



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 10/11/2014 10:49 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 10/11/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 10/11/2014 12:32 PM
 First Team Leader Assigned: [REDACTED] Date/Time 10/11/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 10/11/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	Deceased	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: None

- Family Case IDs: No history found
- Open Court Custody/FSS/FCIP None found
- Closed Court Custody None found
- Open CPS - None found
- Substantiated None found
- Death None found



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

Screened out None found

History (not listed above): None found

County: [REDACTED]
 Notification: None
 School/ Daycare: Unknown
 Native American Descent: No
 Directions: None given

Reporter's name/relationship: [REDACTED]

Reporter states:

The child is not in state custody.

The child, [REDACTED], was born on [REDACTED] and lived with his father, [REDACTED], and mother, [REDACTED].

[REDACTED] contacted the local DCS worker about [REDACTED] death at 6:36 A.M. this morning. [REDACTED] was alone with [REDACTED] overnight. [REDACTED] went to stay with her parents around 12:30 A.M. because she was tired and wanted to get some rest. [REDACTED] fed [REDACTED] around 9:30 P.M. on 10-10-2014 and laid him in the bed with [REDACTED]. [REDACTED] reported he fell asleep and when he woke up he laid [REDACTED] in the bassinet. [REDACTED] reported that at 6:15 A.M., when his alarm went off, he found [REDACTED] unresponsive. [REDACTED] stated the baby had been deceased for a while. [REDACTED] stated he thought the baby was sleeping and did not notice anything abnormal when he put him in the bassinet. It was reported that [REDACTED] was not sick and there were no marks or bruises noticeable on [REDACTED] body. The cause of death is unknown at this time. The condition of the home environment is unknown. The family is currently at home with Law Enforcement.

The on call Investigator has already been contacted and she will be getting in touch with Law Enforcement.

Special Needs or Disabilities: No
 Child's current location/is the child safe at this time: Home
 Perpetrator's location at this time: Home
 Any other safety concerns for the child(ren) or worker who may respond: No

Per SDM: Investigative Track, P1 [REDACTED] CM1 on 10-11-14 at 11:32 A.M.

[REDACTED] paged at 11:39 A.M.
 [REDACTED] 10-11-14 11:38:58 AM [REDACTED] 10-11-14 11:39:30 AM [REDACTED] Received

Email notification sent to [REDACTED] and the [REDACTED] email notification group.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: Deceased

Address: [REDACTED]

Deceased Date: 10/11/2014

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

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:

Participant ID: [REDACTED]

SSN:

Race: White

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

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: 10/11/2014

Assignment Date: 10/11/2014

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		CSEM	
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 07/15/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [REDACTED] laid [REDACTED] down on the bed beside the father, who was awake, when she went to go to her mother's home. [REDACTED] reportedly fell asleep but when he woke up he placed [REDACTED] in the crib and went back to sleep. When [REDACTED] woke up at 6 am to feed the baby he noticed [REDACTED] was non-response. The autopsy reported that [REDACTED] was most likely deceased when the father woke up and put the baby in the crib. The autopsy stated that main cause is "probable asphyxia, which could have resulted from the unsafe sleeping environment. Policy 14 work aid 1 states that the allegation of Neglect Death will be substantiated when there is "Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child." Due to the father not intentionally falling asleep with the baby, the allegations will be classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/15/2015

Team Leader: [REDACTED]

Date: 07/15/2015

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:

Child Protective Services Investigator (CPSI) [REDACTED] was not able to see [REDACTED] as [REDACTED] was already pronounced deceased when CPSI was assigned the investigation.

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



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

Case Name : ██████████

Investigation ID: ██████████

An autopsy was conducted and found that it was most likely that ██████████ was already deceased when ██████████ woke and placed ██████████ in the crib. The autopsy stated that the main cause of death is "probable asphyxia, which could have resulted from unsafe sleeping environment."

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

██████████ interviewed the parents. ██████████ reported that ██████████ was ██████████ only child. ██████████ was born on ██████████. ██████████ reportedly left the home after midnight to go to her parent's home to get some sleep. When she last saw the child, the child was asleep and had put the child in the bed with ██████████ lay down on the bed on the left side and ██████████ was on the right side. ██████████ reported the child's head was under ██████████ arm. ██████████ would eat 20 ounces every 2 hours. ██████████ reported received two phone calls from ██████████ at 6:21 AM and 6:22 AM, but did not try to call him back till 6:25 AM. ██████████ reported that when he talked to ██████████ that ██████████ fell asleep with the baby lying beside him. Later ██████████ woke up and took the baby and placed him in the crib. ██████████ was woken up at 6:15 AM by an alarm clock. When ██████████ went to go check on the baby, he noticed that the baby was non-responsive.

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

██████████ reported that ██████████ responded to the home along with ██████████. They found the baby on the floor. ██████████ told them that the baby was in the crib on his stomach with his head to the side and mouth open. The baby was not breathing. ██████████ was pronounced dead at the scene and taken to ██████████. ██████████ stated that he had to track the District Attorney down at ██████████ in ██████████ to get him to sign the consent to do an autopsy. ██████████ reported that he then took the form to ██████████ for them to complete the autopsy. CSI reported that the home was very clean and that she was surprised as to how clean the home was given that the family had a newborn baby. Both ██████████ and CSI reported that ██████████ was every distraught when they were talking to him. ██████████ stated that he observed beer cans in the trash and that he could smell the residual from the father drinking the night before. ██████████ reported that ██████████ did not appear impaired or under the influence. ██████████ stated that his initial thought is that the father rolled over on the baby and suffocated the baby while the baby was sleeping beside him in the bed. ██████████ reported that he believes that the baby was already deceased when he put the baby in the crib, but did not realize it.

