



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

Case # 2014.026

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	02/20/2014	
Type: <i>(Please check one)</i>	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/16/2014		
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:	n/a		Relationship to Victim:	n/a		
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					
Describe (in detail) circumstances surrounding death/near death:						
<p>Infant was observed to be spitting up and coughing and gasping for his breath by parents. Parents contacted 911, paramedics arrived and transported the child to ██████████. Child was still breathing according to LE when ambulance arrived/left scene.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	Dr. ██████████	Telephone #	██████████			
Street Address:	████████████████████		City/State/Zip:	██████████ ██████████ ██████████		
Describe (in detail) interview with family:						
<p>██████████ last feed ██████████ approximately two hours before child began having distress and spitting up. According to ██████████ he was feeding ██████████ in the living room area of the home, in his recliner. He stated that ██████████ never consumed a full bottle of formula at once. ██████████ advised that he fed the infant, in his arms, sitting upward, a mixture of breast milk, protein powder and thickener, which was what parents were told to do by hospital/medical staff upon child's release from ██████████ approximately three weeks ago. He stated ██████████ fell asleep on top of his chest. He stated that he wore a sweatshirt and jeans, and ██████████ was wearing a onesie. He stated that ██████████ movements could be felt by him as his shirt did not constrict such. He stated that the was watching TV when ██████████ began spitting up which he tried to pat the infants back to clear his passage and stop the spitting up but realized he was spitting up more and more and it was not milk, but rather appeared to be what looked like stomach fluids, because it was "yellow". He stated that ██████████ was coughing more and more and was spitting up more of the fluid, and he realized infant was gasping for air and yelled for his wife to call 911. ██████████ was in the master bedroom of the home when the incident occurred.</p> <p>Parents shared that ██████████ was premature and suffered from lots of medical issues and had been hospitalized due to lack of lung development. Parents stated that all medical history has previously been shared with Law Enforcement. The family shared also shared that the mother recently returned to work and ██████████ had been the primary caretaker for their infant son.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
N/A						
Describe disposition of body (Death):	n/a					
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:	n/a	Case #:	n/a			
Describe law enforcement or court involvement, if applicable:						

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

CS-0635, Rev. 08/13

RDA 2993

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[REDACTED] Police Department was dispatched to the scene on 2/16/14.

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):

The mother has two other children that reside in the home but was not present at the time of the incident. The children were on court order weekend visitation with their biological father.

Name: [REDACTED]	Age: 10
Name: [REDACTED]	Age: 10
Name:	Age:
Name:	Age:
Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /	SSMS check	Sex Abuse	[REDACTED]	[REDACTED]	Substantiated
/ /	SSMS check	Physical Neglect	[REDACTED]	[REDACTED]	Substantiated
/ /					
/ /					
/ /					
/ /					
/ /					

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: [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: 02/20/2014 10:06 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 02/20/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 02/20/2014 10:37 AM
First Team Leader Assigned: [REDACTED] Date/Time 02/20/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 02/20/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: Facsimile
Notification: Letter

Narrative: ****Non-Custody Child****

TFACTS: No CPS history located for [REDACTED] but there was an Case ID# for a person that may possibly be [REDACTED] (Case [REDACTED] no DOB listed)

Family ID: None

Open Court Custody/FSS/FCIP None
Closed Court Custody [REDACTED] / [REDACTED] / 10-14-92 1-3-94

Open CPS - No
Substantiated No
Fatality No



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

Screened out No

History (not listed above) - Yes (SSMS only - [REDACTED], DOB [REDACTED])

Indicated: # [REDACTED] / Victim - [REDACTED] (DOB [REDACTED]) / Perpetrator - [REDACTED] (DOB [REDACTED]) / [REDACTED] / Sexual Abuse / Relationship Code: Neighbor, Acquaintance

Indicated: Victim: [REDACTED] (DOB [REDACTED]) / Perpetrator [REDACTED] ([REDACTED]), [REDACTED] / Physical Neglect / Relationship Code: Parent

