



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/01/2015 02:26 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/01/2015

Investigation

Investigation ID: [REDACTED]
 First County: [REDACTED]
 Date/Time Assigned : 05/04/2015 08:28 AM
 First Team Leader Assigned: [REDACTED] Date/Time 05/04/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 05/04/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	10 Mos (Est)	Neglect Death	Yes	[REDACTED]	Birth Mother
[REDACTED]	10 Mos (Est)	Neglect Death	Yes	[REDACTED]	Birth Father

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: [REDACTED]

Notification: None

Narrative: ****The child is not in DCS custody

TFACTS history based upon information provided.

Family Case IDs: [REDACTED] and [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open: No

Substantiated: Yes

Begin date: 10-14-99 / [REDACTED] / Investigation / SEE / Allegation and Perpetrator Substantiated / AP,



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██████████ / ACV, ██████████ and ██████████ / End date: 11-12-99

Death: No

Number of Screen Outs: Yes ██████████ ██████████ ██████████ ██████████ ██████████

History (not listed above): Yes

Begin date: 12-6-11 / ██████████ / Investigation / DEC, PHA and ENN / Allegation and Perpetrator Unsubstantiated / AP, ██████████ / ACV, ██████████ and ██████████ / End date: 7-10-12

Begin date: 3-1-10 / ██████████ / Assessment / DEC / No Services Needed / AP, ██████████ / ACV, ██████████ and ██████████ / End date: 4-1-10

Begin date: 4-11-09 / ██████████ / Investigation / PYA / Allegation and Perpetrator Unsubstantiated / AP, ██████████ / ACV, ██████████ / End date: 5-7-09

Begin date: 8-11-05 / ██████████ / Investigation / LOS, DEC and SEE / Allegation and Perpetrator Unsubstantiated / AP ██████████ and ██████████ / ACV, ██████████ and ██████████ / End date: 10-6-05

Begin date: 7-11-05 / ██████████ / Investigation / PHA / AP, ██████████ / ACV ██████████ / Allegation and Perpetrator Unsubstantiated / End date: 9-7-05

Begin date: 7-11-05 / ██████████ / Investigation / NUN, SRPI, DEC, ENN / AP, ██████████ / ACV, ██████████ and ██████████ / End date: 9-7-05

Begin date: 8-25-10 / ██████████ / Investigation / PHA / Allegation and Perpetrator Unsubstantiated / AP, ██████████ / ACV, ██████████ / End date: 10-5-10

Begin date: 10-27-08 / ██████████ / Investigation / SEE / Allegation and Perpetrator Unsubstantiated / AP, Unknown / ACV, ██████████ and ██████████ / End date: 2-4-09

Pending: No

Awaiting Screening: No

Submitted: No

Duplicate Referral: No

County: ██████████

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Directions: The family resides at the ██████████ ██████████ The family address is ██████████
██████████ The family's phone number is unknown.

Referent's name/relationship ██████████ ██████████ || ██████████ Cell: ██████████

Reporter states: ****The child is not in DCS custody

██████████ (1 month) lived with his half-brother, ██████████ (7); half-sister, ██████████ (4); half-brother, ██████████ (3); mother ██████████ (25) and father, ██████████ (DOB/age unknown) at the maternal aunt's home in ██████████. The maternal aunt's name is ██████████ (DOB/age unknown).

██████████ has three children: ██████████ (12); ██████████ (11) and ██████████ (11). ██████████ boyfriend, ██████████ (DOB/age unknown), also resides in the home. Note: ██████████ and ██████████ are not married.



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██████ is deceased. This is believed to be an accidental death.

The Department of Children's Services (DCS) responded to the home on May 1, 2015, at 8:57 a.m. Upon DCS' arrival to the family's home, ██████ had already been transported to ██████. The child was already pronounced dead, before DCS was called. Detective ██████ with the ██████ called the DCS supervisor, ██████ before office hours for assistance. ██████ assigned ██████ ██████ to the case.

An autopsy is pending for May 2, 2015.

It is believed that one of the parents rolled over on ██████ normally slept in a basinet, but he was constipated, so, the parents placed him in their bed to comfort him. The parents reported that when they awakened at 5 a.m., ██████ was not breathing. The aunt ██████ attempted CPR until paramedics responded to the home. Paramedics transported ██████ to ██████. ██████ did not have any medical complications prior to his death.

██████ did not have any bruises or injuries when the police saw him.

The parents are at the hospital. The parents have not been interviewed at this time.

The parents' other children are at home with their aunt, ██████. They are believed to be safe. The other children in the home were observed and they appeared to be well-nourished and healthy. They do not have any observable bruises or injuries. The family is staying with the aunt because there was black mold in their home. ██████ had never lived in that home environment.

The parents' other children were interviewed, and none of them reported any abuse or neglect. They had never seen anyone harm the baby.

██████ children were interviewed, and none of them reported any abuse or neglect. They had never seen anyone harm the baby. They reported everyone loved the baby.

There is no history of child fatality, or a children suffering serious injury at the home. ██████ has a DCS history, but she has never been substantiated for abuse and/or neglect. She has never required any DCS services. The referent only spoke with the aunt, and she, ██████ was very appropriate.

It is unknown if any of the caretakers in the home has a criminal history.

The home is small with a lot of people, but it was very clean. The children have adequate beds. The children have adequate food and clothing at the home. None of the children are underweight, malnourished, or appear to be losing weight.

No one in the home has any mental health problems, alcohol or drug problems, or domestic violence issues. None of the children require a safety placement at this time.

Special Needs or Disabilities: None known

Child's current location/is the child safe at this time: Safe at home

Perpetrator's location at this time: At the hospital.

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

Domestic Violence present in the home: None known

Per SDM: Investigative Track P1 on 05/01/15 @ ██████, ██████



**Tennessee Department of Children's Services
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County not notified because County is already working the case.

