



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

Intake

Intake ID: [REDACTED]
Intake Taken By [REDACTED] Intake Date/Time: 11/24/2014 01:35 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 11/24/2014

Investigation

Investigation ID: [REDACTED]
First County/Region [REDACTED]
Date/Time Assigned : 11/24/2014 03:41 PM
First Team Leader Assigned: [REDACTED] Date/Time 11/24/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 11/24/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	1 Yr 10 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: E-mail
Narrative: Family Case IDs: [REDACTED] [REDACTED]
Open Court Custody/FSS/FCIP No
Closed Court Custody Yes / [REDACTED] / DCS Court Ordered Custody: 6-14-2006 to 11-6-2008
Closed Court Custody Yes / [REDACTED] / DCS Court Ordered Custody: 7-26-2007 to 9-3-2008
Open: No
Substantiated: [REDACTED] / SEE / [REDACTED] Substantiated/ 6-13-2008
Death: No
Number of Screen Outs: 2



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

History (not listed above): Yes additional history was found
 Begin Date: 8-4-2007 SIU / [REDACTED] SEE/ Unsubstantiated/ 10-4-2007
 Begin Date: 4-30-2007-SIU / [REDACTED] / DEC / Unsubstantiated / 7-3-2007
 Begin Date: 2-14-2003 SIU / [REDACTED] / SEE / Unsubstantiated / 7-28-2003

County: [REDACTED]
 Notification: Email
 School/ Daycare: N/A
 Native American Descent: No
 Directions: None provided

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

[REDACTED] is not in DCS Custody

Reporter states: [REDACTED] (age 2 months) resided with her sister (name unknown age 3 years old) and mother [REDACTED] and father [REDACTED]. It was reported that on the morning of 11-22-2014 [REDACTED] was found not breathing. The parents rushed [REDACTED] to [REDACTED] in [REDACTED]. The parents did not call 911.

It was reported that once [REDACTED] arrived at the emergency room, the medical staff were unable to revive [REDACTED]. It was reported that [REDACTED] was a purplish color and was cold to the touch when she was found by the parents that morning. It was reported that [REDACTED] was asleep in the bed with the parents when she was found not breathing.

Both parents report that [REDACTED] was awake and was fed a bottle at about 6:53 am. [REDACTED] reports that he changed [REDACTED] changed her clothes, gave her a bottle and put her in the bed with the parents. The parents report that when they placed [REDACTED] in the bed with them they laid her on her side on a bobby pillow. It believed that at about 12:45pm the parents found [REDACTED] not breathing. The parents state that [REDACTED] was not sick at the time of death and that she was fine.

Special Needs or Disabilities:

Child's current location/is the child safe at this time: Deceased/The older child is still in the care of the parents
 Perpetrator's location at this time: Unknown
 Any other safety concerns for the child(ren) or worker who may respond: None reported
 Domestic Violence present in the home: Unknown

Note: The Closed Court history is regarding the mother when she was a minor.

Per SDM: Investigative Track, P1

[REDACTED] at 2:52 p.m. on 11/24/14

Submitted to the County at 2:52 p.m. on 11/24/14

A notification was sent to [REDACTED]
 The [REDACTED] was copied on the Notification



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 25 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 1 Yr 10 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

[REDACTED] HOME

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: [REDACTED] **Race:** [REDACTED] **Age:** 31 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

4 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 11/24/2014

Assignment Date: 11/24/2014

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	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/01/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being closed and the allegation of Neglect Death is being classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated as there is no evidence to support the allegation.

D. Case Workers

Case Worker: [REDACTED]

Date: 06/01/2015

Team Leader: [REDACTED]

Date: 06/01/2015

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:

CPSI completed a walk through of the family home; and, the home was observed to be clean and odor free with adequate space to support the family's needs.

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

According to the autopsy report, the medical examiner opined that neither the manner nor the cause of death could be determined in this case.

