



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

Case # 2014.074

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	05/09/2014	
Type: <i>(Please check one)</i>	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	05/05/2014		
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 (in detail) circumstances surrounding death/near death:						
<p>On 5/5/14 at approximately 12pm, ██████████ laid her son, ██████████", down for a nap and at 1pm, while assisting her daughter, ██████████ with a bath, ██████████ went to check on her son, ██████████ who had been napping in his crib. She noticed that he was unresponsive and not breathing when she tried to rouse him, and he was turning blue. She attempted CPR and then called 911 at 1:10pm, she did notice that the baby's blanket was covering his head. She performed CPR until Deputy ██████████ arrived and he took over CPR until ██████████ EMS arrived on the scene and took over medical aid. EMS transported the child to ██████████ where he was pronounced dead upon arrival at 2:14pm by Dr ██████████.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	Dr. ██████████	Telephone #	██████████			
Street Address:	██████████		City/State/Zip:	██████████		
Describe (in detail) interview with family:						
<p>On 5/5/14 at approximately 12pm, ██████████ laid her son, ██████████", down for a nap and at 1pm, while assisting her daughter, ██████████" with a bath ██████████ went to check on her son, ██████████", who had been napping in his crib. She noticed that he was unresponsive and not breathing when she tried to rouse him, and he was turning blue. She attempted CPR and then called 911 at 1:10pm, she did notice that the baby's blanket was covering his head. She performed CPR until Deputy ██████████ arrived and he took over CPR until ██████████ EMS arrived on the scene and took over medical aid. EMS transported the child to ██████████ and the mother rode along. She is devastated because she feels that the blanket may have caused him to not be able to breathe.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
Describe disposition of body (Death):	The child was discovered in his crib.					
Name of Medical Examiner/Coroner:	██████████	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				
Type:		Case #:				
Describe law enforcement or court involvement, if applicable:						
<p>Detective ██████████ Sheriff's Department took over the investigation and attended the autopsy. He had no concerns regarding the mother, or the situation surrounding the child's demise.</p>						
Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim						

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

Distribution: Child's Case File

CS-0635, Rev. 08/13

RD A 2993

Page 1

(Near Death) (attach safety plan, if applicable):

Name: [REDACTED] Age: 2 1/2

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
none/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information:

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

Contact Person: [REDACTED] Telephone Number: [REDACTED]

Case Manager: [REDACTED] Telephone Number: [REDACTED]

Team Leader: [REDACTED] Telephone Number: [REDACTED]

Team Coordinator: [REDACTED] Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice. No Yes

Email to: [REDACTED]
 within forty-eight (48) hours of notification
 Include subject line (in RED): **CHILD DEATH [secure email]** or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/09/2014 05:59 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/09/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 05/12/2014 09:56 AM
 First Team Leader Assigned: [REDACTED] Date/Time 05/12/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 05/12/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 6 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number:
 Type of Contact: Facsimile
 Notification: None
 Narrative: THIS CHILD IS NOT IN CUSTODY
 TFACTS: No results found (Based on information provided)
 Family Case IDs: None
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated No
 Death No



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

Screened out No

History (not listed above): No

County: [REDACTED]

Notification: None

School/ Daycare: N/A

Native American Descent: N/A

Directions/Address: [REDACTED], [REDACTED], [REDACTED]

Reporters name/relationship: [REDACTED]

Reporter states:

THIS CHILD IS NOT IN CUSTODY

*****The following fax was typed verbatim*****

NARRATIVE:

On 5-5-14 at approximately 1310 hours I, Deputy [REDACTED] was dispatched to [REDACTED] in reference to a unresponsive subject. At approximately 1321 hours [REDACTED] EMS (Paramedic [REDACTED]) arrived on scene and transported the subject to [REDACTED] for further medical treatment. CID was then called to the scene and took over the investigation. For further information see investigative report.

SUPPLEMENTAL/ FOLLOWUP PAGE

Officer [REDACTED] Follow-up Date: 5-5-14

NARRATIVE:

On 5-5-14 at approx. 1310 hours I, Deputy [REDACTED] was dispatched to [REDACTED] in reference to a unresponsive child. Upon my arrival I observed a [REDACTED] (Mother) performing CPR on her 1 year old son, later identified as [REDACTED] (DOB). [REDACTED] stated that on today's date she laid [REDACTED] in his crib for a nap. [REDACTED] stated she then went into the other room to assist her other child with a bath. [REDACTED] stated that after approx. 1 hour she went into the bedroom to check on him. [REDACTED] stated that at approx. 1310 hours she observed [REDACTED] unresponsive, not breathing and turning blue. [REDACTED] stated that she dialed 911 and started CPR. Upon my arrival at approx. 1313 hrs. I took over CPR until [REDACTED] EMS arrived on scene and took over medical aid. EMS transported the subject to [REDACTED]. Criminal Investigation Division was contacted and Detective [REDACTED] took over further investigation.

EMS Run # [REDACTED]

Paramedic # [REDACTED]

Paramedic [REDACTED]

Paramedic [REDACTED]

Paramedic [REDACTED]

Other Personal on scene:

Deputy [REDACTED]

Deputy [REDACTED]

Sgt. [REDACTED]

Sgt. [REDACTED]

Special Needs or Disabilities: N/A

Child's current location/is the child safe at this time: N/A

Perpetrator's location at this time: N/A

Any other safety concerns for the child or worker who may respond: N/A



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

Extended Intake on 05/09/14 @ 6:40 PM from [REDACTED] TL [REDACTED]. TL [REDACTED] called the referent back to acquire additional information regarding the child. The referent stated that the child was pronounced dead at [REDACTED] upon arrival @ 2:14 PM on 05/05/14.

