted to IC [REDACTED] for final closure approval.



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: 06/12/2014 Contact Method:
 Contact Time: 10:25 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/12/2014
 Completed date: 06/12/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/12/2014 09:28 PM Entered By: [REDACTED]

CLOSING CASE SUMMARY

This case came to the Department's attention on 2-12-14 with allegations of neglect death.
 DCS policy defines neglect death as: CHILD DEATH/ NEAR DEATH:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.
4. Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.

Summary and results of the investigation:

[REDACTED] passed away in his sleep. There was no signs of foul play at the scene. The autopsy results revealed [REDACTED] died of Croup that attached to the heart and was listed as natural.
 Based on the summary and the results of the investigation, each allegation meet the criteria as outlined by policy. This case is being classified as AU/PU. This case is being submitted to Lead Investigator [REDACTED] for review and closure.



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: 06/12/2014

Contact Method: Face To Face

Contact Time: 05:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 06/12/2014

Completed date: 06/12/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/12/2014 09:20 PM Entered By: [REDACTED]

Inv. [REDACTED] went to [REDACTED] to see [REDACTED]. [REDACTED] was with her day care provider [REDACTED]. [REDACTED] said she has never had any problems with the parents. They bring everything [REDACTED] needs and she is always clean and dressed well. She said she only seen the parents a few times but only mom and dad come and pick her up or drop her off.

[REDACTED] was clean and dressed appropriately. She cried every time she was sat down. She is getting big. Inv. [REDACTED] noticed a picture of [REDACTED]" pinned to [REDACTED] carseat.

Mr. [REDACTED] came in and Inv. [REDACTED] walked out with him. Inv. [REDACTED] asked if there was anything the family needed and he said they didn't.



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:	06/11/2014	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/12/2014
Completed date:	06/12/2014	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: 06/12/2014 05:42 AM Entered By: [REDACTED]

This case was presented to CPIT and was agreed to closed as unsubstantiated.



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: 06/06/2014 Contact Method:
 Contact Time: 10:15 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/25/2014
 Completed date: 06/25/2014 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: 06/25/2014 01:08 PM Entered By: [REDACTED]

ADMINISTRATIVE REVIEW/ CASE STAFFING

This case was staffed on this date by Lead Investigator [REDACTED] and Investigator [REDACTED]. This case began on 02/12/14 with allegations of neglect death by an unknown perpetrator against the child [REDACTED]. This case is going to CPIT on 06/11/14. The final autopsy was received and reads death by natural causes.

The final autopsy will be scanned into TFACTS documents and the case will be submitted to IC [REDACTED] and to central office for final closing approval.



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: 06/02/2014 Contact Method:
 Contact Time: 04:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/02/2014
 Completed date: 06/02/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/02/2014 08:31 PM Entered By: [REDACTED]

The final autopsy report was received by fax and later in the day uploaded into TFACTS under documents.



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: 05/29/2014

Contact Method: Phone Call

Contact Time: 12:03 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/29/2014

Completed date: 05/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/29/2014 11:03 AM Entered By: [REDACTED]

Inv. [REDACTED] called the ME's Office and they said they would fax over the autopsy report for [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: 05/19/2014 Contact Method: Phone Call
 Contact Time: 03:47 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/19/2014
 Completed date: 05/19/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/19/2014 02:48 PM Entered By: [REDACTED]
 Investigator [REDACTED] called the ME's office and talked to [REDACTED] who said the final autopsy is waiting to be finalized.



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: 04/30/2014

Contact Method: Face To Face

Contact Time: 06:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/13/2014

Completed date: 06/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/13/2014 06:04 AM Entered By: [REDACTED]

Inv. [REDACTED] went to the family home to check in with the family. Inv. [REDACTED] was invited in by Mrs. [REDACTED] Mrs. [REDACTED] and [REDACTED] were present. [REDACTED] looked like she was doing well. They were asking appropriate questions and to the workers who were in the home at the time of their son's loss and what each person's job was. The family was talking about their therapy. Mr. [REDACTED] is talking to men through his church. Mrs. [REDACTED] started a group because she met another mom whose child had passed away. The family seems to be well at this time. [REDACTED] had gotten a lot bigger since the last time Inv. [REDACTED] had seen her and she was clean and dressed appropriately. The home was clean and appropriate and there was food in the fridge, freezer, and cabinets. Inv. [REDACTED] went over safe sleep with the parents even though there were no concerns.



