



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

Case # 2014.087

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	06/09/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	06/09/2014		
Child's Name:	████████████████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	████████████████████	Father:	████████████████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	N/A	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					

**Describe (in detail) circumstances surrounding death/near death:**

On 6/9/2014, Sargent ██████████ and ██████████ from the ██████████ Police Department responded to a unresponsive ten month old infant at ██████████ (██████████) in ██████████. At approximately 9:00 a.m., the child ██████████ was found unresponsive in his bed by the mother ██████████ in the apartment.

**If this is a near death certified by a physician, identify physician by name and provide contact information:**

Name of Physician:	N/A	Telephone #	(██████) ████████-██████
Street Address:	N/A	City/State/Zip:	N/A

**Describe (in detail) interview with family:**

On 6/9/2014, Child Protective Service Investigator ██████████ interviewed the mother ██████████ at the family apartment on ██████████. On 6/8/2014, ██████████ stated she fed ██████████ and her two year old son ██████████ around 7:00 p.m. She fed ██████████ a can of vienna sausages and water. She put both children to bed around 9:00 p.m. She stated around 10:30/11:00 p.m., ██████████ was crying and fussy. She went to the room to check on him. After consoling him, he went back to sleep. She stated this morning she fixed the boys breakfast. She went to the room to wake them up and noticed ██████████ was face down in his pillow. When she turned him over his face was purple and his body was cold to the touch. She stated she call the father ██████████ at his job and immediately call 911. She stated she performed CPR on ██████████ until the paramedics arrived.

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

██████████ was transported by ambulance to the ██████████ to be examine by the medical examiner.

**Describe disposition of body (Death):** The mother stated that ██████████ was lying face down in his pillow when she enter the room.

Name of Medical Examiner/Coroner:	██████████	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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Type:	N/A	Case #:	N/A
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**Describe law enforcement or court involvement, if applicable:**

On 6/9/2014, Sargent ██████████ and Lieutenant ██████████ received a call from the Emergency Medical Services to respond to an unresponsive 10 month old infant at ██████████ County. The parents ██████████ were interviewed by Sgt. ██████████ at the family apartment. Sgt. ██████████ made contact with the family again at the ██████████ emergency room and medical personnel before ██████████ body was transported to ██████████ for an autopsy.

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

**Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):**

The maternal grandparents and the paternal grandmother will stay with the parents and [REDACTED] at their apartment at [REDACTED].  
It was recommended for the parents to participate in grief counseling.

<b>Name:</b> [REDACTED]	<b>Age:</b> 2
<b>Name:</b> N/A	<b>Age:</b> N/A

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /	N/A	N/A	N/A	N/A	N/A
/ /	N/A	N/A	N/A	N/A	N/A
/ /	N/A	N/A	N/A	N/a	N/A
/ /	N/A	N/A	N/A	N/A	N/A
/ /	N/A	N/A	N/A	N/A	N/A
/ /	N/A	N/A	N/A	N/A	N/A
/ /	N/A	N/A	N/A	N/A	N/A

**Any media inquiry or is attention expected?**  No  Yes **List organizations requesting information:** n/a

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

<b>Contact Person:</b> [REDACTED]	<b>Telephone Number:</b> [REDACTED]
<b>Case Manager:</b> [REDACTED]	<b>Telephone Number:</b> [REDACTED]
<b>Team Leader:</b> [REDACTED]	<b>Telephone Number:</b> [REDACTED]
<b>Team Coordinator:</b> [REDACTED]	<b>Telephone Number:</b> [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: 06/09/2014 12:40 PM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 06/09/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 06/09/2014 03:15 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 06/09/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 06/09/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: None  
 Narrative: This is not a custodial child.  
 TFACTS: No History Found  
 Family Case IDs: None  
 Open Court Custody/FSS/FCIP No  
 Closed Court Custody No  
 Open CPS - No  
 Substantiated No

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

Death None prior

Screened out No

History (not listed above): No

SSMS: [REDACTED] negative [REDACTED]: negative \*\* [REDACTED] negative \*\* [REDACTED]  
negative

County [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: No

Directions: None Given

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

Reporter states: [REDACTED] (10 months) lived with his mother ([REDACTED]), father ([REDACTED]), and brother ([REDACTED] 2 years). It is believed that [REDACTED] and [REDACTED] are the parents to both children.

On June 9, 2014, at approximately 9:00 AM, the mother ([REDACTED]) woke up and went to check on [REDACTED]. She found [REDACTED] non-responsive. [REDACTED] called 911 and did attempt CPR on [REDACTED]. At 9:26 AM, EMS (Emergency Medical Services) pronounced [REDACTED] deceased. [REDACTED] Police Department responded to the home. Photographs have been taken of the inside of the home.

