



Notice of Child Fatality/Near Fatality

| | | | | | |
|---|--|--|------------|--------------------------|------------|
| Investigation #: | [REDACTED] | Date of Notification: | 2/25/14 | Date of Death/ Incident: | 2/25/14 |
| Type: (Please check one) | <input checked="" type="checkbox"/> FATALITY | <input type="checkbox"/> NEAR FATALITY | | | |
| Child Name: | [REDACTED] | DOB: | [REDACTED] | TFACTS # | [REDACTED] |
| Gender: | Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/> | Race/Ethnicity: | Other | County/Region: | [REDACTED] |
| Parent's Name(s): | Mother: [REDACTED] | Father: | [REDACTED] | | |
| Was child in custody at time of incident? | Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> | Adjudication: | | | |
| If child is in DCS custody, list placement type and name: | | | | | |

Describe (in detail) cause or circumstance regarding the death/injury: On 2/25/14, DCS received a referral with the following information:

[REDACTED] (2 months) and his sister (Unknown/1 year) reside with their parents, [REDACTED] and [REDACTED] in [REDACTED] County. [REDACTED] and his sister (Unknown) are not in state custody.

Today, February 25, 2014, [REDACTED] Police Department received a call regarding a child [REDACTED] who was unresponsive at 850 am. [REDACTED] mother, [REDACTED] is reported to be the one who made the call to 9-1-1. Officer [REDACTED] with [REDACTED] Police Department arrived on scene at 8:56 am, and [REDACTED] was unresponsive at that time.

Upon arrival at the home, the first responder, [REDACTED] Fire Department (CFD), was performing Cardio-Pulmonary Resuscitation (CPR) on [REDACTED] on the floor of his bedroom. Around 8:57 am, [REDACTED] was taken to the ambulance [REDACTED], which arrived at the home right after [REDACTED] Police Department. At 9 am, [REDACTED] was pronounced dead while in the ambulance, still on scene. From there, he was transported to [REDACTED] Medical Center for an autopsy.

According to [REDACTED] parents, [REDACTED] and [REDACTED] fed [REDACTED] around 4 am. Around 4:30 am, [REDACTED] placed him in his crib, slightly on his side. At 520 am, [REDACTED] got up to get ready for work and kissed his children, [REDACTED] and his sister (Unknown), "good-bye." [REDACTED] reported [REDACTED] appeared "fine" at that time, so [REDACTED] proceeded to work at 520 am.

Around 8:37 am, [REDACTED] noticed she was leaking due to needing to breast feed the baby. She then realized it was "odd" that [REDACTED] had not cried to wake her up. [REDACTED] reported [REDACTED] had been waking up due to being hungry prior to today.

Somewhere between 8:37 am and 8:50 am, [REDACTED] walked to [REDACTED] bedroom to check on him because he had not woke up crying. At that point, she noticed he was unresponsive. According to [REDACTED] [REDACTED] was face down in his crib. At 8:50 am, [REDACTED] made the call into 9-1-1. Around the same time [REDACTED] called 9-1-1, [REDACTED] had returned home without [REDACTED] notifying him about what was going on with [REDACTED]

After observing the home today (2-25-14), no hazards were found in the home that could result in injury or death. The condition of the home was reported to be "fine, just lived-in." Therefore, the condition of the home did not raise additional concerns.

[REDACTED] did not have prior medical concerns according to [REDACTED] and [REDACTED]. This was the first incident of serious injury or death involving this family as far as the reporter knows. [REDACTED] and [REDACTED] do not have prior history with the police, but their records have not been checked completely. Furthermore, there are no prior patterns of neglect known in this home at this time. The home had not been seen prior to today's incident.

The detective assigned to the case is Detective [REDACTED] with [REDACTED] Police Department. His contact number is unknown at this time, but the case worker can contact the [REDACTED] Police Department [REDACTED] to obtain his number.

[REDACTED] has a sister (Unknown); she staying with a friend of the family (Unknown) because her parents, [REDACTED] and [REDACTED] are at [REDACTED] Medical Center with [REDACTED]. It is unknown how long his sister will remain in the care of the family friend (Unknown).