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: Letter

School/ Daycare: None provided

Native American Descent: No

Directions: None given

Reporters name/relationship: [REDACTED] [REDACTED]

Reporter states:

This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of [REDACTED] (DOB [REDACTED]). This 4 month old infant was witnessed to become unresponsive while feeding on 2-17-14. Paramedics with [REDACTED] EMS transported the decedent to [REDACTED] where death was pronounced on 2-17-14 at 0016 hours. The decedents address is [REDACTED], TN. A scene investigation was conducted by the [REDACTED] Police Department and the decedents remains were transported to this office for autopsy. The cause / manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED]) SSN [REDACTED] and the father is [REDACTED] (DOB [REDACTED] SNN [REDACTED]). Our case is # [REDACTED]

County group emailed.

Per SDM: Investigation / P1, it is unknown/not reported if there are other children in the home Child Death - [REDACTED] TL on 2-20-14 @ 10:21 am

Notified Child Death Group: [REDACTED]

[REDACTED] RA [REDACTED] was also copied on the notification email.



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

Participant(s)

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]

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

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: Yes

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: [REDACTED] **Race:** Unable to [REDACTED] **Age:** Deceased

Address: [REDACTED] [REDACTED]

Deceased Date: 02/17/2014

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 32 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 39 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/20/2014

Assignment Date: 02/20/2014

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	UNKNOWN, unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/19/2014

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: Family does not feel that any counseling is needed for the family at this time.

D. Case Workers

Case Worker: [REDACTED]

Date: 08/19/2014

Team Leader: [REDACTED]

Date: 08/20/2014

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:

On 2/17/14, [REDACTED] died at [REDACTED]. [REDACTED] was observed by law enforcement on 2/16/14 due to [REDACTED] having difficulty breathing. The child did not have any marks or bruises at this time. [REDACTED] was sleeping in a cradle style bassinet and would sleep right next to the bed. There were no excessive bedding, plush toys, pillows. His normal position was on his back.

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

According to the autopsy, the nearly 5 month old infant reportedly vomited and developed difficulty breathing while feeding. Emergency services were contacted, and he was transported to [REDACTED]. Despite resuscitative attempts, death was pronounced a short time after hospital arrival. His history includes birth at the age of 26 weeks gestational age and surgical repair of a persistently large patent ductus arteriosus. He had been hospitalized for most of his life due to problems related to prematurity. At autopsy, there is no evidence of traumatic injury to the body. The child is small for the state age, consistent with premature birth. The internal examination, histology, and postmortem lab results are essentially negative. In my opinion, with the information concerning the circumstances of death as currently known, this death



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]

resulted as a complication of prematurity. The manner of death is natural.

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

[REDACTED] reported that [REDACTED] was fed at 6:30pm a 60 mL bottle consisting of a mixture breast milk, a protein powder for premature babies, and a thickener additive. Child [REDACTED] never finished an entire bottle at one feeding. [REDACTED] had fallen asleep in a cradled position on [REDACTED] stomach to stomach, with [REDACTED] head position to left [REDACTED] was seated in a recliner, not reclined, watching a sport game on the T.V. He heard child [REDACTED] begin to spit up. He did what he always had done, that is to place child [REDACTED] in a suspended manner with his arm used as a beam of support. Then tap on child [REDACTED] back. [REDACTED] stated child [REDACTED] was making an unusual sound of coughing and was spitting up milk, then what appeared to be stomach fluid, yellowish in color. He yelled for his wife to call 911, who was in the master bedroom just off the living room. Child [REDACTED] began gasping for air.

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

[REDACTED] stated that she was in her bedroom at the time of the incident. She stated that once [REDACTED] was making a strange noise he yelled for her and she called 911 for an ambulance to come to the home due to [REDACTED] having problems breathing.

