



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 06/28/2014 06:59 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 06/28/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 06/28/2014 12:04 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 06/28/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 06/28/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	2 Yrs 2 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS:

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP None found

Closed Court Custody None found

Open CPS - None found

Substantiated 8-5--2010/Case ID [REDACTED] /DEC, [REDACTED]

Death None found



**Tennessee Department of Children's Services  
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Screened out 12-2-2008/Intake ID # [REDACTED] LOS

History (not listed above):

10-13-2009/Case ID [REDACTED]/DEC/Services Recommended and Accepted

4-17-2006/Case ID [REDACTED]/PHA/Unsubstantiated

12-19-2013/Case ID [REDACTED]/NUN, DEC, LOS/Services Recommended and Accepted.

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: None

Directions: None

Reporter's name/relationship: [REDACTED] | [REDACTED] [REDACTED]

The child is not in state custody.

[REDACTED] (age 2 months old) and her twin sister, [REDACTED], live with their parents, [REDACTED], the father's mother, also lives in the home with the family. [REDACTED] (possibly the maternal grandmother, age 38), [REDACTED] (age 13), and [REDACTED] (age 20) live in the home with the family as well. The relationship of the [REDACTED] family members to others in the household is unknown.

[REDACTED] mother found [REDACTED] in her crib not breathing at 4:30 a.m. on June 28, 2014. The parents said they put the girls to bed at 10:30 p.m. on June 27, 2014. The parents said both girls sleep in the room with them in a crib they share. The parents said two days ago both girls were taken to the doctor for their two month old shots. The parents said they were both told by the doctor that both girls have allergies. The father said since [REDACTED] had their shots, [REDACTED] had been "really fussy." The father did not give any details about how [REDACTED] had been "fussy". There is no other information known about the matter.

[REDACTED] is deceased [REDACTED] is currently at [REDACTED] after being transported by ambulance. The parents and all of the household members are at the hospital as well. No other information is known about the home environment or the physical condition of the child when she was found.

Investigator [REDACTED] will be the contact person. Please contact [REDACTED].

Special Needs or Disabilities: None known.

Child's current location/is the child safe at this time: [REDACTED]

Perpetrator's location at this time: Unknown.

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

Per SDM: Investigative Track, P1. [REDACTED] on 6/28/14 @ 8:30 a.m.

[REDACTED] paged at 8:40 A.M.

[REDACTED] 06-28-14 08:40:16 AM [REDACTED]

[REDACTED] 06-28-14 08:41:07 AM [REDACTED]

Received

Email notification sent to [REDACTED] [REDACTED] and [REDACTED].



**Tennessee Department of Children's Services  
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**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 64 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender:

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 22 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** White      **Age:** 40 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** White      **Age:** 15 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

**Gender:**

**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  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** White      **Age:** 27 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 24 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]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 2 Yrs 2 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: [REDACTED] Age: 2 Yrs 2 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/28/2014

Assignment Date: 08/18/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN		CSEM	
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unonwn	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 02/04/2015

**C. Disposition Decision**

Disposition Decision:

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 02/04/2015

Team Leader: [REDACTED]

Date: 02/05/2015

**E. Investigation Summary**

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

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

**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:**



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2015

Contact Method:

Contact Time: 09:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/18/2015

Completed date: 09/18/2015

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: 09/18/2015 08:38 PM Entered By: [REDACTED]

The State of Tennessee Child Protective Services received a referral for Neglect Death on 6/28/14. There was no previous TFACTS history related to [REDACTED] or her twin sister, [REDACTED]. A previous CPS assessment was assigned and investigated on [REDACTED], by [REDACTED]. A referral was received with allegations of drug exposed child, lack of supervision, environmental neglect and nutritional neglect on 10/4/13 with the parents as the alleged perpetrators. The case was classified as No Services Needed regarding the mother for all allegations and Services recommended and accepted for the father on the allegation of drug exposed child. There was one case in 2006 involving the mother, [REDACTED], as an alleged child victim. The allegation of physical abuse was classified as AUPU.

[REDACTED] was born on [REDACTED] at [REDACTED] and [REDACTED]. [REDACTED] weighed four pounds and twelve ounces and was delivered by caesarian section. There were no known positive drug screens for the infant at time of birth.