[REDACTED] (father) was at work at the time [REDACTED] was found non-responsive. [REDACTED] (mother) was home with [REDACTED] and [REDACTED]. [REDACTED] was notified of the situation by [REDACTED] right before she called EMS. [REDACTED] did respond to the home while the police were still there.

[REDACTED] said she laid [REDACTED] down at 11:00 PM for the night on June 8, 2014. The mother did not state that she checked on [REDACTED] during the night at all. The father also did not go in to check on [REDACTED] during the night. [REDACTED] shares a room with [REDACTED]. [REDACTED] was on a mattress on the floor. [REDACTED] sleeps on his own bed in the room. [REDACTED] does have access to [REDACTED] in the room.

[REDACTED] had no observable marks, bruises or abrasions that would indicate foul play. [REDACTED] did have a blanket on the mattress. [REDACTED] had his mouth on the pillow when the mother found him, according to the mother's account. No marks were on [REDACTED] face that would indicate he had a lack of oxygen.

[REDACTED] has been taken to the medical examiner's office in [REDACTED] TN for an autopsy. The mother, father and [REDACTED] are together and on their way to the [REDACTED] Department of Children's Services to speak to the worker ([REDACTED]) who responded to the home this morning.

The home appeared to be clean, outside of toys in the floor throughout the home. There were no concerns about [REDACTED] sleeping arrangements. The reporter is not aware of the family having a history with the Department of Children's Services or with the police. Today is the first time the reporter has been to the home. The reporter is not aware of any signs of neglect or abuse in the home.

[REDACTED] had no known special needs or disabilities. [REDACTED] has known special needs or disabilities. The reporter did not observe any guns, weapons, knives or vicious animals at the home.

County group emailed.

Per SDM: Investigative Track, P1, Neglect Death (severe), [REDACTED] TL on 6-9-14 @ 1:25 pm

Notified Child Death Group via email [REDACTED]  
[REDACTED] was also copied on the notification email, as well as [REDACTED] and [REDACTED]



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



**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:**

**Age:** 2 Yrs 4 Mos (Est)

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:**

**Participant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED]

Race: Black/African

Age: Deceased

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

Deceased Date: 06/09/2014

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 25 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/09/2014

Assignment Date: 06/09/2014

Street Address:

City/State/Zip:

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/28/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Allegations unsubstantiated

**D. Case Workers**

Case Worker: [REDACTED]

Date: 08/28/2014

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:**

On 6/9/14, ten month old [REDACTED] was found unresponsive at the family home. CPS Inv. [REDACTED] and Sgt. [REDACTED] observed [REDACTED] body at the [REDACTED]. There were no visible marks or bruises observed on the child.

**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 results on [REDACTED] states manner and cause of death undetermined

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

The mother [REDACTED] stated she fed [REDACTED] and her two year old son [REDACTED] around 7:00 p.m.. She fed [REDACTED] a vienna sausage and water. She stated she put them to bed around 9:00 p.m. She stated around 10:30/11:00 p.m. [REDACTED] was crying and fussy. She went to the room to check on him. After consoling him, he went back to sleep. She stated this morning she fixed the boys breakfast. She went to the



**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]

room to wake them up and noticed [REDACTED] was face down in his pillow and his face was purple. She stated when she touched him his body was cold. She stated she call the father [REDACTED] at his job and immediately call 911. She stated she performed CPR on [REDACTED] until the paramedics arrived.

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

The report states that ten-month old [REDACTED] was found unresponsive by his mother [REDACTED] at the family apartment. The mother reports [REDACTED] was lying face down in his pillow when she entered the room. The father was not at home. The mother called 911 and attempted to perform CPR on [REDACTED] [REDACTED] was pronounced deceased at 9:26 a.m. [REDACTED] had no visible marks, bruises or abrasions that would indicate foul play. [REDACTED] body was taken to the medical examiner office in [REDACTED] Tennessee for an autopsy.

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

The autopsy results on [REDACTED] [REDACTED] states the manner of death and cause of death could not be determined. At this time there is no evidence to support the allegations of Neglect Death as defined by DCS Policy. There is no medical evidence and no witnesses to support the allegations. The investigation is closed as allegations unsubstantiated/perpetrator unsubstantiated.

