



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

Case # 2014.023

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	02/12/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/11/2014		
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:	N/A		
If child is in DCS custody, list placement type and name:	N/A					
<b>Describe (in detail) circumstances surrounding death/near death:</b>						
<p>The █████ family had been staying at the █████ on a family vacation. On 02/10/2014 the family went to sleep as follows: Mr. █████ and his daughter █████ in one bed and his wife and sons in another. On 02/11/2014, Mr. █████ advised that he woke up around 9:30 am est, his wife was in the shower. Mr. █████ stated he got up and kissed the kids to wake them up when he noticed that █████ was cold. Law Enforcement arrived at around 0949. Upon their arrival they took over CPR from the family until EMS arrived. EMS terminated CPR due to the length of time the child was down.</p>						
<b>If this is a near death certified by a physician, identify physician by name and provide contact information:</b>						
Name of Physician:	N/A		Telephone #	(N/A) N/A-N/A		
Street Address:	N/A		City/State/Zip:	N/A		
<b>Describe (in detail) interview with family:</b>						
<p>Mr. █████ advised that the family had been in █████ on a family vacation. Mr. █████ advised that the family had been staying at the █████. Mr. █████ advised that his family consisted of █████ (acv, age 3 moths), son █████ (1), daughter █████ (4), and with █████. Mr. █████ advised that on 02/10/2014 the family had went to bed as follows: he and his daughter █████ in one bed and his wife and sons in another. On 02/11/2014, Mr. █████ advised that he woke up around 9:30 am est, his wife was in the shower. Mr. █████ stated he got up and kissed the kids to wake them up when he noticed that █████ was cold. Mr. █████ stated he yelled for his wife to call 911 and he began CPR on the bed. Mr. █████ stated that the 911 operator advised him to move the child to the floor, which he did. Mr. █████ stated that police then arrived and took over CPR until EMS arrived.</p> <p>Mrs. █████ was interviewed by Detectives with █████</p>						
<b>If child was hospitalized, describe (in detail) DCS involvement during hospitalization:</b>						
N/A						
Describe disposition of body (Death):	ACV was found on the hotel bed by the father, Mr. █████ on 02/11/2013 at approximately 9:30 am. Mr. █████ described the acv as being cold.					
Name of Medical Examiner/Coroner:	Dr. █████ at █████	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:	N/A		Case #:	N/A		

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

Det. [redacted] and [redacted] with [redacted] responded to the Scene on 02/11/2014. Det. [redacted] took photographs of the scene excluding the acv, while Det. [redacted] interviewed the father, [redacted] Mr. [redacted] stated the following to Det. [redacted] that he and his 4 year old daughter, [redacted] were sleeping in the bed on the right and [redacted] (2 yrs old), [redacted] (deceased) and his wife [redacted] were sleeping in the other bed (in that order if looking down on the bed). He stated they last had contact with [redacted] around midnight for feeding. He stated they woke up around 0930 when his wife went to the shower. He stated he got up and kissed the kids to wake them up when he noticed that [redacted] was cold. He stated he yelled for his wife to call 911 and he began CPR on the bed. He stated that the 911 operator advised him to move the child to the floor, which he did. He stated that police then arrived and took over CPR until EMS arrived. Around 4pm Detective [redacted] and Det. [redacted] attended the autopsy conducted by Dr. [redacted] at [redacted] Dr. [redacted] stated at the conclusion that he saw no sign of child abuse however, toxicology and a microscopic examination would still have to be done. A preliminary report should be complete in a few weeks.

**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):**

Prior to DCS involvement, the family had return to their home state of [redacted] Intake to the [redacted] [redacted] will be made to address the safety and well being of the other children involved.

