



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

Case # 2014.090

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	6/15/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	6/14/2014		
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:	unknown	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	Not Applicable		
If child is in DCS custody, list placement type and name:	Not Applicable					

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

On June 14, 2014, CPSI, ██████████ received a P-1 referral concerning "Neglect Death" at ██████████ Hospital. ██████████ (age 3 months) resides with his sister ██████████ (age 2) and parents ██████████ and ██████████.

Law Enforcement received a call this morning at 7:00 A.M. in regards to ██████████ not breathing. It was reported that ██████████ was put to bed last night around midnight. It was reported that all four family members slept in the same bed together (██████████). This morning when the parents woke up ██████████ was not breathing. ██████████ was lying face up on his back. It was reported that the day before ██████████ had a cold and had been having some rattling in his chest.

CPR was attempted by the parents prior to EMS arriving at the home. Once EMS arrived at the home, EMS began to administer CPR. ██████████ has been transported to ██████████ County General Hospital. ██████████ was pronounced deceased at the hospital.

No information was provided regarding the conditions of the home environment. No information was provided regarding the two year old sibling. It is unknown if there were any injuries on the ██████████ body.

Special Needs or Disabilities: None reported

Child's current location/is the child safe at this time: ██████████ County General Hospital

Perpetrator's location at this time: At the residence.

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

Name of Physician:	Not applicable	Telephone #	( ) -
Street Address:	██████████		
City/State/Zip:	██████████		

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

The investigator interviewed the mother concerning the allegation. According to the mother, ██████████ she was sleeping in the same bed with the daughter, ██████████, age 2 years, 7 months old; son, ██████████, age 3 months and boyfriend, ██████████. She stated that her daughter, ██████████ laid next to her while ██████████ who laid on his back between ██████████ and ██████████. She continued to advise the investigator that because ██████████ is jealous of the baby, she allowed ██████████ to sleep next to her. She also stated that because ██████████ is able to comfort ██████████ to sleep, ██████████ allowed ██████████ to sleep next to ██████████. She stated that early this morning, ██████████ was standing at the foot yelling for her to wake up. She stated as she opened her eyes, she observed ██████████ standing at the end of the bed patting ██████████ on the back. She stated that she assumed ██████████ was burping ██████████. She stated that ██████████ yelled for the mother to call 911. She stated that she asked ██████████ "why, Why?" She stated that she called for her sister, ██████████ to assist her. She stated that ██████████ came upstairs to assist the mother. The mother stated that while the sister was administering CPR, the mother ran downstairs to the next door neighbor, grandmother, ██████████ for help. She stated that she returned with the grandmother, ██████████. She stated that it took the paramedics an hour to respond to their home. She stated that after the paramedics arrived, they attempted submitted CPR and then transported ██████████ to ██████████ Hospital. The investigator asked the mother if ██████████ had an illness. She stated, yes. She stated that Dr. ██████████ diagnosed

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

[redacted] with Lingual Frenulum (results when the frenulum (the band of tissue that connects the bottom of the tongue to the floor of the mouth) is too short and tight, causing the movement of the tongue to be restricted.) She stated that he was having issues with swallowing. She stated that many times she asked the doctor to correct her son's tongue. However, the doctor wanted her to wait until [redacted] turns 4 months old. She stated that because the doctor refused to operate on her son, [redacted] is dead.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:  
 Not applicable

Describe disposition of body (Death): The disposition of the body is unknown.

Name of Medical Examiner/Coroner: [redacted] Was autopsy requested?  No  Yes

Did CPS open an investigation on this Death/Near Death?  No  Yes

Was there DCS involvement at the time of Death/Near Death?  No  Yes

Type: Not Applicable Case #: Not Applicable

Describe law enforcement or court involvement, if applicable:  
 [redacted] Police Department, Sgt. [redacted] is currently working the case with CPSI, [redacted]. He arrived at the scene, took pictures and interviewed all parties involved. At the present time, no arrest were made and cause of death remains undetermined at this time.

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):

CPSI [redacted] observed the other child's body for injuries; the investigator search TFACTS for past DCS history and completed a verbal background check with law enforcement on the mother. The mother's last arrest was 2010, before she had children and no DCS History with family.

Name: [redacted]	Age: 2y7m
Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /	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:

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

Contact Person: CPSI, [redacted]	Telephone Number: [redacted]
Case Manager: CPSI, [redacted]	Telephone Number: [redacted]
Team Leader: LCPSI, [redacted]	Telephone Number: [redacted]

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	Case # 2014.090
Team Coordinator: ██████████			Telephone Number: ██████████		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<p><b>Email to: ██████████</b></p> <p><b>within forty-eight (48) hours of notification</b></p> <p><b>Include subject line (in RED): CHILD DEATH [secure email] or</b></p> <p><b>CHILD NEAR DEATH [secure email]</b></p>					



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 06/14/2014 08:16 AM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 06/14/2014

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 06/14/2014 03:26 PM  
First Team Leader Assigned: [REDACTED] Date/Time 06/14/2014 12:00 AM  
First Case Manager [REDACTED] Date/Time 06/14/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
Referent Address: [REDACTED]  
Referent Phone Number: [REDACTED]  
Type of Contact: [REDACTED]  
Notification: None

Narrative: Due to TFACTS maintenance, a history search was unable to be conducted. It is unknown if the child is in DCS custody.

TFACTS was down due to maintenance issues. This report was initially taken by [REDACTED] on 6-14-14 at 8:16 AM and entered into TFACTS by [REDACTED] on 6-14-14 at 2:14 PM.

TFACTS: History was found

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No



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

Open CPS No

Substantiated No

Death No

Screened out None

History (not listed above): Additional associated history was found  
 [REDACTED] - LOS - Services Recommended and Accepted

County: [REDACTED]

Notification: None

School/ Daycare: No

Native American Descent: No

Directions: None provided

Reporters name/relationship: [REDACTED]

Reporter states: It is unknown if the child, [REDACTED] (age 3 months) is in DCS custody.

[REDACTED] (age 3 months) resides with his sister [REDACTED] (age 2) and parents [REDACTED] and [REDACTED]

Law Enforcement received a call this morning at 7:00 A.M. in regards to [REDACTED] not breathing. It was reported that [REDACTED] was put to bed last night around midnight. It was reported that all four family members slept in the same bed together ([REDACTED]). This morning when the parents woke up [REDACTED] was not breathing. [REDACTED] was lying face up on his back. It was reported that the day before [REDACTED] had a cold and had been having some rattling in his chest.

CPR was attempted by the parents prior to EMS arriving at the home. Once EMS arrived at the home, EMS began to administer CPR. [REDACTED] has been transported to [REDACTED] County General Hospital. [REDACTED] was pronounced deceased at the hospital.

No information was provided regarding the conditions of the home environment. No information was provided regarding the two year old sibling. It is unknown if there were any injuries on the [REDACTED] body.

Special Needs or Disabilities: None reported

Child's current location/is the child safe at this time: [REDACTED] County General Hospital

Perpetrators location at this time: At the residence.