Per SDM: Investigative Track, P2. Override to P1, Investigation, [REDACTED], TL on 05/09/14 @ 9:19 PM.

Received by [REDACTED] on 05/09/14@ 9:34 PM.

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



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

Participant(s)

Name: [REDACTED]
Gender: Male Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: White Age: 1 Yr 6 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:

Name: [REDACTED]
Gender: Date of Birth: Participant ID: [REDACTED]
SSN: Race: Age:
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: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Unable to

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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/09/2014

Assignment Date: 05/12/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED] [REDACTED] [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]	05/12/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Child Protective Services Investigator [REDACTED] (CPSI) received case with allegation of Neglect Death. CPSI is closing the case as AUPU due to the autopsy stating that no evidence of abuse was determined. Case closed, family referred to services available in the community; The family is attending Grief Counseling at the [REDACTED], 12 week program.

D. Case Workers

Case Worker: [REDACTED]

Date: 05/12/2014

Team Leader: [REDACTED]

Date: 05/12/2014

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 was unable to interview the ACV due to being deceased.

CPSI observed the home and found the home to be very clean and well-kept. No visible safety hazards were observed.

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

The autopsy performed by the Medical Examiner's office in [REDACTED] determined that the cause of death is undetermined but that there was nothing suspicious surrounding the Death of [REDACTED]



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

CPSI interviewed [REDACTED], paternal grandmother, [REDACTED] of [REDACTED] as a support. CPSI [REDACTED] called [REDACTED] later on that day. She states that both [REDACTED] and [REDACTED] are loving, attentive parents and she has never ever had any concerns regarding their parenting skills. She stated that [REDACTED] has devoted her life the last few years, to raising [REDACTED] kind children and the children were her world. She states that [REDACTED] would never hurt her children ever.

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

CPSI [REDACTED] spoke to the Detective assigned to this case, Detective [REDACTED] stated that he had no concerns with the family and had no suspicions that there was any wrong doing on the part of the mother, [REDACTED] [REDACTED]. He has developed a close bond with the family and will let the family know that the case is being closed AUPU. CPSI interviewed [REDACTED] [REDACTED] who stated that she was home alone with the children on 5/5/14. She put [REDACTED] down for a nap around 11am and then she was getting ready to go to McDonald's for lunch because someone had given the kids gift cards and they were going to go play in the play structure. Around 12:30 or so, [REDACTED] [REDACTED] (2), peed on the floor and so she put her in the bathtub. At around 1pm, she realized that she hadn't heard [REDACTED] cry and he usually only slept for an hour or so. She went to check on him and discovered that he had turned 180 degrees in the crib and his head was covered by his blanket and that was not how she had left him. [REDACTED] was unresponsive, not breathing and turning blue. She grabbed him out of the crib and laid him on the floor and gave him some rescue breaths. She then remembered [REDACTED] was in the tub, she noticed the neighbor, [REDACTED] outside so she called to her to come and get [REDACTED] [REDACTED] called 911 and Officer [REDACTED] responded and took over the CPR. She stated that the Officer had put an oxygen mask on [REDACTED] and when the EMS arrived they noticed it was up side down. EMS transported [REDACTED] and she rode along but they were unable to get him to respond and he was pronounced dead upon arrival at [REDACTED]. She stated that a detective had talked to them and said that he had no concerns about the death of their son, but she is feeling responsible since she was the only adult home.

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

The only witness is [REDACTED] [REDACTED] [REDACTED] who recently turned three. She was unable to be interviewed. She has been observed giving her dolls mouth to mouth resuscitation. She is starting in a support group for younger siblings who has lost a sibling to death.

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

Case closed, family referred to services available in the community; The family is attending Grief Counseling at the [REDACTED] [REDACTED] 12 week program.

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:	09/10/2014	Contact Method:	Correspondence
Contact Time:	06:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/10/2014
Completed date:	09/10/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/10/2014 05:00 PM Entered By: [REDACTED]

CPSI [REDACTED] received the complete copies of all of the pictures taken at the family home, including pictures of [REDACTED] bedroom, and the rest of the family home. Also included are pictures of the deceased. The pictures have been placed in the permanent file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2014

Contact Method:

Contact Time: 09:27 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/09/2014

Completed date: 09/09/2014

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: 09/09/2014 09:28 PM Entered By: [REDACTED]

Case Closure

LI [REDACTED] reviewed and approved case for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/08/2014 Contact Method: Correspondence
 Contact Time: 09:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/08/2014
 Completed date: 09/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/08/2014 11:04 AM Entered By: [REDACTED]

CPSI [REDACTED] received the initial Police Report and documents concerning statements from all witnesses and police officers responding:

[REDACTED]:

On 5/5/14 at approximately 13:10 Hours he was dispatched to [REDACTED] in reference to a unresponsive subject. At approximately 13:21 hours [REDACTED] EMS (Paramedic [REDACTED] and [REDACTED]) arrived on scene and transported the subject to [REDACTED] for further medical treatment. CID was then called to the scene and took over the investigation. He observed the mother, [REDACTED] performing CPR on her one year old son , later identified at [REDACTED] (DOB: [REDACTED]) [REDACTED] stated that on todays date she laid [REDACTED] in his crib for a nap. [REDACTED] stated she then went into the other room to assist her other child with a bath. [REDACTED] stated that after about one hour she went into to the bedroom to check on him. [REDACTED] stated that at approximately 13:10 hours she observed [REDACTED] unresponsive, not breathing and turning blue. [REDACTED] state she then dialed 911 and started CPR. Upon his arrival at approx. 13:13 hours, he took over CPR until [REDACTED] EMS arrived on the scene and took over medical aid. EMS transported the subject to [REDACTED]. Criminal Investigative Division was then contacted and Detective [REDACTED] took over further investigation.

