



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 02/03/2015 03:37 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 02/03/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 02/04/2015 08:32 AM
 First Team Leader Assigned: [REDACTED] Date/Time 02/04/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 02/04/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 5 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: [REDACTED]
 Notification: E-mail

Narrative: *****THE CHILD IS NOT IN DCS CUSTODY*****

Family Case IDs: [REDACTED] (Only on the mother as a child) ** [REDACTED] (Only on the father as a child)
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated No,



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

Death No

Screened out No

History (not listed above): No

County: [REDACTED]
 Notification: Email
 School/ Daycare: Unknown
 Native American Descent: No
 Directions: No

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

Reporter states the child, [REDACTED] (5 months) resides with his parents, [REDACTED] in [REDACTED]. No one else resides in the home.

Today, around 4:13 AM, the [REDACTED] was dispatched to the family's home due to the death of a child. Upon arrival, [REDACTED] reported that she laid [REDACTED] down on his side, in their bed at 8:30PM. [REDACTED] reported that [REDACTED] woke up fussy around 10:00PM and she fed him briefly until he went back to sleep. [REDACTED] woke up again around 12:00 AM and [REDACTED] completed the same routine as before. [REDACTED] was at work and didn't get home until after midnight. They both reported that [REDACTED] checked on [REDACTED] again around 1:50 AM. [REDACTED] appeared to fine at that time. The parents didn't check on [REDACTED] again until 4:00 AM, when they were going to bed. They were in the living room up until this time. [REDACTED] first noticed that [REDACTED] was on his stomach and grabbed [REDACTED] while [REDACTED] immediately called 911. [REDACTED] reported that [REDACTED] was slightly discolored and unresponsive. [REDACTED] reported that he begin to do CPR immediately.

EMS arrived at the home shortly after Law Enforcement and pronounced the child dead between 4:13 AM - 4:20 AM.

It is unknown at this time how [REDACTED] died. There is no suspicion of foul play at this time and an autopsy will be performed to determine the cause of death. The bed sheets were collected for examination.

There is no known history of Domestic Violence. It is unknown if the parents have history with DCS.

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

Per SDM Investigation P1 . [REDACTED] [REDACTED] @ 5:22pm on 2-3-15

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	02-03-15 05:26:08 PM	[REDACTED]	---	+ [REDACTED] Left Message
[REDACTED]	02-03-15 05:26:08 PM	[REDACTED]	---	[REDACTED] Left Message
[REDACTED]	02-03-15 05:26:09 PM	[REDACTED]	---	[REDACTED]
Email Sent				
[REDACTED]	02-03-15 05:28:14 PM	[REDACTED]	02-03-15 05:28:49 PM	[REDACTED] Received



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

Email notification sent to [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 19 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/03/2015

Assignment Date: 02/04/2015

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 Classified Date
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 04/15/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case was assigned as an Investigative case to [REDACTED] on 02/03/2015 for [REDACTED]. All times are recorded in [REDACTED] Time. The response priority was P1 and the allegations are Neglect Death. The alleged victim is [REDACTED] and the alleged perpetrator is listed as unknown. No perp identified during investigation as the child died of natural causes.

D. Case Workers

Case Worker: [REDACTED]

Date: 04/15/2015

Team Leader: [REDACTED]

Date: 09/10/2015

E. Investigation Summary

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

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

Child is deceased and could not be interviewed nor observed due to the nature of the circumstances.

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

The medical examiners report details no suspected abuse as the child died of natural causes.

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

No perp identified.

Child death due to SID's.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

See 680 for full complete details.

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

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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:	11/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	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: 11/09/2015 11:09 AM 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: 11/02/2015

Contact Method:

Contact Time: 09:25 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/02/2015

Completed date: 11/02/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/02/2015 08:26 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been provided 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: System Completed
 Contact Date: 09/18/2015 Contact Method:
 Contact Time: 05:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/21/2015
 Completed date: 10/19/2015 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/21/2015 07:46 AM Entered By: [REDACTED]

The Department of Children's Services (DCS) Investigations Unit received a referral on 02/03/2015 with t allegations of Child Abuse Death regarding non-custodial child [REDACTED].

