



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 03/10/2015 08:37 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 03/10/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 03/10/2015 09:59 AM
 First Team Leader Assigned: [REDACTED] Date/Time 03/10/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 03/10/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	[REDACTED]	Birth Mother
[REDACTED]	Deceased	Neglect Death	Yes	[REDACTED]	Birth Father

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: None
 Narrative: Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open: No
 Substantiated: No
 Death: No
 Number of Screen Outs: 0
 History (not listed above): [REDACTED] DEI/ Unsubstantiated/ Closed on 02-05-15
 DUPLICATE REFERRAL: No



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

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

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

Reporter states: [REDACTED] (2m) lives with his parents [REDACTED] and [REDACTED] in [REDACTED] County. Also in the home are [REDACTED] older siblings named [REDACTED] (3) and [REDACTED] (2). The reporter is not aware that anyone else is living in the family.

The Department of Children's Services was involved with the family due to [REDACTED] having a diagnosis of Neonatal Abstinence Syndrome (NAS) at the time of birth. The reporter believes that [REDACTED] tested positive for Subutex and Xanax. Mrs. [REDACTED] had a prescription for the medication so the allegations of drug exposed infant were unsubstantiated. The CPS investigation was closed on 02-05-15. [REDACTED] did not have any known medical issues.

The reporter received this information from Investigator [REDACTED] with law enforcement. The reporter was advised that [REDACTED] was pronounced deceased this morning at 8:36am. The reporter was advised that there was a child in the bed with [REDACTED] as well as several toys including stuffed animals. At this time, the reporter does not know if the child in the bed with [REDACTED] was [REDACTED] or [REDACTED]. The reporter does not know what bed the children were in. The reporter does not know who provided the information to law enforcement regarding the sleeping arrangement. The reporter does not know what the sleeping arrangements for the children in the home are. The reporter states that during the previous CPS investigation, safe sleep was addressed with the family. According to law enforcement, there was possible aspiration.

The reporter confirmed with the hospital that the infant was deceased [REDACTED] was taken to [REDACTED] County Emergency Room. The reporter does not know at this time if an autopsy will be completed. The reporter does not have any information at this time regarding when [REDACTED] was last observed to be fine and breathing. The reporter is not currently aware of any safety hazards in the family home. The reporter is not aware that any concerning marks or injuries have been noted on [REDACTED] body.

The reporter does not know if Mr. and Mrs. [REDACTED] are at the hospital or at home at this time. The reporter does not know if [REDACTED] and [REDACTED] are with their parents or if they are somewhere else at this time. The reporter believes that Mrs. [REDACTED] is a stay at home mother. The reporter is not aware that the children are in daycare.

At around 9:15am, the reporter was advised that the forensic team was heading to the hospital. The reporter was told that investigators with the [REDACTED] Police were heading to the family home.

This is all the information that the reporter has at this time.

Any other safety concerns for the worker who may respond: None known
 Domestic Violence present in the home: None known in the current home but Mrs. [REDACTED] had a history of domestic violence with an ex-boyfriend in [REDACTED]

Per SDM: Investigative Track, P1- Child Death. 03/10/15 @ 9:27am by [REDACTED] CM2



**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: White

Age: Deceased

Address: [REDACTED]

Deceased Date: 03/10/2015

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 3 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 28 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 28 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 3 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]
 Referral Date: 03/10/2015
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 03/10/2015

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			09/21/2015
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			09/21/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Child Neglect Death, allegation unsubstantiated with perpetrator of [REDACTED] unsubstantiated, regarding [REDACTED]
 Child Neglect Death, allegation unsubstantiated with perpetrator of [REDACTED] unsubstantiated, regarding [REDACTED]

D. Case Workers

Case Worker: [REDACTED]
 Team Leader: [REDACTED]

Date: 09/21/2015
 Date: 09/22/2015

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:

Pathologic Diagnosis:

Accidental asphyxia of a 70 day old infant associated with co-sleeping in an adult bed. Child found unresponsive in bed with parents and siblings in the morning after failing asleep during night time breastfeeding. Liver mortis indicates prone and face down positioning with occlusion of the mouth and nose. Epicardial petechiae. No petechiae of the eyes, skin, oral mucosa, thymus, or lungs.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.
 The case was presented to the [REDACTED] Child Protective Investigation Team on 08/31/2015. Team



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

Case Name : ██████████

Investigation ID: ██████████

members were in agreement that there was not sufficient 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

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

An autopsy was performed on the child at ██████████ of medicine.

Pathologic Diagnosis:

Accidental asphyxia of a 70 day old infant associated with co-sleeping in an adult bed.

