



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

Case # 2014.071

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	5/7/2014	
Type: <i>(Please check one)</i>	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	5/7/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	██████████			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						
Describe <i>(in detail)</i> circumstances surrounding death/near death:						
<p>Mother called 911 at 8:00 am this morning (5/7/14) stating she woke up and the baby was not breathing. ██████████ Police responded with EMS and Detective ██████████ interviewed parents at hospital and photographed the infant and went to the home for photographs. Det. ██████████ reported no signs of trauma were observed on the body.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:			Telephone #	( ) -		
Street Address:			City/State/Zip:			
Describe <i>(in detail)</i> interview with family:						
<p>██████████ Police Detective ██████████ interviewed ██████████ at ██████████ Hospital. Det. ██████████ reports ██████████ woke up at 3:15 am and feed the infant and put him back in the car seat where he was sleeping until 7:00 am at which time she awoke, put the car seat in the car in preparation for pediatrician appointment. ██████████ reported she returned to the house and laid down on the bed with the infant on her chest. She reported she awoke at 8:00 am and the infant was not breathing and she called 911. EMS reported to Det. ██████████ they found a faint pulse when they arrived but lost it at the house.</p> <p>Det. ██████████ interviewed ██████████ at ██████████ Hospital. Det. ██████████ reported he gave the same story as the mother as to the events which led up to the babies death.</p> <p>██████████ came to the DCS office at approximately 11:00 am to take a drug screen and reported to FSW ██████████ and CPSI ██████████ the death from the morning. ██████████ tested positive for benzodiazepines and buprinorphine. He could not give an explanation as to why he tested positive for those drugs. He does not have a prescription.</p> <p>CPSI ██████████ and Det. ██████████ attempted to locate the mother on the afternoon of 5/7/14 with no success.</p> <p>CPSI ██████████ received a phone call from ██████████ at approximately 4:30 pm 5/7/14 and she stated she would come to the DCS office the am of 5/8/14.</p>						
If child was hospitalized, describe <i>(in detail)</i> DCS involvement during hospitalization:						
Child was transported by EMS to ██████████ Hospital and transferred for autopsy prior to DCS involmnet.						
Describe disposition of body <i>(Death)</i> :		Det. ██████████ reported no signs of trauma were observed on the body.				
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Type:	██████████ (sibling of infant) is currently in state custody since January 2014. CPS removed ██████████ from ██████████ and ██████████ due to Medical		Case #:	██████████		

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

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RD 2993

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Maltreatment.

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

Det. [REDACTED] with the [REDACTED] Police Department ([REDACTED]) is assigned investigation. He took pictures of the scene and interviewed parents.

**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):**

[REDACTED] (sibling) is currently in state custody

Name: [REDACTED] Age: 2

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
12/27/13	[REDACTED]	Medical maltreatment	[REDACTED]	[REDACTED] & [REDACTED]	ASPS
8/13/13	[REDACTED]	Environmental Neglect & Lack of Supervision	[REDACTED]	[REDACTED] & [REDACTED]	NSN
2/6/13	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED] & [REDACTED]	NSN
6/14/12	[REDACTED]	Drug Exposed Infant & Environmental Neglect & Medical Maltreatment	[REDACTED]	[REDACTED] & [REDACTED]	AUPU
3/28/12	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	NSN
3/8/12	[REDACTED]	resource linkage	[REDACTED]		
/ /					

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: ( ) -

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: 05/07/2014 10:36 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 05/07/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 05/07/2014 01:33 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 01/14/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 01/14/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	[REDACTED], [REDACTED]	[REDACTED]

**Referent(s)**

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

Open Court Custody: Yes / [REDACTED] / CM [REDACTED] / Child - [REDACTED] / AP: [REDACTED]  
 and [REDACTED]  
 Date of Custody 1/7/14 Bench Ordered into custody by [REDACTED] County Court for Medical Neglect  
 Closed Court Custody No  
 Open CPS - No  
 Substantiated: # [REDACTED] MDM/ 12-27-13/ [REDACTED]  
 Fatality No  
 Screened out - 1



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

Resource Linkage- 1

History (not listed above): Yes

8-14-13 - # [REDACTED] - ENN - LOS - No Services Needed  
 2-08-13 - # [REDACTED] - DEC - No Services Needed  
 6-15-12 - # [REDACTED] - DEI - ENN - MDM - Unsubstantiated  
 3-29-12 - # [REDACTED] - DEI - No Services Needed

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

NOTE: The race, address and contact number for the family is listed under the ACV's demographic information.