It was reported to DCS that on 02/02/2015 the day prior to receipt of referral, around 4:13 AM, the [REDACTED] was dispatched to the family's home due to the death of a child. Upon arrival, [REDACTED] (mother) reported that she laid [REDACTED] down on his side, in their bed at 8:30PM. [REDACTED] reported that [REDACTED] woke up fussy around 10:00PM and she fed him briefly until he went back to sleep. [REDACTED] woke up again around 12:00 AM and [REDACTED] completed the same routine as before. [REDACTED] (father) was at work and didn't get home until after midnight. They both reported that [REDACTED] checked on [REDACTED] again around 1:50 AM. [REDACTED] appeared to be fine at that time. The parents didn't check on [REDACTED] again until 4:00 AM, when they were going to bed. They were in the living room up until this time. [REDACTED] first noticed that [REDACTED] was on his stomach and grabbed [REDACTED] while [REDACTED] immediately called 911. [REDACTED] reported that [REDACTED] was slightly discolored and unresponsive. [REDACTED] reported that he began to do CPR immediately.

EMS arrived at the home shortly after Law Enforcement and pronounced the child dead between 4:13 AM - 4:20 AM.

The investigation into this incident was conducted by the [REDACTED] [REDACTED] [REDACTED] and the State of Tennessee Department of Children's Services [REDACTED].

The report to Department of Children Services listed "Unknown" as the alleged perpetrator for the allegations of Child Abuse Death.

[REDACTED], mother of [REDACTED], was interviewed by [REDACTED] in the presence of [REDACTED] the day after the death of [REDACTED] provided information that was consistent with the initial report made to DCS. She was understandably sad but cooperative.

[REDACTED], father of [REDACTED], was interviewed [REDACTED] with [REDACTED] present on the same day as the mother. He also provided information that was consistent with the initial report. He was cooperative and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

concerned about his paramour.

[REDACTED] was contacted [REDACTED], [REDACTED], [REDACTED] explained that this case would not be assigned to a Child Abuse Investigation Detective as the Major Crimes Division had informed him there was no child abuse suspected.

Per policy and Work Aid 1- 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

The case was presented to the to [REDACTED] (CPIT) Child Protective Investigation Team on 04/15/2015. As part of the investigation, past medical records from [REDACTED] concerning [REDACTED] were obtained. The medical records indicated that he was well, no health issues. However, mom made mention to the child's doctor that she was concerned regarding his "urine routine" and the doctor advised mom to monitor any new developments and if there were any further testing on [REDACTED] liver would be ordered. [REDACTED] died before this medical concern could be assessed for further diagnosis. The child's autopsy report indicates the cause of death to be Sudden Unexplained Death.

There was not a preponderance of evidence found within this investigation to substantiate the allegation of Child Abuse Death.

The case will be closed and Classified as Allegation Unsubstantiated Perpetrator 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]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 09/10/2015 Contact Method:

Contact Time: 11:30 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 09/10/2015

Completed date: 09/10/2015 Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/10/2015 10:41 AM Entered By: [REDACTED]

[REDACTED] OCS, reviewed the recommended classification of AUPU (Allegation Unsubstantiated/Perpetrator Unsubstantiated) regarding the allegation of Neglect Death pertaining to ACV (Alleged Child Victim), [REDACTED], by an Unknown Perpetrator. In review of the record Sudden Unexplained Death of an Infant was reflected as the cause of death on the autopsy report. [REDACTED] CPIT met and all concurred that the classification of AUPU was appropriate as there wasn't sufficient information gathered to reflect abuse or neglect caused the death. The AUPU classification is approved.



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:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:30 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:30 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: 09/03/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/03/2015
 Completed date: 09/03/2015 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: 09/03/2015 10:30 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/03/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/03/2015
 Completed date: 09/03/2015 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: 09/03/2015 10:30 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: 09/03/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/03/2015
 Completed date: 09/03/2015 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: 09/03/2015 10:30 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/03/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/03/2015
 Completed date: 09/03/2015 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: 09/03/2015 10:30 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:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:30 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:30 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:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:30 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:30 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:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:30 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 10:30 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: 09/03/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/03/2015
 Completed date: 09/03/2015 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: 09/03/2015 10:30 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/03/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/03/2015
 Completed date: 09/03/2015 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: 09/03/2015 10:30 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: 09/03/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/03/2015

Completed date: 09/03/2015

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: 09/03/2015 10:30 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: Created In Error

Contact Date: 04/15/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/25/2015

Completed date: 04/25/2015

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: 04/25/2015 12:23 PM Entered By: [REDACTED]

This case was assigned as an Investigative case to [REDACTED] on 02/04/2015 03:37 PM for [REDACTED]. All times are recorded in [REDACTED] Time. The response priority was P1 and the allegations are Neglect Death. The alleged victim is [REDACTED] and the alleged perpetrator is listed on referral as unknown as the death is believed to be of natural causes.