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

██████████ was interviewed on 03/10/15, around 1:00 p.m. ██████████ regarding the death of her son ██████████. ██████████ reported that she breast fed ██████████ about midnight to 12:30 a.m. to top him off so he would hopefully sleep as long as possible, after feeding the child she laid him down to bed in the swing (child was sleeping in the swing as the family was battling a bed bug infestation) she reported that she herself then went to sleep, she stated that the whole family was sleeping in the back bedroom of the trailer as this was the only room that they did not get bit in, ██████████ reported that she laid in the bed with ██████████ (spouse), and her other child ██████████ and that ██████████ was in her crib all in the same back bedroom. ██████████ reported that she was awoken around 3:15 AM to the baby crying/whimpering so she got up thinking ██████████ was hungry, she then breast-fed ██████████ but he only took about two or three sucks off her nipple and fell back asleep she reported that she then swaddled him and returned him to the swing and fell back asleep herself. ██████████ reported that she woke up to the alarm clock around 7:00 to 7:30 AM and went over to check on the baby and found him slumped over in the swing, she reports that she noticed he did not look right, and explained that he looked pale, when she felt for him and reported that he was still warm but unresponsive and not breathing, at this point she woke ██████████ (spouse) stating that the baby was not breathing and they needed to call 911. ██████████ reported that ██████████ got up and started doing mouth to mouth and CPR on the child while she called 911 she was calling out instructions from the dispatcher as ██████████ was giving the child CPR. ██████████ reported that officers arrived first, then EMS arrived and they started doing CPR on ██████████ and then transported him to the hospital, she reported that her and ██████████ followed in the police car behind the ambulance she reported that when she got to the hospital they worked on the child in the back and then told her and ██████████ that he did not make it.

██████████ was interviewed on 03/10/15, around 12:30 p.m. ██████████ reported that he was woken up by ██████████ (mom) around 7:15 a.m. who was yelling at him that ██████████ was not breathing, he reported he was sleeping the bed with their other child ██████████, he reported he jumped up and checked the baby and taking him out of the swing, he reported the child was not moving or breathing so he started mouth to mouth and CPR on him and told ██████████ to call 911, he stated that the 911 operator was giving directions to him through ██████████ on CPR while they waited for the EMS and the police. ██████████ reported that when the police officer arrived they helped with the CPR and they (██████████ and another officer) took the other children into the other room as they were still sleeping and they did not want to upset them. ██████████ reported that when EMS arrived they took over and then transported ██████████ to the hospital and then they were told that he did not make it. ██████████ reported nothing unusual the night before he reported they had been watching movies the night before and then went to bed around 12:30, he stated ██████████ got up with ██████████ around 3:00 a.m. but he did not, and was woken up by the alarm clock about 7:00 or 7:30 a.m. he was not sure he would have to look at what the alarm was set for. ██████████ appeared appropriately upset.

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

Reporter states: ██████████ (2m) lives with his parents ██████████ and ██████████ in ██████████. Also in the home are ██████████ older siblings named ██████████ (3) and ██████████ (2). The reporter is not aware that anyone else is living in the family.



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]

The Department of Children's Services was involved with the family due to [REDACTED] having a diagnosis of Neonatal Abstinence Syndrome (NAS) at the time of birth. The reporter believes that [REDACTED] tested positive for Subutex and Xanax. Mrs. [REDACTED] had a prescription for the medication so the allegations of drug exposed infant were unsubstantiated. The CPS investigation was closed on 02-05-15. [REDACTED] did not have any known medical issues.

The reporter received this information from Investigator [REDACTED] with law enforcement. The reporter was advised that [REDACTED] was pronounced deceased this morning at 8:36am. The reporter was advised that there was a child in the bed with [REDACTED] as well as several toys including stuffed animals. At this time, the reporter does not know if the child in the bed with [REDACTED] was [REDACTED] or [REDACTED]. The reporter does not know what bed the children were in. The reporter does not know who provided the information to law enforcement regarding the sleeping arrangement. The reporter does not know what the sleeping arrangements for the children in the home are. The reporter states that during the previous CPS investigation, safe sleep was addressed with the family. According to law enforcement, there was possible aspiration. The reporter confirmed with the hospital that the infant was deceased. [REDACTED] was taken to [REDACTED] Emergency Room. The reporter does not know at this time if an autopsy will be completed. The reporter does not have any information at this time regarding when [REDACTED] was last observed to be fine and breathing. The reporter is not currently aware of any safety hazards in the family home. The reporter is not aware that any concerning marks or injuries have been noted on [REDACTED] body.

The reporter does not know if Mr. and Mrs. [REDACTED] are at the hospital or at home at this time. The reporter does not know if [REDACTED] and [REDACTED] are with their parents or if they are somewhere else at this time. The reporter believes that Mrs. [REDACTED] is a stay at home mother. The reporter is not aware that the children are in daycare.

At around 9:15am, the reporter was advised that the forensic team was heading to the hospital. The reporter was told that investigators with the [REDACTED] Police were heading to the family home.

