Case # 2014.191

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 11/17/2014 04:41 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 11/17/2014

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 11/17/2014 08:18 PM

First Team Leader Assigned: [redacted]

Date/Time 11/17/2014 12:00 AM

First Case Manager [redacted]

Date/Time 11/17/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	1 Yr 5 Mos	Neglect Death	Yes	[redacted]	Birth Mother
[redacted]	1 Yr 5 Mos	Neglect Death	Yes	Unknown Participant [redacted] Unknown	Birth Father

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address: [redacted]

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: None

Narrative: History Template

Family Case ID: [redacted]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated 6-12-14[redacted]/DEI/[redacted]

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

Death No

Screened out 1

History (not listed above): Yes

10-19-2011-[redacted] DEC-Unsubstaniated

10-23-13--[redacted]-DEC-Services Recommended

County: [redacted]
Notification: None
School/ Daycare: No
Native American Descent: No
Directions:

Reporter's name/relationship [redacted]

The child is not in DCS Custody

Reporter states:

[redacted] (6 months) lives with his parents [redacted] and Unknown Male in [redacted] County. Also in the home is Unknown (9) and Unknown (4). The names and gender of the children are unknown at this time.

It was reported [redacted] came to the emergency room today at 1:30 pm eastern by EMS due to Pediatric Cardiac Arrest. The child was pronounced dead at 2:02 pm. The child's body was sent for an autopsy to determine the cause of the death. The parents did call 911 due to the child going into cardiac arrest. It was reported the mother and father followed the ambulance to the hospital. The child was at the home when the incident took place.

It was reported the child had a heart murmur at birth and stomach surgery. The Referent had limited information regarding the details of the incident and the child's arrival to the hospital.

It's unknown if law enforcement check the residence at the time of arrival at the home.

[redacted] had no other type of injuries at the time of death. The reporter was told to contact the child abuse hotline to make a report.

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

Per SDM: Investigative Track, P-1

[redacted] CM II @ 5:20pm 11-17-2014

[redacted] TL @ 6:40 p.m. on 11/17/14

Submitted to the County at 6:40 p.m. on 11/17/14

A notification was sent to [redacted]
The [redacted] Regional Administrator [redacted] was copied on the notification.

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

[redacted] 11-17-14 18:45:44 --- [redacted] Voicemail
11-17-14 18:45:44 11-17-14 18:46:19
Received
11-17-14 18:45:44 --- [redacted] Email Sent

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

Participant(s)

Name: [redacted]

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

SSN: | Race: | Age: 25 Yrs (Est)

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]

Partipant ID [redacted]

SSN:

Race:

Age: 1 Yr 5 Mos

Address: [redacted]

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: Unknown Participant [redacted], Unknown

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

SSN: | Race: | Age: 27 Yrs (Est)

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:

Case # 2014.191

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: 11/17/2014

Assignment Date: 10/05/2015

Street Adress: [redacted]

City/State/Zip: [redacted]

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted]	Neglect Death	[redacted]	[redacted]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 12/09/2014
2	[redacted]	[redacted]	Neglect Death	[redacted]	[redacted]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 12/09/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Child Protective Services Investigator(CPSI) [redacted] received a P1 Investigation on 11/17/2014 with the allegation of Neglect Death or [redacted] was in the custody of his parents when he passed away. On 11/17/2014 there was a P1 investigation stating that [redacted] came into the emergency room at [redacted] Hospital in Pediatric Cardiac Arrest. [redacted] was pronounced dead at 2:02p.m. on this date. [redacted] body was sent for autopsy to determine the cause of death. The parents called 911 from their home due to [redacted] going into cardiac arrest.
CPSI [redacted] did meet Detective [redacted] with the [redacted] Sheriff's Department at [redacted] Hospital on 11/17/2014. Detective [redacted] did not charge the parents due to the death being reported by the emergency room doctor as a natural death.
The alleged perpetrators in the investigation were the parents, [redacted] and [redacted] Interviews were done with both parents by CPSI Min

D. Case Workers

Case Worker: [redacted]

Date: 12/09/2014

Team Leader: [redacted]

Date: 10/09/2015

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:

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]

Child is deceased due to having DiGeorge's Syndrome from birth.