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

The case was presented before the Child Protective Investigation Team (CPIT) on July 15, 2015. ██████████ and Child Protective Services Investigator ██████████ presented the case to CPIT by providing the team with a synopsis of the case and autopsy findings. The team discussed unsafe sleep. The team agreed that the allegation of Neglect Death should be classified as allegation unsubstantiated, perpetrator unsubstantiated due to the father not intentionally have the child sleeping in an unsafe sleeping environment.

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: 09/14/2015

Contact Method:

Contact Time: 03:10 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/14/2015

Completed date: 09/14/2015

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: 09/14/2015 02:14 PM Entered By: [REDACTED]

This case been approved to be closed by [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:	09/11/2015	Contact Method:	
Contact Time:	04:29 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/11/2015 03:40 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] completed the initial Safety Decision Making (SDM) Tool on [REDACTED]. The SDM showed that [REDACTED] was conditionally safe on October 11, 2014. [REDACTED] passed away on October 11, 2014.

The Family Advocacy and Support Tool (FAST) was completed by CPSI and approved by Lead Investigator [REDACTED]. The FAST showed No Identified Need for Services.



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:	08/24/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:01 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:	08/24/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:01 AM Entered By: [REDACTED]
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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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Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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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:	08/24/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:01 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:	08/24/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:01 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: 08/24/2015 Contact Method:
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/25/2015
 Completed date: 09/25/2015 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: 09/25/2015 09:01 AM Entered By: [REDACTED]
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Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/24/2015 Contact Method:
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/25/2015
 Completed date: 09/25/2015 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: 09/25/2015 09:01 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
Contact Date:	08/24/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

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

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Contact Date:	08/24/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:01 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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Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

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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: 08/24/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/25/2015

Completed date: 09/25/2015

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: 09/25/2015 09:01 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: 07/16/2015

Contact Method:

Contact Time: 09:17 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/16/2015

Completed date: 07/16/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2015 08:24 AM Entered By: [REDACTED]

Date: July 16, 2015

Time: 9:20 AM [REDACTED]

Content:

Child Protective Service Investigator [REDACTED] scanned all the Medical Records, [REDACTED] (Emergency Medical Service) Records, Police Report, and WIC records into TFACTS. A copy of the records were placed into the Child Protective Services case 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:	07/15/2015	Contact Method:	
Contact Time:	02:43 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/15/2015
Completed date:	08/03/2015	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: 07/15/2015 01:44 PM Entered By: [REDACTED]

Closing Case Summary:

The Priority 1 Investigation was assigned on October 11, 2014. The allegation was Neglect Death in regards to [REDACTED] against [REDACTED] (father). The parents have no other children. There was no history with the Department of Children Services was found. [REDACTED] was not in the custody of the Department of Children Services.

On October 10, 2014, [REDACTED] (mother) feed [REDACTED] around 9:30 PM. Around 12:30 AM on October 11, 2014, [REDACTED] placed [REDACTED] on the bed with [REDACTED] whom was still awake as she left the residence to stay at her mother's home to get some rest. [REDACTED] reportedly fell asleep while [REDACTED] was still in the bed. [REDACTED] woke up and placed [REDACTED] in his basinet. [REDACTED] woke again at 6:15 to feed [REDACTED] and found [REDACTED] non-responsive. At that time [REDACTED] called for emergency assistance. [REDACTED] was pronounced deceased on October 11, 2015.

[REDACTED] is the emergency responders that arrived on the scene along with [REDACTED] from the [REDACTED] [REDACTED] from the [REDACTED] were the assigned investigators. [REDACTED] and [REDACTED] interviewed the parents and witnessed the scene. [REDACTED] requested and was present at the autopsy of [REDACTED].

CPSI spoke with [REDACTED] about the case at the [REDACTED] [REDACTED] reported that [REDACTED] was [REDACTED] only child. [REDACTED] was born on [REDACTED] [REDACTED] reportedly left the home after midnight to go to her parent's home to get some sleep. When she last saw the child, the child was asleep and had put the child in the bed with [REDACTED] lay down on the bed on the left side and [REDACTED] was on the right side. [REDACTED] reported the child's head was under [REDACTED] arm. [REDACTED] would eat 20 ounces every 2 hours. [REDACTED] reported received two phone calls from [REDACTED] at 6:21 AM and 6:22 AM, but did not try to call him back till 6:25 AM. [REDACTED] reported that when he talked to [REDACTED] that [REDACTED] fell asleep with the baby lying beside him. Later [REDACTED] woke up and took the baby and placed him in the crib. [REDACTED] was woken up at 6:15 AM by an alarm clock. When [REDACTED] went to go check on the baby, he noticed that the baby was non-responsive. [REDACTED] reported that [REDACTED] [REDACTED] responded to the home along with [REDACTED] They found the baby on the floor. [REDACTED] told



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

them that the baby was in the crib on his stomach with his head to the side and mouth open. The baby was not breathing. [REDACTED] was pronounced dead at the scene and taken to [REDACTED]. [REDACTED] stated that he had to track the District Attorney down at [REDACTED] in [REDACTED] to get him to sign the consent to do an autopsy. [REDACTED] reported that he then took the form to [REDACTED] for them to complete the autopsy. CSI reported that the home was very clean and that she was surprised as to how clean the home was given that the family had a newborn baby. Both [REDACTED] and CSI reported that [REDACTED] was every distraught when they were talking to him. [REDACTED] stated that he observed beer cans in the trash and that he could smell the residual from the father drinking the night before. [REDACTED] reported that [REDACTED] did not appear impaired or under the influence. [REDACTED] stated that his initial thought is that the father rolled over on the baby and suffocated the baby while the baby was sleeping beside him in the bed. [REDACTED] reported that he believes that the baby was already deceased when he put the baby in the crib, but did not realize it.