This is all the information that the reporter has at this time.

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

[REDACTED] was drug screened on 03/10/15 and found to be positive for suboxone and klonopin to which he had valid prescriptions for both. Both prescriptions were verified through [REDACTED] pharmacy, [REDACTED] TN.

[REDACTED] was drug screened on 03/10/15 and found to be positive for suboxone and klonopin to which he had valid prescriptions for both. Both prescriptions were verified through [REDACTED] pharmacy [REDACTED] TN.

An autopsy was performed on the child at [REDACTED]

Pathologic Diagnosis:

Accidental asphyxia of a 70 day old infant associated with co-sleeping in an adult bed.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 10/09/2015

Contact Method:

Contact Time: 10:51 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/09/2015

Completed date: 10/09/2015

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: 10/09/2015 10:10 AM Entered By: [REDACTED]

[REDACTED] | Deputy Director of Investigations gave LI [REDACTED] Permission to proceed with case closure

Date: 3-10-15

Purpose: Case Review for Closure

LI [REDACTED] reviewed this case and approving for closure. The Classification summary will be forwarded to the Juvenile Court. The case will be filed under the caregiver [REDACTED]

Date of Referral: 3-10-15

Initial Notification to Juvenile Court: 3-11-15

Notification to DA: 3-11-15

Law Enforcement Notification: 3-11-15

CAC Notification: 3-11-15

SDM Safety Assessment: 3-11-15

FAST completed on 3-17-15 moderate services were suggested, reviewed and approved by LI [REDACTED]

CS-0740 referral placed in designated location for clerical to submit to [REDACTED] Juvenile Court: 10-9-15

Hard copy of 740 is enclosed in the hard file.

Case Closure Date: 10-9-15



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:50 PM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:50 PM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/12/2015 01:50 PM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/12/2015 01:50 PM Entered By: [REDACTED]

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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

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

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:50 PM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
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Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/12/2015 01:50 PM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

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Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
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Children Concerning

Participant(s)

Narrative Details

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Tennessee Department of Children's Services
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Case Id: [REDACTED]

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:50 PM Entered By: [REDACTED]

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

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**Tennessee Department of Children's Services
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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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Children Concerning

Participant(s)

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Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/12/2015 01:50 PM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:50 PM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:50 PM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/09/2015

Contact Method:

Contact Time: 09:50 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/12/2015

Completed date: 10/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:50 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2015

Contact Method:

Contact Time: 11:04 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2015

Completed date: 09/22/2015

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: 09/22/2015 10:05 AM Entered By: [REDACTED]

Allegations reviewed and approved by LI [REDACTED] this day.



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

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/21/2015 Contact Method:
Contact Time: 02:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 09/21/2015
Completed date: 10/09/2015 Completed By: [REDACTED]
Purpose(s): Service Planning
Contact Type(s): Case Summary
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/21/2015 03:10 PM Entered By: [REDACTED]

CPSI [REDACTED] was assigned this case on: 03/10/15
Priority Response Code: 1
Allegations Assessed and Assigned by Central Intake: Neglect Death

Death Summary:

The Department of Children's Services (DCS) Special Investigations Unit received a referral on 03/10/2015 with an allegation of Child Neglect Death regarding [REDACTED] with alleged perpetrator of [REDACTED] (dad) and [REDACTED] (mom).

03/10/15 baby [REDACTED] a 70 day old boy was found unresponsive in his mother's arms in the morning after they both fell asleep while breast feeding in the night. [REDACTED] was last known to be alive approximately 4 hours prior to being discovered unresponsive. [REDACTED] parents began CPR and contacted 911. EMS personnel arrived and found [REDACTED] to be unresponsive with parents performing CPR, they continued CPR while in transport to the hospital, upon arrival at hospital ([REDACTED] Hospital) he was pronounced dead.

The investigation into this incident was conducted by The Tennessee Bureau of Investigations [REDACTED] and The Tennessee Bureau of Investigations Agent [REDACTED] and [REDACTED] Police Detective [REDACTED] and Child Protective Services Investigator [REDACTED], and Child Protective Services Lead Investigator [REDACTED]

The report to DCS listed [REDACTED] [REDACTED] (dad), and [REDACTED] (mom) as the alleged perpetrator's of Child Neglect Death. Numerous interviews were conducted with both parents, and medical professionals.