[REDACTED] and [REDACTED]

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[REDACTED] and [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 13 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:

Participant ID: [REDACTED]

SSN:

Race:

Age: 3 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 4 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 7 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 10 Mos (Est)

Address: [REDACTED]

Deceased Date:

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:** 26 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: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 11 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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 11 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:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/01/2015

Assignment Date: 05/04/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			11/02/2015
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			11/02/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Ms. [REDACTED] laid [REDACTED] down in the sleeper sofa with her and Mr. [REDACTED] to comfort [REDACTED] normally slept in the basinet by the bed. Ms. [REDACTED] rolled over and found [REDACTED] facing her back, non-responsive. The autopsy stated that [REDACTED] died of positional asphyxia and that the manner of death is accident. Policy 14 work aid 1 states that the allegation of Neglect Death will be substantiated when there is "Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child." Due to the mother not intentionally falling asleep with the baby, the allegations will be classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated.

D. Case Workers

Case Worker: [REDACTED]

Date: 11/02/2015

Team Leader: [REDACTED]

Date: 11/02/2015

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:

[REDACTED] could not be interviewed due to him already being pronounced deceased prior to the Child Protective Services Investigation being open.



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 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 conducted and found that [REDACTED] died of positional asphyxia and that the manner of death is accident.

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

[REDACTED] Detective [REDACTED] interviewed Ms. [REDACTED] and Mr. [REDACTED]. [REDACTED] reportedly normally sleeps in a bassinet beside where the parents sleep. Ms. [REDACTED] placed [REDACTED] in the sleeper sofa with her and Mr. [REDACTED] to comfort him. [REDACTED] was found around 5 am facing the mother's back. [REDACTED] was non-responsive. Mr. [REDACTED] called 911 and the maternal aunt administered CPR until paramedics arrived.

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

Ms. [REDACTED] reported that the family was staying with her as her paramour helped Mr. [REDACTED] fix up the [REDACTED] home. CPSI also interviewed [REDACTED] (3 year old brother), [REDACTED] (7 year old brother), [REDACTED] (4 year old sister), [REDACTED] (11 year old cousin), [REDACTED] (12 year old cousin), and [REDACTED] (11 year old cousin). None of the children interviewed disclosed experiencing or witnessing any abuse.

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

The case was presented before the Child Protective Investigation Team (CPIT) on August 19, 2015. Detective [REDACTED] (by phone) and Child Protective Services Investigator (CPSI) [REDACTED] presented the case to CPIT by providing the team with a synopsis of the case and autopsy findings. The team discussed unsafe sleep. The team agreed that the allegation of Neglect Death should be classified as allegation unsubstantiated, perpetrator unsubstantiated due to the mother placing the infant in the bed to comfort him and the family having a bassinet that [REDACTED] normally slept in.

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 Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/10/2015
Completed date:	11/10/2015	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: 11/10/2015 01:09 PM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
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Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

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Children Concerning

Participant(s)

Narrative Details

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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/10/2015
Completed date:	11/10/2015	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: 11/10/2015 01:09 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/10/2015
Completed date:	11/10/2015	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: 11/10/2015 01:09 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/10/2015
Completed date:	11/10/2015	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: 11/10/2015 01:09 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/05/2015 Contact Method:
 Contact Time: 03:28 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/05/2015
 Completed date: 11/05/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/05/2015 02:29 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/02/2015	Contact Method:	
Contact Time:	08:28 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/02/2015
Completed date:	11/09/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:	Closing		

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/02/2015 07:28 AM Entered By: [REDACTED]
 Child Death Closing Summary

Referral Assigned:

The Priority 1 Investigation was received on May 1, 2015 with the allegation was Neglect Death in regards to alleged child victim (ACV [REDACTED]) (DOB [REDACTED]) was not in the custody of the Department of Children Services (DCS).

Synopsis of Event:

On April 30, 2015, Ms. [REDACTED] laid [REDACTED] in the pull out sofa with her and Mr. [REDACTED] to comfort the infant. [REDACTED] normally slept in the basinet beside the pull out sofa. Ms. [REDACTED] (maternal aunt) reported that around 5 am the next morning, she was awakened by Mr. [REDACTED] after Ms. [REDACTED] found [REDACTED] pressed against her back, non-responsive. Mr. [REDACTED] called 911. Ms. [REDACTED] administered CPR on [REDACTED] until paramedics arrived. [REDACTED] was pronounced deceased on May 1, 2015 at 6:37 AM at [REDACTED].

Investigators Involved:

[REDACTED] is the emergency responders that arrived on the scene along with [REDACTED] Officer [REDACTED] and Detective [REDACTED] from the [REDACTED] Detective [REDACTED] is the assigned investigators.

Alleged Perpetrator:

The alleged perpetrators are Mr. [REDACTED] (father) and Ms. [REDACTED] (mother). Detective [REDACTED] interviewed the parents at [REDACTED]. Detective [REDACTED] reported that Ms. [REDACTED] reported that she placed [REDACTED] in the bed with her and Mr. [REDACTED] to comfort [REDACTED]. This was the last known to be alive at 12:47 AM. Ms. [REDACTED] rolled over and [REDACTED] was found facing her back. [REDACTED] was found not breathing. Mr. [REDACTED] called 911 while the aunt administered CPR. Detective [REDACTED] reported that he believes that the cause of death will be due to [REDACTED] sleeping conditions. Detective [REDACTED] reported that the family did have a basinet that [REDACTED] normally slept in.