Reporters name/relationship: [REDACTED]

[REDACTED] states:

On 5-03-14, the mother ([REDACTED]) gave birth to a baby boy ([REDACTED]). The mother stated that she has another child (name unknown) that is in state custody.

[REDACTED] passed away today. Today, at approximately 8:28 a.m., the mother called 911 and reported that [REDACTED] was non-responsive. The 911 dispatch operator advised the mother how to perform CPR on [REDACTED] until EMS arrived. When the PD arrived at the home (along with EMS and the Fire Department), the mother reported to PD that "when she woke up, [REDACTED] was not breathing." The mother stated that [REDACTED] was lying on her arm asleep." The mother stated that [REDACTED] was fine at 3:15 a.m. and 7:00 a.m." When EMS arrived, EMS "worked on [REDACTED] at the home." [REDACTED] was transported to [REDACTED] Hospital. [REDACTED] time of death is unknown. There will be an autopsy done on [REDACTED]. The mother stated that [REDACTED] did not have any prior illnesses. The mother is back at the home now. The mother and [REDACTED] had been living with the mother's friend ([REDACTED]) and [REDACTED] child (name unknown). [REDACTED] and her child were not at the home at the time of this incident. The mother and [REDACTED] were at the home alone at that time.

Per SDM; Investigative Track P1. 5/7/14 @ 12:10 PM. [REDACTED] TL.

Email Notification Sent To:

[REDACTED]  
 CC: [REDACTED] Regional Administrator for [REDACTED]



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

**Participant(s)**

**Name:** [REDACTED]  
Gender: Female                      Date of Birth: [REDACTED]                      Participant ID: [REDACTED]  
SSN:                                      Race:                                      Age:                      29 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:** Unknown Participant [REDACTED] Unknown  
Gender: Female                      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  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED], [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:** [REDACTED]

**Race:**

**Age:** 24 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED], [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:** [REDACTED]

**Race:** White

**Age:** Deceased

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

**Deceased Date:** 05/07/2014

**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: 05/07/2014

Assignment Date: 05/07/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 09/04/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Case classified as AUPU due to lack of evidence to support allegations. Autopsy results showed cause of death to be sudden unexpected infant death associated with acute pneumonia and co-sleeping in an adult bed. The manner of death is undetermined. Case presented to CPIT and team members agree with classification.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 09/04/2014

Team Leader: [REDACTED]

Date: 09/04/2014

**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:**

CPS did not see infant due to body being transported for autopsy prior to CPS involvement.

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

5/8/14- CPSI [REDACTED] met with Det. [REDACTED] at the [REDACTED] Police Dept. Det. [REDACTED] gave CPSI [REDACTED] a copy of pictures and statements on a CD. Det. [REDACTED] explained the mother reported she awoke at 3:15 am and feed the child. She woke around 5:00 am and the infant was asleep in the car seat next to the bed. She reported she woke at 7:00 am and put the car seat in the car for a Doctor's appointment later this morning. The mother stated she laid down on the bed with the baby on her chest and awoke at 8:00 am and the infant was not breathing. She called 911. Det. [REDACTED] stated the staff and coroner at [REDACTED] hospital found no signs of trauma to the infant upon examination.