[REDACTED] body is at [REDACTED] Medical Center pending an autopsy. His parents, [REDACTED] and [REDACTED] are there also.

Describe (*in detail*) interview with family: Mr. [REDACTED] (Father) reported that he fed [REDACTED] at 4:30 am on 2/25/14 and placed him back into his crib on side. Mr. [REDACTED] kissed [REDACTED] and [REDACTED] (sibling) and left for work at 5:15 am. Mr. [REDACTED] returned to the home to find Mrs. [REDACTED] (Mother) on the phone with the paramedics meeting him out at the vehicle. He reported his wife was yelling something was wrong with [REDACTED] and that he was not breathing. Paramedics advised the parents to start chest compressions on [REDACTED] due to [REDACTED] not being responsive. Mr. [REDACTED] wished for DCS to leave so that he could be with his wife and "grieve". Mr. [REDACTED] reported that Mrs. [REDACTED] had [REDACTED] most of yesterday (2/24/14); she took [REDACTED] with her to church for dance practice and [REDACTED] was fine. [REDACTED] was happy and playfully interacting with some of the members at the church. Mr. [REDACTED] reported that [REDACTED] was not sick, but that he was a "perfectly healthy two month old". Mr. [REDACTED] refused to complete a drug screen for himself and his wife, stating that it was way too much at that point. Mr. [REDACTED] reported that his wife is too upset and they wanted to be left alone to grieve for their son, and he refused to allow DCS into his home or to speak with his wife who was inside with a family friend that came over for support. Mr. [REDACTED] completed the paperwork with Child Protective Service Investigator (CPSI) [REDACTED]. Mr. [REDACTED] would not allow CPSI to interview Mrs. [REDACTED] on the day of the incident but reported she would probably speak later.

CPSI [REDACTED] spoke with Homicide Detective (HD), [REDACTED] in reference to the fatality and HD [REDACTED] reported that both parents gave him statements. HD [REDACTED] confirmed the statements that were received in the DCS referral. According to HD [REDACTED] Mrs. [REDACTED] reported that [REDACTED] normally wakes up crying for a feeding. Mrs. [REDACTED] reported that she woke up at 8:30 am and realized that [REDACTED] was not crying to be fed. Mrs. [REDACTED] went into [REDACTED] room, looked in the crib and noticed that [REDACTED] was not responsive and was lying on his face. Mrs. [REDACTED] called 911.

HD [REDACTED] reported that the home was appropriate. He also reported he took photos of the infant and the infant appeared not to have any trauma externally.

CPSI spoke with [REDACTED] Pronouncing Physician (PP), and she reported to CPSI [REDACTED] the parents' statements. CPSI [REDACTED] noted that her recap of the events that she gathered from the parents were consistent with HD [REDACTED] statement. PP [REDACTED] reported that paramedics reported that they arrived on scene and they gave [REDACTED] IO medication in his ankle. Paramedic noticed that [REDACTED] body was rigid and that was a sign that [REDACTED] had been dead for a few hours. Paramedics shocked [REDACTED] in attempts to revive him and they were unsuccessful. PP [REDACTED] reported that the symptoms associated with the incident were consistent with that of SIDS.

CPSI reported that the family has no DCS history and HD [REDACTED] has no concerns with the parents at this time. Mr. [REDACTED] reported to CPSI that they have not started any type of funeral arrangements, however, their church has some type of funeral business and the funeral will be conducted through [REDACTED] Funeral Service.