The case was presented before the Child Protective Investigation Team (CPIT) on July 15, 2015. [REDACTED] and Child Protective Services Investigator [REDACTED] presented the case to CPIT by providing the team with a synopsis of the case and autopsy findings. The team discussed unsafe sleep. The team agreed that the allegation of Neglect Death should be classified as allegation unsubstantiated, perpetrator unsubstantiated due to the father not intentionally have the child sleeping in an unsafe sleeping environment.

An autopsy was conducted and found that it was most likely that [REDACTED] was already deceased when [REDACTED] woke and placed [REDACTED] in the crib. The autopsy stated that the main cause of death is "probable asphyxia, which could have resulted from unsafe sleeping environment."

[REDACTED] laid [REDACTED] down on the bed beside the father, who was awake, when she went to go to her mother's home. [REDACTED] reportedly fell asleep but when he woke up he placed [REDACTED] in the crib and went back to sleep. When [REDACTED] woke up at 6 am to feed the baby he noticed [REDACTED] was non-response. The autopsy reported that [REDACTED] was most likely deceased when the father woke up and put the baby in the crib. The autopsy stated that main cause is "probable asphyxia, which could have resulted from the unsafe sleeping environment. Policy 14 work aid 1 states that the allegation of Neglect Death will be substantiated when there is "Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child." Due to the father not intentionally falling asleep with the baby, the allegations will be classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/15/2015	Contact Method:	Face To Face
Contact Time:	10:40 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/15/2015
Completed date:	07/15/2015	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: 07/15/2015 12:38 PM Entered By: [REDACTED]

Date: July 15, 2015

Beginning Time: 10:40 AM [REDACTED]

Ending Time: 10:45 AM [REDACTED]

Child Protective Services Investigator [REDACTED]

Purpose of Contact: Present Case to Child Protective Investigation Team (CPIT) Meeting

Location: [REDACTED]

Present:

[REDACTED]

Case Name: [REDACTED]

Victim Name: [REDACTED]

Allegations: Neglect Death

Interview/Discussion:

[REDACTED] discussed the investigation with the team. The mother was not present when the [REDACTED] passed away. The mother laid [REDACTED] down on the bed beside the father, who was awake, when she went to go to her mother's home. The father reportedly fell asleep. The father woke up and placed [REDACTED] in the crib. When the father woke up at 6 am to feed the baby he noticed [REDACTED] was non-response. The father is the one that called 911. The autopsy reported that [REDACTED] was most likely deceased when the father woke up and put the baby in the crib. The autopsy stated that main cause is "probable asphyxia, which could have resulted from the unsafe sleeping environment. The team discussed unsafe sleep and how we should proceed on unsafe sleep cases.

Decision: The team agreed that in this case that the allegation of Neglect Death should be classified as allegation



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

unsubstantiated, perpetrator unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/06/2015	Contact Method:	Correspondence
Contact Time:	01:54 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/07/2015
Completed date:	07/07/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/07/2015 09:38 AM Entered By: [REDACTED]

Date: July 6, 2015

Time: 1:54 PM [REDACTED]

Content:

Child Protective Services Investigator [REDACTED] received the Autopsy Final Report for [REDACTED]. A copy of the report was placed in the file and uploaded into TFACTS. The narrative reported that: "No trauma is observed. The amount of gastric content and the state of digestion of the gastric content in the stomach indicates that the child died within a couple of hours fro the last feeding. Based on the scene investigation, complete autopsy findings and ancillary studies, the main cause of death of [REDACTED] is probable asphyxia, which could have resulted from the unsafe sleeping environment."



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: 06/26/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/16/2015

Completed date: 07/16/2015

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: 07/16/2015 02:17 PM Entered By: [REDACTED]

Admin Review
06/26/2015

The case is still pending the autopsy results. Case will be presented to the CPIT team as soon as the autopsy is 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: 05/20/2015

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 07/07/2015

Completed date: 07/07/2015

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: 07/07/2015 09:42 AM Entered By: [REDACTED]

Date: May 20, 2015

Beginning Time: 10:00 AM [REDACTED]

Ending Time: 10:01 AM [REDACTED]

Child Protective Services Investigator [REDACTED]

Purpose of Contact: Present Case to Child Protective Investigation Team (CPIT) Meeting

Location: [REDACTED]

Present:

[REDACTED]

Case Name: [REDACTED]

Victim Name: [REDACTED]

Allegations: Neglect Death

Interview/Discussion:

The autopsy has not come back yet. As a result the case cannot be discussed at CPIT.

Decision: The team agreed to pass the case to next month's CPIT.



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: 05/18/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/18/2015

Completed date: 05/18/2015

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: 05/18/2015 09:31 AM Entered By: [REDACTED]

Admin Review

At the current time the autopsy is still pending. Child Protective Investigation Team Meeting (CPIT) is scheduled for 5/20/2015 at 9:00am. If the autopsy is not back at that time case will be passed and presented at the next meeting.