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: 09/18/2014

Contact Method:

Contact Time: 02:33 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2014

Completed date: 09/19/2014

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: 09/19/2014 03:18 PM Entered By: [REDACTED]

CPS Inv. [REDACTED] requested the [REDACTED] Police Department event report/call log from Sgt. [REDACTED] on the 6/9/14. 911 call made from the mother [REDACTED] was received @ 9:14 a.m., law enforcement [REDACTED] Police Department was dispatched @ 9:16. Law enforcement responded to the dispatch call @ 9:16 enroute to the [REDACTED] resident. First officer arrive at the resident @ 9:19 a.m. Sgt. [REDACTED] with the [REDACTED] Police Department was dispatched @ 9:22 a.m. Sgt. [REDACTED] arrived at the resident at approximately 9:32 a.m. (see attachment).

Medical Examiner [REDACTED] pronounced ten-month old [REDACTED] death at the scene @ 9:26 a.m.



**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: 09/12/2014

Contact Method:

Contact Time: 02:01 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/12/2014

Completed date: 09/12/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/12/2014 02:01 PM      Entered By: [REDACTED]

LI [REDACTED] has reviewed the case recordings and file. LI [REDACTED] finds that the case manager has completed the following casework: observation and forensic interview with the child, interview with the alleged perpetrator, interview with the victim and perpetrator's parents/caretaker, convened with CPIT and home visit. The safety assessment was completed and there were no immediate harm factors. Supervisor agrees with the case manager's classification of the allegation. No further Child Protective Services will be provided at this time.



**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:

Contact Time: 10:59 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): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/28/2014 10:59 AM      Entered By: [REDACTED]

CPS [REDACTED] completed the initial safety assessment and the safety decision is safe.  
 A copy of the assessment is in the case 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: 08/28/2014

Contact Method:

Contact Time: 10:58 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): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/28/2014 10:59 AM      Entered By: [REDACTED]

Child Protective Services Investigation Summary & Classification Decision of Child Abuse/Neglect Referral (CS-0740) completed, placed in the file, and distributed to the designated officials (Juvenile Court, Regional General Counsel and 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: 08/28/2014

Contact Method:

Contact Time: 10:57 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): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2014 10:58 AM Entered By: [REDACTED]

## Case Summary:

DCS policy defines Child Death 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 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.

The report states that ten-month old [REDACTED] was found unresponsive by his mother [REDACTED] at the family apartment. The mother reports [REDACTED] was lying face down in his pillow when she entered the room. The father was not at home. The mother called 911 and attempted to perform CPR on [REDACTED]. [REDACTED] was pronounced deceased at 9:26 a.m. [REDACTED] had no visible marks, bruises or abrasions that would indicate foul play. [REDACTED] body was taken to the medical examiner office in [REDACTED] Tennessee for an autopsy.

On 6/9/2014, Child Protective Service Investigator [REDACTED] interviewed the mother [REDACTED] at the family home on [REDACTED]. On 6/8/2014, [REDACTED] stated she fed [REDACTED] and her two year old son [REDACTED] around 7:00 p.m. She fed [REDACTED] a Vienna sausage and water. She stated she put them to bed around 9:00 p.m. She stated around 10:30/11:00 p.m. [REDACTED] was crying and fussy. She went to the room to check on him. After consoling him, he went back to sleep. She stated this morning she fixed the boys breakfast. She went to the room to wake them up and noticed [REDACTED] was face down in his pillow and his face was purple. She stated when she touched him his body was cold. She stated she call the father [REDACTED] at his job and immediately calls 911. She stated she performed CPR on [REDACTED] until the paramedics arrived.

&amp;# [REDACTED] # [REDACTED] # [REDACTED]

The autopsy results on [REDACTED] [REDACTED] states the manner of death and cause of death could not be determined.

At this time there is no evidence to support the allegations of Neglect Death as defined by DCS Policy. There is no medical evidence and no witnesses to support the allegations. The investigation is closed as allegations unsubstantiated/perpetrator unsubstantiated.



**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:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	08/28/2014
Completed date:	08/28/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Parent/Caretaker Interview, Other Child Living in the Home Interview/Observation		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/28/2014 10:57 AM      Entered By: [REDACTED]