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

| | | | |
|---|--|--|--|
| Describe disposition of body (<i>Fatality</i>): | | TN Medical Examiner | |
| Name of Medical Examiner or Coroner: | | [REDACTED] | Was autopsy requested? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Did CPS open an investigation on this Fatality/Near Fatality? | | Open <input checked="" type="checkbox"/> | Closed <input type="checkbox"/> |
| Was there an open investigation at the time of Fatality/Near Fatality? | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If so, describe (<i>in detail</i>) law enforcement or court involvement: | | | |
| Alleged perpetrator and relationship to child: | | Unknown | |
| Describe (<i>in detail</i>) action taken to ensure safety of other children (<i>list names and ages of children</i>) and or victim (<i>Near Fatality</i>) (<i>attach safety plan, if applicable</i>): | | | |
| | | | |
| | | | |
| Prior DCS involvement, include dates, findings, and/or adjudications: | | | |

| | | |
|---|--|--|
| N/A | Case # 2014.033 | |
| | | |
| Has there been any media inquiry or is attention expected? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Contact Person/Phone Number(s) (include CM, TL, and TC): | CPSI [REDACTED] TL [REDACTED] | |
| ATTACH a copy of the <u>TFACTS Incident Report</u> or Form <u>CS-0496, Serious Incident Report</u> to this notice if TFACTS is inoperable: | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

FAX TO OFFICE OF CHILD SAFETY @ [REDACTED]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 02/25/2014 10:47 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 02/25/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 02/25/2014 04:08 PM
First Team Leader Assigned: [REDACTED] Date/Time 02/26/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 02/26/2014 12:00 AM

Allegations

| Alleged Victim | Age | Allegation | Severe ? | Alleged Perpetrator | Relationship to Alleged Victim |
|----------------|-------|---------------|----------|--|--------------------------------|
| [REDACTED] | 7 Mos | Neglect Death | Yes | Unknown Participant [REDACTED], Unknown | Other Non-relative |

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address:
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None
Narrative: **Non-Custody child**

TFACTS: History was performed based off spellings provided by the reporter. No history was found.

Family Case ID: No History Found

Open Court Custody/FSS/FCIP None
Closed Court Custody None
Open CPS - None
Substantiated None
Fatality None
Screened out None
History (not listed above): None



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

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: None
School/Daycare: None
Native American Descent: No
Directions: None given

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

Reporter states: [REDACTED] [REDACTED] (2 months) and his sister (Unknown/1 year) reside with their parents, [REDACTED] and [REDACTED] [REDACTED] in [REDACTED] County.

[REDACTED] and his sister (Unknown) are not in state custody.

Today, February 25, 2014, [REDACTED] Police Department received a call regarding a child ([REDACTED] who was unresponsive at 850 am. [REDACTED] mother, [REDACTED] is reported to be the one who made the call to 9-1-1. Officer [REDACTED] with [REDACTED] Police Department arrived on scene at 8:56 am, and [REDACTED] was unresponsive at that time.

Upon arrival at the home, the first responder, [REDACTED] Fire Department ([REDACTED] FD), was performing Cardio-Pulmonary Resuscitation (CPR) on [REDACTED] on the floor of his bedroom. Around 8:57 am, [REDACTED] was taken to the ambulance ([REDACTED]), which arrived at the home right after [REDACTED] Police Department. At 9 am, [REDACTED] was pronounced dead while in the ambulance, still on scene. From there, he was transported to [REDACTED] Medical Center for an autopsy.

According to [REDACTED] parents, [REDACTED] and [REDACTED], [REDACTED] fed [REDACTED] around 4 am. Around 4:30 am, [REDACTED] placed him in his crib, slightly on his side. At 520 am, [REDACTED] got up to get ready for work and kissed his children, [REDACTED] and his sister (Unknown), "good-bye." [REDACTED] reported [REDACTED] appeared "fine" at that time, so [REDACTED] proceeded to work at 520 am.

Around 8:37 am, [REDACTED] noticed she was leaking due to needing to breast feed the baby. She then realized it was "odd" that [REDACTED] had not cried to wake her up. [REDACTED] reported [REDACTED] had been waking up due to being hungry prior to today.