*This worker assessed both parents as part of the investigative tasks required to complete a thorough investigation of family and circumstances surrounding child death.

The Juvenile Judge, and the District Attorney, was notified by Upper CPS management.

Referent was contacted on 03/15/2013 by [REDACTED]

Response was met on 02/04/2015 at 10:30a.

DEMOGRAPHICS:

CHILD: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]

SIBLING: NONE

PARENT: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]
 HOME PHONE: n/a
 CELL PHONE: [REDACTED]

PARENT: [REDACTED]
 DOB: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

ADDRESS: [REDACTED]
 HOME PHONE: n/a
 CELL PHONE: [REDACTED]

Presenting and Past Circumstances:

New parents whom awoke to discover their infant unresponsive.

TFACTS History:

[REDACTED] reviewed the family's history on 2/3/2015, prior to making contact with the family. While both parents both have history they have had no contact with the Dept since becoming new parents.

Neither parent had an arrest record as an adult at this time.

[REDACTED] found the home to be orderly clean with no noted safety hazards. All utilities were in working order and the cupboards and refrigerator were well stocked with food and grocery items. [REDACTED] noted appropriate child/parent interactions throughout the home visit and the children were observed to be neat, clean, appropriately dressed. The Safety/ Risk Assessment appraisal tool indicates there is no immediate harm factors present at this time based on currently available information and the child are not likely to be in immediate danger of serious harm.

The Safety Decision was rated as Safe as there are no other children in the home.

CLOSING:

This case was assigned as an Investigative case to [REDACTED] on 02/03/2015 for [REDACTED]. All times are recorded in [REDACTED] Time. The response priority was P1 and the allegations are Neglect Death. The alleged victim is [REDACTED] and the alleged perpetrator is listed as unknown. No perp identified during investigation as the child died of natural causes.

Per policy and Work Aid 1, Child Death is defined as: Any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse or neglect resulting from direct action of the parent or caretaker 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.

Sudden infant death syndrome (SIDS), also known as cot death or crib death, is the sudden unexplained death of a child less than one year of age. It requires that the death remains unexplained even after a thorough autopsy and detailed death scene investigation. SIDS usually occurs during sleep.

No evidence found to support the allegations of Neglect Death. Child succumbed to natural causes. No other follow up is needed at this time.

Narrative Type: Created In Error Entry Date/Time: 09/21/2015 07:48 AM Entered By: [REDACTED]

To make noted corrections made by OCS [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: 04/15/2015 Contact Method: Face To Face
 Contact Time: 08:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 04/25/2015
 Completed date: 04/25/2015 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: 04/25/2015 12:16 PM Entered By: [REDACTED]

On this date the CPIT Panel agreed with classification of UNSUBSTANTIATED ALLEGATION AND UNSUBSTANTIATED PERP as the child death was simply the result of natural causes. No further action is needed as [REDACTED] was the couples only child.

Narrative Type: Addendum 1 Entry Date/Time: 11/09/2015 08:47 AM Entered By: [REDACTED]

Notation:

Prior to final case closure worker visited the couple again in their home. [REDACTED] informed [REDACTED] that she would receive a copy of the official autopsy and further discussed it findings. [REDACTED] agreed to have a copy of the report forwarded to the parents as neither had seen the report.

[REDACTED] reported to worker that she was seeing a therapist at [REDACTED] and agreed that an additional support group would be beneficial to her as she often falls into depression even after attending counseling. This worker agreed to find additional resources other than those already offered to the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/13/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 11/09/2015

Completed date: 11/09/2015

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: 11/09/2015 08:45 AM Entered By: [REDACTED]

04/13/2015- Supervisory Conference

[REDACTED] and [REDACTED] discussed the investigative findings to date. [REDACTED] made contact with CPIT lead detective, [REDACTED] to ensure the completion of all required investigative tasks in regard to this investigation. [REDACTED] reports no further action will be taken as no foul play is suspected.