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

Child Protective Services Investigator (CPSI) [redacted] presented the allegation of neglect death against the birth father, [redacted] and the birth mother, [redacted] on their 5-month old son, [redacted] to Child Protective Services Investigative Team (CPIT) at the [redacted] County Juvenile Court in [redacted] TN on this date. People present were Assistant District Attorney (ADA) [redacted] Detective [redacted] with the [redacted] County Sheriff's Department, Children's Advocacy Center (CAC) [redacted] and Juvenile Court Director, [redacted] CPSI [redacted] presented the facts of the case in that the referral stated that the child was brought to [redacted] Hospital in a Pediatric Cardiac Arrest. CPS [redacted] informed the team that [redacted] was pronounced dead at [redacted] Hospital on 11/17/14 at 2:02 p.m. Detective [redacted] did inform the team that there would be no charges in this case. The team agreed to classify the allegation against the father and mother as allegation unsubstantiated/alleged perpetrator unsubstantiated. All team members agreed and a copy of the signed CPIT form is in the file.

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

Child Protective Services Investigator (CPSI) [redacted] met face to face with [redacted] Mother, on 11/17/2014 at [redacted] Hospital. This was following the death of her son, [redacted] reported that [redacted] woke up at 9 a.m. on 11/17/2014. [redacted] stated that she started his feeding, which is done through his feeding tube [redacted] stated that she layed [redacted] back down in his baby chair at 9:30 a.m. [redacted] stated that she and [redacted] went back to sleep in the living room where [redacted] was. [redacted] stated that [redacted] woke up and went to pick [redacted] up and noticed that he was not breathing [redacted] stated that she perfomred CPR on [redacted] until paramedics got there. Upon arrival to [redacted] Hospital, the hospital staff worked on [redacted] for one hour before prounouncing him dead.

[redacted] and [redacted] were very devestated after the loss of their child. CPSI [redacted] and Detective [redacted] did not have a formal interview with them at this time. CPSI [redacted] and Detective [redacted] met with them briefly at the hospital in order to get permission to go to their home. [redacted] provided the above information.

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

Reporter states:

[redacted] (6 months) lives with his parents [redacted] and Unknown Male in [redacted] County. Also in the home is Unknown (9) and Unknown (4). The names and gender of the children are unknown at this time.

It was reported [redacted] came to the emergency room today at 1:30 pm [redacted] by EMS due to Pediatric Cardiac Arrest. The child was pronounced dead at 2:02 pm. The child's body was sent for an autopsy to determine the cause of the death. The parents did call 911 due to the child going into cardiac arrest. It was reported the mother and father followed the ambulance to the hospital. The child was at the home when the incident took place.

It was reported the child had a heart murmur at birth and stomach surgery. The Referent had limited information regarding the details of the incident and the child's arrival to the hospital.

It's unknown if law enforcement check the residence at the time of arrival at the home.

[redacted] had no other type of injuries at the time of death. The reporter was told to contact the child abuse hotline to make a report.

Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of 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]

There is no further information.

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

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	04:10 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	04:10 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 10/09/2015
Contact Method:
Contact Time: 04:10 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 10/23/2015
Completed date: 10/23/2015
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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	04:10 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	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: 10/23/2015 09:28 AM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and has been approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	03:55 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/09/2015
Completed date:	10/09/2015	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: 10/09/2015 02:55 PM Entered By: [redacted]

This case has been reviewed and approved for closure. Notice of the classification decision to the [redacted] County Juvenile Court Judge will be provided by Lead Investigator (LI) [redacted] Notification of the classification to the district attorney will be provided by LI [redacted] when applicable. Notice of the classification to the DCS Legal Attorney will be provided by LI [redacted] All the appropriate paperwork has been reviewed and signed if applicable by LI [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/09/2015
Completed date:	10/09/2015	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: 10/09/2015 02:00 PM Entered By: [redacted]