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: 04/27/2015

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/27/2015

Completed date: 04/27/2015

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: 04/27/2015 02:42 PM

Entered By: [REDACTED]

04/27/2015

3:30pm

Admin Review

This case is a fatality case. The infant was found deceased. The autopsy has been performed but the autopsy result has not been sent. Case was brought up at Child Protective Investigation Team meeting on 4/15/2015 but law enforcement had no update to give. Case will continue to remain open until final documents are 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:	04/20/2015	Contact Method:	Face To Face
Contact Time:	09:10 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/07/2015
Completed date:	07/07/2015	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: 07/07/2015 09:40 AM Entered By: [REDACTED]

Date: April 20, 2015

Beginning Time: 9:10 AM [REDACTED]

Ending Time: 9:11 AM [REDACTED]

Child Protective Services Investigator [REDACTED]

Purpose of Contact: Present Case to Child Protective Investigation Team (CPIT) Meeting

Location: [REDACTED]

Present:

[REDACTED]

Case Name: [REDACTED]

Victim Name: [REDACTED]

Allegations: Neglect Death

Interview/Discussion:

The autopsy has not come back yet. As a result the case cannot be discussed at CPIT.

Decision: The team agreed to pass the case to next month's CPIT.

Narrative Type: Addendum 1 Entry Date/Time: 07/07/2015 09:44 AM Entered By: [REDACTED]

The date of CPIT was mistyped and incorrectly entered. The date of this CPIT contact is April 15, 2015.



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:	03/25/2015	Contact Method:	Face To Face
Contact Time:	09:10 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/25/2015
Completed date:	03/25/2015	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: 03/25/2015 10:35 AM Entered By: [REDACTED]

Date: March 25, 2015

Beginning Time: 9:10 AM [REDACTED]

Ending Time: 9:11 AM [REDACTED]

Child Protective Services Investigator [REDACTED]

Purpose of Contact: Present Case to Child Protective Investigation Team (CPIT) Meeting

Location: [REDACTED]

Present:

[REDACTED]

Case Name: [REDACTED]

Victim Name: [REDACTED]

Allegations: Neglect Death

Interview/Discussion:

The autopsy has not come back yet. As a result the case cannot be discussed at CPIT.

Decision: The team agreed to pass the case to next month's CPIT.



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: 03/17/2015

Contact Method:

Contact Time: 03:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/17/2015

Completed date: 03/17/2015

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: 03/17/2015 02:23 PM

Entered By: [REDACTED]

Admin Review

3.17.2015

03:20pm

This case was reviewed by [REDACTED]. The case is currently pending the autopsy results. There are no tasks that can be completed 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:	02/25/2015	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	03/02/2015
Completed date:	03/02/2015	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: 03/02/2015 02:59 PM Entered By: [REDACTED]

Date: February 25, 2015

Beginning Time: 10:30 AM [REDACTED]

Ending Time: 10:35 AM [REDACTED]

Child Protective Services Investigator [REDACTED]

Purpose of Contact: Present Case to Child Protective Investigation Team (CPIT) Meeting

Location: [REDACTED]

Present:

[REDACTED]

Case Name: [REDACTED]

Victim Name: [REDACTED]

Allegations: Neglect Death

Interview/Discussion:

The autopsy has not come back yet. As a result the case cannot be discussed at CPIT.

Decision: The team agreed to pass the case to next month's CPIT.



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:	02/12/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/12/2015
Completed date:	02/12/2015	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: 02/12/2015 10:09 AM Entered By: [REDACTED]

Administrative Review

Date: 02/12/2015

Time: 11:00am

County: [REDACTED]

Child Protective Services Investigator [REDACTED]

Content:

[REDACTED] staffed this case. This case is a child death case. The autopsy is currently pending. The next Child Protective Investigation Team Meeting is on 2/18/2015. The case will be reviewed by the team at that meeting if there is any updates. [REDACTED] has emailed [REDACTED] in regards to the case as well. Case will continue to be updated monthly of any information gained.



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: 01/22/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/12/2015

Completed date: 02/12/2015

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: 02/12/2015 10:11 AM Entered By: [REDACTED]

Administrative Review

Date: 1/22/2015

Time: 09:00am

County: [REDACTED]

Child Protective Services Investigator [REDACTED]

Content:

[REDACTED] staffed this case. This case is a child death case. The autopsy is currently pending. This case was review yesterday by the Child Protective Investigation Team Meeting (CPIT). [REDACTED] reports that the autopsy is not back and he has no current information. The next CPIT is on 2/18/2015. The case will be reviewed by the team at that meeting if there is any updates. Case will continue to be updated monthly of any information gained.



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:	01/21/2015	Contact Method:	Face To Face
Contact Time:	09:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	02/02/2015
Completed date:	02/02/2015	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: 02/02/2015 08:58 AM Entered By: [REDACTED]

Date: January 21, 2015

Beginning Time: 9:30 AM [REDACTED]

Ending Time: 9:35 AM [REDACTED]

Child Protective Services Investigator [REDACTED]

Purpose of Contact: Present Case to Child Protective Investigation Team (CPIT) Meeting

Location: [REDACTED]

Present:

[REDACTED]

Case Name: [REDACTED]

Victim Name: [REDACTED]

Allegations: Neglect Death

Interview/Discussion:

The autopsy has not come back yet. As a result the case cannot be discussed at CPIT.

Decision: The team agreed to pass the case to next month's CPIT.



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: 12/19/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/06/2015

Completed date: 01/06/2015

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: 01/06/2015 04:05 PM

Entered By: [REDACTED]

Admin Review

[REDACTED]

This case was reviewed. This is a fatality. The autopsy is currently pending but there is no foul play suspected. Once the autopsy is received the case will be discussed in CPIT for classification and closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	████████████████████



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:	12/17/2014	Contact Method:	Correspondence
Contact Time:	08:16 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/06/2015
Completed date:	01/06/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/06/2015 04:04 PM Entered By: [REDACTED]

Date: December 17, 2014

Beginning Time: 8:16 AM [REDACTED]

Interviewer: Child Protective Services Investigator [REDACTED]

Location: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Family [REDACTED]

Purpose of Contact: Witness Contact

Content:

CPSI received an email back from [REDACTED] CPSI emailed [REDACTED] on December 12, 2014 asking if he had heard anything about the autopsy for [REDACTED].