Any other safety concerns for the child(ren) or worker who may respond: None reported

Per SDM: Investigative Track, P1-[REDACTED], CM2 on 6-14-2014 at 8:41 AM.

[REDACTED] County paged at 9:19 A.M.

06-14-14 09:19:37 AM [REDACTED]

06-14-14 09:20:20 AM [REDACTED]

Received

Email notification sent to [REDACTED] as well as Regional Administrator [REDACTED].



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: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 3 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:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age: 11 Mos

Address: [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: Female

Date of Birth [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 26 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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/14/2014

Assignment Date: 06/14/2014

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	unknown, unknown	[REDACTED]	Allegation Substantiated / Perpetrator Unknown	Yes	[REDACTED] 10/22/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 11/03/2014

Team Leader: [REDACTED]

Date: 11/04/2014

**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 June 14, 2014, 3 month old black male was found unresponsive after co-sleeping throughout the night with his parents and 2 year old sister. EMS responded and death was pronounced by [REDACTED] at 7:10 a.m. hours.

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

On September 29, 2014, CPSI [REDACTED] convened with CPIT pertaining to child death case. Upon reviewing the medical records and discussing the case, all participants decided to classify the case as Allegation Substantiated / Perpetrator Unknown.

Autopsy revealed cause of death "Undetermined".

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

No Alleged perpetrator noted.



**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]

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

On June 14, 2014, CPSI, [REDACTED] received a P-1 referral concerning Neglect Death. According to the referent, Law Enforcement received a call this morning at 7:00 A.M. in regards to [REDACTED] not breathing. It was reported that [REDACTED] was put to bed last night around midnight. It was reported that all four family members slept in the same bed together [REDACTED]. This morning when the parents woke up [REDACTED] was not breathing. [REDACTED] was lying face up on his back. It was reported that the day before [REDACTED] had a cold and had been having some rattling in his chest.

CPR was attempted by the parents prior to EMS arriving at the home. Once EMS arrived at the home, EMS began to administer CPR. [REDACTED] has been transported to [REDACTED] County General Hospital. [REDACTED] was pronounced deceased at the hospital.

No information was provided regarding the conditions of the home environment. No information was provided regarding the two year old sibling. It is unknown if there were any injuries on the [REDACTED] body.

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

During this case concerning child neglect / death, there is not enough evidence to substantiate the allegation. According to the autopsy, the cause of death is Undetermined. The case will be closed and Classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

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: 01/23/2015

Contact Method:

Contact Time: 04:49 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/23/2015

Completed date: 01/23/2015

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: 01/23/2015 04:50 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.

Waiver was put in place that Investigator [REDACTED] no longer had to see other child that was in the home, due to the child was in a safe placement at that time and there were no other concerns for that 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: 01/21/2015

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/21/2015

Completed date: 01/21/2015

Completed By: [REDACTED]

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

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/21/2015 04:08 PM Entered By: [REDACTED]

On January 21, 2015, CPSI, [REDACTED] drove to the home, [REDACTED] for a [REDACTED] visit the family. The investigator knocked on the front door. The mother opened the door and welcomed the investigator inside of the home. The investigator asked the mother who she was doing. She stated that she was doing well. The investigator asked the mother about her daughter's whereabouts. She stated that her daughter is upstairs asleep. The investigator informed the mother that the investigator needed to observe her daughter. She agreed and then walked upstairs to retrieve her daughter. Within minutes, she returned with her daughter walking beside her. The investigator observed [REDACTED] to be wearing Pajamas. The investigator observed [REDACTED] to be the appropriate weight and size for her age. The investigator greeted her with hello. She returned the greeting. The investigator asked the mother if [REDACTED] is 3 years old. She stated, yes. The investigator asked the mother if [REDACTED] attends daycare. She stated, no. She stated that she planned for [REDACTED] to attend Pre-k next year; however, because they told the mother that [REDACTED] has a late birthday, she will not attend this year. The investigator informed the mother that [REDACTED] has grown. The mother agreed. The mother stated to the investigator that she takes the daughter to the dentist to keep her teeth healthy. The mother stated that she does not want her daughter to have silver teeth. The investigator agreed. The investigator informed the mother that the investigator planned to close the case. The investigator asked the mother if she had questions. She stated, no. The investigator thanked the family and then left.



**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: 11/10/2014

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/10/2014

Completed date: 11/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original    Entry Date/Time: 11/10/2014 12:33 PM    Entered By: [REDACTED]

Initial Safety Assessment results - conditionally safe

Closing Safety Assessment results - safe

FAST results - moderate

FFA initiated

Narrative Type: Addendum 1    Entry Date/Time: 11/10/2014 12:44 PM    Entered By: [REDACTED]

740 sent to DA, by DCS Secretary

740 Sent to Supervising DCS Attorney, by DCS secretary

740 sent to [REDACTED] Juvenile Court, by DCS secretary



**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: 11/07/2014

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/10/2014

Completed date: 11/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/10/2014 12:29 PM      Entered By: [REDACTED]

On November 7, 2014, CPSI, [REDACTED] received a telephone call from the mother thanking the [REDACTED] investigator for the services. The investigator asked the mother if she needed additional assistance. She stated, no. The investigator thanked the mother for being patient and compliant. The investigator informed the mother that the investigator planned to close the case. The mother agreed. Again, the investigator thanked the mother and then hung up.



**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: 11/03/2014

Contact Method:

Contact Time: 12:23 PM

Contact Duration: Less than 30

Entered By: ██████████

Recorded For:

Location:

Created Date: 11/03/2014

Completed date: 11/10/2014

Completed By: ██████████

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: 11/03/2014 10:29 PM Entered By: ██████████

**Closing Summary**

The Department of Children's Services (DCS) Investigations Unit received a referral on 06/14/2014 with the allegations of Child Neglect Death regarding custodial child ██████████. ██████████, an infant was found in the mother's home unresponsive. According to the mother, ██████████; she was sleeping in the same bed with the daughter, ██████████, age 2 years, 7 months old; son, ██████████ age 3 months and boyfriend, ██████████. She stated that her daughter, ██████████ lay next to her while ██████████ who lay on his back between ██████████ and ██████████. She continued to advise the investigator that because ██████████ is jealous of the baby, she allowed ██████████ to sleep next to her. She also stated that because ██████████ is able to comfort ██████████ to sleep, ██████████ allowed ██████████ to sleep next to ██████████. She stated that early this morning, ██████████ was standing at the foot yelling for her to wake up. She stated as she opened her eyes, she observed ██████████ standing at the end of the bed patting ██████████ on the back. She stated that she assumed ██████████ was burping ██████████. She stated that ██████████ yelled for the mother to call 911. She stated that she asked ██████████ why, Why? She stated that she called for her sister, ██████████ to assist her. She stated that ██████████ came upstairs to assist the mother. The mother stated that while the sister was administering CPR, the mother ran downstairs to the next door neighbor, grandmother ██████████ for help. She stated that she returned with the grandmother, ██████████. She stated that it took the paramedics an hour to respond to their home. She stated that after the paramedics arrived, they attempted submitted CPR and then transported ██████████ to ██████████ Hospital. ██████████ was pronounced deceased at 7:10 a.m. on June 14, 2014.