Name: [redacted]	Age: 1 year eight months
Name: [redacted]	Age: 4 years 0 months
Name: [redacted]	Age:
Name: [redacted]	Age:
Name: [redacted]	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
##/##/####	n/a	n/a	n/a	n/a	n/a
##/##/####	n/a	n/a	n/a	n/a	n/a
##/##/####	n/a	n/a	n/a	n/a	n/a
##/##/####	n/a	n/a	n/a	n/a	na/
##/##/####	n/a	n/a	n/a	n/a	n/a
##/##/####	n/a	n/a	n/a	n/a	n/a
##/##/####	n/a	n/a	n/a	n/a	n/a

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: [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: [Child-Fatality-Notification EI-DCS](#)  
within forty-eight (48) hours of notification**

Intake #:

[REDACTED]

Investigation #:

[REDACTED]

Date of Referral:

10/22/2014

Case # 2014-023

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: 02/12/2014 07:51 AM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 02/12/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 02/12/2014 09:53 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 02/12/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 02/12/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 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: **\*\*The child is not in state custody\*\***

TFACTS: No history located based on information provided

Family Case ID: No

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: No

Substantiated: No

Death: No



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

Screened out: No

History (not listed above): None

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

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

Reporter states: [REDACTED] [REDACTED] (2 months old), [REDACTED] [REDACTED] (4 years old), and [REDACTED] [REDACTED] (2 years old) reside with their parents, [REDACTED] and [REDACTED] [REDACTED]

The family reported that they are from [REDACTED] The family stated they are in [REDACTED] on vacation.

The family is residing at [REDACTED]

Yesterday, February 11, 2014 the family contacted 911.

It was reported that the mother, [REDACTED] got up and took a shower and the father, [REDACTED] got the children up. The father, [REDACTED] reported that he noticed the infant, [REDACTED] was cold. The father, [REDACTED] reported that he yelled for the mother, [REDACTED] and began CPR (Cardiopulmonary Resuscitation).

Officers arrived on the scene first and CPR (Cardiopulmonary Resuscitation) was continued but it appeared that the infant, [REDACTED] had been deceased for a while.

The infant, [REDACTED] was deceased upon EMS (Emergency Medical Services) arrival and was transported to the hospital where he was officially pronounced deceased.

The hotel room had two beds inside. The family reported that in one of the beds the father, [REDACTED] and the four year old child, [REDACTED] slept. The family stated in the other bed the mother, [REDACTED] the two year old child, [REDACTED] and the infant [REDACTED] slept. The family stated that the infant, [REDACTED] was in between the mother, [REDACTED] and the two year child, [REDACTED]

Per the preliminary statement from the medical examiner, it appears to be asphyxia. There was no sign of child abuse, an autopsy and toxicology report will be completed. The preliminary report from the autopsy should be back next week.

It is unknown if the infant was born with any health issues.

No one has made contact with the family today. As of yesterday the family was still at [REDACTED] in room [REDACTED]. It is unknown if the hotel has moved the family to another room.

County group emailed.  
Investigation/P1, Neglect Death. [REDACTED] TL on 2-12-14 @ 9:38 am

Notified Child Death Group: [REDACTED]  
[REDACTED] was also 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: White

Age: 2 Yrs 5 Mos (Est)

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: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

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  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 27 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: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 4 Yrs (Est)

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

**A. Investigation**

Case Name: [REDACTED]  
Referral Date: 02/12/2014  
Street Address:  
City/State/Zip:

Investigation ID: [REDACTED]  
Assignment Date: 02/12/2014

**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] 06/11/2014

**C. Disposition Decision**

Disposition Decision:

Comments: 06/11/2012 Case Closure: Case Manager (CM) [REDACTED] has completed the 740, , safety assessment and all other investigative tasks. The allegations of neglect is being classified as AUPU. The Autopsy report states this 2-moth old boy [REDACTED] died of positional asphyxia. An Autopsy revealed anterior livor mortis, which is consistent with a prone position. Toxicological analysis of the muscle tissue revealed only nicotine. No other trauma was noticed. Final anatomic diagnosis was co-sleeping and anterior livor mortis. CPS in [REDACTED] had no record of the family and no record was returned via LE. The birth parents attempted to revive the acv until the medical personnel arrived . CPIT team agreed to the classification of AUPU.

**D. Case Workers**

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

Date: 06/11/2014  
Date: 06/11/2014

**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:**

02/12/2014 ACV was not seen by CPSI per policy relating to child deaths. ACV was viewed by both LE and medical examiner.