Details of Interviews:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] interviewed Ms. [REDACTED] (aunt) who reported that Mr. [REDACTED] woke her up at 5 am after [REDACTED] was found non-responsive. Ms. [REDACTED] stated that when she went into the living room that she found Ms. [REDACTED] holding [REDACTED]. Ms. [REDACTED] reported that she administered CPR while Mr. [REDACTED] called 911. Ms. [REDACTED] reported that the family was staying with her as her paramour helped Mr. [REDACTED] fix up the [REDACTED] home. CPSI also interviewed [REDACTED] (3 year old brother), [REDACTED] (7 year old brother), [REDACTED] (4 year old sister), [REDACTED] (11 year old cousin), [REDACTED] (12 year old cousin), and [REDACTED] (11 year old cousin). None of the children interviewed disclosed experiencing or witnessing any abuse. CPSI did provide the family with counseling contacts if the siblings or cousins needed counseling services.

Policy:

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.

Child Protective Investigation Team (CPIT):

The case was presented before the [REDACTED] County Child Protective Investigation Team (CPIT) on August 19, 2015. Detective [REDACTED] (by phone) and Child Protective Services Investigator (CPSI) [REDACTED] presented the case to CPIT by providing the team with a synopsis of the case and autopsy findings. The team discussed unsafe sleep. The team agreed that the allegation of Neglect Death should be classified as allegation unsubstantiated, perpetrator unsubstantiated due to the mother placing the infant in the bed to comfort him and the family having a basinet that [REDACTED] normally slept in.

Result of Interviews:

On April 30, 2015, Ms. [REDACTED] laid [REDACTED] in the pull out sofa with her and Mr. [REDACTED] to comfort the infant. [REDACTED] normally slept in the basinet beside the pull out sofa. Ms. [REDACTED] (maternal aunt) reported that around 5 am the next morning, she was awakened by Mr. [REDACTED] after Ms. [REDACTED] found [REDACTED] pressed against her back, non-responsive. Mr. [REDACTED] called 911. Ms. [REDACTED] administered CPR on [REDACTED] until paramedics arrived. Detective [REDACTED] reported that the family did have a basinet that [REDACTED] normally slept in. The siblings and cousins were interviewed and made no disclosure of experiencing or witnessing any abuse. Detective [REDACTED] reported that he believes that the cause of death will be due to [REDACTED] sleeping conditions.

Preponderance of Evidence:

An autopsy was conducted at the [REDACTED] in [REDACTED] by [REDACTED] and found that [REDACTED] died of positional asphyxia and that the manner of death is accident. Ms. [REDACTED] laid [REDACTED] down in the sleeper sofa with her and Mr. [REDACTED] to comfort [REDACTED] normally slept in the basinet by the bed. Ms. [REDACTED] rolled over and found [REDACTED] facing her back, non-responsive. Due to the mother not intentionally falling asleep with the baby, the allegations will be classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated.

Closing and Classification:

The case will be closed and classified as allegation unsubstantiated, perpetrator unsubstantiated for the allegation of Child Neglect Death as there is not a preponderance of evidence.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/02/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/02/2015
Completed date:	11/02/2015	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: 11/02/2015 07:35 AM Entered By: [REDACTED]

The Safety Assessment was completed with the safety result being Immediate Intervention Not Recommended.

The Family Advocacy and Support Tool (FAST) was completed with the risk result being No need/Risk.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/14/2015	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	10/15/2015
Completed date:	10/15/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/15/2015 08:33 AM Entered By: [REDACTED]

Date: October 14, 2015

Beginning Time: 9:00 AM [REDACTED]

Ending Time: 9:00 AM [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED]

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

Location: [REDACTED] Advocacy Center

Present:

[REDACTED] - DCS CPSI
 [REDACTED]
 [REDACTED]
 [REDACTED]

Case Name: [REDACTED]

Victim Name: [REDACTED]

Allegations: Neglect Death

Interview/Discussion:

CPSI apologized for not bring the forms to the September CPIT docket. CPSI reminded the team that this was the fatality case that the autopsy was received at the end of CPIT in August and case was presented before the team dismissed. The team stated that they remembered the case. The CPIT forms were passed around and signed.

Decision: The allegation of neglect death will be classified as allegations unsubstantiated, perpetrator unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/20/2015 Contact Method: Correspondence
 Contact Time: 08:42 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/21/2015
 Completed date: 08/21/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Collateral Contact, Medical Exam
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2015 07:37 AM Entered By: [REDACTED]

Date: August 20, 2015
 Time: 8:42 AM [REDACTED]

Content:

Child Protective Services Investigator (CPSI) [REDACTED] received the autopsy for [REDACTED]. The autopsy reported that [REDACTED] died of positional asphyxia and that the manner of death is accident. The autopsy was reviewed, scanned into the document section of the investigation in TFACTS, and a copy was placed in the Child Protective Services case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 08/19/2015 Contact Method:
Contact Time: 11:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 08/19/2015
Completed date: 08/19/2015 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: 08/19/2015 12:06 PM Entered By: [REDACTED]

08/19/2015

11:00am

Admin Review

[REDACTED] Child Protective Services Investigator

Det. [REDACTED] received the autopsy on this case. The autopsy showed that the case was an accidental death due to unsafe sleep. The mother had laid the child down with her to soothe him while he was sick. She fell asleep and rolled over on the child. The case was also presented to the CPIT team. This team did not feel that the mother should be substantiated. The case will be classified as unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

of death is accident. CPSI reported that the mother has three other children and that CPSI talked about counseling options for the children to the mother and to the aunt. The team discussed the case and decided to classify the allegations as allegations unsubstantiated, perpetrator unsubstantiated. CPSI will pass around the forms at the next CPIT.