The parents [REDACTED], [REDACTED] and their two year son [REDACTED] came to the [REDACTED] this morning to meet with CPS Inv. [REDACTED] to review the autopsy results on their son [REDACTED]. The maternal grandmother [REDACTED] came with the parents for support. Two year old [REDACTED] was observed to be appropriately dressed and clean on this visit. Inv. [REDACTED] informed the family that she received the autopsy report and the manner and cause of death could not be determined which will be classified as SIDS. [REDACTED] was very emotional during the meeting stating she felt like she was re-living the day her son passed away. The parents stated they were relieved to know that they didn't do anything wrong parenting their son. Inv. [REDACTED] followed up with the parents concerning the counseling sessions. They stated they are still in counseling with the [REDACTED] at [REDACTED]. [REDACTED] stated she talked to her mother about individual counseling and they plan to follow up with that as well. [REDACTED] told the Investigator she has Blue Cross Blue Shield insurance and they have to use [REDACTED] for EAP counseling but she will call so find out if there are other counselors she can call. Inv. [REDACTED] provided the parents with the Sudden Unexplained Death in Childhood website to research and a copy of the Safe Sleep Saves Lives pamphlet on Sudden Infant Death Syndrome. Inv. [REDACTED] encouraged the parents to follow up with counseling services to help deal with unanswered questions they may have concerning the passing of their son. The maternal grandmother [REDACTED] thanked the Investigator for assisting the family during this investigation. Inv. [REDACTED] also informed the family that she will be submitting the investigation to her supervisor for closure. However, if they have any questions please do not hesitate to call her. Inv. [REDACTED] ends the visit with the family and thanked them for meeting with her today.



**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: 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): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/28/2014 10:55 AM      Entered By: [REDACTED]

Inv. [REDACTED] called the mother [REDACTED] and informed her that she has received the autopsy report on [REDACTED] and requested to meet with both parents to discuss the results. We agreed to meet tomorrow morning @ 9:00 a.m. at the [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: 08/25/2014

Contact Method:

Contact Time: 02:00 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): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/28/2014 11:56 AM      Entered By: [REDACTED]

Sgt. [REDACTED] provided Inv. [REDACTED] with a copy of the autopsy report on [REDACTED] [REDACTED] Manner and cause of death; undetermined



**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:	07/06/2014	Contact Method:	Face To Face
Contact Time:	06:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	08/08/2014
Completed date:	08/08/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2014 01:41 PM Entered By: [REDACTED]

CPS Inv. [REDACTED] made a face/face visit with two year old [REDACTED] and the mother [REDACTED] at the paternal grandmother [REDACTED] home or [REDACTED] Inv. [REDACTED] met with [REDACTED] to follow-up on the family progress. [REDACTED] stated she and [REDACTED] has not been back to their apartment since [REDACTED] death. She stated they had a private funeral in the chapel at [REDACTED]. She stated she has a good and bad days but she is trying to move on because she has to focus on [REDACTED]. She stated she moved in with her elderly grandmother to help take care of her. She stated she is not working now because the company that hired her needed someone to work right away. She stated she is in the process of looking for employment. Inv. [REDACTED] talks to [REDACTED] about counseling. [REDACTED] stated she and [REDACTED] are in counseling with [REDACTED] at the [REDACTED] but she feels that she needs individual counseling. She stated she still is going through the "what if" and what could she have done differently. Inv. [REDACTED] recommended to [REDACTED] to seek individual counseling and to call the [REDACTED] numbers on the insurance card for assistance for counselors. Inv. [REDACTED] asks to see [REDACTED] while on the visit. [REDACTED] walked the Investigator inside the home. [REDACTED] was sitting on the couch in the living room watching television. [REDACTED] took Inv. [REDACTED] to the room where [REDACTED] was observed sleeping on the bed. [REDACTED] stated she has become very protective of [REDACTED]. [REDACTED] asks the Investigator about the autopsy report. Inv. [REDACTED] told [REDACTED] she has not heard anything from Sgt. [REDACTED] on the autopsy results but she will let her know when she has received any information. Inv. [REDACTED] told [REDACTED] that the case will remain open on the family until she receives the autopsy results. Inv. [REDACTED] told [REDACTED] if she have any questions to please call her and to call her when she has schedule a counseling appointment. Inv. [REDACTED] ends the visit with [REDACTED] and thanked her for talking to her today.



**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: 06/21/2014

Contact Method: Face To Face

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/19/2014

Completed date: 09/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/19/2014 03:46 PM      Entered By: [REDACTED]

CPS Inv. [REDACTED] spoke with family friend [REDACTED] concerning the parents, family and death of [REDACTED]. [REDACTED] stated the family is in shock with the death of [REDACTED]. She stated [REDACTED] was a good baby and the mother takes very good care of her children. She stated she and the maternal grandmother work together and she is currently on leave due to the death of her grandson. She stated the parents and grandparents are in need of grief counseling to help cope with [REDACTED] 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: 06/17/2014

Contact Method:

Contact Time: 10:07 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2014

Completed date: 09/19/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2014 03:24 PM Entered By: [REDACTED]

Medical records for the 6/9/14 visit requested on [REDACTED] [REDACTED] from the [REDACTED]