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

autopsy findings regarding the acv, [REDACTED] states this 2-moth old boy [REDACTED] died of positional asphyxia. An Autopsy revealed anterior livor mortis, which is consistent with a prone position. Toxicological analysis of the muscle tissue revealed only nicotine. No other trauma was noticed. Final anatomic diagnosis



**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]

was co-sleeping and anterior livor mortis.

Mr. [REDACTED] advised that the family had been in [REDACTED] on a family vacation. Mr. [REDACTED] advised that the family had been staying at the [REDACTED]. Mr. [REDACTED] advised that his family consisted of [REDACTED] (acv, age 3 months), son [REDACTED] (1), daughter [REDACTED] (4), and with [REDACTED]. Mr. [REDACTED] advised that on 02/10/2014 the family had went to bed as follows: he and his daughter [REDACTED] in one bed and his wife and sons in another. On 02/11/2014, Mr. [REDACTED] advised that he woke up around 9:30 am est, his wife was in the shower. Mr. [REDACTED] stated he got up and kissed the kids to wake them up when he noticed that [REDACTED] was cold. Mr. [REDACTED] stated he yelled for his wife to call 911 and he began CPR on the bed. Mr. [REDACTED] stated that the 911 operator advised him to move the child to the floor, which he did. Mr. [REDACTED] stated that police then arrived and took over CPR until EMS arrived.

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

Mrs. [REDACTED] advised that On 02/11/2014, she woke up and got into the shower in order that the family could go shopping. Mrs. [REDACTED] advised that her husband has a tradition of kissing each child when he wakes. Mrs. [REDACTED] stated that he heard her husband yell. CPSI was advised that he husband then started CPR on her son, the acv, due to the father being a volunteer firefighter. CPSI was advised that CPR was continued until LE and EMTS arrived. CPSI was advised that there been no complications at the time of birth and that the acv had been born in [REDACTED]. Mrs. [REDACTED] advised that the acv did possibly have the flu. The acv, primary is located in [REDACTED] one [REDACTED]. CPSI was advised that DSS in [REDACTED] had made contact with the family and offered services. CPSI emailed an initial packet to the family and this packet will be completed at the earliest convenience of the family

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

[REDACTED] (2 months old), [REDACTED] (4 years old), and [REDACTED] (2 years old) reside with their parents, [REDACTED] and [REDACTED]. The family reported that they are from [REDACTED]. The family stated they are in [REDACTED] on vacation. The family is residing at [REDACTED]. Yesterday, February 11, 2014 the family contacted 911. It was reported that the mother, [REDACTED] got up and took a shower and the father, [REDACTED] got the children up. The father, [REDACTED] reported that he noticed the infant, [REDACTED] was cold. The father, [REDACTED] reported that he yelled for the mother, [REDACTED] and began CPR (Cardiopulmonary Resuscitation). Officers arrived on the scene first and CPR (Cardiopulmonary Resuscitation) was continued but it appeared that the infant, [REDACTED] had been deceased for a while. The infant, [REDACTED] was deceased upon EMS (Emergency Medical Services) arrival and was transported to the hospital where he was officially pronounced deceased.

The hotel room had two beds inside. The family reported that in one of the beds the father, [REDACTED] and the four year old child, [REDACTED] slept. The family stated in the other bed the mother, [REDACTED] the two year old child, [REDACTED] and the infant [REDACTED] slept. The family stated that the infant, [REDACTED] was in between the mother, [REDACTED] and the two year child, [REDACTED]. Per the preliminary statement from the medical examiner, it appears to be asphyxia. There was no sign of child abuse, an autopsy and toxicology report will be completed. The preliminary report from the autopsy should be back next week. It is unknown if the infant was born with any health issues. No one has made contact with the family today. As of yesterday the family was still at [REDACTED]. It is unknown if the hotel has moved the family to another room.