Somewhere between 8:37 am and 8:50 am, [REDACTED] walked to [REDACTED] bedroom to check on him because he had not woke up crying. At that point, she noticed he was unresponsive. According to [REDACTED] [REDACTED] was face down in his crib. At 8:50 am, [REDACTED] made the call into 9-1-1. Around the same time [REDACTED] called 9-1-1, [REDACTED] had returned home without [REDACTED] notifying him about what was going on with [REDACTED]

After observing the home today (2-25-14), no hazards were found in the home that could result in injury or death. The condition of the home was reported to be "fine, just lived-in." Therefore, the condition of the home did not raise additional concerns.

[REDACTED] did not have prior medical concerns according to [REDACTED] and [REDACTED]. This was the first incident of serious injury or death involving this family as far as the reporter knows. [REDACTED] and [REDACTED] do not have prior history with the police, but their records have not been checked completely. Furthermore, there are no prior patterns of neglect known in this home at this time. The home had not been seen prior to today's incident.

The detective assigned to the case is Detective [REDACTED] [REDACTED] with [REDACTED] Police Department. His contact number is unknown at this time, but the case worker can contact the [REDACTED] Police Department [REDACTED] to obtain his number.

[REDACTED] has a sister (Unknown); she staying with a friend of the family (Unknown) because her parents, [REDACTED] and [REDACTED] are at [REDACTED] Medical Center with [REDACTED]. It is unknown how long his sister will



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

remain in the care of the family friend (Unknown).

Are special needs or disabilities known? No.

Child(ren)s safety at the time of the report? [REDACTED] body is at [REDACTED] Medical Center pending an autopsy. His parents, [REDACTED] and [REDACTED] are there also.

Any safety concerns for the responding worker? None reported.

County group emailed

Per SDM: Investigative Track, P1, [REDACTED] TL on 2-25-14 @ 11:48 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: Unknown Participant [REDACTED], Unknown

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 1 Yr 10 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: Unknown Participant [REDACTED], Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: Race: Black/African

Age: 7 Mos

Address: [REDACTED], [REDACTED] [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/25/2014

Assignment Date: 02/26/2014

Street Address:

City/State/Zip:

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 | Participant [REDACTED] Participant | [REDACTED] | Allegation Unsubstantiated / Perpetrator Unsubstantiated | Yes | [REDACTED] 07/11/2014 |

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: . CPSI [REDACTED] is closing the case as allegation unsubstantiated perpetrator unsubstantiated due to the coroners report stating the cause of death could not be determined, and the report of the pronouncing physician. Per Policy 14.7 this classification is appropriate due to there being insufficient information and evidence to support the opinion that the alleged incident occurred or harmful situation existed.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/11/2014

Team Leader: [REDACTED]

Date: 07/14/2014

E. Investigation Summary

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

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

CPSI [REDACTED] received the picture of the deceased infant from [REDACTED] Medical Center Staff. CPSI [REDACTED] was not permitted inside of the home due to Mr. [REDACTED] wanting privacy to mourn the death of [REDACTED]

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

CPSI [REDACTED] interviewed Homicide Detective (HD), [REDACTED] in reference to the fatality and HD [REDACTED] reported that both parents gave him statements. HD [REDACTED] confirmed the statements that were received in the DCS referral. According to HD [REDACTED] Mrs. [REDACTED] reported that [REDACTED] normally wakes up crying for a feeding. Mrs. [REDACTED] reported that she woke up at 8:30 am and realized that [REDACTED] was not crying to be



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

Case Name : ██████████ ██████████

Investigation ID: ██████████

fed. Mrs. ██████████ went into ██████████ room, looked in the crib and noticed that ██████████ was not responsive and was lying on his face. Mrs. ██████████ called 911.