[REDACTED] email stated the following:

"I have not. The Forensic examiner said it would take a while as she sent several things to different labs to make sure she is correct on this infant. As soon as I hear something I will let you know."



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:	11/26/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/04/2014
Completed date:	12/04/2014	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: 12/04/2014 12:43 PM Entered By: [REDACTED]

Administrative Review/Staffing

Date: 11/26/2014

Time: 2:00pm

[REDACTED] staffed this case. The allegations are neglect death. The infant was found in the bed deceased. Foul play is not suspected in this case. The autopsy is still pending on this case. There are no other children in the home. Case will be classified once autopsy is received and reviewed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	████████████████████



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:	11/10/2014	Contact Method:	Face To Face
Contact Time:	05:56 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/06/2015
Completed date:	01/06/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/06/2015 03:53 PM Entered By: [REDACTED]

Date: November 10, 2014

Beginning Time: 5:56 AM

Ending Time: 6:02 AM

Interviewer: Child Protective Services Investigator [REDACTED]

Location: [REDACTED]

Person Contacted:

[REDACTED] mother

[REDACTED] maternal grandmother

Purpose of Contact: Contact with the family

Content:

CPSI was greeted at the door by [REDACTED] and welcomed into the home. [REDACTED] introduced CPSI to her mother, [REDACTED]. [REDACTED] stated that she just wanted to be present for moral support for the family. CPSI reported that was fine with CPSI if it was fine with [REDACTED]. [REDACTED] reported that she wanted her mom to be there. [REDACTED] said that [REDACTED] had not got off from work yet but would be home any time. [REDACTED] reported that it was still really hard and that it was very hard to talk about. [REDACTED] reported that the night of the incident she had went and put [REDACTED] in the bed with [REDACTED] and went to her mother's home to get some sleep. [REDACTED] reported that her daughter did come to their home to sleep. [REDACTED] said that she ended up getting woken up from [REDACTED] calling her. [REDACTED] said that she noticed that she had several missed calls from [REDACTED]. [REDACTED] stated that [REDACTED] told her that something was wrong. [REDACTED] said that she left for her mother's home after midnight. [REDACTED] said that the phone calls from [REDACTED] were around 6:30 AM. CPSI asked [REDACTED] if she needed any grief counseling. [REDACTED] said that she did not want to do counseling. [REDACTED] told her daughter that she thought it was a good idea. [REDACTED] told CPSI and her mother that she was not going counseling. [REDACTED] completed initial paperwork with CPSI. [REDACTED] signed a Release of Information for CPSI to gather medical records from the [REDACTED]. [REDACTED] signed the Notification of Equal Access to Programs and Services and Grievance Procedures. A copy was also left with [REDACTED] was provided a copy of the Client's Rights Handbook. [REDACTED] signed the acknowledgement that she received the Handbook. A copy of the Notice of Privacy Practices was provided to [REDACTED]. [REDACTED] signed the HIPAA Notice of Privacy Practices



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Client Acknowledgement.

CPSI explained that CPSI would have to get the autopsy to see what the cause of death was ruled as. CPSI reported that a high level of enzymes were found in [REDACTED] kidney would might be an indicator that he might have had kidney failure and passed away from natural causes. [REDACTED] reported that they have not been notified of that. CPSI reported that right now it not believed that [REDACTED] death was due malicious actions. [REDACTED] said that she believed it was an accident if it was not from natural causes.

Observation:

The trailer appeared clean. No hazards were observed in the double wide. Several things had been taken out of the home that pertained to [REDACTED] due to it upsetting the family to see the baby items.

Plan:

CPSI will check and see if the autopsy has come back.



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: 11/09/2014 Contact Method: Phone Call
 Contact Time: 10:38 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/06/2015
 Completed date: 01/06/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/06/2015 03:14 PM Entered By: [REDACTED]

Date: November 9, 2014

Beginning Time: 10:38 AM

Ending Time: 11:00 AM

Interviewer: Child Protective Services Investigator [REDACTED]

Telephone Number: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Client: father/alleged perpetrator

Purpose of Contact: Contact with the family

Content:

CPSI spoke with [REDACTED] on the phone. [REDACTED] reported that they were still trying to get back to normal. CPSI stated that CPSI still needed to come speak with the family and complete a home visit. [REDACTED] said that he does not always know when he is getting off work but would try to make it for the scheduled time. A home visit was scheduled for November 10, 2014 at 6 PM. [REDACTED] said that worse case scenario that [REDACTED] would be there to sign any forms CPSI needed signed.



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: 10/13/2014 Contact Method:
 Contact Time: 04:44 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/14/2014
 Completed date: 10/14/2014 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: 10/14/2014 10:43 AM Entered By: [REDACTED]

[REDACTED] is entering a note after receiving an update from Child Protective Services Investigator [REDACTED] reported that she talked with [REDACTED] with the [REDACTED] today in regards to the [REDACTED] child fatality investigation. The autopsy was completed yesterday. [REDACTED] said that high levels of enzymes were found in the child's kidneys. A sample was sent to the lab to be tested and should be back in a week or two. At this point it is believed that the baby might have died from natural causes due to the kidney shutting down. Once the results are back they will be able to tell for sure. [REDACTED] did have a visit scheduled to meet with the parents at 2:00 pm on this date and did attempt a home visit and did talk with the parents via phone and the parents reported that they met with their preacher at the preacher's house before going to the funeral home to view the infant for the first time since [REDACTED] passed away. [REDACTED] reported that she has had two conversations with the parents via phone and will follow up with the parents later in the week as the funeral for [REDACTED] is on 10/14/14.