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: 04/29/2014

Contact Method: Attempted Phone Call

Contact Time: 11:52 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2014

Completed date: 04/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2014 10:53 AM Entered By: [REDACTED]

CM called [REDACTED] at [REDACTED] and left a message to return call.



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: 04/29/2014

Contact Method: Attempted Phone Call

Contact Time: 11:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2014

Completed date: 04/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2014 10:51 AM Entered By: [REDACTED]

CM attempted to call [REDACTED] at [REDACTED] to schedule an appointment. She did not answer the phone and CM couldn't leave a message because the mail box was full.



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: 04/29/2014 Contact Method: Phone Call
 Contact Time: 11:45 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/29/2014
 Completed date: 04/29/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2014 10:45 AM Entered By: [REDACTED]

CM contacted the ME's office for the preliminary autopsy. CM talked to [REDACTED] and she said if she has then she will get it faxed over and she was given the fax number and CM's contact information.



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: 04/25/2014 Contact Method:
 Contact Time: 10:10 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/28/2014
 Completed date: 04/28/2014 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: 04/28/2014 08:28 AM Entered By: [REDACTED]

ADMINISTRATIVE REVIEW/ CASE STAFFING

This case was staffed on this date by Lead Investigator [REDACTED] and Investigator [REDACTED]. This is a child fatality case. The last admin review was on 03/13/14 and a home visit was to be conducted monthly until the case is ready to be presented to CPIT and classified for closure.

Investigator follow-up: The home visit has not been visited yet

Still needed: Finish establishing all persons and link to family case
 Initial safety assessment
 Home visit
 All other case notes entered
 Request preliminary autopsy report via phone

These steps will be completed by: 04/29/14



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:	03/13/2014	Contact Method:	
Contact Time:	03:20 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/13/2014
Completed date:	03/13/2014	Completed By:	[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: 03/13/2014 09:24 AM Entered By: [REDACTED]

ADMINISTRATIVE REVIEW/ CASE STAFFING

This case was staffed on this date by Lead Investigator [REDACTED] and Investigator [REDACTED].

The child/children involved are [REDACTED] (deceased).

Perpetrator(s) and relationship to child: unknown

Allegations: Neglect Death

The referral states that [REDACTED] (age 1) lives in the home with his parents [REDACTED], age 32 and [REDACTED], age 28) and sister [REDACTED], 2 months old). The mother ([REDACTED] called 911 for an ambulance. The police responded with EMS (Emergency Medical Services). [REDACTED] stated that her child [REDACTED] was not breathing and he was unresponsive. The officers and EMS responded and pronounced the child deceased. Then the Major Crimes unit was called to the scene. The condition of their home was moderately cluttered, but it appeared to be normal and nothing was found out of the ordinary. [REDACTED] was transported to the Medical Examiner's Office at the [REDACTED] County Regional Forensic Center.

Investigator follow-up:

Household members have been interviewed and we are waiting on autopsy results.

NEXT STEPS:

A home visit will be conducted monthly until the autopsy results have returned.



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:	02/12/2014	Contact Method:	
Contact Time:	02:21 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/09/2014
Completed date:	03/09/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/09/2014 07:46 AM Entered By: [REDACTED]

BEGINNING CASE SUMMARY

This case came to the attention of the Department on 02/12/14 at 2:21 p.m. [REDACTED] It was assigned as a P1 to Investigator [REDACTED] and the response is due on 02/13/14. The allegations are neglect death by an unknown perpetrator against the child [REDACTED] (age 1).

The referral states the following:

[REDACTED] (age 1) lives in the home with his parents [REDACTED], age 32 and [REDACTED], age 28) and sister [REDACTED] (2 months old). Today, 2/12/14, at 8:36 am, the police responded at the family's address. The mother [REDACTED] called 911 for an ambulance. The police responded with EMS (Emergency Medical Services). [REDACTED] stated that her child [REDACTED] was not breathing and he was unresponsive.