As part of the investigation, [REDACTED] was interviewed on 03/10/15, around 12:30 p.m. [REDACTED] reported that he was woken up by [REDACTED] (mom) around 7:15 a.m. who was yelling at him that [REDACTED] was not breathing, he reported he was sleeping the bed with their other child [REDACTED] he reported he jumped up and checked the baby and taking him out of the swing, he reported the child was not moving or breathing so he started mouth to mouth and CPR on him and told [REDACTED] to call 911, he stated that the 911 operator was giving directions to him through [REDACTED] on CPR while they waited for the EMS and the police. [REDACTED] reported that when the police officer arrived they helped



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

with the CPR and they (██████████ and another officer) took the other children into the other room as they were still sleeping and they did not want to upset them. ██████████ reported that when EMS arrived they took over and then transported ██████████ to the hospital and then they were told that he did not make it. ██████████ reported nothing unusual the night before he reported they had been watching movies the night before and then went to bed around 12:30, he stated ██████████ got up with ██████████ around 3:00 a.m. but he did not, and was woken up by the alarm clock about 7:00 or 7:30 a.m. he was not sure he would have to look at what the alarm was set for. ██████████ appeared appropriately upset, due to the situation. ██████████ was drug screened on 03/10/15 and found to be positive for suboxone and klonopin to which he had valid prescriptions for both. Both prescriptions were verified through ██████████ pharmacy, ██████████ TN.

As part of the investigation, ██████████ was interviewed on 03/10/15, around 1:00 p.m. ██████████ regarding the death of her son ██████████ ██████████ reported that she breast fed ██████████ about midnight to 12:30 a.m. to top him off so he would hopefully sleep as long as possible, after feeding the child she laid him down to bed in the swing (child was sleeping in the swing as the family was battling a bed bug infestation) she reported that she herself then went to sleep, she stated that the whole family was sleeping in the back bedroom of the trailer as this was the only room that they did not get bit in ██████████ reported that she laid in the bed with ██████████ (spouse), and her other child ██████████, and that ██████████ was in her crib all in the same back bedroom. ██████████ reported that she was awoken around 3:15 AM to the baby crying/whimpering so she got up thinking ██████████ was hungry, she then breast-fed ██████████ but he only took about two or three sucks off her nipple and fell back asleep she reported that she then swaddled him and returned him to the swing and fell back asleep herself. ██████████ reported that she woke up to the alarm clock around 7:00 to 7:30 AM and went over to check on the baby and found him slumped over in the swing, she reports that she noticed he did not look right, and explained that he looked pale, when she felt for him and reported that he was still warm but unresponsive and not breathing, at this point she woke ██████████ (spouse) stating that the baby was not breathing and they needed to call 911. ██████████ reported that ██████████ got up and started doing mouth to mouth and CPR on the child while she called 911 she was calling out instructions from the dispatcher as ██████████ was giving the child CPR. ██████████ reported that officers arrived first, then EMS arrived and they started doing CPR on ██████████ and then transported him to the hospital, she reported that her and ██████████ followed in the police car behind the ambulance she reported that when she got to the hospital they worked on the child in the back and then told her and ██████████ that he did not make it. ██████████ appeared appropriately distraught, crying, and emotional).

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the ██████████ County Child Protective Investigation Team on 08/31/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

Pathologic Diagnosis:

Accidental asphyxia of a 70 day old infant associated with co-sleeping in an adult bed. Child found unresponsive in bed with parents and siblings in the morning after falling asleep during night time breastfeeding. Liver mortis indicates prone and face down positioning with occlusion of the mouth and nose. Epicardial petechiae. No petechiae of the eyes, skin, oral mucosa, thymus, or lungs.

There is not a 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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2015

Contact Method:

Contact Time: 03:55 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 02:56 PM Entered By: [REDACTED]

Autopsy is back. Case was presented to CPIT.
 CPSI will work on closing summary for IC and RID approval.



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:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/03/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/25/2015

Completed date: 09/25/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2015 09:57 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/31/2015

Contact Method:

Contact Time: 01:05 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2015

Completed date: 08/31/2015

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: 08/31/2015 12:08 PM Entered By: [REDACTED]

Admin review

Case presented to CPIT this day. Dr. [REDACTED] reviewed the autopsy report and had no other concerns agreed with the report. There are other children in the home at this time there are no concerns. Plan. update notes and close the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/31/2015

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/21/2015

Completed date: 09/21/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/21/2015 02:37 PM Entered By: [REDACTED]

On 8/31/15 at approximately 1pm, CPSI [REDACTED] presented this case to the [REDACTED] CPITeam with the following members present: [REDACTED] (CPS LI), [REDACTED] (CAC), [REDACTED] (CAC), [REDACTED], [REDACTED] (County DA's Office) and [REDACTED] Youth Services Officer). Final recommendation was for Allegation (Child Neglect Death) to be Unsubstantiated and Perpetrators [REDACTED] and [REDACTED] to be Unsubstantiated with victims [REDACTED]. All members agreed with the presented classifications and signed the appropriate forms. No prosecution will be pursued. Forms have been placed in the hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/22/2015

Contact Method:

Contact Time: 03:06 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/22/2015

Completed date: 07/22/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/22/2015 02:09 PM Entered By: [REDACTED]

CPSI [REDACTED] is still awaiting on autopsy. CPSI will contact LE to see if there is any updates. Case has been continued several times in CPIT as the the autopsy is still pending. CPSI has no safety concerns with the other children in the home.