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

This case was presented to CPIT on 8/20/14 for classification and the team agreed with the classification of AUPU due to the child dying of natural causes.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/13/2014

Contact Method:

Contact Time: 02:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/13/2014

Completed date: 10/13/2014

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: 10/13/2014 02:17 PM Entered By: [REDACTED]

LI [REDACTED] received closure approval from IC [REDACTED] today. Case approved for closure as AUPU/NGD.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/15/2014 Contact Method:
 Contact Time: 02:22 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/15/2014
 Completed date: 09/16/2014 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: 09/15/2014 02:25 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) received a referral on 2/20/2014 with an allegation of Child Neglect Death regarding non-custodial child [REDACTED]. There is not a history with DCS involving anyone in the family.

On 2/17/14, [REDACTED] (DOB [REDACTED]) become unresponsive while feeding on 2-17-14. Paramedics with [REDACTED] EMS transported the decedent to [REDACTED] where death was pronounced on 2-17-14 at 0016 hours.

The investigation into this incident was conducted by [REDACTED] Police Department Investigator [REDACTED] and DCS Investigator [REDACTED]. The case was initially assigned to [REDACTED] but was transferred to [REDACTED] in May 2014.

The report to DCS listed [REDACTED] birth father and [REDACTED] birth mother as the alleged perpetrator of Child Neglect Death. Interviews were conducted with [REDACTED] and [REDACTED] concerning the death of [REDACTED].

As part of the investigation, [REDACTED] reported that [REDACTED] was fed at 6:30pm a 60 mL bottle consisting of a mixture breast milk, a protein powder for premture babies, and a thickener additive. [REDACTED] never finished an entire bottle at one feeding. [REDACTED] had fallen asleep in a cradel position on [REDACTED], stomach to stomach, with [REDACTED] head position to left [REDACTED] was seated in a recliner, not reclined, watching a sport game on the T.V. He heard child [REDACTED] begin to spit up. He did what he always had done, that is to place child [REDACTED] in a suspended manner with his arm used as a beam of support. Then tap on child [REDACTED] back. [REDACTED] stated child [REDACTED] was making an unusal sound of coughing and was spitting up milk, then what appeared to be stomach fluid, yellowish in color. He yelled for his wife to call 911, who was in the master bedroom just off the living room. [REDACTED] began gasping for air. [REDACTED] stated that she was in her bedroom at the time of the incident. She stated that once [REDACTED] was making a strange noise he yelled for her and she called 911 for an ambulance to come to the home due to [REDACTED] having problems breathing.

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

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the childs caretaker or the consequence of the childs caretakers failure to stop another persons direct action that resulted in the death of a child. Child deaths



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

are always treated as severe child abuse.

3. Any child death that is the result of the caretakers failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] Child Protective Investigation Team on 8/20/14. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

Both the mother, [REDACTED] appears to caring for [REDACTED] appropriately on the date of this incident. As soon as the parents realized that the child was having difficulty breathing the ambulance was contacted immediately.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/15/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/15/2014

Completed date: 09/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2014 10:25 AM Entered By: [REDACTED]

CPSI [REDACTED] went to [REDACTED] to pick up [REDACTED] medical records. The medical records are placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/13/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	09/15/2014
Completed date:	09/15/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/15/2014 10:30 AM Entered By: [REDACTED]

CPSI [REDACTED] followed up with the family. [REDACTED] and [REDACTED] appeared to be doing well during the visit. [REDACTED] stated that everything is going well. She stated that she is playing volleyball and is having a good time. She did not report any safety issues or concerns at this time. CPSI [REDACTED] spoke with [REDACTED]. She did not report any problems at this time. She stated that school is going well and likes being in Middle School so far. She stated that she is playing softball and likes it a lot. CPSI [REDACTED] spoke with [REDACTED] and [REDACTED]. They stated that everything is going well. They stated that they still felt that counseling was not needed at this time due to having a good support system through family, [REDACTED] and [REDACTED] school, and church. They also advised that it appears that both [REDACTED] and [REDACTED] are adjusting well at this time. CPSI [REDACTED] asked if they had any questions at this time and they stated no.