Decision: The allegation of neglect death will be classified as allegations unsubstantiated, perpetrator unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/11/2015 Contact Method:
 Contact Time: 01:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/11/2015
 Completed date: 08/11/2015 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: 08/11/2015 03:05 PM Entered By: [REDACTED]

Administrative Review/Staffing

Date: 8/11/2015

Time: 1:30pm

Lead Investigator (LI): [REDACTED]

Child Protective Services Investigator (CPSI): [REDACTED]

This is a fatality case. The autopsy is still currently pending. Case will be presented to CPIT once this is received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2015 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/15/2015
 Completed date: 10/15/2015 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: 10/15/2015 07:52 AM Entered By: [REDACTED]

Date: July 15, 2015

Beginning Time: 9:00 AM [REDACTED]

Ending Time: 9:01 AM [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED]

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

Location: [REDACTED]

Present:

[REDACTED] - DCS CPSI
 [REDACTED] - DCS Lead Investigator (LI)

Case Name: [REDACTED]

Victim Name: [REDACTED]

Allegations: Neglect Death

Interview/Discussion:

The autopsy has not come back on this investigation.

Decision: The case has been passed till next month.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 06/26/2015 Contact Method:
Contact Time: 02:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 07/20/2015
Completed date: 07/20/2015 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: 07/20/2015 12:03 PM Entered By: [REDACTED]

Administrative Review/Staffing

Date: 6/26/2015

Time: 2:00pm

Lead Investigator (LI): [REDACTED]

Child Protective Services Investigator (CPSI): [REDACTED]

This is a child fatality case. The autopsy is still pending at this time. The case will be reviewed by CPIT once the autopsy is received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/22/2015 Contact Method: Correspondence
 Contact Time: 07:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/26/2015
 Completed date: 06/26/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/26/2015 02:53 PM Entered By: [REDACTED]
 Date: June 22, 2015
 Time: 7:30 AM [REDACTED]

Content:

Child Protective Services Investigator (CPSI) [REDACTED] received the medical records for [REDACTED] from [REDACTED]. The records were reviewed and placed in the Child Protective Services case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 06/17/2015 Contact Method: Face To Face
Contact Time: 08:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 07/09/2015
Completed date: 07/09/2015 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: 07/09/2015 03:01 PM Entered By: [REDACTED]

Date: June 17, 2015
Beginning Time: 8:00 AM [REDACTED]
Ending Time: 8:01 AM [REDACTED]
Child Protective Services Investigator (CPSI) [REDACTED]
Purpose of Contact: Present Case to Child Protective Investigation Team (CPIT) Meeting
Location: [REDACTED]

Present:

[REDACTED] - DCS CPSI
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Case Name [REDACTED]
Victim Name: [REDACTED]
Allegations: Neglect Death
Interview/Discussion:
The autopsy has not come back on this investigation.

Decision: The case has been passed till next month.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/05/2015 Contact Method: Correspondence
 Contact Time: 12:29 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/09/2015
 Completed date: 07/09/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2015 02:47 PM Entered By: [REDACTED]
 Date: June 5, 2015
 Time: 12:29 PM [REDACTED]

Content:

Child Protective Services Investigator (CPSI) [REDACTED] received medical records for [REDACTED] from [REDACTED] Pediatric Group. The records were reviewed and placed in the Child Protective Services case file.

Narrative Type: Addendum 1 Entry Date/Time: 07/09/2015 02:59 PM Entered By: [REDACTED]

The date (June 5, 2015) and time (12:29 PM) were the date that the request for the medical records was sent to [REDACTED] [REDACTED]. CPSI received the medical records for [REDACTED] from [REDACTED] [REDACTED] on June 9, 2015 at 11:27 AM [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 06/05/2015 Contact Method:
Contact Time: 12:28 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 07/09/2015
Completed date: 07/09/2015 Completed By: [REDACTED]
Purpose(s): Service Planning
Contact Type(s): Notation
Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2015 02:55 PM Entered By: [REDACTED]

Date: June 5, 2015
Time 12:28 PM [REDACTED]

Content:
Child Protective Services Investigator (CPSI) [REDACTED] faxed releases of information to receive [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: 05/21/2015	Contact Method: Face To Face
Contact Time: 02:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 07/09/2015
Completed date: 07/09/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

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

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

Date: May 21, 2015

Beginning Time: 2:00 PM [REDACTED]

Ending Time: 2:30 PM [REDACTED]

Interviewer: Child Protective Services Investigator (CPSI) [REDACTED]

Purpose of Contact: parent interview; alleged perpetrator interview; home visit

Location: [REDACTED]

Contacted/Relation:

[REDACTED] - mother/alleged perpetrator
 [REDACTED] - brother
 [REDACTED] - sister
 [REDACTED] - brother
 [REDACTED] - cousin

Content:

CPSI met with Ms. [REDACTED] at the family home. Ms. [REDACTED] was standing outside of the apartment complex watching the children playing outside. [REDACTED] and [REDACTED] were riding their bicycles in the parking lot. [REDACTED] and [REDACTED] were observed playing with a basketball. Ms. [REDACTED] reported that she remembered CPSI from working with Mr. [REDACTED] (Ms. [REDACTED] paramour) in regards to his brother sexually abusing his daughter and niece. CPSI asked Ms. [REDACTED] how she was doing. Ms. [REDACTED] reported that she was not doing well. CPSI talked to Ms. [REDACTED] about counseling options. Ms. [REDACTED] stated that she was not at a place to where she can talk about it. CPSI observed Ms. [REDACTED] tearing up. CPSI advised that if she does feel like she needs and can talk about it and needs help finding counselors to contact CPSI. CPSI provided Ms. [REDACTED] with CPSI's business card. CPSI gave Ms. [REDACTED] the telephone number to the [REDACTED] in case the children needed counseling to cope with they loss of their brother. Ms. [REDACTED] thanked CPSI. Ms. [REDACTED] completed initial paperwork with CPSI. The Client's Rights Handbook and Notice of Privacy Practices were provided to Ms. [REDACTED] and Ms. [REDACTED] signed an acknowledgement of receiving the them. Ms. [REDACTED] reported that none of her children were members of a Native American Tribe and signed the Native American Heritage Veto/Verification form for each child. The Equal Access to Programs and Services and Grievance Procedures was reviewed with Ms. [REDACTED]. A copy was given to Ms. [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