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

Case Name : ██████████ ██████████

Investigation ID: ██████████

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

5/8/14- CPSI ██████████ and Det. ██████████ interviewed ██████████ at the DCS office. She signed a release of information. ██████████ reported she fed the baby 3 ounces of formula around 3:00 am and he was fine. She stated he slept in the car seat beside the bed. She stated the car seat was removed from the car and placed in a storage building next to the house. She stated ██████████ is moving today from the home. She stated the plan was to move this past week-end but due to the birth of ██████████ they waited a few days. CPSI ██████████ asked ██████████ about reenactment and she agreed. She met CPSI ██████████ and Det. ██████████ at ██████████ and completed the reenactment. She took the car seat out of the storage building and placed it next to the bed where ██████████ slept. The bottom of the car seat was elevated so the baby slept flat rather than at an incline. ██████████ showed how she removed the baby from the car seat, fed him, and went back to bed with him. She positioned the doll next to her body on the left side with its head on her left arm. She stated when she awoke he did not move. ██████████ reported she, ██████████ and the baby were all asleep on a twin size bed.

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

5/9/14- CPSI ██████████ and Det ██████████ interviewed ██████████ at the Police Dept. She gave a written statement which was placed in the file and scanned into TFACTS. In her statement she reported ██████████ and ██████████ moved in on Monday following discharge from the hospital. She stated Wednesday morning she awoke at 7:15 am and left at 7:45 am to take her kids to school. She stated she did not speak to ██████████ or ██████████ prior to leaving the home. She did not check on the baby. She stated she had a bad feeling since ██████████ and ██████████ moved in and when she heard the news of the baby died she thought ██████████ smothered the baby while he was in bed with the parents.

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

Parent interview: 5/7/14  
 home visit: 5/8/14  
 collateral contact: 5/7/14  
 CPIT: 8/28/14

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: 12/23/2014 Contact Method:  
 Contact Time: 11:53 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/23/2014  
 Completed date: 12/23/2014 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: 12/23/2014 11:01 AM Entered By: [REDACTED]

Lead Investigator [REDACTED] received notification from Investigations Coordinator [REDACTED] that Regional Investigations Director [REDACTED] and Deputy Director Of Investigations [REDACTED] approved the case for closure effective this date.

**Child Death Closing Summary:**

Referral was received on 5/7/14 with allegations of neglect death for [REDACTED]. On 5/7/14 at approximately 8:28 am [REDACTED] (mother) called 911 reporting baby [REDACTED] was not breathing. EMS and [REDACTED] Police Department was dispatched to home. Mother reported to Law Enforcement and EMS [REDACTED] was asleep against her arm. [REDACTED] reported she woke at approximately 7:00 am and the baby was fine. [REDACTED] reported she went back to sleep and then woke up and found the baby not breathing. EMS arrived, transported baby to [REDACTED] Hospital and pronounced dead at 8:40 am. Assisting with the investigation were [REDACTED] with the [REDACTED] Police Department, [REDACTED] Emergency Department physician [REDACTED], Forensic Pathologist Dr. [REDACTED]. Detective [REDACTED] obtained written statements from parents: [REDACTED] and [REDACTED] (listed perpetrator), and relative, [REDACTED]. [REDACTED] reported she fell asleep with [REDACTED] in between her left arm and her body on the bed next to [REDACTED]. When she awoke [REDACTED] was not breathing (reenactment happened later). [REDACTED] reported he was asleep next to [REDACTED] when she awoke and [REDACTED] was not breathing. [REDACTED] statement was she awoke around 7:15 am and took her children to school and [REDACTED] and [REDACTED] were still asleep with the baby. She did not check on the baby. According to the mothers statements and the reenactment she was not following safe sleep guidelines by having the baby sleeping in bed with her.

Per Work Aid 1 Child death is defined as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse. Any child death caused by abuse or neglect resulting from the parent or caretakers top stop another persons direct action that resulted in the death of the child. CPIT was held on August 28, 2014 in [REDACTED] County. Team members present were IL [REDACTED] Detective [REDACTED], [REDACTED] Director [REDACTED] Mental Health [REDACTED], [REDACTED] County Sheriffs Detective [REDACTED] and IC [REDACTED]. CPIT decision was to classify the allegations as AUPU as there was not a preponderance of evidence to substantiate the allegation. The case will be closed and classified as AUPU for the allegation of child neglect death.