The investigation into this incident was conducted by The Tennessee Bureau of Investigation Agent; ██████████ Police Sgt. ██████████ and DCS Investigator Unit Lead Investigator, ██████████ and Investigator, ██████████. The report to DCS listed Unknown as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted by medical staff and law enforcement.

As part of the investigation, past medical records from Dr. ██████████ concerning ██████████ were obtained. The medical records indicated that ██████████ was diagnosed with Ankyloglossia.

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.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

- 
- 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
  - 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 to [REDACTED] County (CPIT) Child Protective Investigation Team on 9-26-14.

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

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/03/2014

Contact Method:

Contact Time: 02:58 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/10/2014

Completed date: 11/10/2014

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: 11/10/2014 07:48 AM

Entered By: [REDACTED]

Discharge Summary

Discharge Date: 10/28/2014

Clients Name: [REDACTED]

Reason for Closure: successful completion of services

## Family Service Plan Goals:

Counselor will check cleanliness of home and organization

Discuss safety and supervision

Discuss cleanliness and provide information on cleanliness and organization

## Monthly Family Focus:

Homemaker skills; observed home; safety issues; cleanliness of the home and compliance to services.

## Family Strengths/Achievements:

Mom and dad want to make the changes necessary

Mom and dad love their child

They have support from friends, family, and community

## Family Concerns:

Mom may be depressed after the death of her infant son. Mom may need grief counseling.

Recommendations:



**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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Grief Counseling if mom needs help with coping with death of son  
Use support to help with her home when necessary.

Counselor: [REDACTED], LCSW.

Narrative Type: Addendum 1    Entry Date/Time: 11/19/2014 01:11 PM    Entered By: [REDACTED]

[REDACTED] provided the services 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: 10/29/2014

Contact Method:

Contact Time: 10:05 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/29/2014

Completed date: 10/29/2014

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: 10/29/2014 10:06 AM      Entered By: [REDACTED]

Case was staffed on this date. Follow with [REDACTED] to see how services on going with the family. Investigator [REDACTED] will proceed to submit case to RID for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/28/2014

Contact Method: Face To Face

Contact Time: 08:45 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/10/2014

Completed date: 11/10/2014

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: 11/10/2014 07:50 AM Entered By: [REDACTED]

Clients First Name: [REDACTED] Initial of Last Name: [REDACTED]

Date of visit: 10-28-14

Referring Agency: DCS Name of DCS Case Manager: [REDACTED]

Time visited started: 8:45 Time visited ended: 10:00

Total number of hours for this visit: 2.25

Names of all who attended session: client, mom, dad

**Summary of Visit:**

Type of Service: homemaker

Goal of this session: Counselor will check cleanliness of home and organization

Discuss safety and supervision

Discuss cleanliness and provide information on cleanliness and organization.

This counselor met with the family this date. The home was not as clean as last time but the clutter was still absent. Parents had kept the clutter down. The home was organized. The parents were asleep when this counselor arrived. When she came down stairs she swept the floor. Then we were able to assess again for any safety concerns in the home this date. There were two electric outlets that did not have covers. Dad promptly went and put covers on those outlets. The refrigerators were moved to another location in the home. Moms bed was made and the clients bed was made as well. The clutter was gone this date upstairs as well as downstairs. At some point two of moms sisters came in with their children as well as grandmother. They all sat and talked with this counselor as akin to last week with several people dropping in to check on the family. They had plans for later in the day. This family has made adjustments well and responded as requested to get rid of the clutter and get some things fixed that the maintenance office of the apartment in which they lived should do. They also cleaned as much as they could. They continued to respond to this counselor appropriately as they did last week. This family has recently gone through a terrible tragedy



**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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and they are coping well.

Progress made toward treatment goals with the family this week: As last time the family responded well and quickly when prompted to make adjustments and clean. The home was free of clutter and clean. It was not spotless but was obviously cleaner. They have done well.

Concerns: The family recently lost a three month old son to SIDS. They are still in need of support from friends and family and they seem to have it.

Narrative Type: Addendum 1    Entry Date/Time: 11/19/2014 01:10 PM    Entered By: [REDACTED]

[REDACTED] provided the services 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: 10/22/2014

Contact Method: Face To Face

Contact Time: 01:50 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/27/2014

Completed date: 10/27/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/27/2014 02:01 PM Entered By: [REDACTED]

Clients First Name: [REDACTED] Initial of Last Name: [REDACTED]

Date of visit: 10-22-14

Referring Agency: DCS Name of DCS Case Manager: [REDACTED]

Time visited started: 1:50 p.m. Time visited ended: 3:35 p.m.

Total number of hours for this visit: 1.75 hours

Names of all who attended session: client, mom [REDACTED] dad [REDACTED] aunt [REDACTED]

**Summary of Visit:**

Type of Service: Homemaker Services

Goal of this session: The goal of today's session was to complete the initial assessment and establish treatment goals. The referral from the Department of Children's Services reported that the home was dirty and disorganized and unsafe. The client is a three year old female living with her mother, [REDACTED]. Mom reported that dad lives in the same apartment complex. When this counselor arrived the aunt was vacuuming the living room. Both mom and dad were very cordial and polite. This counselor explained the process and what was expected for the initial assessment. The parents answered questions quickly and easily. Dad reported he is working full time at a local fast food restaurant and mom is not working. Mom stays home with her daughter [REDACTED]. Aunt [REDACTED] is mom's sister. Mom gave information about the incident that led to this counselor being in the home. Mom reported that the autopsy of her three month old son reported he died of SIDS. She reported that Aunt [REDACTED] administered CPR and the ambulance took him to the ER but he did not survive. Mom was tearful when relaying the details. She reported she has a history of stillborn children and miscarriages. She said she was glad that he lived for three months. The parents reported that they have received support from mom's church, dad's church, and a host of friends and neighbors and relatives. During the visit this date two separate individuals dropped by to check on them. It appeared that what the parents reported was very accurate. The client [REDACTED] played during the visit. After answering



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

questions mom gave me a tour of the home. The home was clean and organized. There was no clutter. Everything was in its place. There were no issues of safety present that this counselor observed. Dad showed where maintenance had finally fixed a hole in the ceiling upstairs. There were two small refrigerators stacked on top of one another at the top of the stairs. Mom's bed was not made. Other than that the home was in good shape. It was obviously in need of some things that the parents could not afford but it was as clean and organized as they could get it. There were car tires stacked in the kitchen but that was because they had nowhere else to put them until they could be sold. It was obvious that the parents had already taken care of a lot of things told to them which they needed to do about putting things away and cleaning. Bathrooms were clean, beds were made and clothes put away. Mom reported she had put away the medication and showed it to this counselor. This counselor prompted them to continue to maintain the community connections with friends, and family and church. This counselor also told them to keep the home clean as observed this date as well as organized. They were also told to do something with the refrigerators. The parents reported they had certificates from three different entities for parenting classes and parental support groups. They were told to continue with this and a plan was made for this counselor to return next week to check on progress.