Reason for visit: Death Services (DOA) Dead on arrival

Cause of Death: Possible SIDS

[REDACTED] body was transported to the state medical examiner's office in [REDACTED] Tennessee

Copies of the medical records will be placed in the DCS hard 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: 06/15/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/19/2014

Completed date: 09/19/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2014 03:04 PM Entered By: [REDACTED]

CPS Inv. [REDACTED] spoke with retired Sgt. [REDACTED] with the [REDACTED] Police Department who is also the great uncle of [REDACTED] and [REDACTED] stated he saw [REDACTED] and [REDACTED] the Sunday afternoon before he passed away playing at the paternal grandmother house at [REDACTED]. He stated he didn't notice any concerns with the child. He stated he did not have any concerns with parents. [REDACTED] stated he also help pay for the [REDACTED] burial at [REDACTED] funeral home. [REDACTED] asks Inv. [REDACTED] if she would talk to the parents about participating in grief counseling to help cope with [REDACTED] 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:	06/12/2014	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/12/2014
Completed date:	06/12/2014	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: 06/12/2014 05:05 PM      Entered By: [REDACTED]

SSMS checks requested on [REDACTED] and [REDACTED]  
 Local criminal background checks requested from the [REDACTED] Police Department and the [REDACTED] Sheriff Department on [REDACTED]

Tennessee Methamphetamine and Felony registry checks on [REDACTED] and [REDACTED] were clear  
 National sex offender registry checks on [REDACTED] were clear  
 Copies of the registry checks will be placed in the DCS hard 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: 06/11/2014

Contact Method: Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/12/2014

Completed date: 06/12/2014

Completed By: [REDACTED]

Purpose(s): Well Being

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/12/2014 01:32 PM      Entered By: [REDACTED]

Inv. [REDACTED] contacted Sgt. [REDACTED] for a follow up on the preliminary autopsy on [REDACTED]. Sgt. [REDACTED] stated the cause of death is still undetermined at this time. Additional testing will be done on the child before a cause of death will 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: 06/09/2014

Contact Method:

Contact Time: 04:51 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2014

Completed date: 06/12/2014

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: 06/09/2014 05:43 PM Entered By: [REDACTED]

Notice of Child Death form email to Lead Coordinator [REDACTED] Program Coordinator [REDACTED] and Lead Investigator [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: 06/09/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2014

Completed date: 06/12/2014

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: 06/09/2014 05:44 PM      Entered By: [REDACTED]

Child Protective Service Investigator [REDACTED] completed the initial safety assessment and the safety decision is conditionally safe.

A copy of the assessment is in the case 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: 06/09/2014

Contact Method:

Contact Time: 02:42 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2014

Completed date: 09/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2014 03:32 PM Entered By: [REDACTED]

Sgt [REDACTED] provided Inv [REDACTED] with a copy of the Sudden Unexplained Infant Death Investigation form on ten month old [REDACTED] for the CPS investigation

A copy of the incident report # [REDACTED] concerning the death of [REDACTED] was also provided for the CPS investigation. The incident report states on 6/9/14, law enforcement observed [REDACTED] motionless and cold body lying in the master bedroom floor. Chest compressions were performed by Office [REDACTED] and a pulse could not be located by Sgt. [REDACTED]. EMS continued CPR in the ambulance when they arrived at the home. The mother [REDACTED] stated in the report that she last checked on [REDACTED] on 6/8/14 at approximately 2300 hours because he started crying. She went to wake him up on 6/9/14 @ approximately 9:10 a.m. and found him face down on his mattress, motionless and the right side of his face was discolored. She picked him up and moved him to her bedroom and called 911. The father [REDACTED] was at work and was not present. The brother [REDACTED] [REDACTED] was present who also shares a room with [REDACTED]. The medical examiner was called to the scene by EMS.

A CD with photos taken by Sgt. [REDACTED] of the home [REDACTED] and [REDACTED] at the [REDACTED]

A copy of the incident report, SUIDI report and CD will be placed in the DCS hard file.  
 Photos were printed and placed in the DCS hard 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: 06/09/2014

Contact Method:

Contact Time: 02:29 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2014

Completed date: 06/12/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/09/2014 05:40 PM      Entered By: [REDACTED]

Medical records faxed to Inv. [REDACTED] from the [REDACTED] on [REDACTED] and [REDACTED] [REDACTED]  
 [REDACTED] and [REDACTED] were seen by Dr. [REDACTED]  
 [REDACTED] had a visit with Dr. [REDACTED] on 5/15/2014

Copies of the medical records will be placed in the DCS hard 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: 06/09/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2014