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

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

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**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:	12/15/2014	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/15/2014
Completed date:	12/15/2014	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: 12/15/2014 03:33 PM Entered By: [REDACTED]

**Child Death Closing Summary:**

Referral was received on 5/7/14 with allegations of neglect death for [REDACTED]. On 5/7/14 at approximately 8:28 am [REDACTED] (mother) called 911 reporting baby [REDACTED] was not breathing. EMS and [REDACTED] Police Department was dispatched to home. Mother reported to Law Enforcement and EMS [REDACTED] was asleep against her arm. [REDACTED] reported she woke at approximately 7:00 am and the baby was fine. [REDACTED] reported she went back to sleep and then woke up and found the baby not breathing. EMS arrived, transported baby to [REDACTED] Hospital and pronounced dead at 8:40 am.

Assisting with the investigation were [REDACTED] with the [REDACTED] Police Department, [REDACTED] Emergency Department physician [REDACTED] Forensic Pathologist [REDACTED] Detective [REDACTED] obtained written statements from parents: [REDACTED] and [REDACTED] (listed perpetrator), and relative, [REDACTED]. [REDACTED] reported she fell asleep with [REDACTED] in between her left arm and her body on the bed next to [REDACTED]. When she awoke [REDACTED] was not breathing (reenactment happened later). [REDACTED] reported he was asleep next to [REDACTED] when she awoke and [REDACTED] was not breathing. [REDACTED] statement was she awoke around 7:15 am and took her children to school and [REDACTED] and [REDACTED] were still asleep with the baby. She did not check on the baby.

Child death is defined as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse. Any child death caused by abuse or neglect resulting from the parent or caretakers top stop another persons direct action that resulted in the death of the child.

CPIT was held on August 28, 2014 in [REDACTED] County. Team members present were IL [REDACTED] Detective [REDACTED] CAC Director [REDACTED] Mental Health [REDACTED] County Sheriffs Detective [REDACTED] and IC [REDACTED]. CPIT decision was to unsubstantiate the investigation.

According to the mothers statements and the reenactment she was not following safe sleep guidelines by having the baby sleeping in bed with her.

Based on the facts of the case and evidence found there was not a preponderance of evidence to substantiate the allegation. The case will be closed and classified as AUPU for the allegation of child neglect death.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2014

Contact Method:

Contact Time: 11:10 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 09/12/2014

Completed date: 09/12/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/12/2014 10:09 AM      Entered By: [REDACTED] [REDACTED]

A copy of the 740 has been forwarded to [REDACTED] County Juvenile Court.



**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: 09/12/2014

Contact Method:

Contact Time: 11:05 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 09/12/2014

Completed date: 09/12/2014

Completed By: [REDACTED] [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: 09/12/2014 10:08 AM      Entered By: [REDACTED] [REDACTED]

Case classified as AUPU due to lack of evidence to support allegations. Autopsy results showed cause of death to be sudden unexpected infant death associated with acute pneumonia and co-sleeping in an adult bed. The manner of death is undetermined. Case presented to CPIT and team members agree with classification.



**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: 09/11/2014

Contact Method: Phone Call

Contact Time: 04:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 09/12/2014

Completed date: 09/12/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/12/2014 10:06 AM Entered By: [REDACTED] [REDACTED]

[REDACTED] did not attend a scheduled CFTM at 9:00 am with FSW [REDACTED]. [REDACTED] called CPSI [REDACTED] at 4:15 pm and CPSI [REDACTED] explained the findings of the autopsy on [REDACTED] to her. She stated she could not understand how he had pneumonia. CPSI [REDACTED] asked about locating [REDACTED] to explain the results to him and [REDACTED] reported she and [REDACTED] are separated and she does not know where he is or how to reach him.



**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: 08/28/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/04/2014

Completed date: 09/04/2014

Completed By: [REDACTED] [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: 09/04/2014 08:23 AM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] presented case to CPIT on this date. The facts of the case were discussed and team agreed with classification of AUPU.