HD ██████████ reported that the home was appropriate. He also reported he took photos of the infant and the infant appeared not to have any trauma externally. CPSI ██████████ interviewed ██████████ Pronouncing Physician (PP), and she reported to CPSI ██████████ the parents' statements. CPSI ██████████ noted that her recap of the events that she gathered from the parents were consistent with HD ██████████ statement. PP ██████████ reported that paramedics reported that they arrived on scene and they gave ██████████ IO medication in his ankle. Paramedic noticed that ██████████ body was rigid and that was a sign that ██████████ had been dead for a few hours. Paramedics shocked ██████████ in attempts to revive him and they were unsuccessful. PP ██████████ reported that the symptoms associated with the incident were consistent with that of SIDS

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

CPSI ██████████ interviewed Mr. ██████████ ██████████ (Father) who reported that he fed ██████████ (ACV) at 4:30 am on 2/25/14 and placed him back into his crib on side. Mr. ██████████ kissed ██████████ and ██████████ (sibling) and left for work at 5:15 am. Mr. ██████████ returned to the home to find Mrs. ██████████ ██████████ (Mother) on the phone with the paramedics meeting him out at the vehicle. He reported his wife was yelling something was wrong with ██████████ and that he was not breathing. Paramedics advised the parents to start chest compressions on ██████████ due to ██████████ not being responsive. Mr. ██████████ wished for DCS to leave so that he could be with his wife and "grieve". Mr. ██████████ reported that Mrs. ██████████ had ██████████ most of yesterday (2/24/14); she took ██████████ with her to church for dance practice and ██████████ was fine. ██████████ was happy and playfully interacting with some of the members at the church. Mr. ██████████ reported that ██████████ was not sick, but that he was a "perfectly healthy two month old". Mr. ██████████ refused to complete a drug screen for himself and his wife, stating that it was way too much at that point. Mr. ██████████ reported that his wife is too upset and they wanted to be left alone to grieve for their son, and he refused to allow DCS into his home or to speak with his wife who was inside with a family friend that came over for support. Mr. ██████████ completed the paperwork with Child Protective Service Investigator (CPSI) ██████████ ██████████

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

none

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

none

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: 07/14/2014 Contact Method:
 Contact Time: 04:10 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/14/2014
 Completed date: 07/14/2014 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: 07/14/2014 04:10 PM Entered By: [REDACTED]

CPS received this case on 2/25/14 as a p1 with allegations of neglect death. The victim is listed as [REDACTED] and the perpetrator is Unknown. The referral was assessed and assigned by LI [REDACTED] on 2/25/14 to CPSI [REDACTED] Response is due on 2/26/14.

Referral Summary:

CPSI [REDACTED] verified the familys history of involvement with DCS through a search of TFACTS and the following history was found:

No history was found.

Initial Family Composition:

[REDACTED] Mother
 [REDACTED] Father
 [REDACTED] Sister
 [REDACTED] ACV

Notification of referral was sent to the Judge.
 Notification of this referral was sent to the District Attorney.

In order to engage the family, CPSI [REDACTED] explained the current report made to the [REDACTED] Department of Childrens Services and the MRS/Assessment process. CPSI [REDACTED] 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 [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file. The Genogram and contact sheets for Genogram were initiated on this date

Notification of the referral was mailed to the referent.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

CPSI [REDACTED] completed checks on all adults in the residence and perpetrators at the following websites:

TN Sex Offender - negative
 National Sex Offender - negative
 TN Felony Offender - negative
 TN Meth Offender - negative
 Abuse Registry - negative

2/25/14 [REDACTED] CPSI [REDACTED] met response on this date and interviewed Homicide Detective [REDACTED] [REDACTED] PP [REDACTED] [REDACTED] and received medical documentation.

2/26/14 [REDACTED] CPSI [REDACTED] interviewed Detective [REDACTED] on this date.

2/28/14 [REDACTED] CPSI [REDACTED] requested a copy of the medical examiners report on this date.

3/11/14 [REDACTED] The date of death was entered on this date.

3/12/14 [REDACTED] CPSI [REDACTED] presented the case to the CPIT on this date.

3/31/14 [REDACTED] A f2f date was entered to satisfy the f2f date entered

4/8/14 [REDACTED] CPSI [REDACTED] contacted the medical examiners office on this date.

4/9/14 [REDACTED] CPSI [REDACTED] presented the case to the CPIT on this date.

5/14/14 [REDACTED] CPSI [REDACTED] presented the case to the CPIT on this date.

5/23/14 [REDACTED] CPSI [REDACTED] contacted the medical examiners office on this date.