**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:**

06/11/2012 Case Closure: Case Manager (CM) [REDACTED] has completed the 740, , safety assessment and all other investigative tasks. The allegations of neglect is being classified as AUPU. The Autopsy report states this 2-moth old boy [REDACTED] died of positional asphyxia. An Autopsy revealed anterior livor mortis, which is consistent with a prone position. Toxicological analysis of the muscle tissue revealed only nicotine. No other trauma was noticed. Final anatomic diagnosis was co-sleeping and anterior livor mortis. CPS in [REDACTED] had no record of the family and no record was returned via LE. The birth parents attempted to revive the acv until the medical personnel arrived . CPIT team agreed to the classification of 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]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 03:05 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): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/30/2014 02:08 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] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/11/2014	Contact Method:	
Contact Time:	05:50 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/11/2014
Completed date:	06/11/2014	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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/11/2014 04:54 PM Entered By: [REDACTED]

06/11/2012 Case Closure: Case Manager (CM) [REDACTED] has completed the 740, , safety assessment and all other investigative tasks. The allegations of neglect death is being classified as AUPU. The Autopsy report states this 2-moth old boy [REDACTED] died of positional asphyxia. An Autopsy revealed anterior livor mortis, which is consistent with a prone position. Toxicological analysis of the muscle tissue revealed only nicotine. No other trauma was noticed. Final anatomic diagnosis was co-sleeping and anterior livor mortis. CPS in [REDACTED] had no record of the family and no record was returned via LE. The birth parents attempted to revive the acv until the medical personnel arrived . CPIT team agreed to the classification of AUPU. The case is closed.



**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: 06/10/2014 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/11/2014  
 Completed date: 06/11/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/11/2014 04:49 PM Entered By: [REDACTED]

Date:

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

Location:

Present:

- DCS Case Manager
- DCS Team Leader
- [REDACTED] Sheriffs Detective
- [REDACTED] Police Department detective
- Assistant District Attorney General
- CAC Director
- Medical Professional

Case Name: [REDACTED]

Victim Name: [REDACTED]

Allegations: Neglect Death

Interview/Discussion:

Observation: No Observation Noted

Plan/Decision:

CPSI [REDACTED] present the case to the cpit team. CM advised that the autopsy report had revealed that the cause of death had been related to co-sleeping. CM advised while nicotine was found in the acv system, medical personnel advised that second hand smoked could have caused the positive screen. No other questionable remarks were noted on the acv



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

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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

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toxic or physical exam. CM advised the CPS in [REDACTED] had no record of the family and no record was returned via LE. CM advised the team of the the parents attempted to revive the acv. The team agreed to unsubstantiate the claim of Neglect death.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/12/2014 Contact Method: Phone Call  
 Contact Time: 04:30 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 05/22/2014  
 Completed date: 05/22/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/22/2014 05:19 PM Entered By: [REDACTED]

Date: 05/12/2014

Phone Call: 4:30 PM

Person Contacted: Det. [REDACTED]

Relationship to Client: Detective for Jurisdiction

Purpose of Contact: CPIT Contact

## Content:

CPSI advised that the results were back from the [REDACTED] autopsy. CPSI provided the report to Det. [REDACTED]. Det. [REDACTED] advised after reading the report, he was unsure if anything criminally would issue. CPSI advised that he would present the case to CPIT in June.



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

Case Id: [REDACTED]  
Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/12/2014	Contact Method:	Correspondence
Contact Time:	03:25 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Youth Development Center	Created Date:	05/22/2014
Completed date:	05/22/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/22/2014 05:17 PM      Entered By: [REDACTED]  
Date: 05/12/2014  
Time: 325 PM EST  
Person Contacted: [REDACTED] (Child Safety Nurse)  
Relationship to Family: none  
Purpose of Contact: Witness Contact

**Content:**

CPSI received a copy of the autopsy findings regarding the acv, [REDACTED]. The report states this 2-moth old boy [REDACTED] died of positional asphyxia. An Autopsy revealed anterior livor mortis, which is consistent with a prone position. Toxicological analysis of the muscle tissue revealed only nicotine. No other trauma was noticed. Final anatomic diagnosis was co-sleeping and anterior livor mortis.