The officers and EMS responded and pronounced the child deceased. Then the Major Crimes unit was called to the scene. The condition of their home was moderately cluttered, but it appeared to be normal and nothing was found out of the ordinary.

[REDACTED] was transported to the Medical Examiner's Office at the [REDACTED] County Regional Forensic Center. They will do an autopsy on the child. The [REDACTED] County DCS worker ([REDACTED]) had responded. The mother's daughter, [REDACTED] is with her parents. The father had left for work but he returned home. There were no reports of any mental or physical conditions present in the children. Currently, the family is at home.

Referent notification will be made by mail providing the referent gave an address. If no address was provided referent notification will be made by phone providing referent left a phone number. A copy of such notification is contained within the file.

Severe Abuse Notification is made to the District Attorney's Office by local protocol, as well as to the appropriate law enforcement agency. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge according to local protocol.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

NEXT STEPS:

- Convene CPIT (if a severe abuse case)
- Assess child(ren) for safety
- Document safety assessment in TFACTS per policy
- Document prior DCS history involving family members
- Home Visit
- Interview parent, caretaker, siblings, and collaterals as case dictates
- Classify the case within 30 days per policy
- Staff case with supervisor
- Complete other tasks as necessary to meet policy requirements



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: 02/12/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/12/2014

Completed date: 06/12/2014

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: 06/12/2014 05:44 AM Entered By: [REDACTED]

The CPIT team was convened.

Narrative Type: Addendum 1 Entry Date/Time: 09/15/2014 08:08 AM Entered By: [REDACTED]

The CPIT was convened by getting the case assigned and having the detective and major crimes were assigned.



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: 02/12/2014 Contact Method: Face To Face
 Contact Time: 10:20 AM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/13/2014
 Completed date: 03/15/2014 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/13/2014 10:10 AM Entered By: [REDACTED]

2-12-14 @ 10:20 AM- The alleged victim, [REDACTED] 1 years was deceased when CM [REDACTED] and CM [REDACTED] arrived at the home. Det. [REDACTED] told CM [REDACTED] there was vomit and very little blood on the bedding. Det. [REDACTED] stated there was foamy stuff coming from [REDACTED] nose, which CM observed. Det. [REDACTED] said there were no signs of foul play.

The child [REDACTED] is too young to be interviewed but was observed to be sleeping and the neighbor [REDACTED] was holding her during the interview. She was dressed appropriately.

Case Manager arrived at the family home to complete the home visit and parent's interviews.

In order to engage the family, CM explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CM also provided the family with a brochure describing the Multiple Response Approach. CM explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CM obtained signed acknowledgements of such and copies have been placed into the file.

[REDACTED] and [REDACTED], was interviewed together and reported: They were interviewed together in the living room.

Prior DCS: No

Police history:Click here to enter text.

Mental Health:

Physical/PCP: Dr [REDACTED]

Health Insurance: [REDACTED]

Medications: Equate allergy medication for [REDACTED] the morning prior [REDACTED] is on prenatal vitamins because she is trying to nurse still and [REDACTED] takes over the counter medication when he get's migraines but nothing is prescribed.

Domestic Violence: No



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

A&D use/abuse:

Prior Abuse: NO

Income/Benefits:

Employment: [REDACTED] Works at [REDACTED] and [REDACTED] works at [REDACTED].

Custody/Court Orders: No married

With regards to the allegations in the referral [REDACTED] and [REDACTED] disclosed the following:

It was reported that [REDACTED] was born at [REDACTED] Medical Center and he was induced two weeks early. [REDACTED] was born on [REDACTED] [REDACTED] saw [REDACTED] for the first time after [REDACTED] was born on [REDACTED] at the hospital. He had dry snot on his nose. [REDACTED] mom watched [REDACTED] while they were in the hospital. The paternal grandmother's name is [REDACTED]. On 12-9-14 [REDACTED] had a febrile seizure. He had a runny nose but no illnesses before the febrile seizure. [REDACTED] said [REDACTED] had a runny nose and kind of slouched over and [REDACTED] laid him on the floor and he started making a weird breathing noise. [REDACTED] rode in the ambulance with [REDACTED] stated when she arrived [REDACTED] was up and feeling better by the time they got there within the hour. [REDACTED] stated [REDACTED] sweated the fever out in the hospital waiting room at Children's hospital. After the hospital visit the doctor called mom asking how [REDACTED] was doing. The doctor said it could happen again or it may never happen again. She said it was not related to the brain but related to the fever. Mom got 3-4 calls from everyone on follow ups making sure [REDACTED] was doing okay and good. [REDACTED] said she and [REDACTED] were real nervous about [REDACTED] having a seizure and [REDACTED] didn't go back to daycare until 1-29-14. [REDACTED] went back to work on 1-28-14. [REDACTED] and [REDACTED] hadn't had a full week of daycare since [REDACTED] started going back and [REDACTED] started since the weather had been bad and snowing. [REDACTED] reported [REDACTED] had been staring off twice like he was just in his own world but when [REDACTED] noticed it she said [REDACTED] and he said what mommy. [REDACTED] said she didn't think too much into it.