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:	10/13/2014	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Detention/Jail	Created Date:	01/06/2015
Completed date:	01/06/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/06/2015 02:50 PM Entered By: [REDACTED]

Date: October 13, 2014

Beginning Time: 2:30 PM [REDACTED]

Ending Time: 2:35 PM [REDACTED]

Interviewer: Child Protective Services Investigator [REDACTED]

Location: [REDACTED]

Person Contacted: [REDACTED] - [REDACTED]

Relationship to Family: [REDACTED]

Purpose of Contact: Witness Contact

Content:

CPSI spoke with [REDACTED] in regards to the case. [REDACTED] stated that during the autopsy that he was informed that [REDACTED] had a high enzyme level in his kidneys that might mean that his kidneys shut down. [REDACTED] reported that the autopsy could be back in two weeks and at that time we will know for sure. [REDACTED] said that it might come back that he passed away from natural causes. [REDACTED] said that he thinks that either the child passed away due to natural causes or that the father may have rolled over on the baby and that [REDACTED] death was an accident due to unsafe sleep. CPSI told [REDACTED] that CPSI had went for a scheduled visit today with the family but the family had forgot. CPSI said that the family was meeting with the preacher about the funeral arrangements this week. [REDACTED] reported that he really felt bad for the father and that the father could not stop crying when he interviewed him.



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:	10/13/2014	Contact Method:	Attempted Face To Face
Contact Time:	01:58 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/06/2015
Completed date:	01/06/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Alleged Perpetrator Interview, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/06/2015 02:30 PM Entered By: [REDACTED]

Date: October 13, 2014

Beginning Time: 1:58 PM

Ending Time: 2:00 PM

Interviewer: Child Protective Services Investigator [REDACTED]

Location: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Client: father/alleged perpetrator

Purpose of Contact: Contact with the family

Content:

CPSI went to the family home. The family resides in a trailer. CPSI knocked several times on the door. There was no answer. CPSI observed that there were no lights on inside the home and no noises were observed. CPSI went back to CPSI's vehicle and called [REDACTED] did not answer. CPSI left a voice message asking [REDACTED] to call CPSI back. CPSI went and put a business card on [REDACTED] door.

As CPSI was leaving the neighborhood, CPSI received a telephone call from [REDACTED]. CPSI reported that CPSI had just left his home. [REDACTED] apologized and said that he forgot about the scheduled appointment. [REDACTED] voice started cracking as he told CPSI that he was with the family preacher talking about the funeral. [REDACTED] the funeral was on Wednesday. [REDACTED] started crying on the phone. CPSI told [REDACTED] that CPSI will call him at a later date after the funeral and reschedule the meeting.

Observation:

The family resides in a trailer. The outside of the trailer appeared clean. No trash was observed outside the home.

Plan:

CPSI will follow up with [REDACTED] after the funeral.



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: 10/11/2014 Contact Method: Phone Call
 Contact Time: 05:19 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/13/2014
 Completed date: 10/13/2014 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2014 09:48 AM Entered By: [REDACTED]

Date: October 11, 2014

Beginning Time: 5:19 PM

Ending Time: 5:23 PM

Interviewer: Child Protective Services Investigator [REDACTED]

Phone Number: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Client: father/alleged perpetrator

Purpose of Contact: Contact with the family

Content:

CPSI spoke with [REDACTED] by telephone. CPSI engaged [REDACTED] by explaining who CPSI was and why CPSI was involved. CPSI kept having to repeat things to [REDACTED] due to him not being able to comprehend what CPSI was saying [REDACTED] reported that he was trying not to start crying again. [REDACTED] stated that he does not plan on going to work on Monday or anytime next week. CPSI scheduled a home visit for Monday, October 13th at 2 PM at [REDACTED]. [REDACTED] told CPSI that he was going to get off the phone because he was about to start crying again. CPSI noted that [REDACTED] voice sounded like it was cracking like he was fighting back from crying.



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: 10/11/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/13/2014
 Completed date: 10/13/2014 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: 10/13/2014 09:33 AM Entered By: [REDACTED]

Date: October 11, 2014

Beginning Time: 3:00 PM

Ending Time: 3:15 PM

Interviewer: Child Protective Services Investigator [REDACTED]

Purpose of Contact: Witness Contact

Location: [REDACTED]

Contacted/Relation:

[REDACTED] - [REDACTED]
 Crime Scene Investigator [REDACTED]**Content:**

CPSI spoke with [REDACTED] about the case at the [REDACTED] reported that [REDACTED] was [REDACTED] only child. [REDACTED] was born on [REDACTED] reportedly left the home after midnight to go to her parent's home to get some sleep. When she last saw the child, the child was asleep and had put the child in the bed with [REDACTED] laid down on the bed on the left side and [REDACTED] was on the right side. [REDACTED] reported the child's head was under [REDACTED] arm [REDACTED] would eat 20 ounces every 2 hours. [REDACTED] reported received two phone calls from [REDACTED] at 6:21 AM and 6:22 AM, but did not try to call him back till 6:25 AM.

[REDACTED] reported that when he talked to [REDACTED] that [REDACTED] fell asleep with the baby lying beside him. Later [REDACTED] woke up and took the baby and placed him in the crib. [REDACTED] was woken up at 6:15 AM by an alarm clock. When [REDACTED] went to go check on the baby, he noticed that the baby was non-responsive.