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

[REDACTED] stated [REDACTED] had fed [REDACTED] a bottle at approximately 7:15 a.m. after which the entire family went back to sleep in the same bed. The parents stated [REDACTED] placed [REDACTED] on a boppy pillow lying on her right side. [REDACTED] stated she awoke at approximately 1:00 p.m. and [REDACTED] was not responsive and not breathing. She stated she began yelling at [REDACTED] to get up. The



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]

parents stated they put [REDACTED] in the car and rushed to the emergency room. [REDACTED] [REDACTED] stated the family routinely sleeps in on the weekends due to [REDACTED] [REDACTED] work schedule. The parents stated [REDACTED] was healthy with no prior medical problems.

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

The referral reported the infant died as a result of a neglect death.

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

Child Death

Child death is defined as:

- a) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- b) 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 child abuse.

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:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/11/2015 Contact Method:
 Contact Time: 09:50 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/11/2015
 Completed date: 09/11/2015 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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/11/2015 Contact Method:
 Contact Time: 09:50 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/11/2015
 Completed date: 09/11/2015 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: 09/11/2015 01:54 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/11/2015

Contact Method:

Contact Time: 09:50 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/11/2015

Completed date: 09/11/2015

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: 09/11/2015 01:54 PM Entered By: [REDACTED]

This case has been reviewed by [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]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/09/2015

Completed date: 09/09/2015

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: 09/09/2015 11:42 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been referred for further review by the [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: 09/08/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/08/2015

Completed date: 09/08/2015

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: 09/08/2015 03:10 PM 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 Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/03/2015 Contact Method:
 Contact Time: 11:06 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/03/2015
 Completed date: 09/03/2015 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: 09/03/2015 11:07 AM Entered By: [REDACTED]

The Department of Children's Services Investigations Team received a referral on November 24, 2014 at 01:35 pm with an allegation of Child Neglect Death regarding non-custodial child, [REDACTED]. The mother is [REDACTED] and the father is [REDACTED].

On November 22, 2014, at approximately 12:00 p.m., [REDACTED] was found unresponsive in bed. The parents, [REDACTED] immediately transported [REDACTED] to the [REDACTED] emergency room in their private vehicle. Shortly after arrival, death was pronounced by [REDACTED] at 13:16 hours on November 22, 2014. The autopsy received on 03/19/2015 concluded the cause of death could not be determined.

The investigation into this incident was conducted by the [REDACTED] and Child Protective Services [REDACTED].

The referral reports an unknown participant as the perpetrator of Child Neglect Death. As part of the investigation, [REDACTED] initially responded to the family home and took photographs; and then, he responded to the hospital and interviewed [REDACTED].

According to [REDACTED] while on patrol he observed the parents' vehicle speeding in the direction of the hospital. [REDACTED] stated he observed [REDACTED] running into the hospital carrying the infant and yelling that the infant was not breathing.

[REDACTED] stated [REDACTED] had fed [REDACTED] a bottle at approximately 7:15 a.m. after which the entire family went back to sleep in the same bed. The parents stated [REDACTED] placed [REDACTED] on a boppy pillow lying on her right side. [REDACTED] stated she awoke at approximately 1:00 p.m. and [REDACTED] was not responsive and not breathing. She stated she began yelling at [REDACTED] to get up. The parents stated they put [REDACTED] in the car and rushed to the emergency room. [REDACTED] stated the family routinely sleeps in on the weekends due to [REDACTED] work schedule. The parents stated [REDACTED] was healthy with no prior medical problems.

Tennessee Department of Children's Services policy Work Aid-1(E) defines child death as:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

Any Child death caused by abuse or neglect resulting from the parent or 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 child abuse.

Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child".

This case was presented to the [REDACTED] [REDACTED] Child Protective Investigative Team on May 5, 2015. Team members were in agreement that due to the autopsy report stating the infant's manner of death could not be determined this case should be classified as allegation unsubstantiated / perpetrator unsubstantiated.

There is no preponderance of evidence to substantiate the allegation of Child Neglect Death. The case will be closed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/03/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/03/2015

Completed date: 09/03/2015

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: 09/03/2015 11:12 AM Entered By: [REDACTED]

CPSI completed the closing SDM on 6-9-2015 and FFA on 3-24-2015.