EMS Run # [REDACTED]
 Paramedic # [REDACTED]
 Paramedic [REDACTED]
 Paramedic [REDACTED]
 Intern [REDACTED]

Other Personal on scene:
 Deputy [REDACTED]
 Deputy [REDACTED]
 Sgt [REDACTED]
 Sgt. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

(a copy of the official statements is placed in the permanent file).

Statement for [REDACTED], neighbor: She stated that she went to her mail box and was coming back in when [REDACTED] the neighbor across the street, stepped out on her porch and yelled, "[REDACTED] Help!". [REDACTED] ran over there, the baby was already turning color, blue. We tried to do CPR. She was panicking, she was on the phone with 911. The little girl was in the bathtub, yelling mom. [REDACTED] mom, asked me to get her out and I did. She needed to call [REDACTED] (the child's father). She dressed the little girl and she took the little girl to her house and turned on the tv. Later her grandmother came and picked her [REDACTED] up. (a copy was placed in the permanent file)

CPSI [REDACTED] also placed in the permanent file a copy of the Sudden Unexplained Child Death Investigation Report, completed by Detective [REDACTED]

A dvd with pictures of the deceased and the home are placed in the permanent file.

Next Step: Close Case



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/05/2014

Contact Method: Phone Call

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2014

Completed date: 09/05/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2014 05:21 PM Entered By: [REDACTED]

CPSI [REDACTED] called Detective [REDACTED] to request his notes from the investigation. CPSI [REDACTED] left three voice mails. CPSI [REDACTED] also faxed another request for records to the [REDACTED] Sheriff's Department.

Narrative Type: Addendum 1 Entry Date/Time: 09/06/2014 12:09 PM Entered By: [REDACTED]

Detective [REDACTED] called CPSI [REDACTED] back at 9:30pm to say that he thought the the department secretary had sent the paperwork, he apologized and stated that he would get on it on Monday.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2014

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2014

Completed date: 09/05/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2014 05:19 PM Entered By: [REDACTED]

CPSI [REDACTED] called Detective [REDACTED] to request his notes from the investigation. He states that he forgot on Tuesday but will send them tonight.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/05/2014
Completed date:	09/05/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/05/2014 05:22 PM Entered By: [REDACTED]

CPSI also faxed another request for records to the [REDACTED] Sheriff's Department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2014

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2014

Completed date: 09/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2014 05:17 PM Entered By: [REDACTED]

CPSI [REDACTED] called Detective [REDACTED] to request his notes from the investigation. He stated that he will fax them over tomorrow.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

Case Recording Details

Recording ID: ██████████	Status: Completed
Contact Date: 08/28/2014	Contact Method: Face To Face
Contact Time: 08:00 PM	Contact Duration: Less than 01 Hour
Entered By: ██████████	Recorded For:
Location: Family Home	Created Date: 08/29/2014
Completed date: 08/29/2014	Completed By: ██████████
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/29/2014 01:50 PM Entered By: ██████████

CPSI ██████████ made a home visit to follow up with the family. Permission to enter the home was given by ██████████. Also present was ██████████ AP and ██████████ (3). CPSI ██████████ asked the family what they like to do for fun. ██████████ states that they just returned from camping in ██████████ Tennessee with family and that their family has been a big support since the loss of their son. ██████████ travels a lot for work so ██████████ has had lots of friends coming and staying with the family just to keep her company. ██████████ and ██████████ are now in a play group at ██████████ and they attend on Tuesday mornings from 9-11 called ██████████ or ██████████. They get together and do crafts or have different speakers every week. She really enjoys getting out of the house and connecting with other moms. ██████████ has made some new friends, ██████████ and ██████████ who have come over and spent the night a few times. She and ██████████ continue to attend the Grief Support group at ██████████ and go to counseling with the Associate Pastor, ██████████. They were hesitant at first to go and talk about their loss but now that they have been going for a few months, they really look forward to going. The Support group meets once a week and then the counseling is once a week. ██████████ goes to the kid's group and they have a play time where they also discuss the loss of their siblings and try to get the kids to do play therapy. ██████████ states that she has observed ██████████ giving her dollies mouth to mouth resuscitation and she knows that she is remembering the day that ██████████ died. They have not done anything with his room yet and just aren't sure what they will do with it. They want to remember him the way the room is and that is with the toys all over. He could destroy a room in 5 minutes, with no help from his sister. ██████████ has started talking more and has asked about ██████████ so they have started talking about heaven and seeing ██████████ again someday and that seems to comfort ██████████. The family also goes to a different church on Wednesdays for the ██████████ group that ██████████ attends. It is similar to Sunday School, only on Wednesdays. They attend ██████████ at the ██████████ on ██████████. ██████████ has a sister that lives a few miles away in ██████████ and they go and visit her and her life partner, on Saturdays. She is a counselor at ██████████. They live in a subdivision and ██████████ likes to ride her bike in the subdivision because it is more level and safer than their neighborhood. They got a new puppy shortly after loosing ██████████ and just added two more because they have given them such joy and given ██████████ some companionship. ██████████ will walk the dogs around and around the house on the leash, even in the house. They adore her and won't left her out of their sight. The puppies have become very protective of ██████████, ██████████ and ██████████ have talked recently about getting married. They had always said that they didn't need to get married to be a family but now they are feeling like they would like to get married to honor ██████████ and ██████████ is also starting classes at ██████████ and has decided that she wants to be a social worker and help people that have suffered the loss of a child in their lives. She is excited about the future for