The investigation was completed by [REDACTED], Child Protective Services Investigators. The case was supervised by [REDACTED], Lead Investigators. The infant expired on 06/28/14 with an autopsy result of Sudden Unexplained Infant Death.

Child Protective Services Investigators [REDACTED] met response on the case and it was assigned to [REDACTED].

As the death was attributed to Sudden Unexplained Infant Death, the case was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated.

The parents were interviewed by [REDACTED] with [REDACTED] and CPS Investigators [REDACTED] on the date of the infant's death at both the hospital and the family home. Both parents provided the same information as to the timeline leading up to the infant's death. The ACV was found not breathing in her crib with her twin sister. Emergency Medical Services were contacted immediately by family members in the home and the ACV was transported to the emergency room of [REDACTED] and pronounced deceased.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Statements from all family members in the home were taken by [REDACTED] and are located in the file. The SUIDI (Sudden Unexplained Infant Death Investigation) Report form was also completed by [REDACTED] and a copy can be located in the file. Policy

**Policy 20.27 Child Death/Near-Death Rapid Response**

Child death is defined 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 person's 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 caretaker as to stop another person's direct action that resulted in the death of the child.

This case was presented at the Child Protective Investigative Team in [REDACTED] [REDACTED] on 02-11-2015 for the allegation of Neglect Death. The autopsy results were Sudden Unexplained Infant Death. The case was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated.

[REDACTED] were grief stricken as evidenced by their emotional state during interviews. They were provided with information about bereavement services for themselves as well as [REDACTED] for their surviving four year old son. [REDACTED] is a once a year camp for young children who have experienced the loss of a loved one.

There was no preponderance of evidence to substantiate the allegation of abuse death.

This case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Neglect Death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
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Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
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**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

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**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/10/2015
Completed date:	08/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
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**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

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**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2015	Contact Method:	
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Entered By:	[REDACTED]	Recorded For:	[REDACTED]
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**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

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**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
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**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

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Recording ID:	[REDACTED]	Status:	Completed
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Purpose(s):	Safety - Child/Community		
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Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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Recording ID:	[REDACTED]	Status:	Completed
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**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/31/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 08/10/2015

Completed date: 08/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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Narrative Type: Original      Entry Date/Time: 08/10/2015 10:38 AM      Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/11/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/11/2015

Completed date: 05/11/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/11/2015 03:22 PM Entered By: [REDACTED]

This case is currently still in the [REDACTED] process. Once approved it can be submitted for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/30/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/02/2015

Completed date: 04/02/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/02/2015 08:56 AM      Entered By: [REDACTED]

Case is currently in review for approval for closure. The autopsy was received and the case was presented to CPIT. The recommendation for classification is AUPU and all CPIT members agreed. Once approved, the case will be closed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	02/19/2015	Contact Method:	
Contact Time:	01:51 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/19/2015
Completed date:	03/22/2015	Completed By:	System Completed
Purpose(s):			
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type:	Original	Entry Date/Time:		Entered By:	
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**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/11/2015

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/24/2015

Completed date: 03/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/24/2015 02:58 PM Entered By: [REDACTED]

Case presented to CPIT with completion of Autopsy. Case is classified AUPU for Neglect Death. Autopsy did not provide any evidence the child was abused or neglected.

Narrative Type: Addendum 2 Entry Date/Time: 08/28/2015 11:48 AM Entered By: [REDACTED]

CPIT members present: [REDACTED] with [REDACTED] with [REDACTED] with the [REDACTED], the assigned [REDACTED]. All members present agreed with the classification decision of AUPU due to the autopsy finding of SUID.

Narrative Type: Addendum 1 Entry Date/Time: 08/20/2015 12:03 PM Entered By: [REDACTED]

Result of the autopsy: Sudden Unexplained Infant Death



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/05/2015

Contact Method:

Contact Time: 07:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/05/2015

Completed date: 02/05/2015

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: 02/05/2015 06:06 PM      Entered By: [REDACTED]

[REDACTED] is approving the allegations submitted by [REDACTED]. The case will be classified as AUPU due to the results of the autopsy. The case will be presented to CPIT on 2/11/15. The case can then be submitted for closure. [REDACTED] will add the case to the [REDACTED] list at that time prior to final closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/04/2015 Contact Method:  
 Contact Time: 10:30 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 02/04/2015  
 Completed date: 02/04/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/04/2015 09:47 AM Entered By: [REDACTED]

[REDACTED] received a copy of Autopsy from [REDACTED]. Copy added to hard file. Document was scanned and emailed to [REDACTED]. Document was added to TFACTS.