On 2-11-14 at about 6-7 am [REDACTED] was given Equate brand allergic medicine by [REDACTED]. It was about ½ teaspoon like the bottle said [REDACTED] also had a mickey mouse gummy vitamin on the same morning but later in the morning. On 2-11-14 Everyone fell asleep downstairs. [REDACTED] went upstairs with [REDACTED] and [REDACTED]. [REDACTED] put [REDACTED] in his bed at 1 am. [REDACTED] gave [REDACTED] juice in his cup. Between 3:30-5 am [REDACTED] helps [REDACTED] with [REDACTED] was fussy due to her cold but was not normally fussy. Normally [REDACTED] sleeps through the night well according to [REDACTED] went downstairs to look for some teething medication. [REDACTED] then went to the closet in [REDACTED] room to look for a box of medicine. [REDACTED] said [REDACTED] was asleep and he looked fine at about 4 am. The closet door has a white plastic door handle cover that was over the handle so [REDACTED] can't get in the closet since he can't open them with the handle covers. There is also a handle cover on the inside of [REDACTED] room so he can't get out of his room during the night since he can get to the other parts of the home and through the baby gates and into anything. [REDACTED] checked on [REDACTED] between 8-9 am. [REDACTED] said it wasn't unusual for [REDACTED] to sleep until 9 am on a day they didn't go to daycare. [REDACTED] went into [REDACTED] room and [REDACTED] was face down on his bed. [REDACTED] said [REDACTED] always sleeps on his stomach and always has since he was a baby even though she laid him down on his back. [REDACTED] touched him and he was cold. She didn't look at him because he didn't move. [REDACTED] touched him and he was cold. [REDACTED] rolled him over and she seen his face was brown and white. She got her phone and called 911. The operator at 911 said to try to get his mouth open but his mouth was clenched and his teeth were together. [REDACTED] said his hands were up and it looked like he was doing a snow angel on his stomach. [REDACTED] said it's the best way to describe it. [REDACTED] said [REDACTED] pillows were above him on the bed and he was not lying under or on the pillows. [REDACTED] said [REDACTED] has not had any accidents recently.

[REDACTED] ate dinner last night of nachos, cheese and salsa. Since he was hungry before dinner [REDACTED] gave him some left over tuna helper from the night before. They ate dinner between 6-7 and at 7:30 [REDACTED] was getting [REDACTED] dressed for bed. He also had friendship bread and extremely watered down apple juice in his sippie cup.

[REDACTED] went to the hospital for being orange and jaundice and [REDACTED] went by ambulance for the febrile seizure. [REDACTED] and [REDACTED] mother followed in the car. [REDACTED] didn't have a flu shots or any shots this year. [REDACTED] weights 31 pounds. [REDACTED] had a runny nose and cough yesterday morning on 2-11-14.

[REDACTED] went to the doctor yesterday and she has a basic cold. [REDACTED] weighed 13 lbs. 1 oz. She was a full term baby but was also induced.

[REDACTED] and [REDACTED] to [REDACTED] day care off [REDACTED] and [REDACTED] and their number is [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] mom has a history of having two stillborn births. [REDACTED] mother and brother also have a history of having febrile seizures when they were young. [REDACTED] dad's side of the family has a history of cancer and diabetes.

The home consisted of three bedrooms and two baths upstairs and living room and kitchen and bathroom downstairs. The home was clutter but there was no safety hazards were noted.