



Tennessee Department of Children's Services  
**Notice of Child Death/Near Death**

Case # 2014.007

Intake #:		Investigation #:		Date of Referral:	01/09/2014
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	01/08/2014	
Child's Name:		DOB:		Person ID:	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:
Parents' Names:	Mother:		Father:		
Alleged Perpetrator's Name:		Relationship to Victim:	Mother		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:		
If child is in DCS custody, list placement type and name:	N/A				
<b>Describe (in detail) circumstances surrounding death/near death:</b>					
<p>On 1/08/2014 [redacted] and [redacted] went to bed around 9pm. [redacted] and [redacted] were sleeping in the same bed together. Around 11:00 pm [redacted] woke up and noticed a pillow over [redacted] face. [redacted] was not breathing. [redacted] started CPR. [redacted] contacted 911 and called her neighbor [redacted] County Sheriff Department Investigator [redacted] for help around 11:15 pm. Inv. [redacted] and his wife [redacted] who is a nurse went to [redacted] aid. Inv. [redacted] and [redacted] continued CPR until EMS arrived. EMS workers continue to perform CPR on [redacted] while enroute to [redacted] Medical Center.</p>					
<b>If this is a near death certified by a physician, identify physician by name and provide contact information:</b>					
Name of Physician:		Telephone #	( ) -		
Street Address:		City/State/Zip:			
<b>Describe (in detail) interview with family:</b>					
<p>CM [redacted] spoke with [redacted] Mr. [redacted] stated that around 8:30 pm 1/08/2014 [redacted] was feeding [redacted] Mr. [redacted] fell asleep on the couch. [redacted] and [redacted] went to bed around 9:00 pm. Mr. [redacted] was waked by [redacted] around 11pm yelling for him because [redacted] was not breathing. Mr. [redacted] said that his wife told him that she found [redacted] with a pillow over his face and with vomit on him and the pillow. [redacted] was not breathing when she removed the pillow from his face. Mr. [redacted] started CPR in the bedroom floor beside the bed. Mr. [redacted] cleared [redacted] air way. [redacted] calls 911. Mr. [redacted] said his neighbor Inv. [redacted] and his wife [redacted] came to the house and relieved Mr. [redacted] from doing CPR. Inv. [redacted] and [redacted] continued CPR until EMS arrived and transported [redacted] to [redacted] Medical Center. [redacted] was pronounced dead at the [redacted] County Medical Center.</p> <p>CM [redacted] also observed [redacted] and did not have any concerns. [redacted] was dressed appropriate and clean. [redacted] also appeared to be healthy.</p>					
<b>If child was hospitalized, describe (in detail) DCS involvement during hospitalization:</b>					
N/A					
Describe disposition of body (Death):	[redacted] and [redacted] were laying side by side in the same bed. [redacted] was found with a pillow over his face.				
Name of Medical Examiner/Coroner:		Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes			
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Type:		Case #:			

**Describe law enforcement or court involvement, if applicable:**

[REDACTED] County Sheriff's Department Investigator [REDACTED] and Investigator [REDACTED] were talked to by the Child Safety Case Manager [REDACTED]. Both Investigator [REDACTED] and Investigator [REDACTED] did not have any concerns with the condition of the home or any concerns of physical abuse of the children.

**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):**

Name: [REDACTED]	Age: [REDACTED]

**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:

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

Contact Person: [REDACTED]	Telephone Number: ( ) -
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]**



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 01/09/2014 12:59 PM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 01/09/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned: 01/09/2014 02:15 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 01/09/2014 12:00 AM  
 First Case Manager: [REDACTED] Date/Time 01/09/2014 12:00 AM

**Allegations**

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

**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: This child is not in custody.

**TFACTS:**

Family Case ID [REDACTED] (on [REDACTED] as a minor/ACV)  
 Family Case ID [REDACTED] (not included in the history below, as we were unable to determine how this case was connected with [REDACTED])

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated: No



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

Death: No

Screened Out: No

History (not listed above):

Date Case # - Allegation Classification

7/27/14 - [REDACTED] - LOS - Unsubstantiated (AP: [REDACTED] [REDACTED])

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: No

Directions: None Given

Reporters name/relationship: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Reporter states: The two children, [REDACTED] [REDACTED] (1) and [REDACTED] [REDACTED] (3 months) live in the home with their parents, [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED]