Narrative Type: Addendum 1 Entry Date/Time: 08/20/2015 11:55 AM Entered By: [REDACTED]

Autopsy results document cause of death as Sudden Unexplained Infant Death. Child was co-sleeping in a playpen with twin sibling. There were no reported signs of trauma. The infant had a well check doctor's visit two days prior to death. The parents had expressed concern of cold and congestion. Nothing noted as far as the examination. Child received 2 month shots at that doctor's visit. Nothing else remarkable in the autopsy. Hard copy in the case file and scanned copy in the document section of the investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/24/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/24/2014

Completed date: 11/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/24/2014 08:49 AM      Entered By: [REDACTED]

[REDACTED] discussed this case at Monthly Performance Briefing. CPSI reports that this is a child death case. The autopsy is still pending. The case will have to be presented to CPIT once the autopsy is received. Case cannot be classified at this time. Case will remain overdue. Case will also have to be reviewed by OCS prior to closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/10/2014

Contact Method: Correspondence

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/16/2014

Completed date: 09/16/2014

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: 09/16/2014 09:51 AM      Entered By: [REDACTED]

[REDACTED] email correspondence to [REDACTED] this day to request assistance in obtaining the autopsy report.

[REDACTED] sent correspondence back she would request the report and advise LI once it was received.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/28/2014 Contact Method:  
 Contact Time: 01:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/28/2014  
 Completed date: 08/28/2014 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: 08/28/2014 01:01 PM Entered By: [REDACTED]

Case staffed with [REDACTED]. Case will remain open due to pending autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/20/2014

Completed date: 08/20/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/20/2014 01:49 PM      Entered By: [REDACTED]

Case reviewed at CPIT. Autopsy still pending from ME. Case will remain open.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/18/2014

Contact Method:

Contact Time: 12:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/18/2014

Completed date: 07/18/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/18/2014 11:47 AM      Entered By: [REDACTED]

CPSI received records from [REDACTED] who was the pediatric physician for the deceased infant. Records will be placed in hard file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/16/2014

Contact Method: Correspondence

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/22/2014

Completed date: 07/22/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/22/2014 04:03 PM      Entered By: [REDACTED]

LI received email correspondence from [REDACTED] requesting the case file to be taken to the [REDACTED] as she and [REDACTED] will be conducting a Child Death Review of the file. It was determined [REDACTED] would drop the file off at the [REDACTED] for the review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/09/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/11/2014

Completed date: 07/11/2014

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: 07/11/2014 12:02 PM      Entered By: [REDACTED]

CPSI presented case to CPIT. Case will be held open upon waiting for results of autopsy. CPSI was informed by [REDACTED] that a local cemetery/funeral home had completed the entire burial procedure at no cost to the family.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/01/2014 Contact Method:  
 Contact Time: 11:45 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/01/2014  
 Completed date: 07/01/2014 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: 07/01/2014 01:12 PM Entered By: [REDACTED]

A review of this case was held via polycom this day to include the following participants: [REDACTED]

[REDACTED] has requested medical records from the hospital, ACV's pediatrician and mother's OB/GYN. Once records are received they will be reviewed by [REDACTED]. An autopsy has been requested and it is pending at this time. This death appears to be accidental according to information [REDACTED] received from the [REDACTED]. CPSI will email scan a copy of the SUIDI report completed by the [REDACTED] to [REDACTED] for his review. CPSI to follow up with the family regarding grief counseling as they were referred for these services by the [REDACTED]. This case will be presented to CPIT in July. Case to remain open at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2014

Contact Method:

Contact Time: 09:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/01/2014 08:54 AM      Entered By: [REDACTED]

Confidential Notification Letter for Reporter sent to referent.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 02:10 PM Entered By: [REDACTED]

CPSI faxed Release of Information to the following:

[REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 11:05 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2014 10:07 AM      Entered By: [REDACTED]

CPSI faxed the referral to [REDACTED]

CPSI faxed the referral to the Children's Advocacy Center.