**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: 08/27/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/27/2014

Completed date: 08/27/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original    Entry Date/Time: 08/27/2014 09:18 AM    Entered By: [REDACTED]

Det. [REDACTED] sent CPSI [REDACTED] a copy of the autopsy report. The cause of death was sudden unexpected infant death associated with acute pneumonia and co-sleeping in an adult bed. The manner of death is undetermined (natural versus accident).

Narrative Type: Addendum 1    Entry Date/Time: 12/18/2014 02:24 PM    Entered By: [REDACTED]

Toxicology report showed no signs of illegal substances in the baby's system. Toxicology tests included a specific search for acetaminophen and none were detected.



**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: 06/26/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/26/2014 08:31 AM      Entered By: [REDACTED]

The case was briefly discussed at CPIT this morning but we are waiting for the autopsy results and the case can not be classified at this time.



**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: 06/13/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/01/2014 12:53 PM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] staffed investigation with death review team.



**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:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/26/2014

Completed date: 05/26/2014

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: 05/26/2014 03:24 PM Entered By: [REDACTED]

The children remain in foster care at this time. The case remains open beyond the initial 30 days without classification in accordance with policy 14.7 Child death investigations awaiting an autopsy report; CPS investigations needing interpreting and translating services or other unique services such as sign language communication; CPS investigations which fall under the TCA statute 37-1-607 Severe Child Abuse or Neglect, the Federal Indian Child Welfare Act, and CPS investigations where the alleged perpetrator has no access to the child victim.

Narrative Type: Addendum 1 Entry Date/Time: 12/18/2014 02:13 PM Entered By: [REDACTED]

Lead Investigator [REDACTED] incorrectly used the word "children" in the above administrative review. There is only one other child involved in this case and that one child remains in foster care at this time.



**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: 05/13/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 05/13/2014

Completed date: 05/13/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/13/2014 01:58 PM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] gave Det. [REDACTED] a copy of records from [REDACTED] Hospital on [REDACTED] [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/09/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 05/12/2014

Completed date: 05/12/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/12/2014 02:45 PM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] obtained medical records from [REDACTED] Hospital on [REDACTED] and [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/09/2014

Contact Method: Face To Face

Contact Time: 08:25 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/12/2014

Completed date: 05/12/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/12/2014 02:44 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] and Det [REDACTED] interviewed [REDACTED] at the Police Dept. She gave a written statement which was placed in the file and scanned into TFACTS.

In her statement she reported [REDACTED] and [REDACTED] moved in on Monday following discharge from the hospital. She stated Wednesday morning she awoke at 7:15 am and left at 7:45 am to take her kids to school. She stated she did not speak to [REDACTED] or [REDACTED] prior to leaving the home. She did not check on the baby. She stated she had a bad feeling since [REDACTED] and [REDACTED] moved in and when she heard the news of the baby died she thought [REDACTED] smothered the baby while he was in bed with the parents.



**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: 05/08/2014 Contact Method: Face To Face  
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 05/12/2014  
 Completed date: 05/12/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/12/2014 02:32 PM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from FSW [REDACTED] stating [REDACTED] is at the DCS office.  
 CPSI [REDACTED] contacted Det. [REDACTED] who agreed to met CPSI [REDACTED] at the DCS office to interview [REDACTED]  
 FSW [REDACTED] stated [REDACTED] passed her drug screen.

CPSI [REDACTED] and Det. [REDACTED] interviewed [REDACTED] at the DCS office. She signed a release of information. [REDACTED] reported she fed the baby 3 ounces of formula around 3:00 am and he was fine. She stated he slept in the car seat beside the bed. She stated the car seat was removed from the car and placed in a storage building next to the house. She stated [REDACTED] is moving today from the home. She stated the plan was to move this past week-end but due to the birth of [REDACTED] they waited a few days. CPSI [REDACTED] asked [REDACTED] about reenactment and she agreed. She met CPSI [REDACTED] and Det. [REDACTED] at [REDACTED] and completed the reenactment. She took the car seat out of the storage building and placed it next to the bed where [REDACTED] slept. The bottom of the car seat was elevated so the baby slept flat rather than at an incline. [REDACTED] showed how she removed the baby from the car seat, fed him, and went back to bed with him. She positioned the doll next to her body on the left side with its head on her left arm. She stated when she awoke he did not move. [REDACTED] reported she, [REDACTED] and the baby were all asleep on a twin size bed.