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

the first time in a long time.

Next Step: Obtain notes from Detective [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 09/10/2014 08:26 AM Entered By: [REDACTED]

n this date, CPSI [REDACTED] did observe the deceased child's bedroom. The bedroom had not been touched since [REDACTED] died. His parents stated that they just don't know if they are ready to move anything around in his room because it feels as if he is still here if they leave it in a little disarray. Many toys were on the floor as if [REDACTED] had just played with them. The room was decorated and had lots of pictures on the walls. At this time, the room will be left in tact.



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:	08/28/2014	Contact Method:	Face To Face
Contact Time:	07:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/28/2014
Completed date:	08/28/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/28/2014 06:15 PM Entered By: [REDACTED]

CPSI [REDACTED] traveled to [REDACTED], TN to speak with [REDACTED]. She states that on 5/5/2014, she was outside working in her flower beds, weeding the dandelions out of her flower beds, when she heard someone screaming for help. She looked up and recognized her neighbor, [REDACTED] coming out of her door and screaming for help. She was yelling something about [REDACTED] as they called him and about him not breathing. She ran across the street and into the home to see if she could help out. She said that she helped get her other child, [REDACTED] out of the bathtub and shielded her from watching her mother perform CPR on her brother, but she did see some of it. [REDACTED] states that she and [REDACTED] are good friends and that she has never had to come to their home to help out with kids, but they have had coffee together. She states that [REDACTED] is a loving, caring mother and she never had any concerns regarding the safety of her children. She states that [REDACTED] is very protective of her children and would never allow anything to happen to them. [REDACTED] stated that they attend church together and [REDACTED] and the kids are like family to them. [REDACTED] states that [REDACTED] is still very upset about loosing [REDACTED] and that they haven't touched his room since he passed away. She said it was tragic, but she feels that it was just Sudden Infant Death that caused [REDACTED] to pass away. She states that the family has donated over 500 trees in the community in honor of [REDACTED]. They are hoping to help keep his memory alive.

She stated that she did remember talking to CPSI [REDACTED] on the Saturday following [REDACTED] death, but was really too upset at the time to discuss the circumstances surrounding his passing. She states that she never suspected that the death was not of natural causes.

Next Step: Talk with Detective.



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: 08/28/2014

Contact Method: Phone Call

Contact Time: 06:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2014

Completed date: 08/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2014 06:01 PM Entered By: [REDACTED]

CPSI [REDACTED] called Deputy [REDACTED] from the [REDACTED] Sheriff's Department regarding incidents on 5/5/2014. He was the first responder to the address, [REDACTED] TN. He stated that he was responding to a 911 call from the mother, [REDACTED] regarding her son, [REDACTED] being found in his crib, unresponsive.

Deputy [REDACTED] arrived on the scene and he observed the mother, [REDACTED] performing CPR on her one year old son, [REDACTED]. [REDACTED] stated that she had laid [REDACTED] in his crib for a nap. [REDACTED] then went into the other room to assist her other child with a bath. [REDACTED] stated that at about 1:10 she observed [REDACTED] unresponsive, not breathing, and turning blue. [REDACTED] stated that she dialed 911 and started CPR. Upon his arrival, Deputy [REDACTED] took over CPR at 1:13 and at 1:21 [REDACTED] Emergency Medical System, ambulance, arrived on the scene. Paramedic [REDACTED] arrived on the scene and transported the baby to [REDACTED] for further treatment. The CID (Criminal Investigation Division) was then called to the scene and took over the investigation. Detective [REDACTED] took over further investigation.



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: 08/28/2014

Contact Method: Phone Call

Contact Time: 05:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2014

Completed date: 08/28/2014

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: 08/28/2014 05:36 PM Entered By: [REDACTED]

CPSI [REDACTED] called Detective [REDACTED] regarding the interviews that he conducted following the death of [REDACTED]. He is currently out of town and will not return until 9/4/2014. He will send a copy of the full police report and the interviews conducted when he comes back to town.



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: 08/28/2014

Contact Method: Phone Call

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2014

Completed date: 08/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2014 06:23 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED]. She attends the [REDACTED] with [REDACTED] and [REDACTED]. She states that she loves them, dearly. They attend the same Grief support group and counseling at the church due to loosing their daughter, [REDACTED] in an accident in [REDACTED]. They have shared lots of tears and have supported the family through the loss of their son, [REDACTED]. She has no concerns with the family and feels very sad for their loss. She stated that they had a balloon release last weekend in memory of the children that have been lost through the group.