Completed date: 06/12/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/09/2014 05:32 PM      Entered By: [REDACTED]

Medical records requested on [REDACTED] and [REDACTED] [REDACTED] from the [REDACTED] on [REDACTED] in [REDACTED] County  
 Copies of the medical records will be placed in the DCS hard 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: 06/09/2014

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/12/2014

Completed date: 06/12/2014

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: 06/12/2014 05:08 PM      Entered By: [REDACTED]

CPSI [REDACTED] conference this case with Lead Coordinator [REDACTED] and an autopsy was requested on 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: 06/09/2014 Contact Method: Face To Face  
 Contact Time: 12:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 06/12/2014  
 Completed date: 06/12/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/12/2014 01:31 PM Entered By: [REDACTED]

Child Protective Service Investigators [REDACTED] and [REDACTED] met with the parents [REDACTED] two year old [REDACTED] the maternal grandmother [REDACTED] and paternal grandmother [REDACTED] in the conference room at the [REDACTED] to sign forms for the DCS hard file. CPS Inv. [REDACTED] explained all the forms and engaged the family during the paperwork process. The parents signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. Inv. [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file. They also provided genogram information on the family.

Inv. [REDACTED] gathered more family information from the parents [REDACTED]. The parents stated they have been together for three years. [REDACTED] is the birth father of both children. The couple has resided in their apartment for three months. They do not receive any assistance from the Department of Human Services. [REDACTED] told the Investigator she just started her job at the [REDACTED]. [REDACTED] is employed at [REDACTED]. [REDACTED] stated she relocated from [REDACTED] Tennessee to start her internship at Dr. [REDACTED] dental practice and she had a support system in [REDACTED] to help her with two children. She stated she graduated from [REDACTED] majoring in Dental Assistant.

Inv. [REDACTED] talks to [REDACTED] about her pregnancy with both children. She stated she did not have any complications at birth with both children. She stated [REDACTED] was born at [REDACTED] in [REDACTED] County. [REDACTED] was born at [REDACTED] in [REDACTED] Tennessee. She stated she had prenatal care with both children.

[REDACTED] and [REDACTED] did not report any history of mental illness. They stated they are not taking any prescribed medications. The children are not taking prescribed medications. Inv. [REDACTED] asks about criminal history. [REDACTED] reports she does not have any criminal history. [REDACTED] stated he has been arrested on a domestic violence charge but [REDACTED] was not the victim.

Inv. [REDACTED] talks to [REDACTED] about [REDACTED] eating Vienna sausages. She stated [REDACTED] starting eating table food a couple of months ago. She stated this was not the first time he has eaten Vienna sausages. She stated the sausage was in a blue can and there are five or six sausages in a can. She stated she did not cut the sausages up because he was able to chew sausage without her having to cut them up. She stated he drunk from a sippy cup. She stated as far as his



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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motor skills he was crawling and pulling up.

Inv. [REDACTED] discussed services with the family. Inv. [REDACTED] encouraged grief counseling for the parents and as well as the grandparents. [REDACTED] told the Inv. [REDACTED] is on her insurance Blue Cross/Blue Shield and she will call concerning the counselors in her network. [REDACTED] told the Investigator he does not have insurance at this time. Inv. [REDACTED] suggested for the family to utilize their pastor for counseling. [REDACTED] stated she is a member of [REDACTED] is her pastor. Inv. [REDACTED] suggested for both parents to ask [REDACTED] for counseling.

Inv. [REDACTED] commended the parents for having a great family support system. Inv. [REDACTED] told the family she will follow up with them when she receives information on the autopsy report. Inv. [REDACTED] asks the family about the funeral arrangements. The maternal grandmother [REDACTED] stated they plan to use [REDACTED]. Inv. [REDACTED] asks the family to call her about the arrangements. Before ending the visit, Inv. [REDACTED] gave the family her contact number to call her if they have any questions or concerns during this investigation. After meeting with the family, Inv. [REDACTED] went to the playroom to meet two year old [REDACTED]. [REDACTED] was unable to be interviewed due to his age and limited verbal skills. [REDACTED] was observed to be appropriately dressed and clean on this visit. [REDACTED] gave Inv. [REDACTED] permission to take a picture of [REDACTED] for the DCS hard file. Inv. [REDACTED] ends the visit with the family and thanked them for meeting with her today.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/09/2014

Contact Method: Face To Face

Contact Time: 11:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/12/2014

Completed date: 06/12/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview, Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/12/2014 01:45 PM Entered By: [REDACTED]