[REDACTED] and Ms. [REDACTED] signed a copy for CPSI. Ms. [REDACTED] signed releases of information for CPSI to get access to [REDACTED] medical records from [REDACTED]. Ms. [REDACTED] stated that she was just trying to take it one day at a time. Ms. [REDACTED] said that her sister had told her that CPSI talked to the kids prior to knowing that [REDACTED] was deceased and that CPSI was careful not to tell them. Ms. [REDACTED] thanked CPSI for not telling them. Ms. [REDACTED] stated that when she and Mr. [REDACTED] got back from the hospital that they and her sister told the kids. Ms. [REDACTED] stated that the kids were upset but seemed to be doing okay. Ms. [REDACTED] reported that [REDACTED] ever now and then asked where is [REDACTED]. CPSI directed Ms. [REDACTED] to the New [REDACTED] if she felt like the children needed to be in counseling. Ms. [REDACTED] reported that [REDACTED] was just 3 years old and does not understand. Ms. [REDACTED] reported that she had a question about the old case that is closed with Mr. [REDACTED] daughter [REDACTED]. Ms. [REDACTED] asked how would they know when [REDACTED] (Mr. [REDACTED] brother) got out of jail. CPSI provided Ms. [REDACTED] with information about VineLink and how the site, once registered, would send a notification to them if Mr. [REDACTED] is transferred to another facility or released from jail. Ms. [REDACTED] thanked CPSI. CPSI thanked Ms. [REDACTED] for allowing CPSI to come out.

Observations:

[REDACTED] and [REDACTED] were riding their bicycles in the parking lot. [REDACTED] and [REDACTED] were observed playing with a basketball. The family is staying at [REDACTED].

Assessments:

[REDACTED], and [REDACTED] are safe.

Plan:

CPSI will obtain medical records for [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/20/2015 Contact Method: Phone Call
Contact Time: 11:09 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 07/09/2015
Completed date: 07/09/2015 Completed By: [REDACTED]
Purpose(s): Service Planning
Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2015 02:31 PM Entered By: [REDACTED]

Date: May 20, 2015
Time: 11:09 AM [REDACTED]

Content:

Child Protective Services Investigator (CPSI) [REDACTED] called Ms. [REDACTED] at [REDACTED]. CPSI explained who CPSI was and why CPSI was involved. Ms. [REDACTED] stated that she understood. CPSI asked if CPSI could come to the home and meet with Ms. [REDACTED] to complete some paperwork. Ms. [REDACTED] reported that was fine. Ms. [REDACTED] reported that she was still staying with her sister at [REDACTED] in [REDACTED]. A home visit was scheduled for Thursday, May 21, 2015 at 2 PM [REDACTED]. CPSI thanked Ms. [REDACTED] and said that CPSI would see her tomorrow.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/14/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/09/2015
Completed date:	07/09/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2015 02:35 PM Entered By: [REDACTED]

Date: May 14, 2015
 Time: 11:00 AM [REDACTED]

Content:

[REDACTED] Detective [REDACTED] provided Child Protective Services Investigator (CPSI) [REDACTED] with a copy of the Sudden Unexplained Infant Death Investigation (SUIDI) Reporting Form. The SUIDI was placed in CPSI's Child Protective Services case file.

Narrative Type: Addendum 1 Entry Date/Time: 07/09/2015 02:37 PM Entered By: [REDACTED]

Detective [REDACTED] also provided CPSI with a copy of the [REDACTED] Police Department Incident Report. The Incident Report was placed in Child Protective Services case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/12/2015 Contact Method:
Contact Time: 02:00 PM Contact Duration: Less than 30
Entered By: [REDACTED] Recorded For:
Location: Created Date: 05/18/2015
Completed date: 05/18/2015 Completed By: [REDACTED]
Purpose(s): Service Planning
Contact Type(s): Administrative Review
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/18/2015 01:51 PM Entered By: [REDACTED]

Administrative Review/Staffing

Date: 5/12/2015

Time: 2:00pm

Lead Investigator (LI): [REDACTED]

Child Protective Services Investigator (CPSI): [REDACTED]

This is a fatality. There are no concerns of foul play at this time. The case is pending an autopsy. The child was only 6 weeks old. The parents had moved in with a relative due to mold in their home. The child had not been feeling well. The mother placed the child in the bed with the parents on the evening prior to the case coming in. The child did not normally sleep in the parent's bed. The parents had appropriate sleeping arrangements for the child. It appears that this was an accidental roll over. Case will be restaffed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/04/2015	Contact Method:	Correspondence
Contact Time:	09:45 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/04/2015
Completed date:	05/04/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/04/2015 10:18 AM Entered By: [REDACTED]

Date: May 4, 2015

Time: 9:45 AM [REDACTED]

Content:

Child Protective Services Investigator (CPSI) [REDACTED] faxed a copy of the referral to the [REDACTED] District Attorney's Office and gave a copy to the [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/01/2015	Contact Method:	
Contact Time:	11:46 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	05/04/2015
Completed date:	05/04/2015	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: 05/04/2015 10:23 AM Entered By: [REDACTED]
 Date: 05/01/2015
 Time: 11:46 PM [REDACTED]

Content:

Child Protective Services Investigator (CPSI) [REDACTED] emailed the Notice of Child Death/Preliminary Near Death report to Lead Investigator (LI) [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/01/2015 Contact Method:
 Contact Time: 11:46 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/09/2015
 Completed date: 07/09/2015 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: 07/09/2015 03:08 PM Entered By: [REDACTED]
 Date: May 1, 2015
 Time: 11:46 PM [REDACTED]

Content:

Child Protective Services Investigator (CPSI) [REDACTED] completed and emailed Lead Investigator (LI) [REDACTED] the Notice of Child Death form to be sent out to the Child Fatality Notification team.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/01/2015 Contact Method: Face To Face
Contact Time: 08:57 AM Contact Duration: Less than 01 Hour
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 05/04/2015
Completed date: 05/04/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Collateral Contact,Other Child Living in the Home Interview/Observation,Other Persons Living in Home Interview/Observation,Sibling Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/04/2015 09:29 AM Entered By: [REDACTED]

Date: May 1, 2015

Beginning Time: 8:57 AM [REDACTED]

Ending Time: 9:38 AM [REDACTED]

Interviewer: Child Protective Services Investigator (CPSI) [REDACTED]

Purpose of Contact: Home Visit

Address: [REDACTED]

Contact Type: Face to Face

Contacted/Relation:

[REDACTED]
- Maternal Aunt
- cousin
- cousin
- cousin
- brother
- sister
- brother

Content:

On May 1, 2015 at 8:57 AM [REDACTED] CPSI arrived at the family home. CPSI met with Detective [REDACTED] and Detective [REDACTED] outside the apartment building prior to going in. Detective [REDACTED] stated that the parents were still at [REDACTED] [REDACTED] Detective [REDACTED] said that the autopsy should be tomorrow. Detective [REDACTED] stated that it is believed that one of the parents rolled over on the baby when the family put the baby in the bed with them and that this was an accidental death. Detective [REDACTED] said that there is six children staying in the home and 4 adults. CPSI was notified that crime scene was upstairs to collect the bedding and that pictures have already been taken scene. Detective [REDACTED] and Detective [REDACTED] stated that they would give CPSI copies of the pictures. The family was staying



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

with maternal aunt, [REDACTED] at [REDACTED]. The residence is a 3 bedroom apartment. CPSI followed the Detectives up to the apartment. Officer [REDACTED] and [REDACTED] was already in the apartment. In the apartment was [REDACTED] and [REDACTED]. The home was observed to be clean despite the number of individuals staying in the apartment. The beds were made in the bedroom. Food was observed in the kitchen. The pull out sofa was still pulled out and the bed unmade. The family was heading out of the apartment so that crime scene could collect the bedding and examine the crime scene. CPSI spoke to Ms. [REDACTED] privately outside the apartment building. Ms. [REDACTED] stated that she was the maternal aunt of [REDACTED] and [REDACTED]. Ms. [REDACTED] reported that the family had been staying with her and her fiance since Wednesday due to the family having black mold, a busted pipe, and doing reconstruction on the home. Ms. [REDACTED] said that Ms. [REDACTED] and Mr. [REDACTED] did not want the baby in that environment. Ms. [REDACTED] stated that prior to family staying with her that were staying with their other aunt that resides in [REDACTED] in [REDACTED]. Ms. [REDACTED] said that the family left that residence because they could only stay there for 14 days until they had to be added to the lease. Ms. [REDACTED] said that she and her fiance slept in her bedroom with [REDACTED] slept in his bedroom. [REDACTED] and [REDACTED] slept in "the girl's bedroom". [REDACTED] and [REDACTED] slept on the pull out sofa in the livingroom. [REDACTED] slept in his basinet. [REDACTED] slept on the other couch in the livingroom. Mr. [REDACTED] has another daughter, [REDACTED], that does not reside with Mr. [REDACTED] and Ms. [REDACTED]. Ms. [REDACTED] stated that Mr. [REDACTED] came into her bedroom and woke her up around 5 AM. Ms. [REDACTED] said that she knew it was around that time because she looked at the clock. Ms. [REDACTED] said that Mr. [REDACTED] was struggling to say what was going on. Ms. [REDACTED] said that once Mr. [REDACTED] was able to tell her, Ms. [REDACTED] ran into the living room to find Ms. [REDACTED] holding [REDACTED]. Ms. [REDACTED] said that she observed some blood coming from [REDACTED] nose like [REDACTED] had a nose bleed. Ms. [REDACTED] said that [REDACTED] feet and body was already cold. Ms. [REDACTED] administered CPR while Mr. [REDACTED] called 911. Ms. [REDACTED] stated that she did not stop administering CPR until paramedics arrived and took over. Ms. [REDACTED] stated that she has never observed her sister (Ms. [REDACTED] or Mr. [REDACTED]) be abusive to any of the children. Ms. [REDACTED] stated that her fiance was planning on helping Mr. [REDACTED] with the issues with the family home while the family stayed with Ms. [REDACTED]. Ms. [REDACTED] said that the children did not know that [REDACTED] was deceased, that they just think [REDACTED] was at the doctor.