CPSI [REDACTED] spoke with [REDACTED] pastor, [REDACTED] and the facilitator of the grief support group and counseling. He states that [REDACTED] and [REDACTED] are having a hard time with the loss of their son, but they are making progress. It was him who suggested doing the balloon launch. He states that the group will continue for about one year. [REDACTED] and [REDACTED] have not missed one day of the group and are working hard to deal with their loss.



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:	08/28/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/04/2014
Completed date:	09/04/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notification of Classification		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/04/2014 12:50 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) entered the classification AUPU into the classification tab in TFACTS.

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

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the DCS [REDACTED] Child Protective Investigation Team on 08/20/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2014

Contact Method: Correspondence

Contact Time: 02:33 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/21/2014

Completed date: 08/21/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2014 02:35 PM Entered By: [REDACTED]

CPSI [REDACTED] received the Autopsy report from [REDACTED]. The cause of death could not be determined. There were no concerns noted and no previous injuries noted on the ACV. The ACV did have some pulmonary congestion and edema and mild bronchopneumonia.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/20/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/21/2014

Completed date: 08/21/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2014 02:37 PM Entered By: [REDACTED]

This case was presented at the Child Protective Investigative Team (CPIT) meeting and everyone agreed to close as AUPU. The form was completed and located in the file. General [REDACTED] noted that he knows the family and that he had no concerns regarding the death of the child.



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: 08/19/2014

Contact Method:

Contact Time: 09:36 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

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: 08/19/2014 09:37 AM Entered By: [REDACTED]

Case Conference

LI [REDACTED] conducted a case conference on this date with Investigator [REDACTED] Investigator [REDACTED] is still awaiting for the autopsy and needs to present the case to CPIT.



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: 08/15/2014

Contact Method: Correspondence

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/15/2014

Completed date: 08/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 08:53 AM Entered By: [REDACTED]

CPSI [REDACTED] will present this case at CPIT on 8/20/2014. Detective [REDACTED] is in agreement that it should be closed 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: 08/14/2014

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2014

Completed date: 08/14/2014

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: 08/14/2014 02:59 PM Entered By: [REDACTED]

Case Summary

Child Protective Services Investigator [REDACTED] (CPSI) received case with allegation of Neglect Death. CPSI was unable to interview the ACV due to being deceased. CPSI [REDACTED] spoke to the Detective assigned to this case, Detective [REDACTED] stated that he had no concerns with the family and had no suspicions that there was any wrong doing on the part of the mother, [REDACTED]. He has developed a close bond with the family and will let the family know that the case is being closed AUPU. CPSI interviewed [REDACTED] who stated that she was home alone with the children on 5/5/14. She put [REDACTED] down for a nap around 11am and then she was getting ready to go to McDonald's for lunch because someone had given the kids gift cards and they were going to go play in the play structure. Around 12:30 or so [REDACTED] (2), peed on the floor and so she put her in the bathtub. At around 1pm, she realized that she hadn't heard [REDACTED] cry and he usually only slept for an hour or so. She went to check on him and discovered that he had turned 180 degrees in the crib and his head was covered by his blanket and that was not how she had left him. [REDACTED] was unresponsive, not breathing and turning blue. She grabbed him out of the crib and laid him on the floor and gave him some rescue breaths. She then remembered [REDACTED] was in the tub, she noticed the neighbor, [REDACTED] outside so she called to her to come and get [REDACTED] [REDACTED] called 911 and Officer [REDACTED] responded and took over the CPR. She stated that the Officer had put an oxygen mask on [REDACTED] and when the EMS arrived they noticed it was up side down. EMS transported [REDACTED] and she rode along but they were unable to get him to respond and he was pronounced dead upon arrival at [REDACTED]. She stated that a detective had talked to them and said that he had no concerns about the death of their son, but she is feeling responsible since she was the only adult home. CPSI interviewed [REDACTED] paternal grandmother [REDACTED] as a support. CPSI [REDACTED] called [REDACTED] later on that day. She states that both [REDACTED] and [REDACTED] are loving, attentive parents and she has never ever had any concerns regarding their parenting skills. She stated that [REDACTED] has devoted her life the last few years, to raising Godly, kind children and the children were her world. She states that [REDACTED] would never hurt her children ever. CPSI observed the home and found the home to be very clean and well-kept. No visible safety hazards were observed. CPSI is closing the case as AUPU due to the autopsy stating that no evidence of abuse was determined. Case closed, family referred to services available in the community; The family is attending Grief Counseling at the [REDACTED] 12 week program.

The 740 was completed. A copy of the 740 was sent to the Judge. A copy of the 740 was sent to the DA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Closing Family Composition:

[REDACTED] mother
[REDACTED] father
[REDACTED] 3



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: 08/14/2014 Contact Method: Face To Face
 Contact Time: 05:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/14/2014
 Completed date: 08/14/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/14/2014 04:32 PM Entered By: [REDACTED]
 CPSI [REDACTED] made a face to face with the family and Detective [REDACTED] to inform the family that the case was closing. Present were [REDACTED] and [REDACTED]. The parents are relieved that the case is closing.



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: 08/14/2014

Contact Method: Phone Call

Contact Time: 04:28 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2014

Completed date: 08/14/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/14/2014 04:30 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted Detective [REDACTED] to let him know that the autopsy had been completed and that the cause of death was not suspicious but un-determined. It was arranged that CPSI [REDACTED] and Det. [REDACTED] will meet with the family tonight to let them know that the case will be closing.