Progress made toward treatment goals with the family this week: The home was clean and free of clutter. The parents reported a good support system.

Concerns: Mom is still grieving the loss of her child.

Comments and action steps for next week: Follow up with the cleaning and organizing and safety of the home.

Counselor:

[REDACTED], LCSW

Narrative Type: Addendum 2    Entry Date/Time: 11/19/2014 01:10 PM    Entered By: [REDACTED]

[REDACTED] provided the services to the family.

Narrative Type: Addendum 1    Entry Date/Time: 10/27/2014 02:06 PM    Entered By: [REDACTED]

Individualized Visitation/Service Plan  
 (Treatment Plan)  
 Revised 10-13-2012

Name and age of child on referral: [REDACTED]

Name and ages of other children:

Name of parent(s)/guardian(s) and/or significant family member(s) receiving: [REDACTED]

Location of visits/sessions: home

Duration of each visit/session: 1 to 2 hours

Time limited Measurable Goals: (Treatment Goals)

Counselor will check cleanliness of home and organization

Discuss safety and supervision

Discuss cleanliness and provide information on cleanliness and organization

Weekly Goals:

Counselor will walk around the home every visit and make suggestions of things that need to be fixed or made safe; will praise mom and dad for the changes they have made and reinforce their desire to maintain the changes; discuss appropriate



**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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supervision of 3 year old child; discuss ways that parents can organize their home without clutter  
Duration of future visits/sessions: 2.25 hours next week and then case will close

Counselor: [REDACTED], LCSW

Date: 10/22/2014



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/22/2014

Contact Method:

Contact Time: 11:23 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/10/2014

Completed date: 11/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/10/2014 12:08 PM      Entered By: [REDACTED]

Home Makers Services Approved.

[REDACTED] will began services 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: 10/20/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/10/2014

Completed date: 11/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/10/2014 12:07 PM      Entered By: [REDACTED]

On October 20, 2014, CPSI, [REDACTED] submitted a request for Home Maker's services for th [REDACTED] r.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/17/2014	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/10/2014
Completed date:	11/10/2014	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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/10/2014 12:04 PM      Entered By: [REDACTED]

On October 17, 2014, CPSI, [REDACTED] drove to the home, [REDACTED] follow-up visit and asked the mother to submit to services before closing the case. When the investigator arrived at the home, the investigator knocked on the front door. The investigator asked the mother how she was doing. She stated that she was doing well. The investigator apologized for the visit; but, the investigator needed to assure the mother did not need or want services before the investigator closed the case. The mother asked the investigator what she requested. The investigator informed the mother that the investigator was concerning about the safety of the home. The investigator wanted to assure the mother is aware of all the potential home hazards. The investigator asked the mother if the investigator placed, [REDACTED] in the home, if she would comply. She stated, yes. The investigator informed the mother that the investigator will request service and next week services may began. The mother agreed. Before leaving, the investigator asked the mother if she had questions. She stated, no. The investigator thanked the mother and then left. (During the visit, the investigator observed [REDACTED] in the home watching television. She was dressed in clean clothes and hair neatly combed.)



**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: 09/26/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/26/2014

Completed date: 10/22/2014

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: 10/22/2014 09:50 AM Entered By: [REDACTED]

On September 29, 2014, CPSI [REDACTED] convened with CPIT pertaining to child death case [REDACTED] reviewing the medical records and discussing the case, all participants decided to classify the case as Allegation Substantiated / Perpetrator Unknown.

Narrative Type: Addendum 1 Entry Date/Time: 11/19/2014 02:21 PM Entered By: [REDACTED]

Correction:

On September 29, 2014, CPSI [REDACTED] convened with CPIT pertaining to Child Neglect Death case. Upon reviewing the medical records, the autopsy report (undetermined death) and discussing the case, all participants decided to classify and close the case as Allegation 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:	09/24/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Detention/Jail	Created Date:	11/10/2014
Completed date:	11/10/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/10/2014 11:39 AM      Entered By: [REDACTED]

On September 24, 2014, CPSI [REDACTED] obtained [REDACTED] from Police Sgt. [REDACTED]. After obtained the report, the investigator called the mother to inform her concerning the report. The mother stated that she wanted to observe the report. The investigator asked the mother to meet the investigator at the DCS office. The mother agreed. After waiting a few minutes, the investigator received a telephone call from the mother. She informed the investigator that she was at [REDACTED] Police Department waiting on the investigator. Due to the miscommunication, the investigator drove to [REDACTED] Police Department. When the investigator walked into the foyer area of the police department, the investigator observed the mother, aunt, grandmother and great-aunt sitting in chairs. The investigator greeted the family with hello. The investigator handed the autopsy report to the family. The investigator allowed the family to observe the report. Twenty minutes later, the family stated that they were finished observing the report. The mother asked the investigator to call Sgt. [REDACTED] and ask for a copy of the autopsy. The investigator agreed and called the Sgt. The Sgt. agreed to provide the mother with a copy of the report. The secretary at the police department provided the family with a copy of the report. The family thanked the investigator than all parties left.

Narrative Type: Addendum 2      Entry Date/Time: 11/19/2014 01:05 PM      Entered By: [REDACTED]

On September 24, 2014, DCS obtained the autopsy.

Narrative Type: Addendum 1      Entry Date/Time: 11/19/2014 11:24 AM      Entered By: [REDACTED]

The Autopsy resport stated that the cause of death was 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: 09/19/2014

Contact Method:

Contact Time: 12:48 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): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/19/2014 12:53 PM      Entered By: [REDACTED]

Case was staffed on this date. Investigator will put in all documentation and scan documents into TFACTS. Investigator [REDACTED] will then request for a review from IC and RID.



**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: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/10/2014

Completed date: 11/10/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/10/2014 11:27 AM Entered By: [REDACTED]

On September 10, 2014, CPSI [REDACTED] drove to [REDACTED] Hospital to obtain medical records from [REDACTED] the mother, [REDACTED] past medical history pertaining to her past miscarriages. Reports were scanned into TFACTS.



**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:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/10/2014
Completed date:	11/10/2014	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: 11/10/2014 11:22 AM      Entered By: [REDACTED]

On September 10, 2014, CPSI, [REDACTED] drove to the home, [REDACTED] for a follow-up visit with the family and obtained a release for information on the mother pertaining to her medical records from [REDACTED] Hospital. When the investigator arrived at the familys home, the investigator knocked on the front door. The mother answered the door and welcomed the investigator inside of the home. Once inside of the home, the investigator observed [REDACTED] sleeping on the living room couch. The investigator asked the mother how she was doing. She stated that she was doing well. The investigator asked the mother how her daughter was doing. She stated that she was doing well. The investigator informed the mother that the investigator needed to obtain her medical records from [REDACTED] Hospital pertaining to the mothers past miscarriages. The mother agreed and signed the Release of Information Form. After signing the form, the mother asked investigator if the investigator received the autopsy report. The investigator informed the mother, no; the investigator has not received the autopsy report. The investigator asked the mother if she had questions. She stated, no. The investigator thanked the mother and then left. (During the visit, the investigator observed [REDACTED] to be dressed in clean clothing and hair neatly combed.)