Plan: CPSI will follow up with the status of the autopsy



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/29/2015

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/23/2015

Completed date: 07/23/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/23/2015 08:43 AM Entered By: [REDACTED]

On 06/29/15 at approximately 1pm, CPSI [REDACTED] presented this case to the [REDACTED] County CPITeam with the following members present: [REDACTED] (CPS LI), [REDACTED] (CAC), [REDACTED] (CAC), [REDACTED], [REDACTED], [REDACTED] (DA's Office) and [REDACTED] County Youth Services Officer). Final recommendation was for Allegation (Neglect death) to be continued to the next CPITeam meeting as the autopsy is still pending on the child's death. All members agreed with continuation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2015

Contact Method:

Contact Time: 02:24 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/27/2015

Completed date: 05/27/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/27/2015 01:25 PM Entered By: [REDACTED]

Autopsy is still pending. Case will be presented as soon as autopsy returns.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/18/2015

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/23/2015

Completed date: 07/23/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/23/2015 08:34 AM Entered By: [REDACTED]

On 05/18/15 at approximately 1pm, CPSI [REDACTED] presented this case to the [REDACTED] CPITeam with the following members present: [REDACTED] (CPS LI), [REDACTED] (CAC), [REDACTED] (CAC), [REDACTED], [REDACTED], [REDACTED] (DA's Office) and [REDACTED] Youth Services Officer). Final recommendation was for Allegation (Neglect death) to be continued to the next CPITeam meeting as the autopsy is still pending on the child's death. All members agreed with continuation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/27/2015

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/23/2015

Completed date: 07/23/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/23/2015 08:32 AM Entered By: [REDACTED]

On 04/27/15 at approximately 1pm, CPSI [REDACTED] presented this case to the [REDACTED] CPITeam with the following members present: [REDACTED] (CPS LI), [REDACTED] (CAC), [REDACTED] (CAC), [REDACTED], [REDACTED], [REDACTED] (DA's Office) and [REDACTED] Youth Services Officer). Final recommendation was for Allegation (Neglect death) to be continued to the next CPITeam meeting as the autopsy is still pending on the child's death. All members agreed with continuation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/23/2015 Contact Method:
 Contact Time: 03:28 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/23/2015
 Completed date: 04/23/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/23/2015 02:33 PM Entered By: [REDACTED]

Death case

The family has moved into their new home. The family was able to get rid of their bed bugs. The home is less cluttered than their other home. CPSI is waiting on the autopsy. CPSI has received the medical records. SUDI form was up loaded into TFACTS as well as the police report. Safe sleep was discussed with the parents.

Plan- Verify prescriptions, await autopsy , take case to CPIT, CPSI will follow up with the parents to see if they will like [REDACTED]
 CPSI will get his dictation with 5 days per policy.

Narrative Type: Addendum 1 Entry Date/Time: 04/23/2015 02:36 PM Entered By: [REDACTED]

Case not classified

Exceptions: Child death investigations awaiting an autopsy report; CPS investigations needing interpreting and translating services or other unique services such as sign language communication; CPS investigations which fall under the TCA statute 37-1-607 Severe Child Abuse or Neglect, the Federal Indian Child Welfare Act, and CPS investigations where the alleged perpetrator has no access to the child victim.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/10/2015	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 07/23/2015
Completed date: 07/23/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Other Child Living in the Home Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/23/2015 09:00 AM Entered By: [REDACTED]

CPSI [REDACTED] met with [REDACTED] (dad) and [REDACTED] (mom) [REDACTED] (sibling), and [REDACTED] (sibling) at the family home. [REDACTED] reported that [REDACTED] is currently registered for head-start in the fall, and that they were looking forward to this, they reported that [REDACTED] death had been hard on everyone and that the children have spent some time with her sister in [REDACTED] especially when they moved. Family is currently in a new residence and reported that they have not had any issues with the bed bugs since the move. [REDACTED] reported she has been speaking with a counselor at [REDACTED] and that she is still taking the suboxone and Klonopin. CPSI observed [REDACTED] and [REDACTED] to be playing and they each showed CPSI their new room. [REDACTED] and [REDACTED] reported that the landlord from the other trailer was suing them for damage to the trailer and that they had to attend court on 04/14/15. Family reported they were still receiving food stamps, and WIC for [REDACTED] and [REDACTED] CPSI discussed the medications being in a lock box and [REDACTED] showed CPSI that they did have the lock box and it was stored safely. [REDACTED] reported she was probably going to have a hysterectomy, she reported that the consult was scheduled last month but had to be moved to 04/14/15. CPSI was given a tour of the home and found no safety concerns, all utilities were functional, and there was ample food in the home. CPSI was shown the memorial that the family had set up for [REDACTED] in the living room cabinet, CPSI reported that we were still awaiting the autopsy and that he would have to keep the case open until that was returned, CPSI provided contact information to the family and ended the visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/30/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/23/2015