6/11/14 [REDACTED] CPSI [REDACTED] presented the case to the CPIT on this date.

6/18/14 [REDACTED] CPSI [REDACTED] received the forensic report on this date.

6/28/14 [REDACTED] A f2f date was entered to satisfy the f2f date entered

7/11/14 [REDACTED] CPSI [REDACTED] presented the case to the CPIT on this date.

NCPP/FSTM
 N/A

Documentation of Initial SDM
 Safety, Permanence, Well-being
 Date: 2/25/14

Child Protective Services Investigator [REDACTED] (CPSI) completed the initial Safety Assessment. There are no current immediate harm factors or interventions. The safety decision is: 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.

Documentation of Closing SDM



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Safety, Permanence, Well-being

Date: 7/14/14

Child Protective Services Investigator [REDACTED] (CPSI) completed the closing Safety Assessment. There are no current immediate harm factors or interventions. The safety decision is: 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.

Case Summary

CPSI [REDACTED] received case with allegation of Neglect Death. CPSI [REDACTED] received the picture of the deceased infant from [REDACTED] Medical Center Staff. CPSI [REDACTED] interviewed Mr. [REDACTED] (Father) who reported that he fed [REDACTED] (ACV) at 4:30 am on 2/25/14 and placed him back into his crib on side. Mr. [REDACTED] kissed [REDACTED] and [REDACTED] (sibling) and left for work at 5:15 am. Mr. [REDACTED] returned to the home to find Mrs. [REDACTED] (Mother) on the phone with the paramedics meeting him out at the vehicle. He reported his wife was yelling something was wrong with [REDACTED] and that he was not breathing. Paramedics advised the parents to start chest compressions on [REDACTED] due to [REDACTED] not being responsive. Mr. [REDACTED] wished for DCS to leave so that he could be with his wife and "grieve". Mr. [REDACTED] reported that Mrs. [REDACTED] had [REDACTED] most of yesterday (2/24/14); she took [REDACTED] with her to church for dance practice and [REDACTED] was fine. [REDACTED] was happy and playfully interacting with some of the members at the church. Mr. [REDACTED] reported that [REDACTED] was not sick, but that he was a "perfectly healthy two month old". Mr. [REDACTED] refused to complete a drug screen for himself and his wife, stating that it was way too much at that point. Mr. [REDACTED] reported that his wife is too upset and they wanted to be left alone to grieve for their son, and he refused to allow DCS into his home or to speak with his wife who was inside with a family friend that came over for support. Mr. [REDACTED] completed the paperwork with Child Protective Service Investigator (CPSI) [REDACTED]. Mr. [REDACTED] would not allow CPSI to interview Mrs. [REDACTED]. CPSI [REDACTED] interviewed Homicide Detective (HD), [REDACTED] in reference to the fatality and HD [REDACTED] reported that both parents gave him statements. HD [REDACTED] confirmed the statements that were received in the DCS referral. According to HD [REDACTED] Mrs. [REDACTED] reported that [REDACTED] normally wakes up crying for a feeding. Mrs. [REDACTED] reported that she woke up at 8:30 am and realized that [REDACTED] was not crying to be fed. Mrs. [REDACTED] went into [REDACTED] room, looked in the crib and noticed that [REDACTED] was not responsive and was lying on his face. Mrs. [REDACTED] called 911.

HD [REDACTED] reported that the home was appropriate. He also reported he took photos of the infant and the infant appeared not to have any trauma externally. CPSI [REDACTED] interviewed [REDACTED] Pronouncing Physician (PP), and she reported to CPSI [REDACTED] the parents' statements. CPSI [REDACTED] noted that her recap of the events that she gathered from the parents were consistent with HD [REDACTED] statement. PP [REDACTED] reported that paramedics reported that they arrived on scene and they gave [REDACTED] IO medication in his ankle. Paramedic noticed that [REDACTED] body was rigid and that was a sign that [REDACTED] had been dead for a few hours. Paramedics shocked [REDACTED] in attempts to revive him and they were unsuccessful. PP [REDACTED] reported that the symptoms associated with the incident were consistent with that of SIDS. CPSI [REDACTED] was not permitted inside of the home due to Mr. [REDACTED] wanting privacy to mourn the death of [REDACTED]. CPSI [REDACTED] is closing the case as allegation unsubstantiated perpetrator unsubstantiated due to the coroners report stating the cause of death could not be determined, and the report of the pronouncing physician. Per Policy 14.7 this classification is appropriate due to there being insufficient information and evidence to support the opinion that the alleged incident occurred or harmful situation existed.