**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: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/10/2014

Completed date: 11/10/2014

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: 11/10/2014 10:58 AM Entered By: [REDACTED]

On August 25, 2014, CPSI, [REDACTED] drove to the home, [REDACTED] follow-up visit with the family. When the investigator knocked on the door, the mother opened the door and welcomed the investigator inside of the home. The investigator observed mothers boyfriend [REDACTED], and child, [REDACTED] in the living room. The investigator observed [REDACTED] to be dressed in clean clothes and hair neatly combed. The investigator greeted the family with hello. The family returned the greeting. The investigator informed the mother that the autopsy has not been received; therefore, the investigator needed to visit the family next month. The mother agreed. She stated that she wanted to know the results of the autopsy. The investigator assured the mother that as soon as the investigator obtained the results from law enforcement, the investigator will inform the mother. She agreed. Before leaving, the investigator asked the mother if she needed assistance. She stated, no. The investigator thanked the mother and then left.



**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:	07/28/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/11/2014
Completed date:	08/11/2014	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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/11/2014 12:34 PM      Entered By: [REDACTED]

On July 28, 2014, CPSI [REDACTED] drove to the home, for a follow-up visit with the family. With [REDACTED] investigator arrived at the home, the investigator knocked on the front door. The mother answered the door and welcomed the investigator inside of the home. Once in the home, the investigator observed two-year old [REDACTED] standing in the living room. The investigator observed that [REDACTED] was dressed in clean clothes, and appeared to be the appropriate weight and size for her age. The investigator asked the mother how she was doing. She stated that she was doing okay. The investigator asked the mother if she contacted the grief counselor that the investigator provided to the mother. She stated, no. She stated that she is using a family for support. The investigator asked the mother if she needed the investigator's assistance. She stated, no. The investigator asked the mother if she received the baby's death certificate. She stated, no. The investigator explained to the mother that the investigator will not be able to close the case until the death certificate is obtained by DCS. The mother appeared to understand. The investigator questioned the mother concerning the pictures of the home where the infant died. The investigator asked the mother why there were clothes in the infants baby bed. She stated that because the family seldom slept in their home, they did regularly not clean the home. The investigator asked the mother if she needed assistance with keeping the home clean, Home markers services. She stated, no. She stated that she is able to clear her own home. The investigator pointed out the dangers of having a semi-clutter home. The mother insured investigator that when the investigator returned to the home, the clothes will be placed in their proper place. The investigator informed the mother that the investigator will return to the home next month for a visit. The mother agreed. The investigator thanked the mother and then left.



**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: 07/25/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/10/2014

Completed date: 11/10/2014

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: 11/10/2014 10:50 AM Entered By: [REDACTED]

On July 25, 2014, CPSI, [REDACTED] drove to the home, [REDACTED] low-up visit with the family. When the investigator knocked on the door, the mother opened the door and welcomed the investigator inside of the home. As the investigator entered the home, the investigator observed [REDACTED], age 2 years old sitting on the couch watching television. The investigator greeted [REDACTED] with hello. She returned the greeting. The investigator asked the mother how she was doing. She stated that she was doing well. The investigator asked mother if she used the pamphlet and read the book concerning grieving parents. She stated that she did not contact a counselor; however, she read the book. The investigator asked the mother if she needed counseling. She stated, no. Again, the investigator reminded the mother that until the case is closed, the investigator will continue to visit with the family monthly until the autopsy is received. The mother agreed. She stated that she wants to know the cause of death. She asked the investigator to keep her informed the investigator agreed. The investigator asked the mother if the investigator could observe the home. She agreed. The investigator observed the home to be clean; free from clutter and all medication out of reach. Before leaving, the investigator asked the mother if she had questions. She stated, no. The investigator thanked the mother and then left.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/17/2014 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 11/10/2014  
 Completed date: 11/10/2014 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: 11/10/2014 10:08 AM Entered By: [REDACTED]

On June 17, 2014, CPSI, [REDACTED] drove to the home, [REDACTED] me visit. Before arrived at the home, the investigator stopped by [REDACTED] Hospital to obtain pamphlets on parents grieving due a childs death. The investigator obtained informed concerning contact information for the grieving parent. After leaving the hospital, the investigator arrived at the home and knocked on the door. The mother answered the door and welcomed the investigator inside of the home. As the investigator walked into the home, the investigator observed her daughter, [REDACTED] age 2 years old sitting on the couch. The investigator greeted the daughter with hello. She waved hello to the investigator. The investigator asked the mother how she was doing. She stated that she was doing well. The investigator handed the mother the pamphlets the investigator obtained from the hospital. The mother thanked the investigator for the information. The investigator informed the mother that inside the pamphlets, there are list of counseling who can assist the mother with grieving. The mother stated that she doesnt need counseling, she has her family. She stated, in fact, after the investigator leaves, she will return to the grandmothers home. The investigator asked the mother if needs assistance from the investigator, the investigator is able to assist. The mother thanked the investigator. Before leaving, the investigator informed the mother about the pictures the investigator observed in the home on the day the child died. The investigator asked the mother if the investigator could observe the home. The mother agreed. The mother directed the investigator throughout the home. The investigator observed the home to be the same as noted in the picture except for the mothers bed had covers on it. The investigator asked the mother to explain why clothes and other items were located in the babys bed. She stated that because the family seldom sleeps at home, the infant rarely slept in the baby bed. The investigator asked the mother about the items located on the changing table. Again, stated that the family is seldom home; therefore, they use the changing table. The investigator asked the mother to remove medication from the childs reach. The mother agreed. The investigator asked the mother if she needed services to assist her with safety issues in the home. She stated, no. Again, she refused services. She stated that, for now; she wanted to be left alone. The investigator informed the mother that the investigator will visit the home monthly until the case is closed. The mother agreed. Before leaving, the investigator asked the mother if she had questions. She stated, no. The investigator asked the mother if she needed assistance with [REDACTED] funeral. She stated, no. The investigator informed the mother if she needed assistance for the investigator, dont hesitate to ask. The mother thanked the investigator and then the investigator left. (During the visit, the investigator observed [REDACTED] walking around the living room, hugging the mother and then



**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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returning to the couch. She was dressed in clean clothes and hair neatly combed.)



**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: 07/07/2014

Contact Method:

Contact Time: 01:42 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2014

Completed date: 07/07/2014

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: 07/07/2014 01:43 PM      Entered By: [REDACTED]

Case was staffed on this date. PC [REDACTED], LI [REDACTED] Investigator [REDACTED]. Investigator [REDACTED] will follow up HV and get medical records and proceed to prepare the case for closure.