Child Protective Services Investigator(CPSI) [redacted] received a P1 Investigation on 11/17/2014 with the allegation of Neglect Death on [redacted]. [redacted] was in the custody of his parents when he passed away.
On 11/17/2014 there was a P1 investigation stating that [redacted] [redacted] came into the emergency room at [redacted] Hospital in Pediatric Cardiac Arrest. [redacted] was pronounced dead at 2:02p.m. on this date. [redacted] body was sent for autopsy to determine the cause of death. The parents called 911 from their home due to [redacted] going into cardiac arrest.
CPSI [redacted] did meet Detective [redacted] [redacted] with the [redacted] County Sheriff's Department at [redacted] Hospital on 11/17/2014. Detective [redacted] did not charge the parents due to the death being reported by the emergency room doctor as a natural death.
The alleged perpetrators in the investigation were the parents, [redacted] [redacted] and [redacted] [redacted] Interviews were done with both parents by CPSI [redacted] and Detective [redacted]. A home visit was also done on this date. The parents described the events that occurred. This was early morning when the parent woke up. The mother woke up to feed the child and then put the child back in his seat in front of the television. The mother and father went back to sleep and when they woke up, [redacted] was not breathing. The parents immediately called 911.
The policy in regards to a child death is as follows:
1. Child death:
Child death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) 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. Child deaths are always treated as severe abuse.
2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect.
NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline will select Preliminary Near Death (PND) Indicator in

Tennessee Department of Children's Services

Case Recording Summary

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

TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician.
NOTE: Preliminary near deaths are always treated as severe child abuse.
Child Protective Investigation Team in [redacted] County was initiated and the case was discussed on 12/10/2014. It was a team agreement to unsubstantiate the case.
Both parents were very appropriate and there were no concerns with their demeanor. Both parents had an appropriate reaction to the death of their child as they were very emotional.
The final autopsy was received and it was determined that the child did die of natural causes due to him have a disorder called DiGeorge's Syndrome. This is a disorder that the child was born with. The child had many doctors and the family was told that the death of the baby was a possibility.
The case will be closed and classified as Unsubstantiated for the allegation of Child Abuse Death.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 09/02/2015
Contact Method:
Contact Time: 01:00 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 09/02/2015
Completed date: 09/02/2015
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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 09/02/2015
Contact Method:
Contact Time: 01:00 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 09/02/2015
Completed date: 09/02/2015
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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [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] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [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] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [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] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:33 PM Entered By [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [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] Region

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 09/02/2015
Contact Method:
Contact Time: 01:00 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 09/02/2015
Completed date: 09/02/2015
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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [redacted]
Status: Completed
Contact Date: 09/02/2015
Contact Method:
Contact Time: 01:00 PM
Contact Duration:
Entered By: [redacted]
Recorded For: [redacted]
Location:
Created Date: 09/02/2015
Completed date: 09/02/2015
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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [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] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [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] Region

Case Recording Details

Recording ID: [redacted]

Status: Completed

Contact Date: 09/02/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 09/02/2015

Completed date: 09/02/2015

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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [redacted] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [redacted]

Status: Completed

Contact Date: 09/02/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 09/02/2015

Completed date: 09/02/2015

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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [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] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 01:33 PM Entered By: [redacted]

This case has been reviewed by Deputy Director of Investigations [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] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	08/17/2015	Contact Method:	
Contact Time:	01:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/17/2015
Completed date:	08/17/2015	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: 08/17/2015 12:50 PM Entered By: [redacted]

A copy of the Final Autopsy Report regarding the death of [redacted] was received on this date. According to the report the autopsy revealed a bacterial lung infection and abnormally thick vessels within the lungs related to DiGeorge Syndrome. Toxicologic analysis of postmortem heart blood revealed no alcohol, drugs of abuse, or medications. Analysis of the vitreous fluid was negative for an electrolyte abnormality and for volatile alcohols. Postmortem viral and bacterial cultures were negative for an antemortem infection. Total body radiographs were negative for acute or emote bony trauma. A copy of the entire report has been scanned into TFACTS and a copy is in the file.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	08/17/2015	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/17/2015
Completed date:	08/17/2015	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: 08/17/2015 12:45 PM Entered By: [redacted]

Lead Investigator (LI) [redacted] obtained the following records on this date and scanned all records into TFACTS: [redacted] birth records from [redacted] Medical Center, medical records from [redacted] Children's Hospital ([redacted] medical records from [redacted] Memorial Hospital, and medical records from [redacted] Pediatrics. LI [redacted] also scanned the mother, [redacted] prenatal and birth records from [redacted] Medical Center into TFACTS on this date. LI [redacted] scanned a copy of the Final Autopsy Report into TFACTS on this date as well as a copy of the Sudden Unexplained Infant Death (SUIDI) form, 911 calls logs, Emergency Medical Technician (EMT) logs, [redacted] Sheriff's Department Official Report, and a copy of the Obituary into TFACTS on this date.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	08/17/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/17/2015
Completed date:	08/17/2015	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: 08/17/2015 12:40 PM Entered By [redacted]