The incident occurred last night (1-8-14) in the family home at 11:00 pm. [REDACTED] and [REDACTED] went to bed, in the same bed, at about 9:00 pm. [REDACTED] woke up at 11:00 pm and found that a pillow was over [REDACTED] face and he was not breathing. [REDACTED] started performing CPR on [REDACTED] while the mother called her neighbor, Chief Investigator of the [REDACTED] County Sheriff's Office, [REDACTED] [REDACTED] and [REDACTED] wife (unknown name). [REDACTED] wife is a nurse. [REDACTED] and his wife went to the home and [REDACTED] wife continued CPR until Emergency Medical Services (EMS) arrived. EMS then transported [REDACTED] to the [REDACTED] County Medical Center. They arrived at the [REDACTED] County Medical Center at approximately 11:50 pm and [REDACTED] was pronounced deceased.

The [REDACTED] County Sheriff's Department Investigator [REDACTED] and Chief Investigator [REDACTED] [REDACTED] were talked to by the Child Safety Case Manager [REDACTED] [REDACTED]. Both Investigator [REDACTED] and Chief Investigator [REDACTED] did not have any concerns with the condition of the home or any concerns of physical abuse of the children. There is no history in TFACTS on the family. [REDACTED] does not have any police history in the area. [REDACTED] [REDACTED] had two arrests for driving on a suspended license in 2006.

There are no safety concerns for the child, [REDACTED]. There are no special needs or disabilities known.

[REDACTED] body is still at the [REDACTED] County Medical Center with the Coroner, [REDACTED]. The body will be transferred to the Medical Examiners Office in [REDACTED] for an autopsy. [REDACTED] and his parents are staying with grandparents at this time. The address and names for the grandparents are not known.

County group emailed.

Per SDM: Investigative Track (Severe), Neglect Death, [REDACTED] TL on 1-9-14 @ 1:57 pm

Notified Child Death Group: [REDACTED]

[REDACTED] [REDACTED] copied on the notification email.



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

**Participant(s)**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 26 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]

Participant ID: [REDACTED]

SSN: Race: Age: 10 Mos

Address: [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: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 1 Yr 10 Mos

Address: [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:**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 23 Yrs

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:**



**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: 01/09/2014

Assignment Date: 01/09/2014

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			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 04/07/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: The Department received a Referral on 01/09/2014 for the allegation of Neglect Death. [REDACTED] fell asleep with [REDACTED] in the bed while feeding him. [REDACTED] woke up a few hours later and [REDACTED] had a pillow over him and he was not breathing. Autopsy report was completed on 3/17/2014. Cause of death is probable suffocation and The manner of death is accident. CM is recommending that allegation and perpetrator is unsubstantiated. CM will submit this case for closure.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 04/07/2014

Team Leader: [REDACTED]

Date: 04/07/2014

**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:**

Initial ACV  
1/09/2014

[REDACTED] passed away on 1/08/2014. [REDACTED] body was transported to Medical Examiners office in [REDACTED] and CM was unable to see this child. CM obtained photos of the home and child from [REDACTED] Inv. [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)?**



**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]

Collateral Contact

Date: 1/09/2014

Time: 12:00 pm

CM [REDACTED] spoke with [REDACTED] County Sheriffs Department Inv. [REDACTED] and Inv. [REDACTED]. On 1/08/2014 [REDACTED] and [REDACTED] went to bed around 9pm. [REDACTED] and [REDACTED] were sleeping in the same bed together. Around 11:00 pm [REDACTED] woke up and noticed a pillow over [REDACTED] face. [REDACTED] was not breathing. [REDACTED] started CPR. [REDACTED] contacted 911 and called her neighbor [REDACTED] County Sheriff Department Investigator [REDACTED] for help around 11:15 pm. Inv. [REDACTED] and his wife [REDACTED] who is a nurse went to [REDACTED] aid. Inv. [REDACTED] and [REDACTED] continued CPR until EMS arrived. EMS workers continue to perform CPR on [REDACTED] while enroute to [REDACTED] Medical Center.

Inv. [REDACTED] and Inv. [REDACTED] did not have any concerns with the condition of the home or any concerns of physical abuse of the children. At this time they believe the cause of death is co-sleeping.