[REDACTED] reported that [REDACTED] responded to the home along with [REDACTED] They found the baby on the floor. [REDACTED] told them that the baby was in the crib on his stomach with his head to the side and mouth open. The baby was not breathing. [REDACTED] was pronounced dead at the scene and taken to [REDACTED]

[REDACTED] stated that he had to track the District Attorney down at [REDACTED] in [REDACTED] to get him



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

to sign the consent to do an autopsy. [REDACTED] reported that he then took the form to [REDACTED] for them to complete the autopsy.

CSI reported that the home was very clean and that she was surprised as to how clean the home was given that the family had a newborn baby.

Both [REDACTED] and CSI reported that [REDACTED] was every distraught when they were talking to him.

[REDACTED] stated that he observed beer cans in the trash and that he could smell the residual from the father drinking the night before. [REDACTED] reported that [REDACTED] did not appear impaired or under the influence.

[REDACTED] stated that his initial thought is that the father rolled over on the baby and suffocated the baby while the baby was sleeping beside him in the bed. [REDACTED] reported that he believes that the baby was already deceased when he put the baby in the crib, but did not realize it.

Observations:

[REDACTED] provided CPSI a copy of his notes and drawing of how the room looked like where the baby was found.

Assessments:

There is no assessment at this time for the child, due to the child being deceased.

Plan:

CPSI will follow up with the parents.



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:	10/11/2014	Contact Method:	Correspondence
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/06/2015
Completed date:	01/06/2015	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: 01/06/2015 03:58 PM Entered By: [REDACTED]

Date: October 11, 2014

Time: 3:00 PM [REDACTED]

Content:

Child Protective Service Investigator (CPSI) convened CPIT by placing a copy of the referral in [REDACTED] mailbox at the [REDACTED]. CPSI notified in person [REDACTED] at the [REDACTED]. CPSI provided a copy of the referral to [REDACTED]. [REDACTED] CPSI faxed a copy of the referral to the [REDACTED] District Attorney's Office.



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:	10/11/2014	Contact Method:	Attempted Face To Face
Contact Time:	11:40 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/13/2014
Completed date:	10/13/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Initial ACV Face To Face,Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

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

On October 11, 2014 at 11:40 AM, Child Protective Service Investigator [REDACTED] was notified by Lead Investigator [REDACTED] for a child fatality investigation in regards to [REDACTED] was pronounced deceased at the scene by [REDACTED] with the [REDACTED] has been assigned to the case. LI instructed CPSI to get with [REDACTED] in regards to his interviews with the parents and to follow up with the family. CPSI is not able to meet response on [REDACTED] due to [REDACTED] being deceased.



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:	10/11/2014	Contact Method:	Attempted Face To Face
Contact Time:	11:40 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/15/2015
Completed date:	07/15/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Good Faith Effort		
Contact Sub Type:	Collateral Contact		

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/15/2015 12:56 PM Entered By: [REDACTED]

On October 11, 2014 at 11:40 AM, Child Protective Service Investigator [REDACTED] was notified by Lead Investigator [REDACTED] for a child fatality investigation in regards to [REDACTED] was pronounced deceased at the scene by [REDACTED] with the [REDACTED] has been assigned to the case. LI instructed CPSI to get with [REDACTED] in regards to his interviews with the parents and to follow up with the family. CPSI is not able to meet response on [REDACTED] due to [REDACTED] being deceased.



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: 10/11/2014 Contact Method:
 Contact Time: 11:21 AM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/11/2014
 Completed date: 10/11/2014 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: 10/11/2014 01:11 PM Entered By: [REDACTED]

Family Composition:

[REDACTED]-alleged child victim, [REDACTED]
 [REDACTED]

11:21 am

Lead Investigator [REDACTED] was notified by [REDACTED] Dispatch of an infant death on this date and time. [REDACTED] was asked to contact [REDACTED] with the [REDACTED] regarding the death.