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: 08/17/2015

Contact Method:

Contact Time: 11:25 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/17/2015

Completed date: 08/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/17/2015 11:26 AM Entered By: [REDACTED]

Administrative Review:

CPSI has copied the family case record and sent it to [REDACTED] [REDACTED] [REDACTED] for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 06/30/2015

Contact Method:

Contact Time: 03:45 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/08/2015

Completed date: 09/08/2015

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: 09/08/2015 04:39 PM Entered By: [REDACTED]

CPSI completed the Local Background Check CS-0750 on the parents, [REDACTED] [REDACTED] [REDACTED] [REDACTED] The following results were found on record with the [REDACTED] [REDACTED]

[REDACTED]
 4-11-2015 Driving On Revoked Driver's License
 3-10-2006 Driving On Revoked Driver's License
 3-10-2006 Possession of Cocaine
 3-2-2015 Theft
 6-17-2010 Violation of Probation
 4-2-2009 Violation of Probation
 6-8-2006 Failure To Appear

and,

[REDACTED]
 5-26-2015 Drug Paraphernalia
 3-5-2015 Shoplifting
 3-5-2015 Manufacturing / Sell / Possession
 3-2-2015 Theft
 11-18-2010 Violation of Probation
 10-28-2010 Violation of Probation
 10-26-2009 Failure To Appear
 7-3-2009 Underage Consumption.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2015

Contact Method:

Contact Time: 03:43 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2015

Completed date: 06/30/2015

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: 06/30/2015 03:46 PM Entered By: [REDACTED]

Case staffed and approved for closure

Case closed as AUPU

Notification of assignment and classification sent to Juvenile Court per local protocol.

The 740 has been completed and a copy of the Child Protective Services Investigation Allegations was sent to the [REDACTED] Juvenile Court Judge and the [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2015

Contact Method:

Contact Time: 02:54 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2015

Completed date: 06/30/2015

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: 06/30/2015 02:55 PM Entered By: [REDACTED]

The infant's medical records have been downloaded in TFACTS and is document number [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:	System Completed
Contact Date:	06/30/2015	Contact Method:	
Contact Time:	02:54 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/20/2015
Completed date:	08/21/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2015 02:19 PM Entered By: [REDACTED]

Medical records from the hospital were received. The child had not been to a primary care physician due to the child's age. The hospital's documentation was scanned into TFACTS in the documents section.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2015

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): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/17/2015 11:27 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: 06/10/2015

Contact Method:

Contact Time: 03:47 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/10/2015

Completed date: 06/10/2015

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: 06/10/2015 03:48 PM Entered By: [REDACTED]

The fatality form has been downloaded in TFACTS and is document number [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/09/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/20/2015

Completed date: 08/20/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/20/2015 02:14 PM Entered By: [REDACTED]

The closing SDM and FFA has been completed.



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: 06/01/2015 Contact Method:
 Contact Time: 01:32 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/01/2015
 Completed date: 06/01/2015 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: 06/01/2015 01:34 PM Entered By: [REDACTED]

The Department of Children's Services Investigations Team received a referral on November 24, 2014 at 01:35 pm with an allegation of Child Neglect Death regarding non-custodial child, [REDACTED]. The mother is [REDACTED] and the father is [REDACTED].

On November 22, 2014, at approximately 12:00 p.m., [REDACTED] was found unresponsive in bed. The parents, [REDACTED] and [REDACTED], immediately transported [REDACTED] to the [REDACTED] emergency room in their private vehicle. Shortly after arrival, death was pronounced by [REDACTED] at 13:16 hours on November 22, 2014. The autopsy received on 03/19/2015 concluded the cause of death could not be determined.

The investigation into this incident was conducted by the [REDACTED] and Child Protective Services [REDACTED].

The referral reports an unknown participant as the perpetrator of Child Neglect Death. As part of the investigation, [REDACTED] initially responded to the family home and took photographs; and then, he responded to the hospital and interviewed [REDACTED].