Collateral Contact

Date: 3/17/2014

Time: 12:00 pm

CM [REDACTED] received a copy of [REDACTED] Autopsy report from Medical Examiners Office in [REDACTED] TN.

Summary of Case: The decedent is a 3-month-old white male infant who was found deceased in bed while sleeping in an adult bed with the mother. He was last known to be alive approximately two hours prior to being found. When placed in the bed, he was placed face up. When found, he was still face up with an adult pillow over his face. He was reportedly born at term of a singleton pregnancy with no delivery complications. His mothers pregnancy history is significant for platelet antibodies and opiate use. He has been well since birth.

Findings at autopsy show a white male infant with no obvious trauma or injury. The lungs are congested. The internal organs show no trauma and no obvious congenital anomalies.

Vitreous electrolyte studies are within normal limits. Toxicology on postmortem blood is negative. Cerebrospinal fluid cultures are negative. Lung cultures show growth of normal respiratory flora and staphylococcus aureus, interpreted as a contaminant. Respiratory viral culture was unable to be performed due to bacterial overgrowth.

Microscopic sections of lungs show autolysis and postmortem bacterial growth. Sections of other major organs are without significant pathologic changes.

In Summary, the cause of death is probable suffocation. The manner of death is accident.

A copy of this full report can be located in file.

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

1/09/2014

CM [REDACTED] spoke with [REDACTED] about the incident that happens on 1/08/2014. CM [REDACTED] spoke with [REDACTED] Mr. [REDACTED] stated that around 8:30 pm 1/08/2014 [REDACTED] was feeding [REDACTED] Mr. [REDACTED] fell asleep on the couch. [REDACTED] and [REDACTED] went to bed around 9:00 pm. Mr. [REDACTED] was waked by [REDACTED] around 11pm yelling for him because [REDACTED] was not breathing. Mr. [REDACTED]



**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]

said that his wife told him that she found [REDACTED] with a pillow over his face and with vomit on him and the pillow. [REDACTED] was not breathing when she removed the pillow from his face. Mr. [REDACTED] started CPR in the bedroom floor beside the bed. Mr. [REDACTED] cleared [REDACTED] air way. [REDACTED] calls 911. Mr. [REDACTED] said his neighbor Inv. [REDACTED] and his wife [REDACTED] came to the house and relieved Mr. [REDACTED] from doing CPR. Inv. [REDACTED] and [REDACTED] continued CPR until EMS arrived and transported [REDACTED] to [REDACTED] Medical Center. [REDACTED] was pronounced dead at the [REDACTED] County Medical Center.

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

No witnesses

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

AUPU

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] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/11/2014

Contact Method:

Contact Time: 02:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/11/2014

Completed date: 04/11/2014

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: 04/11/2014 02:31 PM      Entered By: [REDACTED]

LI reviewed this case for closure on this date. The autopsy uncovered no signs of abuse or neglect. The case was presented to it and it was agreed upon to close case aupu



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/07/2014

Contact Method:

Contact Time: 01:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/07/2014

Completed date: 04/07/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/07/2014 01:46 PM Entered By: [REDACTED] [REDACTED]

Closing Summary

The Department received a Referral on 01/09/2014 for the allegation of Neglect Death. [REDACTED] [REDACTED] fell asleep with [REDACTED] in the bed while feeding him. [REDACTED] woke up a few hours later and [REDACTED] had a pillow over him and he was not breathing. Autopsy report was completed on 3/17/2014. Cause of death is probable suffocation and The manner of death is accident. CM is recommending that allegation and perpetrator is unsubstantiated. CM will submit this case for closure.

CM 2 [REDACTED] [REDACTED] [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/07/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/07/2014

Completed date: 04/07/2014

Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/07/2014 01:43 PM Entered By: [REDACTED] [REDACTED]

CPIT

Date: 4/07/2014

Time: 9:00 am

CM [REDACTED] presented [REDACTED] [REDACTED] case to CPIT today. CPIT team agreed to unsubstantiate this case due to no evidence in the autopsy report and during this investigation of child abuse or neglect has occurred.