A copy of the [REDACTED] was sent to the Judge. A copy of the [REDACTED] was sent to the DA (if indicated severe abuse).



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: Created In Error
 Contact Date: 07/11/2014 Contact Method: Face To Face
 Contact Time: 08:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/11/2014
 Completed date: 07/11/2014 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2014 02:00 PM Entered By: [REDACTED] [REDACTED]
 CPSI [REDACTED] presented the case to the CPIT who agreed to carry the case over until the Coroner's report is received.

Narrative Type: Created In Error Entry Date/Time: 07/11/2014 02:01 PM Entered By: [REDACTED] [REDACTED]
 the date is to be 6/11/14



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: 07/09/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/11/2014

Completed date: 07/11/2014

Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2014 01:46 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] presented the case to the CPIT who agreed to classify the case as AU/PU



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: 06/28/2014

Contact Method: Face To Face

Contact Time: 07:19 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/28/2014

Completed date: 06/28/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/28/2014 07:18 PM Entered By: [REDACTED] [REDACTED]

This case recording is to satisfy the face to face needed for the month of June, as the infant is deceased.



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: 06/18/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/28/2014

Completed date: 06/28/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/28/2014 07:18 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received Medical Examiner, [REDACTED] [REDACTED] forensic report which deemed [REDACTED] [REDACTED] death "could not be determined".



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: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/11/2014

Completed date: 07/11/2014

Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2014 02:02 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] presented the case to the CPIT who agreed to carry the case over until the Coroner's report is 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: 05/23/2014 Contact Method: Phone Call
 Contact Time: 01:55 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office 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): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2014 12:54 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted the medical examiner's office ([REDACTED]) to inquire about the status of the autopsy report. CPSI [REDACTED] spoke with [REDACTED] who reported the report is pending. [REDACTED] reported they are unable to view any details; they can only see that the report is pending.



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: 05/14/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/11/2014

Completed date: 07/11/2014

Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2014 02:01 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] presented the case to the CPIT who agreed to carry the case over until the Coroner's report is received.



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: 04/09/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/11/2014

Completed date: 07/11/2014

Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2014 02:03 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] presented the case to the CPIT who agreed to carry the case over until the Coroner's report is 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: 04/08/2014 Contact Method: Phone Call
 Contact Time: 10:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office 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): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2014 12:52 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted the medical examiner's office to inquire about the status of the autopsy report. CPSI [REDACTED] spoke to [REDACTED] who reported that the report was still incomplete and stated that it is pending further studies. [REDACTED] reported [REDACTED] was the 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: 03/31/2014

Contact Method: Face To Face

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/01/2014

Completed date: 04/01/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/01/2014 10:46 AM Entered By: [REDACTED] [REDACTED]

This case recording is to satisfy the face to face for the month of March; however, this child is deceased.



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: 03/12/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/11/2014

Completed date: 07/11/2014

Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2014 02:04 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] presented the case to the CPIT who agreed to carry the case over until the Coroner's report is received.



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: 03/11/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2014

Completed date: 03/11/2014

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: 03/11/2014 11:51 AM

Entered By: [REDACTED]

Date of Death entered.