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: 08/20/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/15/2014

Completed date: 09/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2014 02:59 PM Entered By: [REDACTED]

This case was presented to CPIT in [REDACTED]. The case is classified as AUPU for neglect death due to the child dying of natural causes. The team agreed with the classification.



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: 08/04/2014

Contact Method: Face To Face

Contact Time: 05:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 02:20 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) made a home visit/face to face to follow up with the family.

[REDACTED] and [REDACTED] were present during this visit.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Childrens Services. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

I. Interview with the child: CPSI [REDACTED] spoke with [REDACTED] and [REDACTED] privately. CPSI [REDACTED] first spoke with [REDACTED]. She stated that everything is going well. She stated that she starts school on Friday. She stated that she attends school at [REDACTED]. She stated that she will in 6th grade this year. She stated that she does not know who her teachers will be yet, but will find out on Friday. CPSI [REDACTED] asked [REDACTED] if she was at home when her brother, [REDACTED] died. She stated no that she was at her dad's that weekend with her sister, [REDACTED]. CPSI [REDACTED] asked if she felt like she needed to talk to anyone since her brother died and she stated no. CPSI [REDACTED] asked what happens when she gets in trouble. She stated that she will not be able to watch tv, her phone gets taken away, and cannot do anything fun. She stated that her mom and dad do not administer physical discipline. CPSI [REDACTED] then spoke with [REDACTED]. She stated that everything is going well. She stated that she starts school on Friday at [REDACTED]. She stated that she will be at the middle school this year and is nervous about getting that started. She stated that she was at her dad's house when [REDACTED] died. She stated that [REDACTED] was born in [REDACTED] but was really early. She stated that [REDACTED] had been home from the hospital for only two weeks when he died. CPSI [REDACTED] asked what happens when she gets in trouble. She stated that she gets her phone taken away and cannot play sports. She stated that she plays softball and really likes it.

II: Interview with the mother: CPSI [REDACTED] spoke with [REDACTED]. She stated that she understood why DCS needed to follow up with them due to the death of [REDACTED]. She stated that [REDACTED] was born in [REDACTED] but was due in December. She stated that [REDACTED] was born at [REDACTED]. She stated that [REDACTED] was then transferred to [REDACTED] for four and a half months. She stated that his pediatrician is Dr. [REDACTED] in [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] She stated that he is located at the clinic at [REDACTED]. She stated that Dr. [REDACTED] only saw [REDACTED] at [REDACTED] never in the office. She stated that [REDACTED] and [REDACTED] were not at the home at the time of [REDACTED] death. She stated that they were visiting their dad that weekend. CPSI [REDACTED] asked [REDACTED] how [REDACTED] and [REDACTED] have reacted to the death of their brother. She stated that they appear to be doing well. She stated that they have a good support system through their family as well as at school. CPSI asked if she felt that counseling is needed for the family and they stated not at this time. She stated that she would make the necessary arrangements if counseling is needed in the future, but felt that everything is ok right now.

III: Interview with the father: CPSI [REDACTED] spoke with [REDACTED]. He stated that he understood why DCS needed to follow up with them. He stated that [REDACTED] was only at home with them for about two weeks. He stated that [REDACTED] was born in [REDACTED] and was in [REDACTED] for four and a half months. He stated that [REDACTED] was difficulty breathing at home and he called the ambulance. he stated that [REDACTED] was coughing and was transported by ambulance to [REDACTED] where he later died. CPSI [REDACTED] asked if he felt any counseling was needed for himself and he stated no. He stated that they attend church regularly and would talk to them if needed in the future. He felt that he had a good support system through his family and church to deal with the death of his child.