Narrative Type: Addendum 1 Entry Date/Time: 05/12/2014 02:36 PM Entered By: [REDACTED]

CPSI [REDACTED] completed a home visit of [REDACTED]. The home is a 2 bedroom house with electricity, running water, and ample food. No dangers were observed. The home was in disarray due to moving out and boxes everywhere.

Det. [REDACTED] contacted [REDACTED] and scheduled an interview at the police dept. for 5/9 at 8:00 am.



**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: 05/08/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 05/12/2014

Completed date: 05/12/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/12/2014 02:37 PM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] completed death form and forwarded it to IL [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:	05/07/2014	Contact Method:	
Contact Time:	03:50 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/12/2014
Completed date:	05/12/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 05/12/2014 02:53 PM      Entered By: [REDACTED]

CPSI [REDACTED] searched TFACTS for history on the family. The following information was located

Sibling currently in state custody

12/27/13 MM alleged perp: [REDACTED] &amp; [REDACTED] finding: ASPS

8/13/13 EN LOS alleged perp: [REDACTED] &amp; [REDACTED] finding: NSN

6/14/12 DEI EN MM alleged perp: [REDACTED] &amp; [REDACTED] finding: AUPU

3/28/12 DEI alleged perp: [REDACTED] finding: nsn

3/8/12 Resource linkage



**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: 05/07/2014

Contact Method: Correspondence

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 05/12/2014

Completed date: 05/12/2014

Completed By: [REDACTED] [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: 05/12/2014 01:55 PM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] emailed referral to [REDACTED] County Sheriff's Department and [REDACTED]

CPSI [REDACTED] faxed referral to Juvenile Court with redacted referent information .

As per local protocol the [REDACTED] will notify District Attorney of investigation.

CPSI [REDACTED] spoke with Det. [REDACTED] about investigation.



**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: 05/07/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 05/12/2014

Completed date: 05/12/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/12/2014 02:58 PM      Entered By: [REDACTED] [REDACTED]

SDM Safety Assessment was completed on this date. No immediate safety factors were identified.



**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: 05/07/2014 Contact Method:  
 Contact Time: 01:30 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 05/07/2014  
 Completed date: 05/07/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/07/2014 07:28 PM Entered By: [REDACTED]

This case recording was entered at 1:30pm today but a TFACTS malfunction occurred resulting in the narrative being lost and the recording is having to be reentered by LI [REDACTED] at this time.

LI [REDACTED] notified IC [REDACTED] Deputy Regional Administrator [REDACTED] and [REDACTED] of the death of [REDACTED]

The date of death was entered into TFACTS this date.  
 The parents have no other children in their custody or home.

The preliminary report from Investigator [REDACTED] is as follows:

DCS has a pas history with the family but not this particular child. According to the history conducted at Child Abuse Hotline there have been five past cases on this family. The most recent case initiated in December 2013 with allegations of MDM regarding [REDACTED]. These allegations resulted in [REDACTED] being bench ordered into DCS custody on 1/7/14. The parents had left [REDACTED] with friends...these friends had filed a petition for custody of [REDACTED]. The child got sick and the mother had to take her to the ER. When the matter was heard in juvenile court and DCS reported having concerns the child was then bench ordered into custody, where she remains at this time.

Investigator [REDACTED] stated that there were suspicions in 2012 that the mother was giving the child(ren) excessive amounts of Tylenol to force extended sleep but these allegations could not be proven.

