Case # 2014.004

Tennessee Department of Children's Services

Notice of Child Death/Near Death

Intake #:	[redacted]	**Investigation #:**	[redacted]	**Date of Referral:**	01/05/2014
Type: ***(Please check one)***	☒ **DEATH**	☐ **NEAR DEATH**		**Date of Death/Near Death:**	01/05/2014
Child's Name:	[redacted]	**DOB:**	[redacted]	**Person ID:**	[redacted]
Gender:	☒ **Male** ☐ **Female**	**Race/Ethnicity:**	White (Non Hispanic)	**County/Region:**	[redacted]
Parents' Names:	**Mother:** [redacted]		**Father:** [redacted]		
Alleged Perpetrator's Name:	Unknown		**Relationship to Victim:**	Unknown	
Child in custody at time of incident?	☒ **No**	☐ **Yes**	**Adjudication:**	n/a	
If child is in DCS custody, list placement type and name:	n/a				

Describe *(in detail)* circumstances surrounding death/near death:

Child was fed, burped, swaddled and then laid down in a pack in play to sleep. The mother went to check on the child approximately 15 minutes later and found the child not breathing. The mother started CPR and the maternal grandmother contacted EMS. The mother continued CPR until EMS arrived and the child was transported to [redacted] Children's Hospital. The child was born at [redacted] (formally [redacted] and was discharged home on 1/4/2014. The child was circumcised on 1/4/2014 prior to discharge. The pregnancy and birth were uncomplicated with no medical issues.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	n/a	**Telephone #**	( ) -
Street Address:	n/a	**City/State/Zip:**	n/a

Describe *(in detail)*interview with family:

CPSI [redacted] and Det. [redacted] interviewed [redacted] and [redacted] at [redacted] Children's Hospital. [redacted] reports the child was circumcised prior to discharged. Mom was instructed that the child may not eat as much due to discomfort after the circumcision. The mother reports that [redacted] was up most of the night, but did not feed as well, which she attributed to the circumcision. She last fed [redacted] at 7:15 am on 1/5/2014 and then burped and swaddled him and laid him in the pack 'n play. She went to the restroom, brushed her teeth, washed her face and then walked back into the room [redacted] was in and noticed his color was odd. She watched for the blanket to moved up and down, and when it didn't she felt his nose. She reports that night his nose felt cold and it was still cold. She unswaddled him and didn't notice his chest going up and down. At that time she yelled for her mother to get [redacted] up and to call 911. She started CPR. [redacted] reports that at the last feeding she did not observe anything during the feeding to make her believe something was wrong. CPSI [redacted] spoke with [redacted] maternal grandmother who was also in the home. [redacted] reports that her duaghter had brought [redacted] out into the living room and said [redacted] was not breathing. [redacted] asked her to get [redacted] up and to call 911. [redacted] knew how to do CPR and started CPR right away and continued until EMS arrived.

If child was hospitalized, describe *(in detail)* DCS involvement during hospitalization:

n/a

Describe disposition of body *(Death)*:	CPSI [redacted] observed the body of the infant. The infant was deceased. There were no marks or abrasions on the body. The infant appeared a normal length and weight. There was visible no evidence of abuse or neglect.			
Name of Medical Examiner/Coroner:	Dr. [redacted]	**Was autopsy requested?**	☐ **No**	☒ **Yes**
Did CPS open an investigation on this Death/Near Death?	☐ **No**	☒ **Yes**		
Was there DCS involvement at the time of Death/Near Death?	☒ **No**	☐ **Yes**		
Type:	n/a	**Case #:**	n/a	

Describe law enforcement or court involvement, if applicable:

Intake #:	[redacted]	Investigation #:	[redacted]	Date of Referral:	01/05/2014

Case # 2014-004

[redacted] County Sheriff's Office Major Crimes and Family Crisis Unit are investigating along with the [redacted] County Medical Examiner's office.