CPSI faxed the referral to the District Attorney's Office.

CPSI emailed the body of the referral to [REDACTED] through [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/30/2014 Contact Method:  
 Contact Time: 09:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/01/2014  
 Completed date: 07/01/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2014 08:56 AM Entered By: [REDACTED]

CPSI received copies of statements taken by law enforcement and a copy of SUIDI (Sudden Unexplained Infant Death Investigation) and a copy of the call report from dispatch to be placed in hard file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2014 10:12 AM      Entered By: [REDACTED]

CPSI Completed the form CS-0635 Notice of Child Death/Near Death and emailed the document to [REDACTED] for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 06/29/2014 Contact Method: Face To Face  
 Contact Time: 05:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/04/2015  
 Completed date: 02/04/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/04/2015 09:56 AM Entered By: [REDACTED]

Per DCS Policy 14, Work Aid 2 for Death- Near Death Note:  
 It is not required for the DCS case manager to observe the deceased child.

Narrative Type: Created In Error Entry Date/Time: 02/04/2015 09:57 AM Entered By: [REDACTED]

Wrong Time



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2014

Contact Method: Face To Face

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/04/2015

Completed date: 02/04/2015

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/04/2015 09:59 AM      Entered By: [REDACTED]

Narrative Type: Original      Entry Date/Time: 02/04/2015 09:56:52      Entered By: [REDACTED]

Per DCS Policy 14, Work Aid 2 for Death- Near Death Note:  
 It is not required for the DCS case manager to observe the deceased child.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/28/2014 Contact Method: Face To Face  
 Contact Time: 11:10 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 06/30/2014  
 Completed date: 06/30/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Other Child Living in the Home Interview/Observation,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview,Referent Interview,Sibling Interview/Observation

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/30/2014 10:25 AM Entered By: [REDACTED]

[REDACTED] Arrived at the family home on [REDACTED]. [REDACTED] spoke 1st to referent who was on the scene. Referent stated that [REDACTED] responded to the 911 call at around 4:40am and he was not called out to the scene until 5:38am. Referent stated that he contacted [REDACTED] who works child abuse and she came to assist. Referent stated that he found out that a call was not made to Child Abuse Hotline and did so immediately upon discovering that a call was not placed. Referent stated that during the time that the [REDACTED] left the home to go the hospital and the time he responded to the hospital the home had not been sealed off as required during an investigation. Referent stated he had no other information to add. [REDACTED] were inside the home upon this CPS's arrival and gathering evidence. Detectives obtained all blankets, sheets, clothing, bottles, etc to be sent to the TBI lab and processed the items per their protocol. CPSI sat with the birth mother who was visibly upset and attempted to soothe her. [REDACTED] was holding the surviving infant and attempting to make a bottle for her feeding. CPSI observed the sleeping place where the infant was found unresponsive by the mother. ACV was allegedly laying on her back next to her twin sister when she was found. All items in the playpen were already taken into evidence by LE when [REDACTED] arrived at the home.

CPSI spoke to [REDACTED], Minor Uncle to the ACV, in private and away from his mother [REDACTED]. [REDACTED] stated that he had been playing the x-box the night before and had gone to bed. [REDACTED] was asked where he was sleeping and [REDACTED] stated he was sleeping with [REDACTED]. and he heard his sister [REDACTED] screaming to call 911. [REDACTED] stated he woke up and did not know what was going on and then saw the ambulance come and then take ACV away. [REDACTED] stated the entire family went to the hospital with the infant. [REDACTED] denied having seen any type of alcohol or other items in the home. [REDACTED] was observed by [REDACTED] to be pretty shaken up and he had no other comments to make. CPSI spoke to [REDACTED] maternal Uncle to the ACV. [REDACTED] stated that he had come over with his mom and brother to see the infants because his mom had just gotten out of jail. [REDACTED] stated he went home around 10:30 and was not present when the babies were put to bed. [REDACTED] denied any use of drugs or alcohol at the home.