Completed date: 07/23/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/23/2015 08:15 AM Entered By: [REDACTED]

CPSI [REDACTED] received medical records from [REDACTED] Hospital regarding [REDACTED] and his treatment. (see file)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/30/2015

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/23/2015

Completed date: 07/23/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/23/2015 08:25 AM Entered By: [REDACTED]

On 03/30/15 at approximately 1pm, CPSI Smith presented this case to the [REDACTED] CPITeam with the following members present: [REDACTED] (CPS LI), [REDACTED] (CAC), [REDACTED] (CAC), [REDACTED], [REDACTED], [REDACTED] (DA's Office) and [REDACTED] Youth Services Officer). Final recommendation was for Allegation (Neglect death) to be continued to the next CPITeam meeting as the autopsy is still pending on the child's death. All members agreed with continuation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/17/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/08/2015

Completed date: 06/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/08/2015 09:40 AM Entered By: [REDACTED]

A FAST for the [REDACTED] family was completed on 03/17/15. The recommended service intensity level is Moderate. The following items scored 2 or 3: Any items scoring 2 or 3 will be incorporated in the family permanency plan.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2015

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/12/2015

Completed date: 03/12/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/12/2015 08:01 AM Entered By: [REDACTED]

On 03/11/15 at approximately 5:00 p.m. CPSI [REDACTED] forwarded a copy of this report to the [REDACTED] Child Protective Investigative Team, including: [REDACTED] Juvenile Court, [REDACTED] District Attorney's Office, [REDACTED] Sheriff's Department, [REDACTED] Police Department, and the Children's Advocacy Center via fax.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/10/2015	Contact Method:
Contact Time: 04:52 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 03/11/2015
Completed date: 03/11/2015	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 03/11/2015 08:07 AM Entered By: [REDACTED]

Admin Review

Information below provided to IC [REDACTED]
 [REDACTED] (2m) ACV (Deceased)
 parents [REDACTED] and [REDACTED] in [REDACTED].
 Siblings: [REDACTED] (3) and [REDACTED] (2).

Case received response met by CPSI [REDACTED]. Child death reenactment completed. Police and the [REDACTED] Memorial Hospital at this time believe this to be an unfortunate accident. Hospital staff reports that the parents were appropriate and at this time possible cause of death could be SIDS, Autopsy is pending. Parents did submit to a drug screen due to previous DEI case and were positive for Benzo's and Suboxone. Parents did not have proof of prescription but signed releases for CPSI [REDACTED] to gather records. Parents are cooperative and have been appropriate.

Family reported they went to bed last night around 12:00 am. Everyone was sleeping in the same room due to a bed bug infestation. ACV [REDACTED] was in a swing and was fed right around 12:00 am. The mother reports approximately at 3:15 a.m. she got up to nurse however he only took a small amount. The mother reports child was laid back in the swing and at 7:30 the alarm went off. The mother reported that [REDACTED] normally wakes her up before the alarm so she was concerned she leaned over to check on [REDACTED] and he was pale. The mother told the father and he began CPR. The mother called 911. The child was then transported to the hospital by EMS. The reenactment was completed by Forensic, the TBI was also present. Separate interviews done with both parents. CPSI [REDACTED] contacted Hospital staff and there was no concerns, felt like this was a tragedy and possible SIDS, autopsy is pending. Hospital reports parents were appropriate. Drug screens completed both parents positive for Suboxone and Benzo's and prescriptions were verified. Both parents are on a step-down program to be weaned off the medication. Parents were moving in two weeks due to bed bugs and being evicted. Parents have a residence lined up. Law Enforcement did not have concerns at this time. Siblings were seen but too young to be interviewed.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/10/2015	Contact Method: Face To Face
Contact Time: 12:15 PM	Contact Duration: Less than 04 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/12/2015
Completed date: 03/13/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 03/12/2015 09:23 AM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] met with [REDACTED] (dad), [REDACTED] (mom), [REDACTED] (TBI), [REDACTED] (CSI), and [REDACTED] (CSI) at the [REDACTED] Police Department on 03/10/15. The team was briefed on the current status, it was reported that the child would be referred for an autopsy, that currently there were no obvious signs that would determine cause of death. CPSI [REDACTED], CPSI [REDACTED], CSI [REDACTED] and CSI [REDACTED] interviewed [REDACTED] regarding the death of her son [REDACTED]. [REDACTED] reported that she breast fed [REDACTED] about midnight to 12:30 a.m. to top him off so he would hopefully sleep as long as possible, after feeding the child she laid him down to bed in the swing (child was sleeping in the swing as the family was battling a bed bug infestation) she reported that she herself then went to sleep, she stated that the whole family was sleeping in the back bedroom of the trailer as this was the only room that they did not get bit in, [REDACTED] reported that she laid in the bed with [REDACTED] (spouse), and her other child [REDACTED] and that [REDACTED] was in her crib all in the same back bedroom. [REDACTED] reported that she was awoken around 3:15 AM to the baby crying/whimpering so she got up thinking [REDACTED] was hungry, she then breast-fed [REDACTED] but he only took about two or three sucks off her nipple and fell back asleep she reported that she then swaddled him and returned him to the swing and fell back asleep herself. [REDACTED] reported that she woke up to the alarm clock around 7:00 to 7:30 AM and went over to check on the baby and found him slumped over in the swing, she reports that she noticed he did not look right, and explained that he looked pale, when she felt for him and reported that he was still warm but unresponsive and not breathing, at this point she woke [REDACTED] (spouse) stating that the baby was not breathing and they needed to call 911. [REDACTED] reported that [REDACTED] got up and started doing mouth to mouth and CPR on the child while she called 911 she was calling out instructions from the dispatcher as [REDACTED] was giving the child CPR. [REDACTED] reported that officers arrived first, then EMS arrived and they started doing CPR on [REDACTED] and then transported him to the hospital, she reported that her and [REDACTED] followed in the police car behind the ambulance she reported that when she got to the hospital they worked on the child in the back and then told her and [REDACTED] that he did not make it. [REDACTED] appeared appropriately distraught, crying, and emotional).