Describe *(in detail)* action taken to ensure safety of other children *(list names and ages of surviving children)* and/or victim *(Near Death) (attach safety plan, if applicable)*:

There were no safety concerns about the surviving children. They were observed by CPSI [redacted] and there were no concerns. The children were not aware of [redacted] passing. They appeared cared for and no concerns were observed. There were other family members in the home assisting the family.

Name: [redacted]	**Age:** 1 year, 9 months
Name: [redacted]	**Age:** 7 years
Name:	**Age:**
Name:	**Age:**
Name:	**Age:**

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators *(if applicable),* and classifications/adjudications *(if applicable):*

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? ☒ **No** ☐ **Yes** **List organizations requesting information:** n/a

Contact Person/Phone Number(s) *(include CM, TL, and TC):*

Contact Person: [redacted]	**Telephone Number:** [redacted]
Case Manager: [redacted]	**Telephone Number:** [redacted]
Team Leader: [redacted]	**Telephone Number:** [redacted]
Team Coordinator: [redacted]	**Telephone Number:** [redacted]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form *CS-0496, Serious Incident Report* to this notice. ☒ **No** ☐ **Yes**

Email to: [redacted]

within forty-eight (48) hours of notification

Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]

Case # 2014.004

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 01/05/2014 10:15 AM CT

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 01/05/2014

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 01/06/2014 10:47 AM

First Team Leader Assigned: [redacted]

Date/Time 01/06/2014 12:00 AM

First Case Manager [redacted]

Date/Time 01/06/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	6 Mos	Neglect Death	Yes	Unknown Participant [redacted], Unknown	None

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address: [redacted]

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: Letter

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

TFACTS: None found

Family Case ID: None found

Open Court Custody/FSS/FCIP: None found

Closed Court Custody: None found

Open CPS: None found

Substantiated: None found

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

Death: None found

Screened out: None found

History (not listed above): None found

County: [redacted]
Notification: Letter
School/ Daycare: N/A
Native American Descent: No
Directions: N/A

Reporters name/relationship [redacted]

Reporter states:

The child is not in state custody.

On January 3, 2014 [redacted] gave birth to a baby boy, [redacted] at [redacted] Hospital. [redacted] is married to [redacted] they have two other sons, [redacted] (age 7) and [redacted] (age 1).

On January 4, 2014 the infant was circumcised and then he and the mother were released from the hospital.

Today, January 5, 2014 the mother reported that she fed the infant this morning and laid him back down. The mother reported that she burped the infant and swaddled him and laid him back in the pack and play. The mother stated when she went to check on the infant about fifteen minutes later; the infant was not breathing.

The mother reported that she attempted CPR and contacted EMS (Emergency Management System). The infant was transported to [redacted] Childrens Hospital where the infant was pronounced deceased. The infant had no physical injuries. The medical examiner and major crimes is currently investigating the death. An autopsy will be completed.

The mother had a normal birth. The reporter is not aware of any complications or medical problems with the infant at the time of delivery.

Local DCS was contacted and has responded.

The father, [redacted] the two other children, [redacted] and [redacted] and the maternal grandmother, [redacted], were also in the home this morning. The home environment was observed and there were no concerns with the home or the other children.

The reporter is not aware of any prior history with Law Enforcement or DCS.

Law Enforcement and the medical examiner are currently at the familys home. The maternal grandmother has the other two children; the parents are currently at the hospital.

Per SDM: Investigation Track / Priority 1 - [redacted] CM 3 on 1-5-2014 at 11:43 A.M.

[redacted] County paged - Time Issued: 11:45:29 AM
[redacted] 01-05-14 11:45:30 AM CST 01-05-14 11:46:18 AM CST Received

[redacted] and Regional Administrator [redacted] notified via email.

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

[redacted] County notification group notified via email.