04/13/2015- [REDACTED] received a copy of the official autopsy report for [REDACTED]. The official report states the manner of death to be "Sudden Unexplained 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:	04/06/2015	Contact Method:	Face To Face
Contact Time:	05:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/09/2015 08:45 AM Entered By: [REDACTED]

Date: 04/06/2015

Time: 5:30 p.m.

Type of Contact: Collateral Interview

Location of Contact: Family's Home

Primary person(s) to be interviewed and relationship: [REDACTED]/paternal grandfather

[REDACTED] reported that he was the father of [REDACTED]. He stated that he is in the home often and admired the couple as parents. [REDACTED] reported that both [REDACTED] were involved parents and he felt this tragedy would "do one of two things, either make them stronger or break them apart". [REDACTED] was happy to report that the couple has become even closer due to the loss of their only child.

The elder [REDACTED] reports that this is [REDACTED] first experience with death of any kind, and has vowed to assist the couple in any way possible to help them through their grief process.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 02/26/2015 Contact Method:
 Contact Time: 11:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/26/2015
 Completed date: 03/29/2015 Completed By: TFACTS, Person Merge
 Purpose(s):
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2015 09:48 PM Entered By: [REDACTED]

This case was assigned as an Investigative case to [REDACTED] on 02/04/2015 03:37 PM for [REDACTED] All times are recorded in [REDACTED] Time. The response priority was P1 and the allegations are Neglect Death. The alleged victim is [REDACTED] and the alleged perpetrator is listed on referral as unknown as the death is believed to be of natural causes.

*This worker will assess both parents as part of the investigative tasks required to complete a thorough investigation of family and circumstances surrounding child death.

The Juvenile Judge, and the District Attorney, was notified by Upper CPS management.

Referent was contacted on 03/15/2013 by [REDACTED]

Response was met on 02/04/2015 at 10:30a.

DEMOGRAPHICS:

CHILD: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]

SIBLING: NONE

PARENT: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]
 HOME PHONE: n/a
 CELL PHONE: [REDACTED]

PARENT: [REDACTED]
 DOB: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

ADDRESS: [REDACTED]

HOME PHONE: n/a

CELL PHONE: [REDACTED]

Presenting and Past Circumstances:

New parents whom awoke to discover their infant unresponsive.

TFACTS History:

[REDACTED] reviewed the family's history on 2/3/2015, prior to making contact with the family. While both parents both have history they have had no contact with the Dept since becoming new parents.

Narrative Type: Created In Error Entry Date/Time: 10/08/2015 01:56 PM Entered By: [REDACTED]

Per [REDACTED] directive [REDACTED] [REDACTED] re-wrote entry to reflect all tasks completed by worker.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/04/2015

Contact Method:

Contact Time: 11:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/09/2015

Completed date: 11/09/2015

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: 11/09/2015 08:42 AM Entered By: [REDACTED]

[REDACTED] contacted the [REDACTED] [REDACTED] to request a copy of [REDACTED] autopsy. To date the formal report is not complete and will be sent to worker upon completion.

[REDACTED] also requested [REDACTED] medical records from [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: 02/04/2015

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/26/2015

Completed date: 02/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/26/2015 09:19 PM Entered By: [REDACTED]

CHILD:

Date of Contact: 2/4/2015

Location of Contact: n/a

Beginning Time: n/a

Ending Time: n/a

UABC

[REDACTED] had no contact or observation of the victim [REDACTED], as the infant child is deceased and his body was immediately transferred to the medical examiner's office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/04/2015

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/26/2015

Completed date: 02/26/2015

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)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/26/2015 09:44 PM Entered By: [REDACTED]

Parent Contact: [REDACTED]

Date of Contact: 2/4/2015

Location of Contact: [REDACTED]

Beginning Time: 10a

Ending Time: 11:30a

Upon arrival, [REDACTED] that she laid [REDACTED] down on his side, in their bed at 8:30PM. [REDACTED] reported that [REDACTED] woke up fussy around 10:00PM and she fed him briefly until he went back to sleep. [REDACTED] woke up again around 12:00 AM and [REDACTED] completed the same routine as before. [REDACTED] was at work and didn't get home until after midnight. They both reported that [REDACTED] checked on [REDACTED] again around 1:50 AM [REDACTED] appeared to fine at that time.