When asked about the nicotine CPSI received the following Email: Nicotine may be transferred through breast milk

It has a very short half life

Could second hand environmental exposure cause a positive muscle tissue result? Possible per Dr. [REDACTED] At [REDACTED] AIT Laboratories

It can be found in the urine of non smokers.

Dr. [REDACTED] would have like to have seen blood or hair analysis or urine. Muscle tissue is not a traditional matrix. Not able to test concentration. Limits the interpretation.

We cannot tell if it represents accumulated exposure over time or a one time exposure.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/22/2014	Contact Method:	Correspondence
Contact Time:	10:27 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/23/2014
Completed date:	04/23/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/23/2014 07:10 AM      Entered By: [REDACTED]  
 Date: 04/22/2014  
 Time: 1027 am  
 Person Contacted: Medical examiner's office  
 Relationship to Family: none  
 Purpose of Contact: Witness Contact

**Content:**

CPSI made contact with the medical examiner's office. CPSI was advised that the preliminary report was back. CPSI received a copy of the report. The report is contained in the case file. CPSI noted the following:

- I. Pending toxicology from AIT laboratories
- II. pending microscopic examinatio
- III. pending nerupathologic examination
- IV. pending cultures
- V. No significant injuries were seen.

Report was signed by [REDACTED] on 02/21/2014.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/20/2014 Contact Method: Phone Call  
 Contact Time: 01:30 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 02/24/2014  
 Completed date: 02/24/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 06:07 AM Entered By: [REDACTED]

CPSI [REDACTED] made contact with AP, [REDACTED] [REDACTED] [REDACTED] advised the CPSI that around eleven or midnight on the day in question her and the family had went to bed. On 02/11/2014 , Mrs. [REDACTED] stated she woke up and got into the shower in order that the family could go shopping. Mrs. [REDACTED] advised that her husband has a tradition of kissing each child when he wakes. Mrs. [REDACTED] stated that he heard her husband yell. CPSI was advised that he husband then started CPR on her son , the acv, due to the father being a volunteer firefighter. CPSI was advised that CPR was continued until LE and EMTS arrived. CPSI was advised that there been no complications at the time of birth and that the acv had been born in [REDACTED]. Mrs. [REDACTED] advised that the acv did possibly have the flu. The acv, primary is located in [REDACTED] one [REDACTED]. CPSI was advised that DSS in [REDACTED] had made contact with the family and offered services. CPSI emailed an initial packet to the family and this packet will be completed at the earliest convenience of the family.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/14/2014	Contact Method:	Phone Call
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	02/16/2014
Completed date:	02/16/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/16/2014 09:22 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] of DSS in [REDACTED]. CPSI was informed that they had met with the family and that no concerns were noted nor was there any prior history of the family. CPSI [REDACTED] attempted to explain the current situation in [REDACTED] to the DSS worker. CPSI explained that at this time the preliminary report had shown no signs of abuse and neglect, but signs had pointed to apnoea. CPSI advised that until the report and other tests come back, SIDS or any other health concern has not been ruled out. CPSI agreed to send all relevant information regarding the case to the DSS.

CPSI did email the information to DSS worker [REDACTED] after speaking with Det. [REDACTED] with [REDACTED] PD, who agreed that the CPSI could do so. CPSI advised no history on the family was found in [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/13/2014	Contact Method:	
Contact Time:	09:07 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/13/2014
Completed date:	02/13/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 02/13/2014 08:12 AM      Entered By: [REDACTED]

1. National Sexual Offender Registry- These were completed on [REDACTED] and [REDACTED]. While a potential match was returned, involving [REDACTED] DOB do not match.
2. [REDACTED] Department of Health Vulnerable Persons (Abuse Registry)- These were completed on [REDACTED] and [REDACTED]. There were no findings.
3. TFACTS Database Search- These were completed on [REDACTED] and [REDACTED]. There were no findings.
4. Local Criminal History Checks form CS-0751 has been submitted on 02/14/2014
5. [REDACTED] Felony Offender Registry- These were completed on [REDACTED] and [REDACTED]. There was no record
6. [REDACTED] Meth Offender Registry- These were completed on [REDACTED] and [REDACTED]. There were no findings.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/12/2014 Contact Method: Phone Call  
 Contact Time: 07:15 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 02/13/2014  
 Completed date: 02/13/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/13/2014 08:25 AM Entered By: [REDACTED]