CPSI interviewed the children privately. [REDACTED] stated that there has not been any issues with her cousins staying in the home. [REDACTED] said that no one is every mean to her or her siblings. [REDACTED] reported that Ms. [REDACTED] and Mr. [REDACTED] is never mean to her, her brother and sister, or her cousins. [REDACTED] reported that they were supposed to go to school today but her mom and her aunt said that they did not have to go today. Today, [REDACTED] was supposed to be taking the math part of the TCAPs. [REDACTED] said "no" when asked if there were any problems at home or at school. [REDACTED] had no questions for CPSI. CPSI thanked [REDACTED] for talking to CPSI. CPSI spoke with [REDACTED]. [REDACTED] said that she is 11 years old. [REDACTED] said that she loves having her cousins staying with them. [REDACTED] reported that she loves [REDACTED] and that [REDACTED] was her favorite cousin. [REDACTED] reported that no one is mean to her or her brother or sister. [REDACTED] stated that her aunt and Mr. [REDACTED] are really nice to her. [REDACTED] said that she feels safe at home. [REDACTED] reported that she was supposed to go to school today but her mom said that they did not have to go. [REDACTED] said that there were no problems at home or at school. [REDACTED] had no questions for CPSI. CPSI spoke privately with [REDACTED]. [REDACTED] informed CPSI that he and [REDACTED] were twins. [REDACTED] said that the only people at home that were mean to him was [REDACTED] and [REDACTED]. [REDACTED] said that [REDACTED] and [REDACTED] argue with him. [REDACTED] smiled and said "yeah" when asked if he argues with them. [REDACTED] stated that so far it has been fun having his cousins staying with them. [REDACTED] reported that Ms. [REDACTED] and Mr. [REDACTED] are nice to him and the other kids. [REDACTED] said that he had no problems at the home other than [REDACTED] getting on his nerves. [REDACTED] said that they were supposed to go to school today but that his mom said that they did not have to go. [REDACTED] had no questions for CPSI. CPSI thanked [REDACTED] for talking to CPSI. CPSI spoke to [REDACTED] stated that he is 7 years old. [REDACTED] reported that he liked staying with his aunt and cousins. [REDACTED] said before they were staying with here they were staying with his other aunt. [REDACTED] reported that aunt was not nice. When asked why, [REDACTED] reported that his aunt would tell them to pick up things. [REDACTED] stated that the things he would be made to pick up were things that he got out. [REDACTED] said that the aunt that he is staying with now is really nice. [REDACTED] reported that his mom and Mr. [REDACTED] are nice to him as well. [REDACTED] reported that no one in the home is mean to him or hurts him. [REDACTED] reported that no one is hurting or being mean to any of the other kids in the home. [REDACTED] reported that he loves [REDACTED] and that no one is mean to [REDACTED]. [REDACTED] reported that they were supposed to go to school but they were told they did not have to go. [REDACTED] reported that he and his cousins were going to play today since they did not have to go to school. When asked if [REDACTED] had any questions, [REDACTED] asked if DCS talked to "Mexican" or just to "white kids like me". CPSI reported that CPSI talks to all kinds of children to make sure they are safe. [REDACTED] had no other questions for CPSI. [REDACTED] reported that there were no problems at the home he is staying at now or with the people staying in the home. [REDACTED] reported that he felt safe. [REDACTED] said that at their home that they are having problems with a pipe freezing and that was why they were not staying there. CPSI thanked [REDACTED] for talking to CPSI. CPSI met with [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

[REDACTED] reported that she was 4 years old and was not in school. [REDACTED] stated that she likes staying with her cousins. [REDACTED] said that she likes her cousin [REDACTED] said that no one is mean to her at the home. [REDACTED] said that no one was mean to her brothers or cousins. [REDACTED] said if she could go play. CPSI said "yes" and thanked [REDACTED] for talking to CPSI. CPSI attempted to talk to [REDACTED] appeared shy and would try to hide his face and smile at CPSI. [REDACTED] held up 3 fingers when asked how old he was. [REDACTED] would not talk to CPSI or answer any questions. [REDACTED] did shake his head up and down when asked if he felt safe in the home. [REDACTED] shook his head to the left and right when asked if anyone was mean to him. [REDACTED] would not answer anything else. CPSI thanked [REDACTED] for talking to CPSI.

Ms. [REDACTED] reported that her sister's telephone number is [REDACTED] CPSI reported that since the children were not aware that [REDACTED] is deceased that CPSI did not discuss that with the children. CPSI provided Ms. [REDACTED] with CPSI's business card in case the family needed anything. CPSI did provide Ms. [REDACTED] with information about counseling if the children needed counseling after learning about their cousin. Ms. [REDACTED] thanked CPSI. CPSI thanked Ms. [REDACTED] for talking to CPSI.

CPSI went and spoke with Detective [REDACTED] Detective [REDACTED] reported that he believes that autopsy will be tomorrow and would be in contact with CPSI.

CPSI left the residence at 9:38 AM [REDACTED]

Assessments:

At this time it is believed that this was an accidental death and that the other children are safe in the home.

Plan:

CPSI will follow up with the parents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/01/2015 Contact Method: Attempted Face To Face
 Contact Time: 08:57 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 05/04/2015
 Completed date: 05/04/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Notation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/04/2015 09:45 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) was unable to meet with [REDACTED] due to him being announced deceased prior to the Department of Children's Services being notified.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/01/2015	Contact Method:	Phone Call
Contact Time:	08:01 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/04/2015
Completed date:	05/04/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/04/2015 10:02 AM Entered By: [REDACTED]

Date: May 1, 2015

Beginning Time: 8:01 AM [REDACTED]

Ending Time: 8:03 AM [REDACTED]

Person Contacted [REDACTED]

Relationship to Client [REDACTED]

Purpose of Contact: Child Protective Investigation Team (CPIT) Contact

Content:

Child Protective Services Investigator (CPSI) [REDACTED] contacted Detective [REDACTED]. Detective [REDACTED] stated that he was at the [REDACTED] getting an order signed for the autopsy. Detective [REDACTED] reported that after he got the order signed that he was going to the family home. Detective [REDACTED] said that Detective [REDACTED] was already at the residence. Detective [REDACTED] said that he interviewed the parents at [REDACTED] and that he believes that this was an accidental death.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/01/2015 Contact Method:
Contact Time: 08:00 AM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 05/04/2015
Completed date: 05/04/2015 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: 05/04/2015 09:56 AM Entered By: [REDACTED]

CASE ASSIGNMENT

On May 1, 2015 at 7:53 AM [REDACTED] a referral was called into Child Abuse Hotline. The referral was screened into [REDACTED] [REDACTED] as a Priority 1 with allegations of Neglect Death. The alleged child victim is [REDACTED] and the alleged perpetrators are [REDACTED] (father) and [REDACTED] (mother). This case was assigned to Investigator [REDACTED] by Lead Investigator (LI) [REDACTED]. It is not known if this child is of Native American descent. This information will need to be obtained when response is met.