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

Participant(s)

Name: [redacted]

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

SSN: | Race: White | Age: 2 Yrs 3 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [redacted]

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

SSN: | Race: White | Age: 6 Mos

Address: [redacted], [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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] | Partipant ID: [redacted]

SSN: | Race: | Age: 37 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [redacted]

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

SSN: | Race: White | Age: 39 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: White | Age: 7 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [redacted]

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

SSN: | Race: White | Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted], Unknown

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

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Case # 2014.004

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: 01/05/2014

Assignment Date: 01/06/2014

Street Adress: [redacted]

City/State/Zip: [redacted]

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted]	Neglect Death	Unknown Participant [redacted]		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] 05/12/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegations Unsubstantiated. Perpetrator Unsubstantiated.

D. Case Workers

Case Worker: [redacted]

Date: 05/12/2014

Team Leader: [redacted]

Date: 05/12/2014

E. Investigation Summary

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

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

CPSI [redacted] observed the body of the infant, [redacted] at [redacted] Children's Hospital on 01/05/2014. [redacted] was observed to be lifeless and not breathing. There were no marks or abrasions on his body. [redacted] appeared a normal length and weight. There was visible no evidence of abuse or neglect.

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

The final autopsy report was reviewed and notes the manner of death was natural.

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

Alleged perpetrator was unknown.

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

Tennessee Department of Children's Services

Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

Case Name : [redacted] **Investigation ID:** [redacted]

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

Closing Summary: This case came to the attention of the Department on MM/DD/14 with allegations of neglect death for [redacted] The alleged perpetrator is Unknown. Upon further investigation it was determined that there is a lack of evidence to support the allegation. The manner of death was natural. This case is closed as Allegations Unsubstantiated. Perpetrator Unsubstantiated.

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:	06/30/2014	Contact Method:	
Contact Time:	02:55 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/30/2014
Completed date:	06/30/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/30/2014 01:58 PM Entered By: [redacted]

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

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:	05/12/2014	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/12/2014
Completed date:	05/12/2014	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/12/2014 01:10 PM Entered By: [redacted]

Closing Summary: This case came to the attention of the Department on 01/03/2014 with allegations of neglect death for [redacted] The alleged perpetrator is Unknown. Upon further investigation it was determined that there is a lack of evidence to support the allegation. The manner of death was natural. This case is closed as Allegations Unsubstantiated. Perpetrator Unsubstantiated.

740: A copy of the Classification and Summary will be submitted to TL [redacted] for review. Upon approval, a copy is then sent by TL [redacted] to the Juvenile Court Judge.

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:	05/08/2014	Contact Method:	Face To Face
Contact Time:	07:00 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	05/12/2014
Completed date:	05/12/2014	Completed By:	[redacted]

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

Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/12/2014 01:14 PM Entered By: [redacted]

CPSI met with the family on this date to complete paperwork and see the children for the last time. CPSI observed the children to be healthy and happy in their environment. Ms. [redacted] was still upset regarding CPSI's school visist. CPSI offered Lead investigator's number, which Ms. [redacted] had already obtained. CPSI appolgized for any inconvience of the visit and thanked the family for meeting with CPSI. The remaining forms were signed and CPSI ended the visit. CPSI observed no safety concerns.

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:	05/07/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/08/2014
Completed date:	05/08/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/08/2014 04:27 PM Entered By: [redacted]

CPIT Classification Meeting: This case was presented to Child Protective Investigative Team for classification. After Dr. [redacted] reviewed the final autopsy, the classification was determined that the case will be 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:	05/06/2014	Contact Method:	Phone Call
Contact Time:	02:30 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/06/2014
Completed date:	05/06/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/06/2014 03:42 PM Entered By: [redacted]

CPSI [redacted] spoke with Ms. [redacted] A home visit was scheduled for 5/8/14 at 7:00 PM.