According to [REDACTED] while on patrol he observed the parents' vehicle speeding in the direction of the hospital. [REDACTED] stated he observed [REDACTED] running into the hospital carrying the infant and yelling that the infant was not breathing.

[REDACTED] stated [REDACTED] had fed [REDACTED] a bottle at approximately 7:15 a.m. after which the entire family went back to sleep in the same bed. The parents stated [REDACTED] placed [REDACTED] on a boppy pillow lying on her right side. [REDACTED] stated she awoke at approximately 1:00 p.m. and [REDACTED] was not responsive and not breathing. She stated she began yelling at [REDACTED] to get up. The parents stated they put [REDACTED] in the car and rushed to the emergency room. [REDACTED] stated the family routinely sleeps in on the weekends due to [REDACTED] work schedule. The parents stated [REDACTED] was healthy with no prior medical problems.

Tennessee Department of Children's Services policy Work Aid-1(E) defines child death as:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

Any Child death caused by abuse or neglect resulting from the parent or 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 child abuse.

Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child".

This case was presented to the [REDACTED] [REDACTED] Child Protective Investigative Team on May 5, 2015. Team members were in agreement that due to the autopsy report stating the infant's manner of death could not be determined this case should be classified as allegation unsubstantiated / perpetrator unsubstantiated.

There is no preponderance of evidence to substantiate the allegation of Child Neglect Death. The case will be closed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/05/2015

Contact Method: Face To Face

Contact Time: 10:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/12/2015

Completed date: 05/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/12/2015 10:08 AM Entered By: [REDACTED]

Case was reviewed on 5/5/15 by the Child Protective Services Team for the allegations of Neglect Death for alleged victim [REDACTED] with an unknown alleged perpetrator. The team agreed on the classification of allegation unsubstantiated perpetrator unsubstantiated due to lack of evidence to support the allegation.



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: 04/24/2015

Contact Method:

Contact Time: 01:17 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/24/2015

Completed date: 04/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/24/2015 01:17 PM Entered By: [REDACTED]

Administrative Review:

[REDACTED] will present case to CPIT and progress it toward closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/18/2015

Contact Method:

Contact Time: 09:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/18/2015

Completed date: 03/18/2015

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: 03/18/2015 09:55 AM Entered By: [REDACTED]

CPSI has received the infant's autopsy from [REDACTED] [REDACTED]. The autopsy has been uploaded into TFACTS and can be located in the documents section under number [REDACTED].

The autopsy report indicates the autopsy was conducted on November 23, 2014 at 8:45 a.m. by [REDACTED] [REDACTED] and, the cause of death and the manner of death are classified as "could not be determine . The report further indicates the infant suffered "no significant acute trauma"; and, listed the contributory cause of death as "co-sleeping with adults".



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: 03/10/2015

Contact Method:

Contact Time: 10:33 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/10/2015

Completed date: 03/17/2015

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: 03/10/2015 10:40 AM Entered By: [REDACTED]

Administrative Review:

[REDACTED] has contacted the mother, [REDACTED] to check on status of the family and possible services. The mother has declined services. The Medical Examiner's report is still pending. [REDACTED] has contacted [REDACTED] for the status of the Medical Examiner's report he has not responded at this time. [REDACTED] will continue to follow up on obtaining medical examiners report.



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: Phone Call

Contact Time: 10:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

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): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2015 10:23 AM Entered By: [REDACTED]

CPSI contacted [REDACTED] [REDACTED] stated the family has gotten way behind on their rent; and, she inquired as to whether DCS could assist with the payment. CPSI stated she would make a home visit on 2-13-2015 to complete a budget form with her to make a request on their behalf to fiscal.