**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: 06/23/2014

Contact Method:

Contact Time: 11:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/23/2014

Completed date: 06/23/2014

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: 06/23/2014 12:02 PM      Entered By: [REDACTED]

Arrest record on [REDACTED], per, [REDACTED] County Sheriff's Department:

2-14-08 Arrested for disorderly conduct and interfering with an Officer.



**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: 06/20/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/23/2014

Completed date: 06/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/23/2014 10:30 AM

Entered By: [REDACTED]

SSMS check is clear for [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: 06/20/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/20/2014

Completed date: 06/20/2014

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: 06/20/2014 02:13 PM

Entered By: [REDACTED]

Arrest record requested by CPS [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: 06/20/2014

Contact Method: Phone Call

Contact Time: 01:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/20/2014

Completed date: 06/20/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/20/2014 01:25 PM Entered By: [REDACTED]

[REDACTED] Funeral services is scheduled for June 21st @ 11:00 a.m. @ [REDACTED] Funeral [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: 06/17/2014 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 11/10/2014  
 Completed date: 11/10/2014 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: 11/10/2014 10:37 AM Entered By: [REDACTED]

On June 17, 2014, CPSI, [REDACTED] drove to the home, [REDACTED] [REDACTED] me visit. Before arrived at the home, the investigator stopped by [REDACTED] Hospital to obtain pamphlets on parents grieving due a childs death. The investigator obtained informed concerning contact information for the grieving parent. After leaving the hospital, the investigator arrived at the home and knocked on the door. The mother answered the door and welcomed the investigator inside of the home. As the investigator walked into the home, the investigator observed her daughter, [REDACTED], age 2 years old sitting on the couch. The investigator greeted the daughter with hello. She waved hello to the investigator. The investigator asked the mother how she was doing. She stated that she was doing well. The investigator handed the mother the pamphlets the investigator obtained from the hospital. The mother thanked the investigator for the information. The investigator informed the mother that inside the pamphlets, there are list of counseling who can assist the mother with grieving. The mother stated that she doesnt need counseling, she has her family. She stated, in fact, after the investigator leaves, she will return to the grandmothers home. The investigator asked the mother if needs assistance from the investigator, the investigator is able to assist. The mother thanked the investigator. Before leaving, the investigator informed the mother about the pictures the investigator observed in the home on the day the child died. The investigator asked the mother if the investigator could observe the home. The mother agreed. The mother directed the investigator throughout the home. The investigator observed the home to be the same as noted in the picture except for the mothers bed had covers on it. The investigator asked the mother to explain why clothes and other items were located in the babys bed. She stated that because the family seldom sleeps at home, the infant rarely slept in the baby bed. The investigator asked the mother about the items located on the changing table. Again, stated that the family is seldom home; therefore, they use the changing table. The investigator asked the mother to remove medication from the childs reach. The mother agreed. The investigator asked the mother if she needed services to assist her with safety issues in the home. She stated, no. Again, she refused services. She stated that, for now; she wanted to be left alone. The investigator informed the mother that the investigator will visit the home monthly until the case is closed. The mother agreed. Before leaving, the investigator asked the mother if she had questions. She stated, no. The investigator asked the mother if she needed assistance with [REDACTED] funeral. She stated, no. The investigator informed the mother if she needed assistance for the investigator, dont hesitate to ask. The mother thanked the investigator and then the investigator left. (During the visit, the investigator observed [REDACTED] walking around the living room, hugging the mother and then



**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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returning to the couch. She was dressed in clean clothes and hair neatly combed.)



**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: 06/16/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/20/2014

Completed date: 06/20/2014

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: 06/20/2014 01:56 PM      Entered By: [REDACTED]

680 sent to DA, law enforcement and [REDACTED] County Judge

Referent letter mailed

Judge's Letter mailed



**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: 06/16/2014

Contact Method: Face To Face

Contact Time: 08:54 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/20/2014

Completed date: 06/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation, Medical Exam

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/20/2014 02:33 PM      Entered By: [REDACTED]

On June 16, 2014, CPSI [REDACTED] drove to [REDACTED] Hospital and Dr. [REDACTED] Office [REDACTED] in past medical history on [REDACTED] and sister, [REDACTED]. The investigator observed the medical records. There were not indication of physical abuse noted in file. However, it was stated that [REDACTED] was diagnosed with Ankyloglossia (tongue tied). Full medical records located in 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: 06/14/2014

Contact Method:

Contact Time: 05:21 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/17/2014

Completed date: 06/17/2014

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: 06/17/2014 08:42 PM Entered By: [REDACTED]

Completed "Notice of Child Death/Near Death" On [REDACTED] emailed to LCPSI, [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: 06/14/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/17/2014

Completed date: 06/17/2014

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: 06/17/2014 08:31 PM Entered By: [REDACTED]

On June 14, 2014, CPSI, [REDACTED] received a follow-up call from DCS Nurse, [REDACTED]. The CPSI informed the nurse concerning the situation. She informed the CPSI to send her information, via, email concerning the infant's death. The CPSI agreed.



**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: 06/14/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/17/2014

Completed date: 06/17/2014

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: 06/17/2014 07:50 PM      Entered By: [REDACTED]

Initial Safety Assessment complete on surviving child, [REDACTED] age 2 years, 7 months old.



**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: 06/14/2014 Contact Method: Face To Face  
 Contact Time: 10:30 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 06/17/2014  
 Completed date: 06/20/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,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: 06/17/2014 08:07 PM Entered By: [REDACTED]

On June 14, 2014, CPSI, [REDACTED] interviewed the mother, [REDACTED] at [REDACTED] ty Hospital concerning the allegation of Neglect Death. The investigator also interviewed family members and Assistant Coroner [REDACTED]. When the investigator arrived at the hospital, the investigator was directed to the room where the family was located. As the investigator approached the room, the investigator observed Assistant Coroner, [REDACTED] at the door entrance. The investigator greeted Mr. [REDACTED] with hello. He returned the greeting. The investigator asked Mr. [REDACTED] concerning his role with the family. He stated that he was the person who pronounces the baby dead. The investigator asked Mr. [REDACTED] if he had concerns about the child's death. He stated, no; not really. The investigator asked him to explain. He stated that the baby had slight mark on his back. The investigator asked Mr. [REDACTED] if it could have occurred during CPR. He stated that he was unsure. He stated that the medical examiner will be able to determine. The investigator asked Mr. [REDACTED] if he thought it was abuse. He stated, no. The investigator asked Mr. [REDACTED] if there were other concerns. He stated, no. However, he informed the investigator that the child had issues with his tongue. He stated that the child was born with Lingual Frenulum (the band of tissue that connects the bottom of the tongue to the floor of the mouth is too short and tight, causing the movement of the tongue to be restricted.) He stated that the mother told him that the baby was having issues swallowing. The investigator asked Mr. [REDACTED] if the baby was ordered an autopsy. He stated, yes. In fact, today, the baby will be transported to [REDACTED] for the autopsy. After the investigator interviewed Mr. [REDACTED] the investigator entered the patients room. The investigator observed the mother holding the child victim, [REDACTED] wrapped in a blanket in her arms. The family was also present in the room with her older daughter, [REDACTED], age 2 years, 7 months old. The investigator asked the mother how she was doing. She stated that she is not doing well. The investigator stated that the investigator was sorry for her loss. The mother thanked the investigator. Before the investigator began the interview, the investigator allowed the mother a few minutes to grieve. While the investigator waited, the investigator heard the family and the mother discussing the mother's other child losses. The mother asked the family why GOD would take her children. She stated that when she was five months pregnant, her twins were born prematurely and died. She also stated that she had a baby that was still born. She stated that she only has one child, [REDACTED] left. The mother continued to cry holding her baby. Finally, after a few minutes, Assistant Coroner [REDACTED] returned to the room and informed the mother that the baby needed to be transported to [REDACTED] for an autopsy. The mother asked Mr. [REDACTED] if she could