**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:	08/14/2014	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/14/2014
Completed date:	08/14/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/14/2014 03:40 PM Entered By: [REDACTED]

CPSI [REDACTED] completed the Closing Safety SDM Assessment. 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.



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: 08/14/2014

Contact Method: Phone Call

Contact Time: 02:56 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2014

Completed date: 08/14/2014

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: 08/14/2014 02:57 PM Entered By: [REDACTED]

CPSI [REDACTED] called the Medical Examiner, [REDACTED] to check the status of the Autopsy. The report was completed yesterday! A copy should be in the mail soon. A cause of death was listed as unable to be determined.



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: 08/01/2014 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/07/2014
 Completed date: 08/07/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Sibling Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/07/2014 01:13 PM Entered By: [REDACTED]

CPSI [REDACTED] received a visit from [REDACTED]. They stopped by to see the office and check in. They are getting ready to go on vacation again and they are looking forward to getting away. They are going to [REDACTED] to visit family. [REDACTED] just started a Grief Therapy at the [REDACTED]. It is a 12 week DVD study and share on Thursdays at 7pm. They are also in a play group for [REDACTED] for children who have lost a sibling. [REDACTED] has been a little concerned about some of [REDACTED] play because she has said that her dolls are dead and she has also been seen giving them mouth to mouth resuscitation. They are going to watch [REDACTED] and see if she might need counseling in the future.

Next Step: Monitor family until Autopsy report is filed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/10/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/29/2014

Completed date: 07/29/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/29/2014 12:04 PM Entered By: [REDACTED]

Case Conference

LI [REDACTED] conducted a case conference on this date with Investigator [REDACTED] Investigator [REDACTED] is still awaiting the autopsy report.

Next Steps: Continue to follow up with the family



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/08/2014 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/08/2014
 Completed date: 07/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2014 11:38 AM Entered By: [REDACTED]

CPSI [REDACTED] made a home visit to follow up with the family. Permission to enter the home was given by [REDACTED]. Also present were [REDACTED] (2) and her mother [REDACTED]. They are getting ready for [REDACTED] 3rd birthday party and are trying to get on with their lives. The family continues in grief counseling at their church, [REDACTED] TN. The child, [REDACTED] was observed to be healthy and well-bonded with both of her parents. There were no marks or bruising present on the child. The family is not in need of any services at this time. They are looking for to being able to close this case soon hopefully. With CPSI [REDACTED] visiting it has been an awful reminder of that day they lost [REDACTED]. [REDACTED] states that she needs to start getting out more but she is still preferring to stay home. They did enjoy their vacation.

Next Step: follow up with Medical Examiner.



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: 07/08/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2014

Completed date: 07/08/2014

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: 07/08/2014 11:43 AM Entered By: [REDACTED]

CPSI [REDACTED] called the Medical Examiner, [REDACTED] on this case # [REDACTED] and the autopsy is still not completed.



**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:	07/01/2014	Contact Method:	Phone Call
Contact Time:	11:21 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/01/2014
Completed date:	07/01/2014	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: 07/01/2014 11:23 AM Entered By: [REDACTED]
 CPSI [REDACTED] called the Medical Examiner's Office in [REDACTED] [REDACTED] The autopsy is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/06/2014 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/08/2014
 Completed date: 06/08/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2014 05:05 PM Entered By: [REDACTED]

CPSI [REDACTED] made a home visit to follow up with the family. Present were the parents, [REDACTED] and [REDACTED] and their daughter [REDACTED] almost 3. Permission to enter the home was given by [REDACTED]. The family reports that the last month has been very hard for all of them but they are adjusting to the loss of their son, [REDACTED]. They have been donating trees to area school and area neighborhoods to plant in [REDACTED] honor. They state that this has been very comforting for them as a family.

CPSI [REDACTED] asked the family if they were in need of any services and they stated no. CPSI [REDACTED] suggested grief counseling to help them deal with the sudden loss of their son and they stated that they are still considering it. CPSI [REDACTED] again provided a list of area grief counselors and also support groups for parents that have suffered the loss of a child.

The family is going on vacation next week to [REDACTED] to a convention for [REDACTED] and also for the families of the workers. They are looking forward to getting away and hopefully restoring some of the laughter that they have lost lately.

CPSI [REDACTED] observed [REDACTED] to be free of any marks or bruises and well bonded with both parents. She is very apprehensive of CPSI [REDACTED] though. They were asked to stay in touch and let CPSI [REDACTED] know how they are doing. They thanked CPSI [REDACTED] for calling Detective [REDACTED] and he has since stopped by and answered some of their questions regarding the autopsy of their son, [REDACTED]. They would like some answers regarding his passing, but they also realize that they may never quite know what happened to their baby. They were asked to stay in touch and plan a visit for next month.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/04/2014

Contact Method: Phone Call

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/04/2014

Completed date: 06/04/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/04/2014 08:48 AM Entered By: [REDACTED]

CPSI [REDACTED] called the Medical Examiner, [REDACTED] to check the status of the Autopsy. The report has not been completed and the estimated time of completion is August.