The mother delivered [REDACTED] on May 3, 2014. There were no reported issues at the time of delivery and no referrals were received. [REDACTED] was discharged to his parents on Monday May 5, 2014. The family moved in with a friend, [REDACTED] at that time. The mother and the father are reported to be sleeping in a twin bed in the home of [REDACTED]. [REDACTED] was sleeping in a car seat as he did not have a bed. The family was given a bassinet but it was alleged to have bed bugs and was not taken to the home of [REDACTED]. It has been reported that [REDACTED] was not at home at the time of the death.

Investigator [REDACTED] listened to the 911 call and stated that the mother made the call her and she did not appear to be under duress at the time of the call as evidenced by the level tone of her voice. Her speech pattern was normal, did



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

Case Id: ██████████

Case Name: ██████████ ██████████

Case Status: Close

Organization: ██████████

not rise or fall in pitch, was not rushed or forced but maintained a normal cadence and rhythm. The mother was asked by the 911 operator if she wanted to perform CPR on ██████████ and the mother stated she did not know how. The 911 operator walked the mother through the required steps over the phone and after the mother completed one set the mother was asking what she needed to do next and it had to be explained that the steps needed to be repeated. 911 remained on the phone until help arrived. There was a faint heartbeat when emergency responders arrived on the scene but this was lost while in route to the hospital. Reports state the body was still warm upon arrival at the ER. Exact time of death is not known at this time but an autopsy has been ordered. Investigator ██████████ requested the detective specifically ask that the toxicology test for acetaminophen due to past suspicions of overdosing with Tylenol.

The detective reported to Investigator ██████████ that the mother changed her statement during repeated accounts of the events. The mother stated that she awoke around 3:00am to feed the baby and play with him before putting him back to bed (she later stated she put him back in the car seat.) Then she work with him again around 5:00am, again putting him back in the car seat. The mother reported the child had a doctor's appointment today so when they woke at 7:00am she went ahead and put the car seat in the car but laid back down with the infant on her chest. When she woke around 8:00am the child was not breathing. 911 was then contacted. The mother also reported to the detective that she wanted to have another baby. Pictures were taken of the home but not of the car seat. Any items taken into evidence are not known at this time.

The mother and the father both responded to the hospital...the method of transportation is not known by LI ██████████ at this time.

The father arrived at the ██████████ County DCS Office at approximately 11:00am today and stated he needed to take a drug screen. ██████████ FSW ██████████ discussed whether or not the father needed a drug screen. Investigator ██████████ advised her that it should be done. The father tested positive for suboxen and benzos without a valid prescription but states he did not take these drugs. During the course of this process the father stated that his child had died today. Investigator ██████████ asked the father where the mother was and he did not know and when asked if he would ask her to call investigator ██████████ he stated he would when he saw her but he had to be at work at 12:00pm today.

Investigator ██████████ stated that he had been to the home of ██████████ and no one was there. He has not yet been able to locate ██████████ or the mother. He reports that ██████████ has no children living in her home.

**Next Steps:**

Continue to look for the mother

Continue to look for ██████████

Complete the Child Death Notification Form within the required time frame

Debrief the case with IC ██████████ and ██████████ within the required time frame

Discuss taking the car seat into evidence with law enforcement

Updated IC ██████████ about the case who recommended additional steps:

Contact the DA's office and ask them for recommended steps and if an re-enactment is needed

Attempt to take a picture of the car that the car seat was alleged to be placed in and see if it is still there...take pictures if possible

Ask LE if Tylenol was found in the 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: 05/07/2014 Contact Method: Attempted Face To Face  
 Contact Time: 01:15 PM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 05/12/2014  
 Completed date: 05/12/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Collateral Contact, Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/12/2014 02:19 PM Entered By: [REDACTED]

CPSI [REDACTED] met with Det. [REDACTED] at the [REDACTED] Police Dept. Det. [REDACTED] gave CPSI [REDACTED] a copy of pictures and statements on a CD. Det. [REDACTED] explained the mother reported she awoke at 3:15 am and feed the child. She woke around 5:00 am and the infant was asleep in the car seat next to the bed. She reported she woke at 7:00 am and put the car seat in the car for a Doctor's appointment later this morning. The mother stated she laid down on the bed with the baby on her chest and awoke at 8:00 am and the infant was not breathing. She called 911. Det. [REDACTED] stated the staff and coroner at [REDACTED] hospital found no signs of trauma to the infant upon examination.