Below are the statements taken by Law Enforcement of the birth father, [REDACTED] Birth Mother, [REDACTED]; and paternal grandmother [REDACTED]:

Birth Father, [REDACTED] states that he got home from work around 5:30Pm on the day of 06/27/2014. [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

states that [REDACTED] and her mom went to pick her brothers and mother up because the maternal grandmother, [REDACTED] had just gotten out of jail and had not seen the babies yet. [REDACTED] states that he was home alone with the infants for about an hour and a half. [REDACTED] stated that his mother, [REDACTED], came over and they watched a movie together. [REDACTED] stated that his wife [REDACTED] and their 4 year old son, [REDACTED], were playing outside and then the family ate dinner. [REDACTED] stated that [REDACTED] and her mom stayed up and played with the babies while he went to bed. [REDACTED] stated that his wife, [REDACTED], woke him up and said that [REDACTED] wasn't breathing. [REDACTED] stated that he then checked the other baby and went through the house and told his mom to call 911. [REDACTED] stated that he layed the infant on the floor and checked her airway and then started CPR. [REDACTED] stated that his wife [REDACTED], woke him up around 4:00am 06/28/2014.

Birth mother, [REDACTED]: [REDACTED] states that on 06/27/2014 she got up at 9:00am and both babies were fine and sleeping. [REDACTED] stated she ate breakfast and then got [REDACTED] (twin) up 1st and gave her a bath and then she gave the ACV a bath. [REDACTED] stated that she and her mom dressed them and fed them and they were fine. [REDACTED] stated she cleaned house and noted that ACV slept a lot and she thought it was because she had gotten her two month shots the previous day. [REDACTED] stated that around 4:30/5:00pm she gave the babies to her husband, [REDACTED] so she could go get her brothers [REDACTED] and her mom. [REDACTED] stated her mom had just gotten out of jail and had not seen the twins yet. [REDACTED] stated she picked her family up and came straight home. [REDACTED] states that when she got home her mother-in-law was there with [REDACTED] and they were watching TV. [REDACTED] states she put the babies to bed around 11:00pm after feeding them. [REDACTED] reports the babies did not drink much. [REDACTED] states that both infants had a stuffy nose and she cleared the nasal passages prior to putting them to bed. [REDACTED] stated she woke at about 4:00am and checked on the infants, [REDACTED] reports that [REDACTED], ACV, was not breathing and she screamed at her husband to call 911. [REDACTED] stated that [REDACTED] began infant CPR.

Uncle, [REDACTED]: [REDACTED] stated he was playing on the x-box when the babies went to bed and then he went to [REDACTED] room to sleep. [REDACTED] stated that all he heard was screaming while it was still dark out. [REDACTED] denied anyone using drugs or alcohol the evening prior to the incident. [REDACTED] does not live at the home [REDACTED] was visiting.

Paternal Grandmother, [REDACTED]: [REDACTED] stated she was gone most of the day of 06/27/2014 and did not come back to the home until around 5:30PM. [REDACTED] stated that the ACV slept more because of her shots. [REDACTED] stated she went to bed around 10:30/11:00pm and then woke up when her son, [REDACTED], kicked her bedroom door and yelled at her to call 911. [REDACTED] stated her son, [REDACTED], started doing CPR.

[REDACTED] has hard copies of the statements and will place them in the DCS file.

06-28-2014

10:00am

[REDACTED] received P-1 referral for death of two month old infant at [REDACTED]. [REDACTED] called [REDACTED] [REDACTED] advised her I was on my way. Upon arrival at the hospital, a male was standing in front of the hospital and he asked if I was DCS and I advised him I was. The father was holding an outfit in his hand. Law Enforcement was in a room right inside the hospital. [REDACTED] advised they had interviewed the parents and they were preparing to travel to the scene to the family home. [REDACTED] went back to tell the nurses everyone was leaving. The mother and father were advised if they wished to spent time with the infant they were free to. The family declined the offer and said they had said goodbye already. [REDACTED] asked if I would like to see the infant and we went into the room and she advised the infant had no marks or bruises and was clean and well dressed and well groomed. [REDACTED] advised the family of the funeral homes who provided free funerals for infants and also information regarding bereavement services for them.