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: 05/28/2014

Contact Method: Phone Call

Contact Time: 01:08 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/28/2014

Completed date: 05/28/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/28/2014 01:14 PM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED]. She stated that they still had not heard from Detective [REDACTED]. They were just wondering if the autopsy report had come in and CPSI [REDACTED] told them it would be months, but that I would have Detective [REDACTED] call them. CPSI [REDACTED] set an appointment for next Thursday at 4pm for the monthly face to face with the family.

CPSI [REDACTED] called Detective [REDACTED], he stated that he has been in a lot of trainings and had received their messages, he will try to stop by there today or tomorrow to talk to the family.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/27/2014	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/05/2014
Completed date:	09/05/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/05/2014 05:18 PM Entered By: [REDACTED]
 CPSI [REDACTED] called Detective [REDACTED] to request his notes from the investigation.



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: 05/22/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2014

Completed date: 08/28/2014

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: 08/28/2014 05:40 PM Entered By: [REDACTED]

CPSI [REDACTED] received the complete medical records from [REDACTED]. The chest x-ray did reveal atelectasis or infiltrate, showing some pneumonia present in the ACV [REDACTED] body. His cause of death was listed as Cardiac Arrest, and Acute respiratory failure.



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: 05/19/2014

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/19/2014

Completed date: 05/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/19/2014 09:10 AM Entered By: [REDACTED]

CPSI [REDACTED] faxed a request for the autopsy results to the Medical Examiner's office in [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/19/2014

Contact Method:

Contact Time: 02:47 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/19/2014

Completed date: 05/19/2014

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: 05/19/2014 02:52 PM Entered By: [REDACTED]

Case Conference

Lead Investigator [REDACTED] conducted a case conference on this date with CPSI [REDACTED]. CPSI was assigned to this case on 5/9/2014 as a P1 Neglect Death. The victim is [REDACTED] (1) and the alleged perp [REDACTED] (mom). Investigator [REDACTED] went to the residence to meet response on the case. Investigator was unable to see the victim due to being deceased. The parents were interviewed and the sibling was observed. The worker didn't have any concerns about the home. The parents are still grieving over what has happened to their child. The parents are receiving counseling through their church. An autopsy has been requested on the victim.

Next Steps: present to CPIT,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/12/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/12/2014

Completed date: 05/19/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/12/2014 11:31 AM Entered By: [REDACTED]

Background Check

Child Protective Services Investigator [REDACTED] (CPSI) received the records check from the [REDACTED] Sheriff's Department and completed SSMS checks on all perpetrators. There was not SSMS history. The local background checks back clear for both [REDACTED].

This CPSI completed checks on all perpetrators at the following websites:

TN Sex Offender - negative

National Sex Offender - negative

TN Felony Offender - negative

Out of State Probation Registry - negative

TN Meth Offender - negative

Abuse Registry - negative



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: Created In Error

Contact Date: 05/12/2014

Contact Method: Correspondence

Contact Time: 11:29 AM

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): Safety - Child/Community

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/12/2014 11:30 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) entered the classification AUPU into the classification tab in TFACTS.

Narrative Type: Created In Error Entry Date/Time: 09/04/2014 12:48 PM Entered By: [REDACTED]

CPSI [REDACTED] should have waited to classify the case until the autopsy report was 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: 05/10/2014 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 05/12/2014
 Completed date: 05/12/2014 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,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/12/2014 11:18 AM Entered By: [REDACTED]
 Child Protective Services Investigator [REDACTED] (CPSI) made a home visit to initiate the investigation.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

Interview with the mother, [REDACTED] private, kitchen of family home:

[REDACTED] met with CPSI [REDACTED] but was quickly overcome with emotion. She states that she was home alone with the children on 5/5/14. She put [REDACTED] down for a nap around 11am and then she was getting ready to go to McDonald's for lunch because someone had given the kids gift cards and they were going to go play in the play structure. Around 12:30 or so, [REDACTED] (2), peed on the floor and so she put her in the bathtub. At around 1pm, she realized that she hadn't heard [REDACTED] cry and he usually only slept for an hour or so. She went to check on him and discovered that he had turned 180 degrees in the crib and his head was covered by his blanket and that was not how she had left him. [REDACTED] was unresponsive, not breathing and turning blue. She grabbed him out of the crib and laid him on the floor and gave him some rescue breaths. She then remembered [REDACTED] was in the tub, she noticed the neighbor [REDACTED] outside so she called to her to come and get [REDACTED] called 911 and Officer [REDACTED] responded and took over the CPR. She stated that the Officer had put an oxygen mask on [REDACTED] and when the EMS arrived they noticed it was up side down. EMS transported [REDACTED] and she rode along but they were unable to get him to respond and he was pronounced dead upon arrival at [REDACTED]. She stated that a detective had talked to them and said that he had no concerns about the death of their son, but she is feeling responsible since she was the only adult home. She cried frequently throughout the interview and said she couldn't believe [REDACTED] was gone. She stated that she is a stay at home mother, and that is all she ever wanted to do.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The parents answered the following questions:

Pediatrician: Dr. [REDACTED]

Are the children current on Immunizations: yes.

Mental Health: none

Physical Health/Disability: none.

Medications: [REDACTED] had RSV when he was 9 months old and had a nebulizer for breathing problems.

Domestic Violence: denies.

Alcohol/Drug Use: denies,

School Attendance/Performance: NA

Department History: none.

Police History: none.

Employment: [REDACTED] was for [REDACTED]

Government Assistance: [REDACTED] was on TennCare.