CM 2 [REDACTED] [REDACTED] [REDACTED]



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 03/26/2014 Contact Method: Face To Face  
Contact Time: 03:50 PM Contact Duration: Less than 15  
Entered By: [REDACTED] [REDACTED] Recorded For:  
Location: Other Community Site Created Date: 04/07/2014  
Completed date: 04/07/2014 Completed By: [REDACTED] [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Parent/Caretaker Interview,Other Child Living in the Home Interview/Observation  
Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/07/2014 01:40 PM Entered By: [REDACTED] [REDACTED]

Office Visit  
Date: 3/26/2014  
Time: 3:50 pm

[REDACTED] and [REDACTED] came by the CM office today. CM spoke with [REDACTED] yesterday about receiving a copy of the [REDACTED] autopsy report. Mr. [REDACTED] stated that he had requested a copy and received his copy the other day. CM asked [REDACTED] if there was anything that CM could help with. Mr. [REDACTED] said he was not sure. CM asked Mr. [REDACTED] how his wife was doing. Mr. [REDACTED] stated that she is doing better now since she has a job and get out of the house. CM asked Mr. [REDACTED] if he needed any names or contact for counseling. Mr. [REDACTED] stated that would be good. Mr. [REDACTED] told CM that he would come by and pick the list up.

During the visit CM provided Mr. [REDACTED] with a list of counselors in the [REDACTED] area. CM was also able to observed [REDACTED] [REDACTED] during this visit. [REDACTED] was dressed appropriate and clean. Mr. [REDACTED] did not report any concerns with [REDACTED] at this time.

CM 2 [REDACTED] [REDACTED] [REDACTED]



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/17/2014	Contact Method: Correspondence
Contact Time: 12:00 PM	Contact Duration: Less than 05
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 04/07/2014
Completed date: 04/07/2014	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 04/07/2014 01:26 PM      Entered By: [REDACTED] [REDACTED]  
 Collateral Contact  
 Date: 3/17/2014  
 Time: 12:00 pm

CM [REDACTED] received a copy of [REDACTED] [REDACTED] [REDACTED] Autopsy report from Medical Examiners Office in [REDACTED] [REDACTED]

Summary of Case: The decedent is a 3-month-old white male infant who was found deceased in bed while sleeping in an adult bed with the mother. He was last known to be alive approximately two hours prior to being found. When placed in the bed, he was placed face up. When found, he was still face up with an adult pillow over his face. He was reportedly born at term of a singleton pregnancy with no delivery complications. His mothers pregnancy history is significant for platelet antibodies and opiate use. He has been well since birth.

Findings at autopsy show a white male infant with no obvious trauma or injury. The lungs are congested. The internal organs show no trauma and no obvious congenital anomalies.

Vitreous electrolyte studies are within normal limits. Toxicology on postmortem blood is negative. Cerebrospinal fluid cultures are negative. Lung cultures show growth of normal respiratory flora and staphylococcus aureus, interpreted as a contaminant. Respiratory viral culture was unable to be performed due to bacterial overgrowth.

Microscopic sections of lungs show autolysis and postmortem bacterial growth. Sections of other major organs are without significant pathologic changes.

In Summary, the cause of death is probable suffocation. The manner of death is accident.

A copy of this full report can be located in file.

CM 2 [REDACTED] [REDACTED] [REDACTED]



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

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

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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/11/2014	Contact Method:	Face To Face
Contact Time:	03:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/07/2014
Completed date:	04/07/2014	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/07/2014 01:34 PM      Entered By: [REDACTED] [REDACTED]

Parent Interview and Other Child  
Date: 2/11/2014  
Time: 3:30 pm

CM [REDACTED] went to [REDACTED] and visited with [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED] [REDACTED]

CM spoke with [REDACTED] [REDACTED] [REDACTED] CM asked Mr. [REDACTED] how his wife is doing. Mr. [REDACTED] reported that she is still having a very hard time with the loss of [REDACTED] CM asked Mr. [REDACTED] if there was anything that CM could help with or do for his family. Mr. [REDACTED] said he could not think of anything at this time. CM told Mr. [REDACTED] to call if they needed anything.

CM tried to speak with Mrs. [REDACTED] Mrs. [REDACTED] became upset during our conversation and had to stop.

CM observed [REDACTED] [REDACTED] [REDACTED] was dressed appropriately and clean. CM did not have any reports of medical or mental health concerns at this time.

CM also observed the home. The house was clean and free of debris. The family had plenty of food, water and electricity in the home.