11:29 am

[REDACTED] contacted [REDACTED] on this date at time. [REDACTED] reported that at approximately 6:27 am this morning that the father of the infant, [REDACTED] called 911 reporting that his infant son, [REDACTED] was found unresponsive. [REDACTED] reported that he was contacted afterwards and did respond. [REDACTED] reported that the infant, [REDACTED] was pronounced deceased at approximately 6:36 am [REDACTED] by Emergency Medical Staff with [REDACTED] Ambulance Service and that the infant, [REDACTED] has been transported to the [REDACTED] for an autopsy that is to be performed this afternoon or in the morning. [REDACTED] asked if the infant, [REDACTED] was transported to a hospital other than [REDACTED] and he reported no. [REDACTED] reported that he did take pictures at the scene of the death and reported that he did observe a bassinet at the home located in the parent's bedroom. [REDACTED] reported that he interviewed both parents separately at the family home located at [REDACTED] [REDACTED] reported that he interviewed [REDACTED] mother, [REDACTED] who reported that she fed [REDACTED] at approximately 9:30 pm on the night of 10/10/14, that she burped him, and laid him in the bed with his father [REDACTED] reported that [REDACTED] stated that she left the residence at approximately 12:30 am this morning and went to the maternal grandparent's residence to get some rest as she had not been sleeping since bringing [REDACTED] home from the hospital. [REDACTED] reported that he interviewed the father, [REDACTED] who reported that he fell asleep while in the bed with [REDACTED] and he woke up sometime after [REDACTED] left and that [REDACTED] appeared to be sleeping so [REDACTED] picked [REDACTED] up and laid him on his back in the bassinet. [REDACTED] stated that his alarm went off at 6:15 am this morning and he found [REDACTED] not breathing and called 911. [REDACTED] reported that based on lividity of the infant [REDACTED] it appeared that [REDACTED] had been deceased for "quite some time". [REDACTED] reported that he didn't observe any marks or bruises on the infant's body. [REDACTED] reported that the parents reported that [REDACTED] was born at [REDACTED] in [REDACTED] and that he attends his medical appointments with [REDACTED] at [REDACTED]. Both parents reported that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] has attended two follow up appointments since birth just for a check-up and that [REDACTED] has not been sick. Both parents reported that [REDACTED] has lost weight and the [REDACTED] recommended that [REDACTED] feedings be increased to 2 ounces every 2-hours instead of every 4-hours. [REDACTED] reported that [REDACTED] formula was Simulac. [REDACTED] asked if there were any other children in the home and he stated that this was the parent's first child. [REDACTED] reported that he didn't suspect any type of abuse or neglect at this time and reported that the infant may have passed from SIDS (Sudden Infant Death Syndrome) or from possible co-sleeping while in the bed with his father [REDACTED]. [REDACTED] asked [REDACTED] if either parent appeared to be under the influence and he stated that they did not. [REDACTED] advised [REDACTED] that Child Protective Services Investigator [REDACTED] was the on-call investigator and that I would have her to contact him. [REDACTED] asked that [REDACTED] share any photographs and statements with [REDACTED]. [REDACTED] said that he would. [REDACTED] asked [REDACTED] if he had called in the referral to central intake and he reported that he had not and it was agreed that [REDACTED] would make the referral on behalf of [REDACTED].

11:39 am [REDACTED]

[REDACTED] contacted on-call [REDACTED] to inform her of the death and provided her with [REDACTED] phone number. [REDACTED] advised [REDACTED] to obtain the photographs and statements from [REDACTED] as the infant [REDACTED] had already been transported to [REDACTED] for an autopsy. [REDACTED] advised that [REDACTED] meet with the parents with law enforcement to follow up to ensure that there are no other children, if the family has any history with DCS, if the parents take any prescribed medications, and to provide the family with resources for grief counseling. [REDACTED] advised that only if the parents were able to have them sign a release of information so that [REDACTED] medical records could be requested from the pediatrician, birth hospital, and from [REDACTED] as well as a release from the mother, [REDACTED] to obtain pre-natal records and medical records from [REDACTED] birth.

11:45 am [REDACTED]

[REDACTED] conducted a TFACTS history search on the child and parents with the information that was provided to me by [REDACTED]. [REDACTED] found no history on the child or parents at this time based on the information that was provided.

11:49 am [REDACTED]

[REDACTED] did contact central intake to make the referral regarding the child death.

12:04 pm [REDACTED]

[REDACTED] contacted Investigations Coordinator [REDACTED] to inform him of the child death.

12:22 pm [REDACTED]

[REDACTED] contacted on-call Program Coordinator [REDACTED] to inform her of the child death.

4:42 pm

[REDACTED] completed the Death Report regarding the infant [REDACTED] and emailed to all appropriate DCS personnel.

6:02 pm

[REDACTED] contacted [REDACTED] to inform me that [REDACTED] reported to her that he smelled alcohol on the father, [REDACTED] this morning at the residence and he did observe empty beer cans at the residence but that neither parent appeared to be under the influence. [REDACTED] will be following up with the parents and stated that [REDACTED] did confirm that the parents only had one child who was [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: 10/11/2014

Contact Method:

Contact Time: 10:49 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/06/2015

Completed date: 01/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/06/2015 04:14 PM Entered By: [REDACTED]

CASE ASSIGNMENT

On October 11, 2014 at 10:49 AM [REDACTED] a referral was called into Child Abuse Hotline. The referral was screened into [REDACTED] as a Priority 1 with allegations of Neglect Death. The alleged child victim is [REDACTED] and the alleged perpetrators are [REDACTED], father. This case was assigned to [REDACTED] by Lead Investigator [REDACTED]. It is not known if this child is of Native American descent. This information will need to be obtained when response is met.

DCS Case History: No History Found

Name of family: [REDACTED]

Address: [REDACTED]

Referent Notification: By phone on 10/11/2014 at 11:21 AM [REDACTED]

Initial Notification to the County Judge is made by the [REDACTED]. At the conclusion of this case, a 740 will be submitted to the supervisor to be reviewed and signed, and then submitted to the Juvenile Court on a weekly basis as requested by the court.

Referral:

The child is not in state custody.

The child, [REDACTED], was born on [REDACTED] and lived with his father, [REDACTED].

[REDACTED] contacted the local DCS worker about [REDACTED] death at 6:36 A.M. this morning. [REDACTED] was alone with [REDACTED] overnight. [REDACTED] went to stay with her parents around 12:30 A.M. because she was tired and wanted to get some rest. [REDACTED] fed [REDACTED] around 9:30 P.M. on 10-10-2014 and laid him in the bed with [REDACTED] reported he fell asleep and when he woke up he laid [REDACTED] in the bassinet. [REDACTED] reported that at 6:15 A.M., when his alarm went off, he found [REDACTED] unresponsive. [REDACTED] stated the baby had been deceased for a



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

while. [REDACTED] stated he thought the baby was sleeping and did not notice anything abnormal when he put him in the bassinet. It was reported that [REDACTED] was not sick and there were no marks or bruises noticeable on [REDACTED] body. The cause of death is unknown at this time. The condition of the home environment is unknown. The family is currently at home with Law Enforcement.