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:	05/05/2014	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/06/2014
Completed date:	05/06/2014	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: 05/06/2014 03:43 PM Entered By: [redacted]

CPSI [redacted] received a copy of the final autopsy report. CPSI reviewed the report and the manner of death was natural. This will be added to the electronic and 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:	05/02/2014	Contact Method:	Phone Call
Contact Time:	10:34 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/02/2014
Completed date:	05/02/2014	Completed By:	[redacted]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/02/2014 09:52 AM Entered By: [redacted]

CPSI [redacted] contacted [redacted] at [redacted] CPSI explained that CPSI needed to follow up with the family and complete paperwork. Ms. [redacted] agreed and asked if her husband would need to be present. CPSI explained that was up to the family and that CPSI would work with them to arrange a time that was best. Ms. [redacted] reports that she was contacted on Wednesday and told that the autopsy was completed. CPSI informed Ms. [redacted] that CPSI would attempt to obtain that information so the case could be closed. CPSI notified Ms. [redacted] that CPSI [redacted] had seen [redacted] [redacted] at school today as a part of following up with the investigation. Ms. [redacted] stated she felt she should have been notified of this. CPSI attempted to explain procedure in seeing children and that CPSI did not ask any questions about [redacted] death, only about how things had been going recently. Ms. [redacted] went on to say that she was told that the worker who was present at her home the day her son passed had been very pushy and wanted to talk to [redacted] and tell him about [redacted] passing. CPSI explained that CPSI only saw [redacted] at her home on that date, but did not speak with him nor did CPSI ask to speak with him. Ms. [redacted] sounded frustrated about what had occurred back in January. CPSI provided contact information for Ms. [redacted] and she reported she would call CPSI back.

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:	05/02/2014	Contact Method:	Face To Face
Contact Time:	08:45 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	School	Created Date:	05/02/2014
Completed date:	05/02/2014	Completed By:	[redacted]

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

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/02/2014 09:32 AM Entered By: [redacted]

CPSI [redacted] met with [redacted] at [redacted] School in a private room. [redacted] reports that he is in the first grade and is in Ms. [redacted] class. He likes Ms. [redacted] because she will give them extra time at recess. [redacted] reports that he lives with the following people: His mother, [redacted] father, [redacted] and brother [redacted] reported things are going well. [redacted] reported that [redacted] was at Mothers Day Out and that his mother stays at home with [redacted] most days. [redacted] reports that he is going with his dad tonight to get his mother a mothers day gift. [redacted] reports that they will be going to [redacted] Country for the weekend and he is looking forward to that. [redacted] reports that he enjoys school and that he has been taking tests this week. He states he was sick yesterday, but is feeling better today. [redacted] appeared well and showed no signs of sickness. [redacted] reports that he makes good grades, but doesnt like homework. [redacted] reports that when he gets in trouble he sits in time out. When [redacted] gets in trouble he gets spankings. [redacted] gets spankings because he throws glass on the floor. [redacted] spankings are on his bottom with the hand. There is nothing that [redacted] would change about his home or his family. [redacted] reported that things were going well at home and there was nothing that he would make different or change.
[redacted] appeared to be clean and wearing clean clothing (no dirt or grime on their body or clothing). The child had no marks or bruises visible to CPSI. [redacted] was easily engaged and did not seem worried or concerned about talking with CPSI. He appeared happy and by his own report likes to talk a lot. CPSI did not note any safety concerns at the time of 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:	05/01/2014	Contact Method:	
Contact Time:	07:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/01/2014
Completed date:	05/01/2014	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: 05/01/2014 06:27 PM Entered By: [redacted]

FAMILY COMPOSITION:

Child: [redacted] DOB: [redacted]
Child: [redacted] DOB: [redacted]
Child: [redacted] DOB: [redacted]
Mother: [redacted] DOB: [redacted]
Father: [redacted] DOB: [redacted]
Address [redacted]
[redacted] Phone: [redacted]
[redacted] Phone: [redacted]
Schools: [redacted] School

BACKGROUND CHECKS:

CPSI [redacted] searched the following databases for [redacted] and [redacted] Tennessee Meth Offender Registry, Tennessee Felony Offender Information, the National Sex Offender Search and Tennessee Family and Child Tracking System (TFACTS). No records were found. A copy of such finding is contained within the hard file.

SDM: The SDM, Safety Assessment was completed on this date and notes no immediate harm factors at this time. The children appear safe.