CPSI [REDACTED] explained the father's drug screen results from earlier today and the need to drug screen the mother. Det. [REDACTED] attempted to call [REDACTED] at a phone number of [REDACTED] with no answer. [REDACTED] and [REDACTED] are reported to be living with [REDACTED] since Monday.

CPSI [REDACTED] and Det. [REDACTED] drove to [REDACTED] attempting to locate [REDACTED] No one was home.



**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: 05/07/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/12/2014

Completed date: 05/12/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/12/2014 01:56 PM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] spoke with referent about investigation. No additional information was provided.  
 Notification letter mailed to referent.



**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:	05/07/2014	Contact Method:	
Contact Time:	12:15 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/12/2014
Completed date:	05/12/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/12/2014 01:53 PM Entered By: [REDACTED]

The Child Abuse Hotline assessed and assigned this referral with a P-1 response to [REDACTED] County CPS on this date. Investigative Leader assessed and assigned this referral to CPSI [REDACTED] on this date. The allegation(s) is/are neglect death. The referral reads as follows:

## Reporter states:

On 5-03-14, the mother [REDACTED] gave birth to a baby boy [REDACTED]. The mother stated that she has another child (name unknown) that is in state custody.

[REDACTED] passed away today. Today, at approximately 8:28 a.m., the mother called 911 and reported that [REDACTED] was non-responsive. The 911 dispatch operator advised the mother how to perform CPR on [REDACTED] until EMS arrived. When the PD arrived at the home (along with EMS and the Fire Department), the mother reported to PD that "when she woke up, [REDACTED] was not breathing." The mother stated that "[REDACTED] was lying on her arm asleep." The mother stated that "[REDACTED] was fine at 3:15 a.m. and 7:00 a.m." When EMS arrived, EMS "worked on [REDACTED] at the home." [REDACTED] was transported to [REDACTED] Hospital. [REDACTED] time of death is unknown. There will be an autopsy done on [REDACTED]. The mother stated that [REDACTED] did not have any prior illnesses. The mother is back at the home now. The mother and [REDACTED] had been living with the mother's friend [REDACTED] and [REDACTED] child (name unknown). [REDACTED] and her child were not at the home at the time of this incident. The mother and [REDACTED] were at the home alone at that time.



**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: 05/07/2014

Contact Method: Phone Call

Contact Time: 11:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 05/12/2014

Completed date: 05/12/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/12/2014 02:08 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] Police Detective [REDACTED]. He stated the infant body has been transported for autopsy in [REDACTED]. He stated he interviewed parents at the hospital and has been to the home. He stated he took pictures. CPSI [REDACTED] scheduled to meet with him at 1:15 today to discuss investigation.



**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: 05/07/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/12/2014

Completed date: 05/12/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): 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: 05/12/2014 02:03 PM Entered By: [REDACTED] [REDACTED]

[REDACTED] father, came to the DCS office requesting to take a drug screen and reported his "son just died." CPSI [REDACTED] spoke with FSW [REDACTED] who stated she had no contacted [REDACTED] for a drug screen and did not schedule him to come to the DCS office today.

[REDACTED] reported they woke this morning and [REDACTED] was not breathing and he was taken to the hospital where he died. He asked to take a drug screen which was positive for benzos and buprinorphine. He did not have an explanation as to why he tested positive.

[REDACTED] stated he had to go to work and did not stay to speak with CPSI [REDACTED] and FSW [REDACTED]. As [REDACTED] was leaving FSW [REDACTED] expressed her condolences and [REDACTED] stated "don't worry about it, it will be alright."



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 5/7/14 10:36 AM

Date of Assessment: 5/7/14 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.



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



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