Date: 02/13/2014

Time: 7:15 PM EST

Phone Call: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Family: Oncall SW in [REDACTED]

Purpose of Contact: Witness Contact: insure continue services in [REDACTED]

**Content:**

CPSI [REDACTED] was contacted by on call sw [REDACTED] with [REDACTED] CPS. CPSI advised the SW of the situation in [REDACTED] and the potential for OICs seeing CPR being performed on the deceased. CPSI informed SW that the family feels they are in need of counseling and they are no longer within his jurisdiction hence the call. SW advised if he had, any other questions SW would contact CPSI.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2014

Contact Method: Phone Call

Contact Time: 06:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/12/2014

Completed date: 02/12/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/12/2014 05:57 PM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] contacted the [REDACTED] department of children services via the number [REDACTED] CM spoke with T [REDACTED] the intake worker. CPSI requested the the oncall worker contact him after the report was made to them.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2014

Contact Method:

Contact Time: 04:54 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/12/2014

Completed date: 02/12/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2014 03:55 PM Entered By: [REDACTED] [REDACTED]

Initial SDM was completed on 2/12/2014. The SDM was classified as safe. SDM is cotained in the case file for future review.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/12/2014 Contact Method:  
 Contact Time: 03:22 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 02/12/2014  
 Completed date: 02/12/2014 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/12/2014 02:33 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] completed form CS-0635 ( Notice of child death or near death ) per policy to [REDACTED] CPSI asked [REDACTED] if he need to make the intake to [REDACTED] or if it had been conducted already. [REDACTED] will wait for a response from [REDACTED].



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2014

Contact Method: Face To Face

Contact Time: 02:17 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/12/2014

Completed date: 02/12/2014

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 02/12/2014 03:48 PM Entered By: [REDACTED]

CPSI [REDACTED] made contact once again with the father, [REDACTED] via the number [REDACTED]. Mr. [REDACTED] advised that the family had been in [REDACTED] on a family vacation. Mr. [REDACTED] advised that the family had been staying at the [REDACTED]. Mr. [REDACTED] advised that his family consisted of [REDACTED] (acv, age 3 months), son [REDACTED] (1), daughter [REDACTED] (4), and with [REDACTED]. Mr. [REDACTED] advised that on 02/10/2014 the family had went to bed as follows: he and his daughter [REDACTED] in one bed and his wife and sons in another. On 02/11/2014, Mr. [REDACTED] advised that he woke up around 9:30 am est, his wife was in the shower. Mr. [REDACTED] stated he got up and kissed the kids to wake them up when he noticed that [REDACTED] was cold. Mr. [REDACTED] stated he yelled for his wife to call 911 and he began CPR on the bed. Mr. [REDACTED] stated that the 911 operator advised him to move the child to the floor, which he did. Mr. [REDACTED] stated that police then arrived and took over CPR until EMS arrived.

Mr. [REDACTED] advised the CPSI that he was wanting services for his children due to them seeing him performing CPR on the acv. Mr. [REDACTED] stated that his wife was currently speaking with the funeral home about their son. CPSI advised that he would be contacting him later in the attempt to complete paper and speak with his wife. Mr. [REDACTED] stated that he understood.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/12/2014	Contact Method:	Correspondence
Contact Time:	01:58 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	02/12/2014
Completed date:	02/12/2014	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact, Notation		
Contact Sub Type:			

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

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/12/2014 03:41 PM Entered By: [REDACTED] [REDACTED]

CPSI received a summary of the investigation, along with a police report from Det. [REDACTED] of [REDACTED] Police Department. These reports are contained in the case file for future review. CM noted the following from the summary:

"On 2/11/2014 around 0947 hrs police was dispatched to [REDACTED] on an infant not breathing. Police arrived at around 0949. Upon their arrival they took over CPR from the family until EMS arrived. EMS terminated CPR due to the length of time the child was down.