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:	05/01/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/01/2014
Completed date:	05/01/2014	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: 05/01/2014 06:41 PM Entered By: [redacted]

A email was sent to [redacted] by LI [redacted] victims advocate for the District Attorneys office. [redacted] was asked to please check on the status of the Final Autopsy on this 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:	04/16/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/01/2014
Completed date:	05/01/2014	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2014 06:38 PM Entered By: [redacted]

[redacted]
ACV: [redacted] deceased
OCI: [redacted]
OCI: [redacted]
Last seen: 01/05/2014, on my list to be seen by SIU.
What happened: 2 day old infant was found non responsive in bassinette. No concerns at this time. Both parents were appropriate.
Plan: Awaiting final autopsy. Present to CPIT and close unsubstantiated, pending nothing unusual comes out 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:	01/05/2014	Contact Method:	Face To Face
Contact Time:	10:15 AM	Contact Duration:	Less than 02 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	04/16/2014
Completed date:	04/16/2014	Completed By:	[redacted]

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

Contact Type(s): Initial ACV Face To Face,Medical Exam,Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted] Detective [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/16/2014 02:56 PM Entered By: [redacted]

CPSI [redacted] observed the body of the infant, [redacted] at [redacted] Children's Hospital. [redacted] was observed to be lifeless and not breathing. There were no marks or abrasions on his body. [redacted] appeared a normal length and weight. There was visible no evidence of abuse or neglect.
CPSI [redacted] and Det. [redacted] interviewed [redacted] and [redacted] at [redacted] Childrens Hospital. In order to engage the family, CPSI [redacted] explained the current report made to the [redacted] Department of Childrens Services and the MRS/Assessment process. [redacted] reports the child was circumcised prior to discharged and was instructed that the child may not eat as much due to discomfort after the circumcision. [redacted] reported that [redacted] was up most of the night, but did not feed as well, which she attributed to the circumcision. She last fed [redacted] at 7:15 am on 1/5/2014 and then burped and swaddled him and then laid him down in the pack n play. She went to the restroom, brushed her teeth, washed her face and then walked back into the room [redacted] was in and noticed his color was odd. She watched for the blanket to moved up and down, and when it didnt she felt his nose. She reports the night before his nose felt cold and it was still cold. She unswaddled him and didnt notice his chest going up and down. At that time she yelled for her mother to get [redacted] up and to call 911. She started CPR. [redacted] reports that at the last feeding she did not observe anything during the feeding to make her believe something was wrong.
[redacted] was born at [redacted] (formally [redacted] and was discharged home on 1/4/2014. The child was circumcised on 1/4/2014 prior to discharge. The pregnancy and birth were uncomplicated with no medical issues.
CPSI [redacted] completed the release of information forms with Ms. [redacted] but due to the sensitive nature of the situation did not complete the other forms.
While CPSI [redacted] interviewed the mother and father at [redacted] Children's Hospital, CPSI [redacted] met [redacted] County Sheriff's Office Major Crimes and Family Crisis Unit at the family home, after CPSI's arrival, the [redacted] County Medical Examiners office arrived at the home. CPSI [redacted] observed the home and found it to be safe and child centered. There were many toys both in and out of the home. The maternal grandmother, [redacted] was present along with other family members that were coming in and out of the home. CPSI was granted entry to the home by [redacted] CPSI interviewed [redacted] who was present when [redacted] was found non-responsive. [redacted] reported that her daughter, [redacted] had brought [redacted] out into the living room and said [redacted] was not breathing. [redacted] asked her to get [redacted] up and to call 911 ([redacted] reported [redacted] had been laying down in [redacted] room). [redacted] reported that [redacted] knew how to

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Case Recording Summary

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

do CPR and started doing CPR on the couch right away. 911 advised them to do CPR on a hard surface so [redacted] put [redacted] on the floor in the living room and continued CPR until EMS arrived. Upon EMS arrival, [redacted] was transported to [redacted] Childrens Hospital.