CPSI [REDACTED] CPSI [REDACTED] CSI [REDACTED], and CS [REDACTED] interviewed [REDACTED] who reported that he was woke up by [REDACTED] around 7:15 a.m. who was yelling at him that [REDACTED] was not breathing, he reported he was sleeping the bed with their other child [REDACTED] he reported he jumped up and checked the baby and taking him out of the swing, he reported the child was not moving or breathing so he started mouth to mouth and CPR on him and told [REDACTED] to call 911, he stated that the 911 operator was giving directions to him through [REDACTED] on CPR while they waited for the EMS



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

and the police [REDACTED] reported that when the police officer arrived they helped with the CPR and they [REDACTED] and another officer) took the other children into the other room as they were still sleeping and they did not want to upset them [REDACTED] reported that when EMS arrived they took over and then transported [REDACTED] to the hospital and then they were told that he did not make it. [REDACTED] reported nothing unusual the night before he reported they had been watching movies the night before and then went to bed around 12:30, he stated [REDACTED] got up with [REDACTED] around 3:00 a.m. but he did not, and was woken up by the alarm clock about 7:00 or 7:30 a.m. he was not sure he would have to look at what the alarm was set for. [REDACTED] appeared appropriately upset, due to the situation.

CPSI [REDACTED] and CPSI [REDACTED] discussed the other 2 children in the home ([REDACTED] Jr. 3, and [REDACTED] 2) parents reported that they were currently in the care of [REDACTED] father [REDACTED] who resides at [REDACTED] CPSI [REDACTED] discussed that CPSI [REDACTED] and CPSI [REDACTED] would need to meet with these children at some point today.

CPSI [REDACTED] contacted Hospital staff [REDACTED] Head Nurse at [REDACTED] Hospital) who reported there was no concerns, felt like this was a tragedy and possible SIDS, autopsy is pending. Hospital reports parents were appropriate, no bruising on the child or evidence at this time to indicate any trauma or non-accidental death. CPSI [REDACTED] drug screened [REDACTED] at [REDACTED] P.D. and he was positive for Subutex and Benzodiazepine, he reported he was prescribed both drugs. CPSI [REDACTED] drug screened [REDACTED] and she was positive for Subutex and Benzodiazepine, she reported she was prescribed both drugs. Both parents prescriptions were verified through [REDACTED] pharmacy, [REDACTED] Both parents are on a step-down program to be weaned off the medication through their respective providers. [REDACTED] is attending treatment at Recovery Associates, and [REDACTED] is attending treatment at [REDACTED] Recovery. Parents reported that they were moving in two weeks into [REDACTED] father's trailer, reports that he has put down money, due to bed bugs infesting the current home. The parents reported they have not paid rent to the landlord in 4 months and have a court hearing on 03/17/15 and may be evicted. Parents have a residence lined up. Law Enforcement did not have concerns at this time. Siblings were seen but too young to be interviewed. Both [REDACTED] and [REDACTED] were observed, the children appeared to be safe, however dirty- looked like they did not have a bath last night, obvious red marks on [REDACTED] back side were what appeared to be bed bug bites. On [REDACTED] CPSI [REDACTED] observed her arm to have several red marks which were consistent with bed bug bites. The home was cluttered and dirty, but no safety concerns were observed, there was ample food and all utilities were functional. Both parents were observed to have what were consistent with bed bug bites on their arms and legs. Family reports that they are unable to move at this time, but hope to be moved in 1-2 weeks.