Upon my and Detective [REDACTED] arrival, we could see that livor mortis was present on the back, back of the arms and head (primarily the right side of the face and back of head). Due to the child being moved from the room to the common area by police (getting the child to EMS quicker) no picture were taken of the child at the scene.

Detective [REDACTED] then went to the guestroom and took photographs while I spoke to the parents. The father, [REDACTED] [REDACTED] stated that he and his 4 year old daughter, [REDACTED] were sleeping in the bed on the right and [REDACTED] (2 yrs old), [REDACTED] (deceased) and his wife [REDACTED] were sleeping in the other bed (in that order if looking down on the bed). He stated they last had contact with [REDACTED] around midnight for feeding. He stated they woke up around 0930 when his wife went to the shower. He stated he got up and kissed the kids to wake them up when he noticed that [REDACTED] was cold. He stated he yelled for his wife to call 911 and he began CPR on the bed. He stated that the 911 operator advised him to move the child to the floor, which he did. He stated that police then arrived and took over CPR until EMS arrived.

I contacted the Medical Examiner and advised him of the death. He advised that he would meet us at the ER. Photos of the child were taken at the ER. Dr. [REDACTED] decided that an autopsy would be needed and contacted [REDACTED]. I advised the father of the pending autopsy.

Around 4pm Detective [REDACTED] and I attended the autopsy conducted by Dr. [REDACTED]. Dr. [REDACTED] stated at the conclusion that he saw no sign of child abuse however, toxicology and a microscopic examination would still have to be done. A preliminary report should be complete in a few weeks."



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/12/2014	Contact Method:	Phone Call
Contact Time:	01:50 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	02/12/2014
Completed date:	02/12/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/12/2014 03:35 PM Entered By: [REDACTED]

CM was contacted by Det. [REDACTED] of the [REDACTED] Police Department. Det. [REDACTED] informed the [REDACTED] that at this time there was no evidence of child abuse or neglect. An autopsy had been completed and that it showed no signs of abuse or neglect. However, toxicology and other test are pending. Det. [REDACTED] advised the CPSI that he would be emailing him the police report and his initial report of the incident. CPSI advised Det. [REDACTED] that he would be making an intake to the state of [REDACTED] and would be checking if there was any case history on the family in that said state. CPSI agreed to inform the Det. of any disclosures.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2014

Contact Method: Phone Call

Contact Time: 01:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/12/2014

Completed date: 02/12/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/12/2014 03:38 PM      Entered By: [REDACTED] [REDACTED]

CPSI made contact with the referent. No additional concerns were noted by the referent and no additional information was gained by the referent. CPSI sent a letter of notification the referent per policy. Copy of letter is contain in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/12/2014	Contact Method:	Phone Call
Contact Time:	11:20 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/12/2014
Completed date:	02/12/2014	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

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

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/12/2014 03:09 PM      Entered By: [REDACTED] [REDACTED]

CPSI was able to make contact with the father, [REDACTED] [REDACTED] CPSI advised the father, that he was with the Department of children services in [REDACTED] County. Mr. [REDACTED] stated he understood and agreed to speak with the CPSI. CPSI asked the father if he was currently in the state of [REDACTED] or local area. Mr. [REDACTED] stated no, that he and the family had left early this morning due to the impending snowstorm. CPSI advised that had been assign to the case and had a couple of questions if he had the time. Mr. [REDACTED] stated he did. CPSI asked the father were the death of his son had occurred. Mr. [REDACTED] advised that it had occurred at the [REDACTED] and that they had been on a family vacation. At this point in time CPSI was advised that the weather in the area was quickly becoming worse. CPSI advised the father of the situation and it was agreed that the CPSI and father would return to the conversation at two pm on 12/12/2014.