Prior Residence Cities: none.

Primary Caretaker History of Abuse/Neglect: None.

Interview with the father, [REDACTED] private:

[REDACTED] stated that he was golfing in the [REDACTED] area when he got a call from [REDACTED] regarding their son, [REDACTED]. She was hysterical and crying and saying that she didn't know what happened. She had put him down for a nap, and when she went to check on him he wasn't breathing and blue. He states that he is not at all concerned about DCS being there and was actually glad that someone was answering their questions. After the Detective left, the Detective said he would call them and keep them posted on the investigation but he hasn't called them back and they had questions. CPSI [REDACTED] provided his contact number so they can call with their questions.

CPSI [REDACTED] observed the other [REDACTED]. She was unable to contribute to this investigation due to her tender age of two.

The family identified [REDACTED], paternal grandmother [REDACTED] as a support. CPSI [REDACTED] called [REDACTED] later on that day. She states that both [REDACTED] are loving, attentive parents and she has never ever had any concerns regarding their parenting skills. She stated that [REDACTED] has devoted her life the last few years, to raising Godly, kind children and the children were her world. She states that [REDACTED] would never hurt her children ever.

CPSI observed

Document: photo was taken of [REDACTED] and is in the file.

1. interactions between mother/father and child, [REDACTED] very appropriate and loving.
2. observation and presentation (No slurred speech, injuries, developmental delays or handicaps, clothing, red eyes, etc.) of child and other individuals in the home, or of parents.
3. observation of physical environment-inside and outside-clean and immaculate, no clutter, no visible safety hazards. Lots of toys observed in both of the children's bedrooms.

Next Steps:

Autopsy report, Death report

Narrative Type: Addendum 1 Entry Date/Time: 09/10/2014 08:23 AM Entered By: [REDACTED]

On this date, CPSI [REDACTED] did observe the deceased child's bedroom. The bedroom had not been touched since Tuesdays. The child's crib was on the far wall opposite the door. Many toys were on the floor as if [REDACTED] had just played with them. The room was decorated and had lots of pictures on the walls. The crib mattress had been stripped by the CIU and the child's blanket had been taken as evidence. CPSI [REDACTED] had no concerns with the child's room.



**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: 05/09/2014 Contact Method:
 Contact Time: 06:00 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): 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: 05/12/2014 10:40 AM Entered By: [REDACTED]

Case Assignment

Child Protective Services Investigator [REDACTED] (CPSI) was assigned this case alleging Neglect Death. It was assigned as a P(1), Investigative case. The referral was assessed and assigned by TL [REDACTED] Response is due on 05/10/2014.

Referral Summary:

On 5-5-14 at approximately 1310 hours I, Deputy [REDACTED] was dispatched to [REDACTED] in reference to a unresponsive subject. At approximately 1321 hours [REDACTED] EMS (Paramedic [REDACTED]) arrived on scene and transported the subject to [REDACTED] for further medical treatment. CID was then called to the scene and took over the investigation. For further information see investigative report.

SUPPLEMENTAL/ FOLLOWUP PAGE

Officer [REDACTED] Follow-up Date: 5-5-14

NARRATIVE:

On 5-5-14 at approx. 1310 hours I, Deputy [REDACTED] was dispatched to [REDACTED] in reference to a unresponsive child. Upon my arrival I observed a [REDACTED] (Mother) performing CPR on her 1 year old son, later identified as [REDACTED] [REDACTED] stated that on todays date she laid [REDACTED] in his crib for a nap. [REDACTED] stated she then went into the other room to assist her other child with a bath. [REDACTED] stated that after approx. 1 hour she went into the bedroom to check on him. [REDACTED] stated that at approx. 1310 hours she observed [REDACTED] unresponsive, not breathing and turning blue. [REDACTED] stated that she dialed 911 and started CPR. Upon my arrival at approx. 1313 hrs. I took over CPR until [REDACTED] EMS arrived on scene and took over medical aid. EMS transported the subject to [REDACTED] [REDACTED]. Criminal Investigation Division was contacted and Detective [REDACTED] took over further investigation.

EMS Run # [REDACTED]
 Paramedic # [REDACTED]
 Paramedic [REDACTED]
 Paramedic [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Paramedic [REDACTED]

Other Personal on scene:

Deputy [REDACTED]

Deputy [REDACTED]

Sgt [REDACTED]

Sgt [REDACTED]

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

No TFACTS history was found.

Initial Family Composition:

[REDACTED] (1) lives with his mother, [REDACTED] and his father, [REDACTED]

Notification of referral was sent to the Judge. Notification of this referral was sent to the District 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:	05/09/2014	Contact Method:	Correspondence
Contact Time:	05:01 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):	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: 05/12/2014 10:39 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) faxed the referral to [REDACTED] CO in order to convene the Child Protective Investigative Team (CPIT). Det. [REDACTED] was assigned to this investigation.



**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:	05/09/2014	Contact Method:	Phone Call
Contact Time:	05:00 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):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/12/2014 10:38 AM Entered By: [REDACTED]
 CPSI [REDACTED] contacted the referent. They had nothing further to add to the investigation at this time.

Narrative Type: Addendum 1 Entry Date/Time: 07/01/2014 11:24 AM Entered By: [REDACTED]
 Notification of the referral was mailed to the referent.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 5/9/14 5:59 PM

Date of Assessment: 5/12/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____