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

ride with the baby to [REDACTED]. Mr. [REDACTED] stated, no. He informed the mother that the baby will return in 24 hours. The mother placed the baby on the bed and then all parties left the room. As the mother walked down the hall, the mother asked Mr. [REDACTED] if the baby's body would be okay in the room alone. He stated, yes; in fact, the hospital was preparing the baby for transportation. Because Mr. [REDACTED] was aware that the investigator needed to privately interview the mother, Mr. [REDACTED] directed the mother and the investigator to an empty waiting room and allowed the family to wait in an additional waiting room. Again, the investigator sympathized with the mother concerning her loss. The investigator asked the mother if she is originally from [REDACTED]. She stated, yes. The investigator asked the mother how many children she has. She stated that she gave birth to five children; however, she only has one surviving child. The investigator asked her to explain. She stated that she had twins, [REDACTED] who died (3-15-13) when she was 4 ½ months pregnant. She stated that she delivered them at [REDACTED] Hospital. (Reason: Placenta detached from sacs.) She stated that her other baby, [REDACTED] was still born (2-9-10); also delivered at [REDACTED] Hospital. She stated that, currently, [REDACTED] died (6-15-14) at [REDACTED] Hospital. The investigator asked the mother about the father. She stated that the baby's father is [REDACTED]; he is incarcerated in [REDACTED] on drug charges. The investigator asked the mother about [REDACTED] father. She stated that her father is [REDACTED]. The investigator asked the mother if she received prenatal care. She stated, yes. She stated that she received prenatal care from Dr. [REDACTED], OBGYN. The investigator asked the mother if the children have a primary physician. She stated, yes; Dr. [REDACTED] is the children's physician. The investigator asked the mother if she received benefits. She stated, yes; she receives \$364 food stamps; \$142 AFDC. The investigator asked the mother if the children attended daycare. She stated, no. Finally, the investigator asked the mother about the incident. She stated that around midnight, they family decided to go to bed. She stated that although the baby had a babybed to sleep in, she allowed the baby to sleep in the queen size bed. She was sleeping in the same bed with the daughter, [REDACTED], age 2 years, 7 months old; son [REDACTED], age 3 months and boyfriend, [REDACTED]. She stated that her daughter, [REDACTED] laid next to her while [REDACTED] who laid on his back between [REDACTED] and [REDACTED]. She continued to advise the investigator that because [REDACTED] is jealous of the baby, she allowed [REDACTED] to sleep next to her. She also stated that because [REDACTED] is able to comfort [REDACTED] to sleep, [REDACTED] allowed [REDACTED] to sleep next to [REDACTED]. She stated that early this morning, [REDACTED] was standing at the foot yelling for her to wake up. She stated as she opened her eyes, she observed [REDACTED] standing at the end of the bed patting [REDACTED] on the back. She stated that she assumed [REDACTED] was burping [REDACTED]. She stated that [REDACTED] yelled for the mother to call 911. She stated that she asked [REDACTED] why, Why? She stated that she called for her sister, [REDACTED] to assist her. She stated that [REDACTED] came upstairs to assist the mother. The mother stated that while the sister was administering CPR, the mother ran downstairs to the next door neighbor, grandmother, [REDACTED] for help. She stated that she returned with the grandmother, [REDACTED]. She stated that it took the paramedics an hour to respond to their home. She stated that after the paramedics arrived, they attempted submitted CPR and then transported [REDACTED] to [REDACTED]-General Hospital. The investigator asked the mother if [REDACTED] had an illness. She stated, yes. She stated that Dr. [REDACTED] diagnosed [REDACTED] with Lingual Frenulum (results when the frenulum (the band of tissue that connects the bottom of the tongue to the floor of the mouth) is too short and tight, causing the movement of the tongue to be restricted.) She stated that he was having issues with swallowing. She stated that many times she asked the doctor to correct her son's tongue. However, the doctor wanted her to wait until [REDACTED] turns 4 months old. She stated that because the doctor refused to operate on her son, [REDACTED] is dead. She stated that she is in disbelief. The mother began to cry. Because the family heard the mother crying, the grandmother entered the room and asked the investigator to end the interview. The investigator agreed. The investigator allowed the mother to enter the other waiting room while the investigator interviewed the sister, [REDACTED] concerning the incident. She stated that on that day, she returned from the store with her niece, [REDACTED], daughter [REDACTED], 8 months old and nephew, [REDACTED]. She stated that later the mother returned and took her children upstairs to the bedroom. She stated that the next morning, she heard crying and her sister and [REDACTED] yell for her to come upstairs. She stated that when she arrived, she observed [REDACTED] administering CPR. She stated that she took the baby from his arms, cleared the blankets off the floor and then she began CPR. She stated that she attempted to resuscitate him; but he was already deceased. The investigator asked her to explain. She stated that she observed that the baby was blue, cold and stiff; she knew he was dead; however, she continued to administer CPR on the floor until the paramedics arrived. She stated that while she was administering CPR, 911 dispatch operator was also verbal assisted her with CPR. She also stated that she observed mucus coming from the baby's mouth. She stated that when the paramedics arrived at the home, they picked up the child and transported him to the hospital where they pronounced the baby dead. After the investigator interviewed the sister, the investigator interviewed the grandmother [REDACTED]. The investigator asked Mrs. [REDACTED] about the incident. She stated that she was in the kitchen cleaning when the mother, [REDACTED] came in and told her to call 911. She stated that she asked [REDACTED] what was wrong. She stated that [REDACTED] stated that it was the baby. She stated that she called 911 and then followed [REDACTED] upstairs in [REDACTED] apartment. She stated that she observed the



**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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sister administering CPR to the baby. She stated that afterwards, the baby was transported to [REDACTED] Hospital where the baby was pronounced dead. After the investigator interviewed, Mrs. [REDACTED] the mother and daughter returned to the room and Mrs. [REDACTED] left. The investigator asked the mother if it was okay for the investigator to observe daughters body. She stated, yes. She stated that she understood that the investigator had a job to do. The investigator observed her daughters body. The investigator did not observed visible marks or bruises. The investigator asked the mother if she was mentally able to sign DCS forms. The mother agreed. The investigator explained DCS forms, HIPPA Notice of Privacy Practices-Client Acknowledgment, Native American Heritage Veto Verification, Authorization for Release of Information to the Department of Children's Services and Notification of Release, Notification of Equal Access to Programs and Services and Grievance Procedures, and the Client's Rights Handbook. The mother agreed and signed the forms. The investigator asked the mother if she needed DCS assistance. She stated, no. The investigator provided a business card to the mother and informed the investigator that if needed, she could call the investigator. The mother agreed. The investigator asked the mother if she planned to return home today. She stated, no; she planned to spend the night with her mother. The investigator informed the mother that the investigator needed to observe the home and take pictures. The mother stated that the police took pictures of the home after the incident occurred. During this time, the investigator walked the mother outside of the hospital. The investigator informed the mother that the investigator will seek a grieve counselor for the mother. She stated that she would appreciate it. Again, the investigator informed the mother that if the mother needed the investigator, she should call. The mother thanked the investigator. The mother left with family members.