CM 2 [REDACTED] [REDACTED] [REDACTED]



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 01/22/2014 Contact Method: Phone Call  
Contact Time: 10:00 AM Contact Duration: Less than 05  
Entered By: [REDACTED] [REDACTED] Recorded For:  
Location: Created Date: 01/22/2014  
Completed date: 01/22/2014 Completed By: [REDACTED] [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Collateral Contact  
Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/22/2014 10:11 AM Entered By: [REDACTED] [REDACTED]

Collateral Contact  
Date: 1/22/2014  
Time: 10:00 am

CM [REDACTED] called Medical Examiner office in [REDACTED] CM spoke with [REDACTED] and she stated that [REDACTED] [REDACTED] autopsy is still pending at this time. CM also left a message for Dr. [REDACTED] to call CM back.

CM 2 [REDACTED] [REDACTED] [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 01/22/2014 10:15 AM Entered By: [REDACTED] [REDACTED]

ME telephone # [REDACTED] and Fax # [REDACTED]



**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: 01/09/2014	Contact Method: Face To Face
Contact Time: 03:00 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Other Caretaker Home	Created Date: 01/10/2014
Completed date: 01/10/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/10/2014 02:51 PM      Entered By: [REDACTED]

HOME VISIT  
Date: 1/09/2014  
Time: 3:00 pm

This CM contacted the family at the following address [REDACTED]  
Present at the home were [REDACTED] and [REDACTED]

In order to engage the family, this CM [REDACTED] explained the current report made to the [REDACTED] Department of Childrens Services and the MRS/Investigative/Assessment process. CM also provided the family with a brochure describing the Multiple Response Approach. This CM provided [REDACTED] and [REDACTED] with a copy of the Parents Bill of Rights, Notice of Privacy Practices, and Native American Veto Heritage on this date. CM obtained signed acknowledgements of such and copies have been placed in the file.

CM [REDACTED] spoke with [REDACTED] about the incident that happens on 1/08/2014. CM [REDACTED] spoke with [REDACTED] Mr. [REDACTED] stated that around 8:30 pm 1/08/2014 [REDACTED] was feeding [REDACTED] Mr. [REDACTED] fell asleep on the couch. [REDACTED] and [REDACTED] went to bed around 9:00 pm. Mr. [REDACTED] was waked by [REDACTED] around 11pm yelling for him because [REDACTED] was not breathing. Mr. [REDACTED] said that his wife told him that she found [REDACTED] with a pillow over his face and with vomit on him and the pillow. [REDACTED] was not breathing when she removed the pillow from his face. Mr. [REDACTED] started CPR in the bedroom floor beside the bed. Mr. [REDACTED] cleared [REDACTED] air way. [REDACTED] calls 911. Mr. [REDACTED] said his neighbor Inv. [REDACTED] and his wife [REDACTED] came to the house and relieved Mr. [REDACTED] from doing CPR. Inv. [REDACTED] and [REDACTED] continued CPR until EMS arrived and transported [REDACTED] to [REDACTED] Medical Center. [REDACTED] was pounced dead at the [REDACTED] County Medical Center.

CM [REDACTED] was unable to speak with [REDACTED] at this time. [REDACTED] was still having a difficult time with [REDACTED] death.

CM [REDACTED] also observed [REDACTED] because he was sleeping in the living room. [REDACTED] was dressed



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED] Region

appropriate and clean. [REDACTED] also appeared to be healthy.

The family feels they are able to address all safety/well-being/permanence needs at this time.

Safety: CM did not see any safety concerns at [REDACTED] [REDACTED] [REDACTED] mother house.

Permanence: The family has stable housing.

Well Being:

1. Medical- No medical concerns reported

2. Mental Health/Behavioral- No mental health concerns reported. [REDACTED] wants help finding a counselor to help them cope with the death of [REDACTED]

3. Education- N/A

The family identified [REDACTED] (Grandmother) as a family support.

Worker Observance of the home: The [REDACTED] family is staying with the paternal grandmother until they can cope with the death of [REDACTED]. The home was clean and there was plenty of room for them to stay with their extend family.

Individual Behavior: [REDACTED] was very polite and cooperative with CM. [REDACTED] was unable to speak at this time due to the death of [REDACTED]

CM 2 [REDACTED] [REDACTED] [REDACTED]



**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: 01/09/2014 Contact Method:  
Contact Time: 02:15 PM Contact Duration: Less than 05  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 01/09/2014  
Completed date: 01/09/2014 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: 01/09/2014 02:17 PM Entered By: [REDACTED]

PI child fatality assigned to CM [REDACTED]  
notice to the DA and Judge per local protocol  
Notice to repoter given.