CPSI discussed the current plan with the family and that if they were planning to remain in the residence they reported at this time they did not have any other place to go. Parents reported funeral arrangements were not completed for [REDACTED] at this time. Mothers family from [REDACTED] arrived at the home to assist the family with details and for support, [REDACTED] and [REDACTED] appeared to emotionally stable and able to care for both [REDACTED] and [REDACTED] CPSI [REDACTED] and CPSI [REDACTED] provided contact information the the family and ended the visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/10/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/10/2015
Completed date:	03/10/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/10/2015 10:35 AM Entered By: [REDACTED]

Child death referral came in.

Forensic and LE has went to the home and the hospital. The parents are going to the police station. CPSI [REDACTED] will be going to the police station to meet with the parents, IC [REDACTED] and RA [REDACTED] were notified by LI [REDACTED] this day at 9:43.

Next steps-CPSI will convene CPIT, CPSI will send Child Death Notification form to LI [REDACTED] within the designated time frame. CPSI [REDACTED] with interview the parents&Siblings, complete a home visit, CPSI will request medical records and present to CPIT.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method:

Contact Time: 11:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/12/2015

Completed date: 03/12/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/12/2015 08:03 AM Entered By: [REDACTED]

CPSI completed a case history search on the family and the results are as follows:
12/31/14, Drug Exposed Infant, [REDACTED], Allegation Unsubstantiated / Perpetrator Unsubstantiated



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/10/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/12/2015
Completed date:	03/12/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/12/2015 07:48 AM Entered By: [REDACTED]

CPSI [REDACTED] was assigned this case on: 03/10/15

Priority Response Code: 1

Allegations Assessed and Assigned by Central Intake: Neglect Death

Reporter states: [REDACTED] (2m) lives with his parents [REDACTED] and [REDACTED] in [REDACTED] County. Also in the home are [REDACTED] older siblings named [REDACTED] (3) and [REDACTED] (2). The reporter is not aware that anyone else is living in the family.

The Department of Children's Services was involved with the family due to [REDACTED] having a diagnosis of Neonatal Abstinence Syndrome (NAS) at the time of birth. The reporter believes that [REDACTED] tested positive for Subutex and Xanax. Mrs. [REDACTED] had a prescription for the medication so the allegations of drug exposed infant were unsubstantiated. The CPS investigation was closed on 02-05-15. [REDACTED] did not have any known medical issues.

The reporter received this information from Investigator [REDACTED] with law enforcement. The reporter was advised that [REDACTED] was pronounced deceased this morning at 8:36am. The reporter was advised that there was a child in the bed with [REDACTED] as well as several toys including stuffed animals. At this time, the reporter does not know if the child in the bed with [REDACTED] was [REDACTED] or [REDACTED]. The reporter does not know what bed the children were in. The reporter does not know who provided the information to law enforcement regarding the sleeping arrangement. The reporter does not know what the sleeping arrangements for the children in the home are. The reporter states that during the previous CPS investigation, safe sleep was addressed with the family. According to law enforcement, there was possible aspiration.

The reporter confirmed with the hospital that the infant was deceased [REDACTED] was taken to [REDACTED] Emergency Room. The reporter does not know at this time if an autopsy will be completed. The reporter does not have any information at this time regarding when [REDACTED] was last observed to be fine and breathing. The reporter is not currently aware of any safety hazards in the family home. The reporter is not aware that any concerning marks or injuries have been noted on [REDACTED] body.

The reporter does not know if Mr. and Mrs. [REDACTED] are at the hospital or at home at this time. The reporter does not know if [REDACTED] and [REDACTED] are with their parents or if they are somewhere else at this time. The reporter believes



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

that Mrs. [REDACTED] is a stay at home mother. The reporter is not aware that the children are in daycare.

At around 9:15am, the reporter was advised that the forensic team was heading to the hospital. The reporter was told that investigators with the [REDACTED] Police were heading to the family home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/12/2015

Completed date: 03/12/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/12/2015 07:59 AM Entered By: [REDACTED]

On 03/10/15 at approximately 11:00 am, CPSI [REDACTED] convened CPIT by contacting Investigator [REDACTED] of the [REDACTED] Police Department. CPSI and Inv. [REDACTED] discussed the case and decided on the following course of action: CPSI [REDACTED] meet Inv. [REDACTED] at the [REDACTED] P.D. on this date at 12:30 to interview parents.