Initial face/face contact was made with ten-month old [REDACTED] at the [REDACTED] emergency room. Inv. [REDACTED] and Inv. [REDACTED] met with Sgt. [REDACTED] and Medical examiner [REDACTED] met in the examining room to observe ten month old [REDACTED] deceased body before he was transported to [REDACTED] for the autopsy. Inv. [REDACTED] and Sgt. [REDACTED] unclothed [REDACTED] and assessed his body for visible marks and bruises. There were no visible marks or bruises observed on this body. Inv. [REDACTED] also took a photo of [REDACTED] for the DCS hard file. Sgt. [REDACTED] provided a copy of her SUIDI report (Sudden Unexplained Infant Death Investigation report on [REDACTED] for the DCS investigation.

Inv. [REDACTED] went to the family room to family room at the hospital to talk to the parents. Inv. [REDACTED] asks them to call her when they leave the hospital to meet her at the [REDACTED] [REDACTED] [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: 06/09/2014 Contact Method: Face To Face  
 Contact Time: 11:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 06/11/2014  
 Completed date: 06/12/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/11/2014 12:39 PM Entered By: [REDACTED]

On 6/9/2014, Child Protective Services Investigators [REDACTED] and [REDACTED] made a home visit/face to face at [REDACTED] County to initiate a neglect death investigation on an unresponsive ten month old. When the Investigators arrived at the home there were several people standing in the parking lot and downstairs in front of the apartment building. Inv. [REDACTED] and Inv. [REDACTED] met with Sargent [REDACTED] Lt. [REDACTED] with the [REDACTED] Police Department and on call medical examiner [REDACTED] before meeting with the family. Sgt. [REDACTED] stated she interview the mother [REDACTED] and the father [REDACTED] at the apartment. There is another child in the home a two year old male. The mother was the only person home with the children this morning. The father was at work. She stated the mother feed both children around 7:00 p.m. Sunday night. The ten month old ate Vienna sausages and water. The mother put the children in the bed around 9:00 p.m. The mother checked on the ten month old around 10:30 p.m. because he was crying. The mother checked on the children again this morning around 9:00 a.m. The ten month old was lying face down on his pillow on his stomach and he was cold to the touch. She stated the mother called the father before calling EMS. She stated the mother performed CPR on the child in the master bedroom until EMS arrived. She stated the time of death is recorded at 9:26 a.m. She stated the body will be transported to [REDACTED] today for an autopsy to determine the cause of death. She stated the child is in ambulance to be transported to the [REDACTED]. Inv. [REDACTED] informed Sgt. [REDACTED] that she needed to make contact with the child before he is transported to [REDACTED]. Sgt. [REDACTED] stated that the child will remain at the hospital until the parents arrives. Sgt. [REDACTED] then pointed the Investigators in the direction where the mother and maternal grandmother were sitting on the steps outside the apartment.

Inv. [REDACTED] and Inv. [REDACTED] walked over to meet with the mother and grandmother. Inv. [REDACTED] introduced herself and Inv. [REDACTED] to the mother [REDACTED] and the maternal grandmother [REDACTED] expressed her condolences. Inv. [REDACTED] then explained the purpose for the visit with the family. Inv. [REDACTED] recommended for the mother and grandmother to go inside the apartment to talk for privacy. Inv. [REDACTED] and Inv. [REDACTED] sat in the living room to talk to [REDACTED] and [REDACTED]. It was explained to the family by Inv. [REDACTED] DCS involvement concerning the death of a child. Inv. [REDACTED] requested from [REDACTED] demographic information on the family members living in the home. [REDACTED] was able to provide the information on all family members: [REDACTED] BD: [REDACTED], [REDACTED] BD: [REDACTED], [REDACTED] BD: [REDACTED] and [REDACTED] BD: [REDACTED]. She also provided social security numbers for the family members. Inv. [REDACTED] talks to [REDACTED] about the incident with [REDACTED]. She stated Sunday evening, she fed the children between 6/7:00 p.m. She stated [REDACTED] ate Vienna sausage and



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

water. [REDACTED] ate Ramen noodles. She stated she put them to bed around 9:00 p.m. She stated around 10:30/11:00 p.m. she went to the room to check on [REDACTED] because she was crying. She stated she consoled him and he went back to sleep. She stated she was up at 6:00 a.m. with the father [REDACTED] while he was getting ready for work because he had to be at work at 8:00 a.m. She stated she went to the kitchen to start cooking breakfast for the children. She stated she checked on the boys and noticed [REDACTED] face down on his pillow. She stated his face was purple and he was cold to the touch. She stated she checked his pulse but couldn't find one. She stated she called [REDACTED] at work then she called 911. She stated she began performing CPR on [REDACTED] until the paramedics arrived.