[REDACTED] called and advised she had been contacted and she was coming out to help and she would meet me at the home. [REDACTED] traveled to the DCS office to get paperwork and releases. The family resided in [REDACTED] and the case will be assigned to [REDACTED]. We met at the family home at [REDACTED]. The family advised they had recently moved into the home and they were not organized yet. The parents were [REDACTED]. The children were [REDACTED]. [REDACTED] were at the family home. [REDACTED] advised the children had been to the [REDACTED] and had received the first set of immunizations. Since the immunizations, the family had reported [REDACTED] had diarrhea; was sleeping a lot; and had a stuffy nose. The children were reported to have been put to bed at 11:30pm. [REDACTED] woke up at four and she had the alarm set to wake up and feed the babies. [REDACTED] was distressed when she realized it had been longer than three hours when since the babies had been fed. When she went to the bed, [REDACTED] was unresponsive and she got



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

██████████ and he performed CPR.

An ambulance was called and the baby was transported to ██████████ ██████████ and was pronounced dead. ██████████ had a previous case which was DEC child and it was closed as Services Recommended and Accepted. ██████████ was the worker.

██████████ were present as well as the mother of ██████████ who resides in the home. ██████████ was on the scene and advised she would talk to the mother and get some history and this CPSI could interview ██████████. The family was asked where we could talk in private and they advised in ██████████ room.

██████████ was a well dressed and well groomed child with no visible marks or bruises who was trying to get a game in or a movie on he could watch. ██████████ agreed to show me his room. Upon arrival at his room, we discussed where I would sit as ██████████ told me the chair and the bed were his. ██████████ finally decided I could sit in the chair. ██████████ was advised this writer's name is ██████████ and I was here to see if he needed anything today. ██████████ said his name is ██████████ and he is four years old. ██████████ said he likes Ninja Turtles. ██████████ had Ninja Turtle Sheets. ██████████ was asked what he liked to eat and he said he likes apples and pizza. ██████████ said he has a train set. ██████████ said his sisters are ██████████ was asked if had food every day and he said he did. ██████████ was asked if he had clean clothes and he said he did and went to his dresser and got out swimming trunks and said he likes to swim but he does not have a pool. ██████████ was asked how long they had lived here and he said months. ██████████ was asked if he felt safe here and if anybody had hurt him or harmed him in any way. ██████████ advised ██████████ tried to hit him. ██████████ said ██████████ is his brother. ██████████ was asked how old ██████████ is and he said ██████████ is five years old. ██████████ said his mom and dad are mom and dad. ██████████ stays here too. ██████████ is four years old. ██████████ was asked again if anybody had hurt him or harmed him in any way and he said no. ██████████ said you missed my mommy she is here. ██████████ got a tiny blood pressure cuff off his dresser and said this is what you put on the baby. The doctor put this on the baby. ██████████ was asked if they put that on the baby at the hospital before they came home and he said yes. ██████████ got clothes out of his drawer to show me his clothes and took off in the living room to discuss clothes with the family. The interview concluded. ██████████ was thanked for talking to me. ██████████ got a movie and got someone to put in the DVD for him and he watched Ninja Turtles.

The father, ██████████, was advised we needed to complete some paperwork and he sat down on the couch so we could talk. ██████████ was emotional and was advised I was sorry we had to intrude but we had to get paperwork completed and also do a genogram which was basically a family tree. Paperwork was completed with ██████████ and he excused himself once to wipe his eyes and blow his nose. ██████████ advised his mother she could come and do the family tree. ██████████ was talking about going back to work so he would pay the rent. ██████████ was talking to ██████████ and she went to lie down as she had been given a sedative at hospital. We concluded our interviews and the family was given a card and advised to call ██████████ they needed anything and they stated they would. We bestowed our condolences to the family and departed. ██████████ reminded the family to take ██████████ tomorrow to be checked out.

Signature and credentials: HIPPA Notice of Privacy Practices-Client Acknowledgement of Receipt of Clients Rights Handbook was signed by ██████████. ██████████ was given Parents Bill of Rights and Notification of Equal Access to Programs. Native American Heritage Veto Verification was explained and signed for ██████████. Genogram was completed and will be placed in case file. Release of information was completed for ██████████.