The parents didn't check on [REDACTED] again until 4:00 AM, when they were going to bed. They were in the living room up until this time.

[REDACTED] reported he first noticed that [REDACTED] was on his stomach and grabbed [REDACTED] while [REDACTED] immediately called 911. [REDACTED] reported that [REDACTED] was slightly discolored and unresponsive. [REDACTED] reported that he begin to do CPR immediately.

[REDACTED] noted the home was clean and organized. The home had running water, electricity and sufficient food and clothing for all family members. The home had no structural damage, exposed wires or broken glass/windows. The home has no rodent/insect infestation. All counters and floors were clean. All doorways and windows were free of clutter and posed no fire hazards. All Medications were stored properly and out of reach of children.

The family reports there are no weapons in the home. The family reports no history of DV in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

Family was informed of the following DCS required forms prior to the case closure- See file for signatures pages:

Investigator gave a copy of/ explained the MRS Pamphlet

Investigator gave a copy of/ explained the Client's Rights Handbook to include the Parents' Bill of Rights and obtained appropriate signatures

Investigator gave a copy of/ explained the HIPPA- Notice of Privacy Practice and obtained appropriate signatures

Investigator gave a copy of/ explained the Notification of Equal Access and obtained appropriate signatures

Investigator asked if the child client was of Native American descent/ explained and obtained appropriate signatures on the Native American Heritage Veto Verification

Investigator gave a copy of/ explained the Consent/ Refusal for entering the home and obtained appropriate signatures

Narrative Type: Addendum 1 Entry Date/Time: 11/09/2015 08:41 AM Entered By: ██████████

Upon arrival, worker was greeted by ██████████ entered the room shortly after this worker entered the home. ██████████ immediately acknowledged the couple's loss. ██████████ explained to the couple that child death cases are investigated through the Office of Child Safety. Worker used this time to explain the required paper work to the couple. ██████████ began to inquire about the events of the evening prior to the child's death.

(Interview with ██████████/mother)

██████████, mother, reported that she and ██████████ lived in the home together. ██████████ reported that the family was currently purchasing their apartment as part of a "co-op". ██████████ reports she is a stay at home mom while ██████████ worked outside the home. ██████████ stated that ██████████ was the couple's only child and was born almost six months prior. ██████████ states that she and ██████████ had the support of extended relatives though they maintained the day to day care of ██████████. ██████████ reported that she and the baby kept the same schedule as ██████████ to ensure the family spent quality time together as ██████████ worked 3rd shift. ██████████ stated that she laid ██████████ down on his side, in the couple's bed at 8:30 p.m., while she completed household chores. ██████████ reported that ██████████ woke up fussy around 10:00 p.m. and she fed him and cuddled him briefly until he went back to sleep. ██████████ reports ██████████ woke up again around 12:00 a.m. and ██████████ completed the same routine as before. ██████████ was at work and didn't get home until after midnight. ██████████ was clearly grieving the loss of her only child as she could not physically continue to talk. ██████████ referenced several local community resources the family could utilize during their time of grief.

(Interview with ██████████/father)

██████████/father reported that he and ██████████ had a good relationship. He reports they were both excited to have a child. ██████████ reports he works 3rd shift, but that ██████████ were on his schedule so that they could spend awake hours as a family. ██████████ reported that as new parents they have been advised not to let infants sleep on their stomach so when he first noticed that ██████████ was on his stomach he immediately went to reposition him. ██████████ touched ██████████ trying to "stir" him awake and immediately knew something was wrong. After ██████████ confirmed that ██████████ was not breathing he grabbed ██████████ and yelled for ██████████ to immediately call 911. ██████████ reported that ██████████ was slightly discolored and unresponsive. ██████████ reported that he begin to do CPR immediately until the arrival of EMS.

Both ██████████ reported that they last checked on ██████████ around 1:50 AM. ██████████ appeared to be fine at that time.

Per their routine schedule the parents didn't check on ██████████ again until 4:00 a.m., when they were going to bed. They were in the living room talking and watching TV up until this time.

██████████ noted that both ██████████ were very welcoming of this worker and though each of them were clearly grieving they both wanted to talk about being parents to ██████████ whom they described as a happy baby that gave their lives purpose.