**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: 06/14/2014

Contact Method: Phone Call

Contact Time: 10:10 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/17/2014

Completed date: 06/17/2014

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: 06/17/2014 08:23 PM Entered By: [REDACTED]

Convene with CPIT concerning allegations. Will reconvene a later date after additional information is obtained.

Narrative Type: Addendum 1 Entry Date/Time: 06/17/2014 08:26 PM Entered By: [REDACTED]

Called DCS Nurse, [REDACTED] concerning case. No answer. CPSI left a message for her to return the CPSI call.



**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:	06/14/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/17/2014
Completed date:	06/17/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 06/17/2014 07:44 PM    Entered By: [REDACTED]  
DCS History: none

Narrative Type: Addendum 2    Entry Date/Time: 10/15/2014 08:58 PM    Entered By: [REDACTED]  
DA notified, via, 680  
Law enforcement notified, via, 680  
CPIT notified, via, 680

Narrative Type: Addendum 1    Entry Date/Time: 10/03/2014 10:00 AM    Entered By: [REDACTED]  
Referent letter notification is through the CARAT.  
Judge's Letter Sent, via, DCS secretary.



**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: 06/14/2014

Contact Method: Face To Face

Contact Time: 09:40 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/10/2014

Completed date: 11/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/10/2014 09:28 AM Entered By: [REDACTED]

CPSI, [REDACTED] obtained a copy of the mother, [REDACTED]

Statement to Law enforcement: Investigator, Sgt. [REDACTED] ([REDACTED])

On 6-13-14, before midnight, we all went to bed. In the bed was myself, [REDACTED], my boyfriend [REDACTED] my daughter, [REDACTED] and my son, [REDACTED]. The child went to sleep and we all did as well. I work up this morning between 6:30 a.m. 7:00 a.m. and heard [REDACTED] calling my name. I woke up and saw [REDACTED] doing compression on [REDACTED] back trying to get him to breathe. He told me to call an ambulance. I ran to my neighbors house and told her to call the Ambulance. I ran back home and my sister had [REDACTED] on the floor giving him chest compressions trying to revive him. When EMS arrived, they had us step out of the room but I believe they continued chest compressions. [REDACTED] was born with his tongue tied down and had problems swallowing. [REDACTED] was supposed to have surgery next month to free up his tongue. He has been congested lately and we have been running a cool mist humidifier.



**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: 06/14/2014

Contact Method: Face To Face

Contact Time: 09:01 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/10/2014

Completed date: 11/10/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/10/2014 09:46 AM Entered By: [REDACTED]

Maternal Aunt: [REDACTED] statement to law enforcement.

At around midnight, I put the kids to bed. I put [REDACTED] on his back and covered him with a blanket. He was breathing fine when he went to sleep. I put [REDACTED] and [REDACTED] to sleep on one couch and [REDACTED] on another. When [REDACTED] and [REDACTED] got home, they got the kids ([REDACTED] and [REDACTED]) and went to bed. [REDACTED] woke up around 2:30 a.m. or 3:00 a.m. I heard him cry for about two minutes. [REDACTED] woke me up about 7:00 a.m. screaming for me to help. When I walked in [REDACTED] was stiff and blue. [REDACTED] or [REDACTED] was holding him. I immediately took him and cleared the floor and started CPR on him. I did about 30 thrust and 2 breaths. Mucus and blood came out of his nose. EMS told me to do 60 thrust and 2 light breaths. I did CPR until EMS arrived.



**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: 06/14/2014

Contact Method: Face To Face

Contact Time: 09:01 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/10/2014

Completed date: 11/10/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview, Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/10/2014 10:01 AM Entered By: [REDACTED]

Birth father [REDACTED] statement to law enforcement.

Date: June 14, 2014 @ 901 a.m.

Me, [REDACTED] and [REDACTED] went to bed at approx. midnight. [REDACTED] had a little cold but was normal and happy when he went to bed. [REDACTED] was one edge of the bed and I was on the other and the two babies were between us. [REDACTED] was closest to me. [REDACTED] usually wakes up at about 3:00 a.m. to feed. He didnt get up cry last night. [REDACTED] has tied tongued and has trouble choking when he feeds. He chokes a lot on his saliva. I woke up and noticed that [REDACTED] had a lot of mucus on his face. I went to get up and noticed that he was cold. [REDACTED] got up and I told her to call 911. [REDACTED] sister began administering CPR. When she started CPR, blood started coming out of her nose. She was giving mouth to mouth and chest compressions. [REDACTED] sister, is the only person who performed CPR and she did it until EMS arrived. When I got [REDACTED] was still on his back. [REDACTED] usually sleeps on his back unless we have to turn him because he is choking. [REDACTED] had to change bottle types because of his tongue condition. [REDACTED] was in same position he went to sleep in when I woke up. I dont believe anybody rolled over on him during the night.



**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: 06/14/2014

Contact Method:

Contact Time: 08:16 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/17/2014

Completed date: 06/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/17/2014 07:40 PM Entered By: [REDACTED]

On June 14, 2014, CPSI [REDACTED] received a P-1 referral concerning Neglect Death. According to the referent, Law Enforcement received a call this morning at 7:00 A.M. in regards to [REDACTED] not breathing. It was reported that [REDACTED] was put to bed last night around midnight. It was reported that all four family members slept in the same bed together [REDACTED], Ms. [REDACTED] and Mr. [REDACTED]. This morning when the parents woke up [REDACTED] was not breathing. [REDACTED] was lying face up on his back. It was reported that the day before [REDACTED] had a cold and had been having some rattling in his chest.

CPR was attempted by the parents prior to EMS arriving at the home. Once EMS arrived at the home, EMS began to administer CPR. [REDACTED] has been transported to [REDACTED] County General Hospital. [REDACTED] was pronounced deceased at the hospital.

No information was provided regarding the conditions of the home environment. No information was provided regarding the two year old sibling. It is unknown if there were any injuries on the [REDACTED] body.



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

**Assessment**

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]  
 County: [REDACTED] Worker: [REDACTED]  
 Date of Referral: 6/14/14 8:16 AM Date of Assessment: 6/14/14 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:** \_\_\_\_\_