Reporter states: The two children, [REDACTED] (1) and [REDACTED] (3 months) live in the home with their parents, [REDACTED] and [REDACTED]. The incident occurred last night (1-8-14) in the family home at 11:00 pm. [REDACTED] and [REDACTED] went to bed, in the same bed, at about 9:00 pm. [REDACTED] woke up at 11:00 pm and found that a pillow was over [REDACTED] face and he was not breathing. [REDACTED] started performing CPR on [REDACTED] while the mother called her neighbor, Chief Investigator of the [REDACTED] County Sheriffs Office, [REDACTED] and [REDACTED] wife (unknown name). [REDACTED] wife is a nurse. [REDACTED] and his wife went to the home and [REDACTED] wife continued CPR until Emergency Medical Services (EMS) arrived. EMS then transported [REDACTED] to the [REDACTED] County Medical Center. They arrived at the [REDACTED] County Medical Center at approximately 11:50 pm and [REDACTED] was pronounced deceased.

The [REDACTED] County Sheriff's Department Investigator [REDACTED] and Chief Investigator [REDACTED] were talked to by the Child Safety Case Manager [REDACTED]. Both investigator [REDACTED] and Chief Investigator [REDACTED] did not have any concerns with the condition of the home or any concerns of physical abuse of the children. There is no history in TFACTS on the family. [REDACTED] does not have any police history in the area. [REDACTED] had two arrests for driving on a suspended license in 2006.

There are no safety concerns for the child, [REDACTED]. There are no special needs or disabilities known. [REDACTED] body is still at the [REDACTED] County Medical Center with the Coroner, [REDACTED]. The body will be transferred to the Medical Examiners Office in [REDACTED] for an autopsy. [REDACTED] and his parents are staying with grandparents at this time. The address and names for the grandparents are not known. County group emailed.

Per SDM: Investigative Track (Severe), Neglect Death, [REDACTED] TL on 1-9-14 @ 1:57 pm

Notified Child Death Group [REDACTED]  
RA [REDACTED] copied on the notification email.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/09/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/10/2014

Completed date: 01/10/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/10/2014 02:54 PM Entered By: [REDACTED] [REDACTED]

Initial ACV  
1/09/2014

[REDACTED] passed away on 1/08/2014. [REDACTED] body was transported to Medical Examiners office in [REDACTED] and CM was unable to see this child. CM obtained photos of the home and child from [REDACTED] Inv. [REDACTED] [REDACTED]

CM 2 [REDACTED] [REDACTED] [REDACTED]



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/09/2014	Contact Method: Face To Face
Contact Time: 12:00 PM	Contact Duration: Less than 30
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 01/10/2014
Completed date: 01/10/2014	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/10/2014 03:00 PM      Entered By: [REDACTED] [REDACTED]

Collateral Contact  
 Date: 1/09/2014  
 Time: 12:00 pm

CM [REDACTED] spoke with [REDACTED] County Sheriffs Department Inv. [REDACTED] and Inv. [REDACTED]. On 1/08/2014 [REDACTED] and [REDACTED] went to bed around 9pm. [REDACTED] and [REDACTED] were sleeping in the same bed together. Around 11:00 pm [REDACTED] woke up and noticed a pillow over [REDACTED] face. [REDACTED] was not breathing. [REDACTED] started CPR. [REDACTED] contacted 911 and called her neighbor [REDACTED] County Sheriff Department Investigator [REDACTED] for help around 11:15 pm. Inv. [REDACTED] and his wife [REDACTED] who is a nurse went to [REDACTED] aid. Inv. [REDACTED] and [REDACTED] continued CPR until EMS arrived. EMS workers continue to perform CPR on [REDACTED] while enroute to [REDACTED] Medical Center.

Inv. [REDACTED] and Inv. [REDACTED] did not have any concerns with the condition of the home or any concerns of physical abuse of the children. At this time they believe the cause of death is co-sleeping.

Inv. [REDACTED] provided CM with a copy of photos and SUIDI form.

CM 2 [REDACTED] [REDACTED] [REDACTED]



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 1/9/14 12:59 PM

Date of Assessment: 1/9/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_