██████████ observed the home as clean and organized. The home had running water, electricity and sufficient food and clothing for all family members. The home had no structural damage, exposed wires or broken glass/windows. The home had no rodent/insect infestation. All counters and floors were clean. All doorways and windows were free of clutter and posed no fire hazards. All medications were stored properly and out of reach of any children.

The couple reported there were no weapons in the home. The family reported no history of domestic violence in the home.



Tennessee Department of Children's Services
Case Recording Summary

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/04/2015 Contact Method: Phone Call
 Contact Time: 09:30 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/26/2015
 Completed date: 02/26/2015 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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/26/2015 09:40 PM Entered By: [REDACTED]
 9:30

CONVENED CPIT

[REDACTED] convened CPIT on this date with LE and [REDACTED].

After briefly conferring with [REDACTED], as to why a CPIT detective would not be assigned a case that was "coded" child abuse.

[REDACTED] also enlisted the assistance of [REDACTED] whom made contact with [REDACTED]/supervisor for clarification of case assignment and to gather required documentation needed to support future investigative findings. [REDACTED] was able to obtain the police report associated with this investigation as well as confirmation that case will not be assigned to a CPIT detective as abuse is not suspected.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/04/2015

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/26/2015

Completed date: 02/26/2015

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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/26/2015 09:37 PM Entered By: [REDACTED]

9a
2/4/2015

Referent Contact:

[REDACTED] contacted [REDACTED]. Upon explain that worker wanted to CONVENE CPIT [REDACTED] stated this investigation would not be sent to any of the CPIT detective b/c there was no suspicion of foul play.

Worker explained per state mandated policy this worker would need to engage the family to ensure safety of all involved to also offer any need additional services to the family.

It was then that [REDACTED] began to provide worker with additional info to initiate investigation. He stated that the child appeared to have succumbed to SID. Last night, around 4:13 AM, the [REDACTED] was dispatched to the family's home due to the death of a child.

[REDACTED] reported EMS arrived at the home shortly after Law Enforcement and pronounced the child dead between 4:13 AM - 4:20 AM. He stated that he noted no other concerns, confirming there were no other kids in the home.

Narrative Type: Addendum 1 Entry Date/Time: 11/09/2015 08:40 AM Entered By: [REDACTED]

[REDACTED] stated that she would like to officially convene the Child Protective Investigative Team (CPIT) as required in accordance with DCS policy. Furthermore, [REDACTED] explained to [REDACTED] that this worker needed to engage the family to assess the safety of this child prior to and at the time of his death as well as to offer any additional needed services to the family during their time of loss.

Convened CPIT

Upon convening the Child Protection Investigation Team "CPIT", [REDACTED] began to assist [REDACTED] in initiating the investigation into the death of [REDACTED].

[REDACTED] reported that Emergency Medical Services received a call at 4:02am due to the death of a child. Emergency



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Medical Services arrived at the family's home located at [REDACTED] at approximately 4:13. [REDACTED] reported EMS arrived at the home shortly after Law Enforcement and pronounced the [REDACTED]/child dead between 4:13 AM - 4:20 AM. [REDACTED] stated that he noted no other concerns, confirming there were no other children in the home. [REDACTED] stated it was his thought that the child appeared to have succumbed to Sudden Infant Death Syndrome "SIDS".



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:	02/03/2015	Contact Method:	
Contact Time:	03:39 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:	Opening		

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

Narrative Type: Original Entry Date/Time: 11/09/2015 08:38 AM Entered By: [REDACTED]

This case was assigned as an Investigative case to [REDACTED] on 02/03/2015 05:37 PM for [REDACTED]. All times are recorded in [REDACTED] Time. The response priority was P1 and the allegation is Neglect Death. The alleged victim is [REDACTED] and the alleged perpetrator is listed on referral as unknown as the referent reported death is believed to be of natural causes.

The Juvenile Judge, and the District Attorney, were notified through local CPS protocols.

DEMOGRAPHICS:

CHILD: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]

SIBLING: NONE

PARENT: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]
 HOME PHONE: n/a
 CELL PHONE: [REDACTED]

PARENT: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]
 HOME PHONE: n/a
 CELL PHONE: [REDACTED]

Presenting and Past Circumstances:

The parents discovered their child unresponsive when they work up and checked on him. This was their only child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

TFACTS History:

[REDACTED] reviewed the family's history on 2/3/2015, prior to making contact with the family. The family had no prior involvement with the Department of Children's Services prior to this investigation.