Narrative Type: Addendum 2    Entry Date/Time: 03/24/2015 03:05 PM    Entered By: ██████████

SDM was completed by this CPSI and scored the remaining children in the home as safe. At this time there is no suspicion of neglect or abuse for this investigation.

Narrative Type: Addendum 1    Entry Date/Time: 07/16/2014 01:05 PM    Entered By: ██████████

██████████ did give the family information about ██████████ which is a camp for children who have lost a loved one. This camp was suggested for the 4 years old male sibling of the deceased child.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2014

Contact Method: Phone Call

Contact Time: 10:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2014 10:10 AM      Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] as she was the on-call investigator for this day. CPSI explained that she had been asked to assist [REDACTED] because she had not worked a child death case yet. [REDACTED] stated she was heading toward the family home along with [REDACTED] and would stop by the [REDACTED] to obtain appropriate documents to be completed. [REDACTED] told [REDACTED] that she was enroute to the family home and would meet her there.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/28/2014	Contact Method:	Phone Call
Contact Time:	10:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/30/2014
Completed date:	06/30/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/30/2014 10:06 AM Entered By: [REDACTED]

[REDACTED] contacted CPIT member [REDACTED] to let her know that [REDACTED] was on the way to [REDACTED] to assist her with the investigation. [REDACTED] stated that she had already gotten statements from household members as well as taken pictures of the scene and ACV. [REDACTED] stated that she would supply those items to this CPSI on Monday, [REDACTED] stated that she was leaving the hospital and proceeding to the family home to gather evidence and to complete the required SUIDI (Sudden Unexplained Infant Death Investigation) report and which would reconstruct the incident. CPSI would be provided a copy of the form when completed. [REDACTED] asked [REDACTED] if the body of the infant was being sent for autopsy and [REDACTED] stated that it was. [REDACTED] stated that at this time there was no suspicion of neglect or abuse.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/28/2014

Contact Method:

Contact Time: 10:19 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2014 10:01 AM      Entered By: [REDACTED]

CPSI received a phone call from [REDACTED] asking if [REDACTED] could assist [REDACTED] on this investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/28/2014 Contact Method:  
 Contact Time: 05:59 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/30/2014  
 Completed date: 06/30/2014 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: 06/30/2014 09:59 AM Entered By: [REDACTED]

[REDACTED] was assigned P1 intake # [REDACTED] - Neglect Death on 06/28/2014 12:04PM  
 [REDACTED] (age 2 months old) and her twin sister, [REDACTED], live with their parents, [REDACTED]  
 [REDACTED], the father's mother, also lives in the home with the family. [REDACTED] (possibly the maternal grandmother, age 38),  
 [REDACTED] (age 13), [REDACTED] (age 20) live in the home with the family as well. The relationship of the [REDACTED]  
 family members to others in the household is unknown.

[REDACTED] mother found [REDACTED] in her crib not breathing at 4:30 a.m. on June 28, 2014. The parents said they put the girls to bed at 10:30 p.m. on June 27, 2014. The parents said both girls sleep in the room with them in a crib they share. The parents said two days ago both girls were taken to the doctor for their two month old shots. The parents said they were both told by the doctor that both girls have allergies. The father said since [REDACTED] had their shots, [REDACTED] had been "really fussy." The father did not give any details about how [REDACTED] had been "fussy". There is no other information known about the matter.

[REDACTED] is deceased [REDACTED] is currently at [REDACTED] after being transported by ambulance. The parents and all of the household members are at the hospital as well. No other information is known about the home environment or the physical condition of the child when she was found.

[REDACTED] will be the contact person. Please contact [REDACTED].



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 6/28/14 6:59 AM

Date of Assessment: 6/30/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

**Section 1: Immediate Harm Factors**

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
  - Death of a child due to abuse or neglect.
  - Care taker fears that s/he will maltreat the child.
  - Threat to cause harm or retaliate against the child.
  - Excessive discipline or physical force.
  - Drug-affected infant/child.
  - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

**If no immediate harm factors are observed, proceed to Section 3**

#### Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

#### Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): \_\_\_\_\_

#### Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Section 3: Safety Decision**

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
  - All children placed.
  - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_