[REDACTED] stated the family is doing fine under the circumstances. She stated [REDACTED] had started having nightmares and would wake up with a "ghost like look on her face" but the nightmares have subsided. CPSI offered counseling services for [REDACTED] but [REDACTED] declined stating she believes [REDACTED] is coping well as the nightmares seemed to have passed. [REDACTED] stated she and [REDACTED] have not found a support group or received mental health services. She stated she felt she and [REDACTED] was coping well with the loss. CPSI re-iterated DCS could assist with providing grief counseling services for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/09/2015 Contact Method:
 Contact Time: 02:18 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/09/2015
 Completed date: 02/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/09/2015 02:20 PM Entered By: [REDACTED]

Case staffed with [REDACTED] and autopsy is still pending. Any further home visits will be waived as there is no risk to the child that is in the home. Present was [REDACTED] CPSI will contact the mother via phone to just maintain that support.



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: 01/30/2015

Contact Method: Phone Call

Contact Time: 09:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/30/2015

Completed date: 01/30/2015

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: 01/30/2015 03:53 PM Entered By: [REDACTED]

CPSI received a call from [REDACTED] [REDACTED] who stated he contacted the medical examiner's office. He stated he was advised the autopsy report is still incomplete. He stated he will not be at CPIT due to the case being reset.



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: 01/28/2015 Contact Method: Attempted Phone Call
 Contact Time: 11:04 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/28/2015
 Completed date: 01/28/2015 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: 01/28/2015 11:06 AM Entered By: [REDACTED]

CPSI attempted to contact [REDACTED] [REDACTED] regarding the medical examiner's report but received his voicemail. CPSI left a voice message with contacting information for a return call.



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: Attempted Phone Call
 Contact Time: 08:44 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/22/2015
 Completed date: 01/22/2015 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: 01/22/2015 08:46 AM Entered By: [REDACTED]
 CPSI attempted to contact [REDACTED] [REDACTED] to check on the medical examiner's report on [REDACTED] CPSI left a voice message with contacting information.



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: 01/15/2015

Contact Method:

Contact Time: 10:56 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/15/2015

Completed date: 01/15/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/15/2015 11:01 AM Entered By: [REDACTED]

Case staffed with [REDACTED] and at this time there is still no autopsy back and CPSI is still trying to get the Medical Examiners report. Home visits are still being done with the family. Counseling has been offered to the family and mother is trying to find a support group. [REDACTED] agreed to immediate services to help the family however they declined. CPSI tried to get rental help for them due to being behind on their rent however that funding could not be approved due to the budgeting issue. CPSI will continue to monitor case. There continues to be a 3 yr old in the home and there have been no issues thus far.



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: 12/16/2014

Contact Method:

Contact Time: 04:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/16/2014

Completed date: 12/16/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/16/2014 04:56 PM Entered By: [REDACTED]

CPSI has submitted a case service for assistance with the family's back rent.



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: 12/09/2014

Contact Method: Phone Call

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

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 10:25 AM Entered By: [REDACTED]

CPSI contacted the primary care provider [REDACTED] for [REDACTED] and, CPSI spoke with [REDACTED]. According to [REDACTED] notes, there is no concern of abuse or neglect regarding [REDACTED] had not been seen because [REDACTED] [REDACTED] only sees patients age two and up.



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: 12/08/2014 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/08/2014
 Completed date: 12/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Other Persons Living in Home
 Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/08/2014 09:10 PM Entered By: [REDACTED]

CPSI made a face-to-face visit with the family and was invited into the home by the mother, [REDACTED]. Upon arrival, [REDACTED] was sleeping on the couch and [REDACTED] was watching television. The entire family was in the living room. [REDACTED] stated the infant's funeral service went good. She stated she and [REDACTED] were in difference on whether to keep the infant's clothes and things. She stated she wanted to keep it; and, [REDACTED] did not want to keep the items. She stated she has the infant's urn; and, the family takes the urn with them when they leave the house. She stated taking the urn makes her feel like the infant is still with them. [REDACTED] stated the family had fallen behind in their bills due to funeral expenses. [REDACTED] asked if CPSI could assist with the rent and electricity bill. CPSI stated CPSI would request assistance.

The home was clean and odor free. [REDACTED] room was picked up and all her toys were put away. [REDACTED] appeared clean, healthy, and happy with no obvious sign of abuse or neglect.