Mr. [REDACTED] phone number: [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2014

Contact Method: Correspondence

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/12/2014

Completed date: 02/12/2014

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)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/12/2014 02:26 PM      Entered By: [REDACTED] [REDACTED]

Case Manager (CM) [REDACTED] did convene the Child Protective Investigative Team (CPIT). This CM did fax a copy of the CPS Intake to the District Attorney's Office [REDACTED] Police Department Det. [REDACTED] and to Safe Harbor Child Advocacy Center.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2014

Contact Method: Face To Face

Contact Time: 10:57 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/12/2014

Completed date: 02/12/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/12/2014 02:36 PM Entered By: [REDACTED] [REDACTED]

ACV was not seen by CPSI per policy related to child deaths. ACV was viewed by both LE and medical examiner.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2014

Contact Method: Phone Call

Contact Time: 10:55 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 02/12/2014

Completed date: 02/12/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2014 03:01 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] contacted Det. [REDACTED] of [REDACTED] Police Department. CPSI was informed that there had been in fact been a death of a minor child ( 2 months) on 02/11/2014. CPSI was advised that at this point in time following an autopsy there does not appear be any signs of abuse or neglect nor was there any concerns with the parents. CPSI was advised that the family may possibly be back in the state of [REDACTED] with the other children.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/12/2014	Contact Method:	
Contact Time:	10:49 AM	Contact Duration:	Less than 05 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/12/2014
Completed date:	02/12/2014	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: 02/12/2014 10:03 AM      Entered By: [REDACTED]

[REDACTED] County received a child neglect death case at 10:42am EST. The case was assigned to CPSI [REDACTED] CPSI [REDACTED] has already been in contact with the detectives. [REDACTED] notified IC [REDACTED] regarding the death. The family is not from TN. They were here on Vacation. They have since returned to [REDACTED] as the baby was deceased yesterday morning. CPSI [REDACTED] has been advised to complete the Fatality Form and send to this LI. CPIT has already been convened. A referral to [REDACTED] will be sent this date to ensure safety of the children there as well as access to grief services as needed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/12/2014 Contact Method:  
 Contact Time: 08:51 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 02/13/2014  
 Completed date: 02/13/2014 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 02/13/2014 07:56 AM Entered By: [REDACTED]

Date: 02/12/2014

Time: 8:51 AM EST

This case was assigned to CPSI [REDACTED] by Lead Investigator (IL) [REDACTED] This case was assigned as a P 1 .

DCS Case History: There is no history on the said family

Name of family: [REDACTED]

Address: [REDACTED]

Referent Notification was made via the telephone on 02/12/2014 .

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] (2 months old), [REDACTED] (4 years old), and [REDACTED] (2 years old) reside with their parents, [REDACTED] and [REDACTED].

The family reported that they are from [REDACTED]. The family stated they are in [REDACTED] on vacation.

The family is residing at [REDACTED].

Yesterday, February 11, 2014 the family contacted 911.

It was reported that the mother, [REDACTED] got up and took a shower and the father, [REDACTED] got the children up. The father, [REDACTED] reported that he noticed the infant, [REDACTED] was cold. The father, [REDACTED] reported that he yelled for the mother, [REDACTED] and began CPR (Cardiopulmonary Resuscitation).

Officers arrived on the scene first and CPR (Cardiopulmonary Resuscitation) was continued but it appeared that the infant, [REDACTED] had been deceased for a while.

The infant, [REDACTED] was deceased upon EMS (Emergency Medical Services) arrival and was transported to the hospital where he was officially pronounced deceased.

The hotel room had two beds inside. The family reported that in one of the beds the father, [REDACTED] and the four year old child, [REDACTED] slept. The family stated in the other bed the mother, [REDACTED] the two year old child, [REDACTED] and the



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization [REDACTED]

infant [REDACTED] slept. The family stated that the infant, [REDACTED] was in between the mother, [REDACTED] and the two year child, [REDACTED]. Per the preliminary statement from the medical examiner, it appears to be asphyxia. There was no sign of child abuse, an autopsy and toxicology report will be completed. The preliminary report from the autopsy should be back next week. It is unknown if the infant was born with any health issues. No one has made contact with the family today. As of yesterday the family was still at [REDACTED]. It is unknown if the hotel has moved the family to another room.



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 2/12/14 7:51 AM

Date of Assessment: 2/12/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

**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 or 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.



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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: \_\_\_\_\_