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: 02/28/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/23/2014

Completed date: 05/23/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2014 12:49 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] contacted the medical examiner's office to request a copy of the autopsy report via fax [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: | 02/26/2014 | Contact Method: | Phone Call |
| Contact Time: | 09:00 AM | Contact Duration: | Less than 15 |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | 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): | Collateral Contact | | |
| Contact Sub Type: | | | |

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

Narrative Type: Original Entry Date/Time: 05/23/2014 12:45 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted Detective [REDACTED] who reported the autopsy would be performed 2/27/14. He provided the medical examiner's number [REDACTED] and he did not know who would be completing the autopsy report. Detective [REDACTED] reported the autopsy would be done at 9am. Detective [REDACTED] reported that it would typically be 10 to 12 weeks before the autopsy report would come back.



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: System Completed
 Contact Date: 02/25/2014 Contact Method: Face To Face
 Contact Time: 12:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 02/26/2014
 Completed date: 03/28/2014 Completed By: System Completed
 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: Entered By:



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: 02/25/2014 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital 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): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2014 12:42 PM Entered By: [REDACTED]

Mr. [REDACTED] (Father) reported that he fed [REDACTED] at 4:30 am on 2/25/14 and placed him back into his crib on side. Mr. [REDACTED] kissed [REDACTED] and [REDACTED] (sibling) and left for work at 5:15 am. Mr. [REDACTED] returned to the home to find Mrs. [REDACTED] (Mother) on the phone with the paramedics meeting him out at the vehicle. He reported his wife was yelling something was wrong with [REDACTED] and that he was not breathing. Paramedics advised the parents to start chest compressions on [REDACTED] due to [REDACTED] not being responsive. Mr. [REDACTED] wished for DCS to leave so that he could be with his wife and "grieve". Mr. [REDACTED] reported that Mrs. [REDACTED] had [REDACTED] most of yesterday (2/24/14); she took [REDACTED] with her to church for dance practice and [REDACTED] was fine. [REDACTED] was happy and playfully interacting with some of the members at the church. Mr. [REDACTED] reported that [REDACTED] was not sick, but that he was a "perfectly healthy two month old". Mr. [REDACTED] refused to complete a drug screen for himself and his wife, stating that it was way too much at that point. Mr. [REDACTED] reported that his wife is too upset and they wanted to be left alone to grieve for their son, and he refused to allow DCS into his home or to speak with his wife who was inside with a family friend that came over for support. Mr. [REDACTED] completed the paperwork with Child Protective Service Investigator (CPSI) [REDACTED]. Mr. [REDACTED] would not allow CPSI to interview Mrs. [REDACTED] on the day of the incident but reported she would probably speak later.

CPSI [REDACTED] spoke with Homicide Detective (HD), [REDACTED] in reference to the fatality and HD [REDACTED] reported that both parents gave him statements. HD [REDACTED] confirmed the statements that were received in the DCS referral. According to HD [REDACTED] Mrs. [REDACTED] reported that [REDACTED] normally wakes up crying for a feeding. Mrs. [REDACTED] reported that she woke up at 8:30 am and realized that [REDACTED] was not crying to be fed. Mrs. [REDACTED] went into [REDACTED] room, looked in the crib and noticed that [REDACTED] was not responsive and was lying on his face. Mrs. [REDACTED] called 911.

HD [REDACTED] reported that the home was appropriate. He also reported he took photos of the infant and the infant appeared not to have any trauma externally.

CPSI spoke with [REDACTED] Pronouncing Physician (PP), and she reported to CPSI [REDACTED] the parents' statements. CPSI [REDACTED] noted that her recap of the events that she gathered from the parents were consistent with HD [REDACTED] statement. PP [REDACTED] reported that paramedics reported that they arrived on scene and they gave [REDACTED] IO medication in his ankle. Paramedic noticed that [REDACTED] body was rigid and that was a sign that [REDACTED] had been dead for a few hours. Paramedics shocked [REDACTED] in attempts to revive him and they were unsuccessful. PP



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] reported that the symptoms associated with the incident were consistent with that of SIDS. CPSI reported that the family has no DCS history and HD [REDACTED] has no concerns with the parents at this time. Mr. [REDACTED] reported to CPSI that they have not started any type of funeral arrangements, however, their church has some type of funeral business and the funeral will be conducted through [REDACTED] Funeral Service.