IV: Interview with other household members: N/A

V: CPSI observed the home to be appropriate for the family. CPSI did not observe any safety issues or concerns during the visit. CPSI [REDACTED] observed both children to be clean and wearing appropriate clothing. Both children were very open with CPSI [REDACTED] and appeared to be close with both their mother and stepfather.

VI: Next Steps: Get medical records from [REDACTED]

VII: NCPP/FSTM: N/A

VIII: IPA: N/A



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: 07/30/2014

Contact Method: Phone Call

Contact Time: 08:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2014

Completed date: 07/30/2014

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: 07/30/2014 08:59 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] concerning the certified letter that CPSI [REDACTED] mailed. He stated that he received the letter due to the investigation. CPSI [REDACTED] explained that she needed to follow up with him and his wife due to the investigation. He stated that he understood. CPSI [REDACTED] asked when they were available and he advised that they would be available on Monday at 5 pm. CPSI [REDACTED] stated that was fine and would see them then.



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: 07/21/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/21/2014

Completed date: 07/21/2014

Completed By: [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: 07/21/2014 04:52 PM Entered By: [REDACTED]

CPSI [REDACTED] sent a certified letter to [REDACTED] to follow up with the family due to not making any contact concerning the case.



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:	07/17/2014	Contact Method:	Correspondence
Contact Time:	01:14 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/15/2014
Completed date:	09/15/2014	Completed By:	[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: 09/15/2014 02:54 PM Entered By: [REDACTED]

CPSI [REDACTED] received the autopsy report concerning [REDACTED]. According to the autopsy, the nearly 5 month old infant reportedly vomited and developed difficulty breathing while feeding. Emergency services were contacted, and he was transported to [REDACTED] in [REDACTED]. Despite resuscitative attempts, death was pronounced a short time after hospital arrival. His history includes birth at the age of 26 weeks gestational age and surgical repair of a persistently large patent ductus arteriosus. He had been hospitalized for most of his life due to problems related to prematurity. At autopsy, there is no evidence of traumatic injury to the body. The child is small for the state age, consistent with premature birth. The internal examination, histology, and postmortem lab results are essentially negative. In my opinion, with the information concerning the circumstances of death as currently known, this death resulted as a complication of prematurity. The manner of death is natural.



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: 07/10/2014

Contact Method:

Contact Time: 01:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/29/2014

Completed date: 07/29/2014

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: 07/29/2014 04:19 PM Entered By: [REDACTED]

LI [REDACTED] and PC [REDACTED] staffed case with CPSI [REDACTED] and was advised that we are still awaiting the results from the autopsy.



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: 06/18/2014

Contact Method: Attempted Face To Face

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/18/2014

Completed date: 09/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2014 01:21 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to speak with the family, but no one was home.



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: 06/09/2014

Contact Method: Attempted Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/18/2014

Completed date: 09/18/2014

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: 09/18/2014 01:20 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to speak with the family, but no one was home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/21/2014 Contact Method: Attempted Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 09/18/2014
 Completed date: 09/18/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2014 01:19 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to speak with the family, but no one was home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/15/2014

Contact Method:

Contact Time: 03:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2014

Completed date: 05/15/2014

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: 05/15/2014 03:23 PM Entered By: [REDACTED]

CPSI is waiting on autopsy report from coroners office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/15/2014 Contact Method: Attempted Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 05/23/2014
 Completed date: 05/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Sibling Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2014 01:05 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to speak with the family, but no one was home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/14/2014

Contact Method:

Contact Time: 07:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/14/2014

Completed date: 05/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2014 07:16 PM Entered By: [REDACTED]

CPSI [REDACTED] completed internet checks on [REDACTED] and they were clear for sex offender, felony offender, and meth registry.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/14/2014

Contact Method:

Contact Time: 06:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/14/2014

Completed date: 05/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2014 06:52 PM Entered By: [REDACTED]

Referent letter has been mailed via regular mail.