DCS Case History:

Begin date: 12-6-11 / [REDACTED] / Investigation / DEC, PHA and ENN / Allegation and Perpetrator Unsubstantiated / AP, [REDACTED] / ACV, [REDACTED] and [REDACTED] / End date: 7-10-12

Begin date: 3-1-10 / [REDACTED] / Assessment / DEC / No Services Needed / AP, [REDACTED] / ACV, [REDACTED] and [REDACTED] / End date: 4-1-10

Begin date: 4-11-09 / [REDACTED] / Investigation / PYA / Allegation and Perpetrator Unsubstantiated / AP, [REDACTED] / ACV, [REDACTED] / End date: 5-7-09

Begin date: 8-11-05 / [REDACTED] / Investigation / LOS, DEC and SEE / Allegation and Perpetrator Unsubstantiated / AP, [REDACTED] and [REDACTED] / ACV, [REDACTED] / End date: 10-6-05

Begin date: 7-11-05 / [REDACTED] / Investigation / PHA / AP, [REDACTED] / ACV, [REDACTED] / Allegation and Perpetrator Unsubstantiated / End date: 9-7-05

Begin date: 7-11-05 / [REDACTED] / Investigation / NUN, SRPI, DEC, ENN / AP, [REDACTED] / ACV, [REDACTED] and [REDACTED] / End date: 9-7-05

Begin date: 8-25-10 / [REDACTED] / Investigation / PHA / Allegation and Perpetrator Unsubstantiated / AP, [REDACTED] / ACV, [REDACTED] / End date: 10-5-10

Begin date: 10-27-08 / [REDACTED] / Investigation / SEE / Allegation and Perpetrator Unsubstantiated / AP, Unknown /



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

ACV, [REDACTED] and [REDACTED] / End date: 2-4-09

Name of family: [REDACTED]
 Address: [REDACTED]

Referent Notification: In person on 05/01/2015

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

Referral:

[REDACTED] (1 month) lived with his half-brother, [REDACTED] (7); half-sister, [REDACTED] (4); half-brother, [REDACTED] (3); mother, [REDACTED] (25) and father, [REDACTED] (DOB/age unknown) at the maternal aunt's home in [REDACTED]. The maternal aunt's name is [REDACTED] (DOB/age unknown). [REDACTED] has three children: [REDACTED] (12), [REDACTED] (11) and [REDACTED] (11). [REDACTED] boyfriend, [REDACTED] (DOB/age unknown), also resides in the home. Note: [REDACTED] and [REDACTED] are not married.

[REDACTED] is deceased. This is believed to be an accidental death.

The Department of Children's Services (DCS) responded to the home on May 1, 2015, at 8:57 a.m. Upon DCS' arrival to the family's home, [REDACTED] had already been transported to [REDACTED]. The child was already pronounced dead, before DCS was called. Detective [REDACTED] with the [REDACTED] called the DCS supervisor, [REDACTED] before office hours for assistance. [REDACTED] assigned [REDACTED] to the case.

An autopsy is pending for May 2, 2015.

It is believed that one of the parents rolled over on [REDACTED] normally slept in a bassinet, but he was constipated, so, the parents placed him in their bed to comfort him. The parents reported that when they awakened at 5 a.m., [REDACTED] was not breathing. The aunt, [REDACTED] attempted CPR until paramedics responded to the home. Paramedics transported [REDACTED] to [REDACTED] Hospital. [REDACTED] did not have any medical complications prior to his death.

[REDACTED] did not have any bruises or injuries when the police saw him.

The parents are at the hospital. The parents have not been interviewed at this time.

The parents' other children are at home with their aunt [REDACTED]. They are believed to be safe. The other children in the home were observed and they appeared to be well-nourished and healthy. They do not have any observable bruises or injuries. The family is staying with the aunt because there was black mold in their home. [REDACTED] had never lived in that home environment.

The parents' other children were interviewed, and none of them reported any abuse or neglect. They had never seen anyone harm the baby.

[REDACTED] children were interviewed, and none of them reported any abuse or neglect. They had never seen anyone harm the baby. They reported everyone loved the baby.

There is no history of child fatality, or a children suffering serious injury at the home. [REDACTED] has a DCS history, but she has never been substantiated for abuse and/or neglect. She has never required any DCS services. The referent only spoke with the aunt, and she, [REDACTED] was very appropriate.

It is unknown if any of the caretakers in the home has a criminal history.

The home is small with a lot of people, but it was very clean. The children have adequate beds. The children have



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

adequate food and clothing at the home. None of the children are underweight, malnourished, or appear to be losing weight.

No one in the home has any mental health problems, alcohol or drug problems, or domestic violence issues. None of the children require a safety placement at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/01/2015 Contact Method:
 Contact Time: 07:50 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/18/2015
 Completed date: 05/18/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/18/2015 02:06 PM Entered By: [REDACTED]

Administrative Review/Staffing

Date: 5/1/2015

Time: 7:50AM

Lead Investigator (LI): [REDACTED]

Child Protective Services Investigator (CPSI): [REDACTED]

Investigative Coordinator (IC): [REDACTED]

Investigative Coordinator (IC): [REDACTED]

LI [REDACTED] received a call from Det. [REDACTED] in regards to a deceased 6week old male. Det. [REDACTED] reports that no foul play is suspected. CPSI [REDACTED] was immediately assigned to this case. IC [REDACTED] was notified as well as IC [REDACTED] CPSI responded to the home and observed all the children in the home to be safe and healthy. There were no safety concerns noted in the home. The family had moved in with a relative due to mold in their home. The baby was not feeling well and the mother had placed the baby in the bed with her. Sometime during the night it is believed that one of the parents rolled over on the baby. All the adults in the home were appropriate and there were no concerns noted with their behaviors. At the time of the visit the other children were not notified of their sibling's death. The autopsy will be completed. Case will be resubmitted.