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: 11/25/2014

Contact Method:

Contact Time: 04:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 04:23 PM Entered By: [REDACTED]

CPSI has scanned the police reports, SUIDI Form, and pictures into TFACTS. Document numbers are as follows: Police reports - [REDACTED] Pictures - [REDACTED] and SUIDI form - [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: 11/25/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 12:06 PM Entered By: [REDACTED]

CPSI completed the initial SDM. The result of the SDM is SAFE. The initial SDM has been routed to [REDACTED] for approval in TFACTS. The result of SAFE is based on the Medical Examiner's finding of NO TRUAMA OR INJURY TO INFANT and after a safety and assessment of the home and other child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/24/2014 Contact Method: Face To Face
 Contact Time: 03:45 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/25/2014
 Completed date: 11/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 11:54 AM Entered By: [REDACTED]

Accompanied by [REDACTED] CPSI completed a face-to-face visit with the family and was invited into the home by the mother, [REDACTED]. Upon initial greetings, CPSI expressed condolences for the family's loss. CPSI was asked to sit down in the living room of the home. CPSI explained the purpose of CPSI's visit and why the investigation was initiated. In so doing, CPSI explained the current report of neglect death made to the Tennessee Department of Children Services and the MRS/Assessment process. CPSI provided [REDACTED] with a brochure describing the Multiple Response Approach. CPSI provided [REDACTED] with a copy of the Client Rights Handbook, and Notification of Equal Access to Services Grievance Procedures, Notice of Privacy Practices, and the Native American Veto Heritage on this date. CPSI obtained signed acknowledgments of such and copies have been placed in the appropriate sections of the family case file.

When CPSI entered the home, the family was sitting in the living room of the home. The mother and father was sitting on one couch; and, [REDACTED] was sitting with the paternal grandmother in a rocker chair. Also, the father's brother was visiting the family. The overall mood of the family was sad but the grandmother continued to attempt to keep the mood light. CPSI observed [REDACTED] to be despondent and consumed with grief. [REDACTED] was talkative and appeared anxious regarding CPSI's presence and the possibly of CPSI coming to "take [REDACTED]"

INTERVIEW WITH THE MOTHER: [REDACTED]

[REDACTED] repeatedly stated she did not understand what could have happened to the infant. She stated the infant was "healthy and fine". [REDACTED] stated she had gotten up and observed [REDACTED] giving the baby a bottle. She stated the baby looked "fine" at 7:00 a.m. She stated the family laid back down to sleep with the infant in the bed on the bobby pillow. She stated the family sleeps in on every Saturday. She felt like the father was "going crazy". [REDACTED] escorted CPSI throughout the home to ensure there were no apparent safety hazards. She apologized for the lack of cleanliness of the home. CPSI assured [REDACTED] her home appeared "okay" under the circumstances. She stated she is a stay at home mother; and, the father works at [REDACTED]. She stated the father works a 8:00 a.m. to 5:00 p.m. shift Monday through Thursday; and, he works 8:00 a.m. to 12:00 p.m. on Friday.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated the family receives WIC, TennCare, Food Stamps, and reliable transportation. She stated she and the father "really need a support group". She stated she was very interested in therapy or a support group. She stated she does not believe [REDACTED] knows about the infant's death but [REDACTED] is acting different. She stated [REDACTED] does better when she has a friend over. She stated she had to stay strong because the father is not handling the death well and "is falling apart". [REDACTED] apologized for [REDACTED] demeanor and lack of cooperation. CPSI stated [REDACTED] behavior was understandable; and, CPSI would re-visit the home for follow-up information.

INTERVIEW OF THE BIRTH FATHER: [REDACTED]

[REDACTED] was despondent throughout the entire home visit. CPSI observed [REDACTED] to not want to physically move or talk with anyone; and, he continued to keep his eyes closed with his hand on his forehead and eyes.

OBSERVATION OF SIBLING: [REDACTED]

[REDACTED] appeared clean and healthy with no obvious sign of abuse or neglect. CPSI observed [REDACTED] to be sitting with the paternal grandmother throughout the visit in a rocker. [REDACTED] fell asleep as CPSI talked with the parents.