Judges letter has been emailed to [REDACTED] Juvenile Court to notify the court of the investigation that has been initiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/12/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/15/2014

Completed date: 09/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2014 03:01 PM Entered By: [REDACTED]

CPSI [REDACTED] received the law enforcement file concerning the death of [REDACTED]. The file is placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/06/2014

Contact Method: Correspondence

Contact Time: 05:01 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/14/2014

Completed date: 05/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2014 07:37 PM Entered By: [REDACTED]

CPSI [REDACTED] advised CPIT that the case has been reassigned to CPSI [REDACTED]. CPSI [REDACTED] also asked if the autopsy had been received. CPSI was advised that the autopsy has not been received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/06/2014

Contact Method:

Contact Time: 03:52 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2014

Completed date: 05/06/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2014 03:52 PM Entered By: [REDACTED]

Case reassigned to CPSI [REDACTED] today due to current CPSI has resigned.



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: 04/30/2014

Contact Method:

Contact Time: 09:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/30/2014

Completed date: 04/30/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2014 09:51 AM

Entered By: [REDACTED]

CPIT and case closure both pending waiting on results of autopsy report.



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: 04/17/2014

Contact Method:

Contact Time: 03:48 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/17/2014

Completed date: 04/17/2014

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: 04/17/2014 03:48 PM Entered By: [REDACTED]

Compliance is being checked based on when the review was conducted.



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: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/20/2014

Completed date: 02/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/20/2014 04:12 PM Entered By: [REDACTED]

CPIT notified. CPSI spoke with Inv. [REDACTED] of [REDACTED] PD, who is assigned to case. Inv. [REDACTED] advised CPSI that he had made first response to the scene on Saturday, 2/15 evening around 9:30pm when infant was in distress, infant was then transported via paramedics to [REDACTED] where infant died next morning, 2/16, Sunday at 12:16am. Inv. [REDACTED] advised that he interviewed the parents both on 2/18, the following Tuesday after President's Day holiday (Monday, the 17th), at the family residence, where child began showing distress only two hours after being fed by the father. Inv. [REDACTED] advised that he had just completed his police report and SUIDI forms and would be scanning/emailing over both forms to CPSI shortly.



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:	Attempted Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/20/2014
Completed date:	02/20/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/20/2014 04:14 PM Entered By: [REDACTED]

No Initial face to face contact with ACV is possible at this time as DCS was not made aware of the child's fatality until nearly three days after infant's death occurred. Currently the infant's body is with/at the [REDACTED] Coroner's Office, where autopsy is being performed.



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:

Contact Time: 11:16 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/20/2014

Completed date: 02/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/20/2014 04:08 PM Entered By: [REDACTED]

CPSI notified via phone call from LI that P1 Child Fatality had been assigned. Intake number provided.

Narrative Type: Addendum 1 Entry Date/Time: 09/19/2014 08:57 AM Entered By: [REDACTED]

Alleged victims:

[REDACTED], DOB: [REDACTED]

Alleged Perpetrator:

Unknown, Unknown

No previous DCS history

On 2/20/14, the department received a P-1 referral alleging neglect death regarding [REDACTED]. The alleged named perpetrator(s) is unknown. According to the report [REDACTED], 4 month old infant was witnessed to become unresponsive while feeding on 2-17-14. Paramedics with [REDACTED] EMS transported the decedent to [REDACTED] where death was pronounced on 2-17-14 at 0016 hours. The decedents address is [REDACTED] TN. A scene investigation was conducted by the [REDACTED] Police Department and the decedents remains were transported to this office for autopsy. The cause / manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]) and the father is [REDACTED] (DOB [REDACTED] SNN [REDACTED])

Family Composition

[REDACTED] Birth Mother
 [REDACTED] Birth Father
 [REDACTED] Half Sister
 [REDACTED] Half Sister
 [REDACTED], ACV