This case is justified to remain open as the autopsy report was received on this date and case will be prepared for closure. Child Protective Services Investigator (CPSI) [redacted] reports having no safety concerns for the other children who remain in the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/09/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/17/2015
Completed date:	08/17/2015	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: 08/17/2015 12:39 PM Entered By: [redacted]

This case is justified to remain open due to awaiting on the autopsy report. Child Protective Services Investigator (CPSI) [redacted] reports having no safety concerns for the other children who remain in the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Created In Error
Contact Date:	06/12/2015	Contact Method:	
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/12/2015
Completed date:	06/12/2015	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: 06/12/2015 01:48 PM Entered By: [redacted]

This case remains open as the autopsy report has not been received. All investigative tasks have been completed to this point and no other children are in the home.

Narrative Type: Created In Error Entry Date/Time: 06/12/2015 01:50 PM Entered By: [redacted]

This entry was incorrect as there are other children in the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	06/12/2015	Contact Method:	
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/12/2015
Completed date:	06/12/2015	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: 06/12/2015 01:51 PM Entered By: [redacted]

This case is justified to remain open due to awaiting on the autopsy report. Child Protective Services Investigator (CPSI) [redacted] reports having no safety concerns for the other children who remain in the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	05/13/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/12/2015
Completed date:	06/12/2015	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: 06/12/2015 01:50 PM Entered By: [redacted]

This case is justified to remain open due to awaiting on the autopsy report. Child Protective Services Investigator (CPSI) [redacted] reports having no safety concerns for the other children who remain in the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/27/2015	Contact Method:	
Contact Time:	08:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/27/2015
Completed date:	04/27/2015	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: 04/27/2015 07:13 PM Entered By: [redacted]

This case is justified to remain open due to awaiting on the autopsy report. Child Protective Services Investigator (CPSI) [redacted] reports having no safety concerns for the other children who remain in the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	03/19/2015	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/19/2015
Completed date:	03/19/2015	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: 03/19/2015 02:06 PM Entered By: [redacted]

Lead Investigator (LI) [redacted] staffed this case with Child Protective Services Investigator (CPSI) [redacted] on this date. The autopsy is still pending at this time. CPSI [redacted] reported no safety concerns and reported that the preliminary autopsy results are back which showed no signs of trauma to the infant. The deceased infant had been diagnosed with Digeorge Syndrome and did have medical issues, there was no signs of abuse or neglect on the preliminary report. CPSI [redacted] reported that there is no safety concerns for the other children in the home. The siblings are not alleged child victims and were engaged initially. Due to no reported safety concerns for the siblings in the home by CPSI [redacted] a monthly face to face will not be needed at this time. The case is justified to remain open and overdue pending the results of the autopsy, review, and presentment to Child Protective Investigative Team (CPIT).

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/11/2015	Contact Method:	
Contact Time:	09:15 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/12/2015
Completed date:	02/12/2015	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: 02/12/2015 09:58 AM Entered By: [redacted]

Lead Investigator (LI) [redacted] is entering this note to report that this case is justified to be open due to this case being a child fatality. The autopsy results are pending.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/10/2015	Contact Method:	
Contact Time:	06:25 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/10/2015
Completed date:	01/10/2015	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: 01/10/2015 05:27 PM Entered By: [redacted]

Lead Investigator (LI) [redacted] is entering this note to report that this case is justified to be open due to this case being a child fatality. The autopsy results are pending.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	12/10/2014	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Court	Created Date:	10/09/2015
Completed date:	10/09/2015	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/09/2015 03:03 PM Entered By: [redacted]