[REDACTED] stated in the interview that [REDACTED] had a visit with his pediatrician Dr. [REDACTED] at the [REDACTED] in May 2014 and there were no concerns with his check-up and he is updated on his immunizations. [REDACTED] provided Inv. [REDACTED] with a copy of [REDACTED] and her son [REDACTED] immunizations records. She stated [REDACTED] did not have any medical problems at birth. She stated he was born at [REDACTED] in [REDACTED] Tennessee and he weighed six pounds fifteen ounces at birth. The father [REDACTED] [REDACTED] entered the apartment during the interview. Inv. [REDACTED] also expressed her condolences to [REDACTED]. Inv. [REDACTED] requested to see the childrens bedroom. [REDACTED] and [REDACTED] share a bedroom. [REDACTED] slept on a toddler mattress on floor with an adult size pillow. The pillow case was removed by the Sgt. [REDACTED] for evidence because [REDACTED] had vomit on the pillow. The mattress was not covered with bed linen but there was a small green blanket. [REDACTED] has a dark wood toddler bed complete with a mattress, linen and a pillow. The apartment has two bedrooms, one full bathroom, and half bathroom in the master bedroom, kitchen and living room. The boys bedroom was observed to be clean there were several toys neatly stacked against the wall in the room. There were no safety issues or concerns observed in the home. Pictures were taken of the children's bedroom for the DCS hard file.

After assessing the home, Inv. [REDACTED] explained the investigation process to the parents and the grandmother. Inv. [REDACTED] did inform the parents that an autopsy will be requested on [REDACTED] to determine the cause of death. Inv. [REDACTED] informed the parents during the investigation she will ask several questions concerning the family, the department will request several forms to be signed by the parents including a release of information form to request medical records during the investigation. Inv. [REDACTED] told the parents that EMS was in the process of transporting [REDACTED] by ambulance to the hospital. Inv. [REDACTED] requested for the family to meet her at her office at the [REDACTED] to continue the interview and sign forms. Inv. [REDACTED] gave [REDACTED] a card with her contact information.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/09/2014

Contact Method: Phone Call

Contact Time: 10:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2014

Completed date: 06/12/2014

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: 06/09/2014 05:31 PM Entered By: [REDACTED]

Child Protective Service Investigator [REDACTED] called Sargent [REDACTED] with the [REDACTED] Police Department regarding information on the neglect death case. Sgt. [REDACTED] stated she responded to a unresponsive ten month old infant at [REDACTED] [REDACTED] in [REDACTED] County. Sgt. [REDACTED] stated the parents are currently at the home. They are also waiting on the medical examiner to come to the home before transporting the child to the hospital. Inv. [REDACTED] informed Sgt. [REDACTED] that she had been assigned the case and will meet her at the family home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/09/2014

Contact Method: Correspondence

Contact Time: 10:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2014

Completed date: 06/12/2014

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: 06/09/2014 05:25 PM      Entered By: [REDACTED]

Convene CPIT

Law enforcement: Sgt. [REDACTED] [REDACTED] Police Department

District Attorney: [REDACTED]

DCS: Regional legal counsel

A copy of the referral will be emailed or faxed to all parties



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/09/2014

Contact Method:

Contact Time: 10:10 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2014

Completed date: 06/12/2014

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: 06/09/2014 05:21 PM      Entered By: [REDACTED]

Lead Investigator [REDACTED] contacted Child Protective Service Investigator [REDACTED] to respond to a neglect death on a ten month old in [REDACTED]. Inv. [REDACTED] was instructed to contact Sgt. [REDACTED] with the [REDACTED] Police Department for further information.



**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: 06/06/2014

Contact Method:

Contact Time: 10:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2014

Completed date: 06/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/09/2014 05:09 PM      Entered By: [REDACTED]

P1 Neglect Death

Victim: [REDACTED] (10 months)

Alleged perpetrator: Unknown

The report states that Ten-month old [REDACTED] was found unresponsive by his mother [REDACTED] at the family apartment. The mother reports [REDACTED] was lying face down in his pillow when she entered the room. The father was not at home. The mother called 911 and attempted to perform CPR on [REDACTED]. [REDACTED] was pronounced deceased at 9:26 a.m. [REDACTED] had no visible marks, bruises or abrasions that would indicate foul play. [REDACTED] body was taken to the medical examiners office in [REDACTED] Tennessee for an autopsy.

No TFACTS History on the family



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 6/9/14 12:40 PM

Date of Assessment: 6/9/14 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.



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