OBSERVATION OF THE HOME:

CPSI observed the home to be clean other than [REDACTED] room had toys spread throughout the room on the floor. [REDACTED] explained [REDACTED] had a few friends over and she did not have time to clean the room as of yet. No apparent safety hazards were observed. The family appeared to be prepared for the infant as CPSI observed all the supplies for the infant. Photographs of the home and parent's bedroom were taken by law enforcement and placed in the family case file.

Narrative Type: Addendum 1 Entry Date/Time: 06/30/2015 03:16 PM Entered By: [REDACTED]

Per DCS Work Aid 2, it is not required for the DCS case manager to observe the deceased child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/24/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/25/2014

Completed date: 11/25/2014

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: 11/25/2014 10:58 AM Entered By: [REDACTED]

CPSI met with [REDACTED] [REDACTED] and reviewed and collected the SUIDI form, police report, photographs, and progress notes for the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/24/2014 Contact Method: Correspondence
 Contact Time: 03:10 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2014
 Completed date: 11/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 10:54 AM Entered By: [REDACTED]

CPSI has convened CPIT following the local procedure and protocol via facsimile to the [REDACTED] [REDACTED] The
 complaint number is [REDACTED] The assigned CPIT partner is [REDACTED] [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: 11/24/2014

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 04:25 PM Entered By: [REDACTED]

CPSI contacted the Referent who stated there is no additional information to provide 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: 11/24/2014

Contact Method:

Contact Time:

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 10:41 AM Entered By: [REDACTED]

A CPS referral was received on 11/24/2014 alleging [REDACTED] (2 mths) was a victim of a neglect death. The alleged perpetrator is an unknown perpetrator. This referral received a P1 response time and was assigned to [REDACTED] by [REDACTED].

The referral reads as follows:

[REDACTED] is not in DCS Custody

Reporter states: [REDACTED] (age 2 months) resided with her sister (name unknown age 3 years old) and mother [REDACTED] and father [REDACTED]. It was reported that on the morning of 11-22-2014 [REDACTED] was found not breathing. The parents rushed [REDACTED] to [REDACTED] in [REDACTED]. The parents did not call 911.

It was reported that once [REDACTED] arrived at the emergency room, the medical staff were unable to revive [REDACTED]. It was reported that [REDACTED] was a purplish color and was cold to the touch when she was found by the parents that morning. It was reported that [REDACTED] was asleep in the bed with the parents when she was found not breathing.

Both parents report that [REDACTED] was awake and was fed a bottle at about 6:53 am. [REDACTED] reports that he changed [REDACTED] changed her clothes, gave her a bottle and put her in the bed with the parents. The parents report that when they placed [REDACTED] in the bed with them they laid her on her side on a bobby pillow. It believed that at about 12:45pm the parents found [REDACTED] not breathing. The parents state that [REDACTED] was not sick at the time of death and that she was fine.

Special Needs or Disabilities:

Child's current location/is the child safe at this time: Deceased/The older child is still in the care of the parents

Perpetrator's location at this time: Unknown

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

Domestic Violence present in the home: Unknown



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Note: The Closed Court history is regarding the mother when she was a minor.

A copy of the Child Protective Services Investigation Allegations was sent to the [REDACTED] Juvenile Court Judge.

A copy of the Child Protective Services Investigation Allegations was sent to the [REDACTED]

The Referent has elected to be notified via CARAT.

A TFACTS search indicates [REDACTED] has previous SIU history as a juvenile.

The FAMILY COMPOSITION is as follows:

[REDACTED] (2mths)	Alleged Child Victim (DOB: [REDACTED])
[REDACTED] (3yo)	Sister (DOB: [REDACTED])
	Birth Mother (DOB: [REDACTED])
	Birth Father (DOB: [REDACTED] / SSN: [REDACTED])



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 11/24/14 1:35 PM

Date of Assessment: 11/24/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____