Child Protective Services Investigator (CPSI) [redacted] presented the allegation of neglect death against the birth father, [redacted] and the birth mother, [redacted] on their 5-month old son, [redacted] to Child Protective Services Investigative Team (CPIT) at the [redacted] County Juvenile Court in [redacted] TN on this date. People present were Assistant District Attorney (ADA) [redacted], Detective [redacted] with the [redacted] Sheriff's Department, Children's Advocacy Center (CAC) [redacted] and Juvenile Court Director, [redacted] CPS [redacted] presented the facts of the case in that the referral stated that the child was brought to [redacted] Hospital in a Pediatric Cardiac Arrest. CPSI [redacted] informed the team that [redacted] was pronounced dead at [redacted] Hospital on 11/17/14 at 2:02 p.m. Detective [redacted] did inform the team that there would be no charges in this case. The team agreed to classify the allegation against the father and mother as allegation unsubstantiated/alleged perpetrator unsubstantiated. All team members agreed and a copy of the signed CPIT form is in the file.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	12/08/2014	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/09/2014
Completed date:	12/09/2014	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: 12/09/2014 02:16 PM Entered By: [redacted]

Medical Examiner Office at [redacted]

Child Protective Services Investigator(CPSI) [redacted] spoke with her on this date. [redacted] stated that the autopsy on [redacted] is not completed yet. [redacted] stated that the preliminary showed no trauma. [redacted] stated that it will be at least 3 to 6 months before the final report is finished.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	11/18/2014	Contact Method:	Correspondence
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	09/29/2015
Completed date:	09/29/2015	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/29/2015 10:32 AM Entered By: [redacted]

Child Protective Services Investigator [redacted] did conveign Child Protective Investigation Team on this date by faxing the referral to the District Attorneys Office, Juvenile Court, [redacted] Child Advocacy Center and [redacted] County Sheriff's Department. CPS [redacted] did speak face to face with Detective [redacted] and worked side by side on this investigation with her.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	11/17/2014	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	Less than 05 Hour
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/10/2014
Completed date:	12/10/2014	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: 12/10/2014 09:45 AM Entered By: [redacted]

Admin Review
Lead Investigator (LI) [redacted]
Child Protective Investigator (CPSI) [redacted]
Investigative Coordinator (IC): [redacted]
Regional Investigator Director (RID) [redacted]

[redacted] was pronounced deceased this afternoon. Det. [redacted] [redacted] Sheriff's Detective, called yesterday requesting DCS to come to [redacted] Hospital [redacted] was 6 months old. He was diagnosed with Digeorges Syndrome at birth. He also has a club foot. He is missing chromosones. He was on a g-tube. He was never fed with a bottle. His parents fed him at 9am yesterday morning. They laid him back down and when they checked on him at 10am he was not breathing. He was taken to the ER at that time. The parents were appropriate at the hospital and there were no concerns noted with their behaviors. CPSI CM2 [redacted] was assigned the case and she met with Det. [redacted] at the hospital. They spoke with the doctor who did not find any obvious signs of abuse or neglect. The doctor informally told them that he believed that this was natural causes. They have sent the baby for an autopsy. They have asked for a rush on this. They traveled to the home after that. The grandmother was there and walked the detective and investigator through the home. They immediately noticed that on the front door there was a sign that stated that "If you smoke please do it outside and change your shirt before you hold me" referring to [redacted] The grandmother showed them a notebook that has the recording of all feedings as well as the doctor's appointments. The grandmother was very knowledgable about his needs. [redacted] has multiple doctor's including a lung specialist, cardiologist, and urologist. [redacted] was on a heart monitor and lung monitor for the first 3 months of his life and the family was warned that this could happen. There is a 4 yo and 9yo in the home. The home was found to be appropriate as well. The parents were taking turns sleeping in the living room with [redacted]. [redacted] has a bassinet and chair/swing that is in the living room. CPSI [redacted] expressed no concerns for this family. At this time there is no reason to believe that the other children are at risk. IC Arms and RID [redacted] was updated with this information.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Created In Error
Contact Date:	11/17/2014	Contact Method:	Correspondence
Contact Time:	04:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	09/29/2015
Completed date:	09/29/2015	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/29/2015 10:30 AM Entered By: [redacted]

Child Protective Services Investigator [redacted] did conveign Child Protective Investigation Team on this date by faxing the referral to the District Attorneys Office, Juvenile Court [redacted] Child Advocacy Center and [redacted] County Sheriff's Department. CPSI [redacted] did speak face to face with Detective [redacted] and worked side by side on this investigation with her.