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:	02/16/2014	Contact Method:	Correspondence
Contact Time:	09:29 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/10/2014
Completed date:	10/10/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/10/2014 03:25 PM Entered By: [REDACTED]

According Investigator [REDACTED] on 2/16/2014 at 21:29 hours Officer [REDACTED] responded to an EMS call for service a [REDACTED]. He arrived at 21:34 [REDACTED] was on scene at 21:29. [REDACTED] was placed into the ambulance at 21:42 and transported to [REDACTED] in [REDACTED]. Officer [REDACTED] informed parent [REDACTED] and [REDACTED] "he's breathing thats good". Officer [REDACTED] returned to patrol status. At 01:12 on 2/17/2014, Officer [REDACTED] called Inv. [REDACTED] and stated that child [REDACTED] had passed at 00:16 on 2/17/2014. Officer [REDACTED] stated the child will be transported to the [REDACTED] Medical Examiner if there were no holds. Inv. [REDACTED] spoke with Medical investigator [REDACTED]. The child was released for autopsy. Medical Investigator requested [REDACTED] agency complete a SUIDI form to assist in the medical examiners finding of fact. On 2/18/2014 Inv. [REDACTED] made contact at the home with [REDACTED] and [REDACTED] the biological birth parents of deceased [REDACTED]. All statements are those of both parents and were not cooborated by medical documentation or doctor interviews: [REDACTED] was seen at [REDACTED] hospitly for extremely high blood pressure. The doctor took the baby by "c"-section 11 weeks prior to term on 9/22/2013, weighing just over 1 pound. [REDACTED] was subsequently transferred to [REDACTED] NICU following complications of premature birth on 10/06/2014. Specifically, [REDACTED] had not developed full lung capacity. Late January 2014 child [REDACTED] was released. Both parents stated that the medical staff trained them how to correctly feed a premature infant and the associated choking, coughing and spittal situations with under developed lungs. Both parents state child [REDACTED] had his own cradel (hammock style) and would sleep right next to the bed. There were no excessive bedding, plush toys, pillows (photos taken) . His normal position was on his back. (Photos taken) There has been no significant "distress" in past 3 weeks. However, past 72 hours parents noted a slight increase in frequency of spit up. The room temperature was set at 72 degrees . No illnesses associated with either parent. Both parents are non-smoking maintaining a clean, organized, home [REDACTED] had just started back to work and [REDACTED] became the primary care giver. The night of the incident, [REDACTED] stated that child [REDACTED] was fed at 18:30 hours a 60 ml bottle consisting of a mixture breast milk, a protein powder for premreure babies, and a thickener additive (remaining contents collected). [REDACTED] never finished an entire bottle at one feeding. This mixture was approved by [REDACTED] prior to releasing the [REDACTED]. [REDACTED] had fallen asleep in a cradel type position on [REDACTED] stomach to stomach, with child [REDACTED] head position to left and not hyper extended. [REDACTED] was wearing a grey pull over sweat shirt, not real baggy. A photograph (copy collected) was taken just two hours prior to event of child [REDACTED] in the cradel position . [REDACTED] was seated in a recliner, not reclined, watching a sport game on the T.V. He heard child [REDACTED] begin to spit up. He did what he always had done, that is to place child [REDACTED] in a suspended manner with his arm used as a beam of support. Then tap on child [REDACTED] back. [REDACTED] stated child



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] was making an unusual sound of coughing and was spitting up milk, then what appeared to be stomach fluid, yellowish in color. He yelled for his wife to call 911, who was in the master bedroom just off the living room. [REDACTED] began gasping for air. The ambulance arrived and child [REDACTED] was transported. The past three weeks the parents had not changed any ingredients to the formula, washing powders, soaps, climate controls, bathing of [REDACTED] diaper brand, or clothing. Their routine remained consistent and methodical.

Report is uploaded into TFACTS



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 2/20/14 10:06 AM

Date of Assessment: 2/20/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

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.



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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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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: _____