Ms. [redacted] showed CPSI where [redacted] had been napping in the parent's bedroom when he was found not breathing. It was a pack n play that had a lifted mattress, meant for an infant. There were no extra blankets or hazards in the pack n play. CPSI observed the older, living children, [redacted] (2) and [redacted] (7) in the home. They were unaware of their brother's death at the time, however Ms. [redacted] believed [redacted] knew something was going on as he had been in the home, however Mr. and Ms. [redacted] wanted to be the ones to tell [redacted] and [redacted] what had happened to [redacted] [redacted] and [redacted] both appeared to be well cared for in that they were clean, healthy weight and size and had plenty of food and clothes. [redacted] room was observed to ensure a safe sleep environment. He had a toddler bed with sheets and blanket. There was also a crib set up in the room. Ms. [redacted] informed CPSI that the parents intended to transfer [redacted] to [redacted] room once he was older. There were no safety concerns for the surviving children.

CPSI spoke with CPSI [redacted] who provided CPSI with the information from the interviews with the parents. CPSI then staffed the case with TL [redacted] and advised that the home was safe and that at this time there was no suspicion of abuse or neglect. CPSI inquired about interviewing the older children and TL [redacted] advised that the older children did not need to be interviewed. CPSI inquired if CPSI needed to call RA [redacted], as per protocol, TL [redacted] advised RA [redacted] was already aware of the situation and he would inform the TC on call. TL [redacted] advised there was nothing further for CPSI to do and unless law enforcement needed CPSI, CPSI could leave the scene. CPSI spoke with Major Crimes Lieutenant [redacted] Lt. [redacted] did not need CPSI to remain at the scene. CPSI provided Ms. [redacted] with contact information for CPSI and expressed sympathy for the familys loss.

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/05/2014	Contact Method:	
Contact Time:	10:15 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/01/2014
Completed date:	05/01/2014	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: 05/01/2014 06:14 PM Entered By: [redacted]

01/05/14 10:15 AM This case came to the attention of the Department on 01/05/14 and was assigned to CPSI [redacted] on 01/05/2014 as a P1. Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification is made to the District Attorneys Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff) as requested per Juvenile Court Judge [redacted]

TFacts history check has been completed. No results were found.

A letter was sent to the referent notifying them of the investigation.

REFERRAL AND REFERENT:
Reporter states:

The child is not in state custody.

On January 3, 2014 [redacted] gave birth to a baby boy, [redacted] at [redacted] Hospital. [redacted] is married to [redacted] they have two other sons, [redacted] (age 7) and [redacted] (age 1).

On January 4, 2014 the infant was circumcised and then he and the mother were released from the hospital.

Today, January 5, 2014 the mother reported that she fed the infant this morning and laid him back down. The mother reported that she burped the infant and swaddled him and laid him back in the pack and play. The mother stated when she went to check on the infant about fifteen minutes later; the infant was not breathing.

The mother reported that she attempted CPR and contacted EMS (Emergency Management System). The infant was transported to [redacted] Childrens Hospital where the infant was pronounced deceased. The infant had no physical injuries. The medical examiner and major crimes is currently investigating the death. An autopsy will be completed.

The mother had a normal birth. The reporter is not aware of any complications or medical problems with the infant at

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the time of delivery.

Local DCS was contacted and has responded.

The father, [redacted] the two other children, [redacted] and [redacted] and the maternal grandmother, [redacted] were also in the home this morning. The home environment was observed and there were no concerns with the home or the other children.

The reporter is not aware of any prior history with Law Enforcement or DCS.

Law Enforcement and the medical examiner are currently at the familys home. The maternal grandmother has the other two children; the parents are currently at the hospital.

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Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/05/2014	Contact Method:	Phone Call
Contact Time:	09:30 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/01/2014
Completed date:	05/01/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted], Detective [redacted] Detective [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2014 06:18 PM Entered By: [redacted]

01/05/2014 9:30 AM CPIT: Child Protective Investigation Team was convened with [redacted] Detective [redacted] with the Family Crisis Unit and Lt. [redacted] with Major Crimes. It was determined that contact with the family would be made both at the hospital and the home. CPSI [redacted] would meet with Det. [redacted] at the home and CPSI [redacted] would meet with the parents at the hospital.