Narrative Type: Created In Error Entry Date/Time: 09/29/2015 10:32 AM Entered By: [redacted]

CPIT was actually convened on 11/18/2014 at 9:30 a.m.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	11/17/2014	Contact Method:	Face To Face
Contact Time:	03:15 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	11/18/2014
Completed date:	11/18/2014	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/18/2014 09:57 AM Entered By: [redacted]

Child Protective Services Investigator (CPSI) [redacted] met face to face with [redacted] Mother, on 11/17/2014 a [redacted] Memorial Hospital. This was following the death of her son, [redacted] [redacted] reported that [redacted] woke up at 9 a.m. on 11/17/2014 [redacted] stated that she started his feeding, which is done through his feeding tube. [redacted] stated that she layed [redacted] back down in his baby chair at 9:30 a.m. [redacted] stated that she and [redacted] went back to sleep in the living room where [redacted] was [redacted] stated that [redacted] woke up and went to pick [redacted] up and noticed that he was not breathing [redacted] stated that she perfomred CPR on [redacted] until paramedics got there. Upon arrival to [redacted] [redacted] Hospital, the hospital staff worked on [redacted] for one hour before prounouncing him dead.

[redacted] [redacted] and [redacted] [redacted] were very devestated after the loss of their child. CPSI [redacted] and Detective [redacted] did not have a formal interview with them at this time. CPSI [redacted] and Detective [redacted] met with them briefly at the hospital in order to get permission to go to their home [redacted] provided the above information.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	11/17/2014	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	09/30/2015
Completed date:	09/30/2015	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: 09/30/2015 09:31 AM Entered By: [redacted]

The Initial Safety Assessment was completed. There was no suspicion of abuse or neglect initially in the investigation. There were no signs that led DCS and Law Enforcement to believe that any abuse or neglect had occured.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	11/17/2014	Contact Method:	Face To Face
Contact Time:	02:55 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	11/18/2014
Completed date:	11/18/2014	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: 11/18/2014 09:59 AM Entered By: [redacted]

[redacted]

Nurse at [redacted] Emergency Room
[redacted] stated that an autopsy is going to be done on [redacted] [redacted] stated that they have put a rush on the autopsy so it should be done within 24 hours. [redacted] stated that from what she has seen on [redacted] that there does not appear to be any trauma on the child. [redacted] accompanied CPS [redacted] and Detective [redacted] into the room to view the child and take pictures.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	11/17/2014	Contact Method:	Face To Face
Contact Time:	02:45 PM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	11/18/2014
Completed date:	11/18/2014	Completed By:	[redacted]

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

Contact Type(s): Collateral Contact,Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/18/2014 09:50 AM Entered By: [redacted]

Child Protective Services Investigator [redacted] did respond to [redacted] on 11/17/14 at approximately 2:45 p.m. This was in response to a child fatality of 6 month old [redacted] CPSI [redacted] was accompanied by [redacted] County Sheriff's Department Detective Sergeant [redacted] CPSI [redacted] did view [redacted] as he was laying on the stretcher. Child was wearing a blue onesie that had been cut off by paramedics. Child appeared clean. Child does have a GTube due to having DiGeorge's Syndrome. [redacted] was born with this syndrome. There was a previous case of Drug Exposed Infant in August 2014. [redacted] was born with a positive cordstat of Marijuana. Pictures were taken of [redacted] Detective [redacted] did speak with Dr [redacted] who stated that it appears that the child died of natural causes. An autopsy will be performed on the child.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	11/17/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	09/30/2015
Completed date:	09/30/2015	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2015 09:25 AM Entered By: [redacted]

On November 17, 2014 at 543 PM [redacted] a referral was called into Child Abuse Hotline. The referral was screened into [redacted] County as P1 with the allegation of Neglect Death. The alleged child victim is [redacted] The alleged perpetrator is the mother, [redacted] and the father [redacted] Response is due on November 18, 2015 by 1159 PM [redacted] The case is assigned to 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.
Family Composition:
[redacted] child/deceased
[redacted]: child
[redacted]: child
[redacted] father
[redacted] mother

TFACTS history:
Oct. 2011: Drug Exposed Child/ Unsubstantiated
Oct. 2013: Drug Exposed Child/ Services Recommended and Accepted
June2014: Drug Exposed Infant/ Substantiated. Drug Exposed Child/ Unsubstantiated

Narrative Type: Addendum 1 Entry Date/Time: 10/09/2015 02:54 PM Entered By: [redacted]

Juvenile Court will be notified per local protocol.