



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

Case # 2014.107

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	07/06/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	07/06/2014		
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:			
If child is in DCS custody, list placement type and name:						

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

According to the referral, the mother, ██████████ reported that she laid ██████████ down on her bed. The reporter stated that according to the mother, ██████████ the victim's 2 year old brother, was also asleep in the bed. The referral stated that when the mother checked on the baby, she observed that ██████████ was asleep and was lying on top of ██████████. The report states that the mother contacted 911 and the responding paramedics pronounced ██████████ deceased at 11:16 am on July 6, 2014.

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

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

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

According to the mother ██████████, she had left the home at approximately 5:00 am to pick the birth father, ██████████ up from work. She stated that when she left the home, ██████████ was asleep in her bed. She stated that her sister, ██████████ was also in the room in the bed watching the child until she returned home. The mother stated that she arrived home around 6:00 am or a little after. She stated that her sister left the room and the child was still asleep. The mother stated that around 7:00am she gave ██████████ a bottle. She stated that at that time, ██████████ was asleep at the foot of the bed. She stated that after the child completed the bottle, she put the pacifier in his mouth and they all fell asleep. She stated that ██████████ was lying partially on his side and stomach. She stated that she dozed off and when she awoke, she noticed that ██████████ was at the top of the bed and he was lying on top of ██████████. The mother reports that she pushed ██████████ off of the infant and when she rolled the infant towards her she noticed that his body was lifeless. She stated that she grabbed the child and ran into the front of the home where other family members were sitting. She stated that the battery in her cell phone and her sister's cell phone was dead. She stated that she ran outside with the child and her neighbor came over, called 911 and attempted to give the baby CPR. The mother stated that when the paramedics arrived, they attempted to give the child CPR, but ██████████ was already deceased. According to ██████████ maternal aunt, when her sister left to pick up the father, she laid in the bed with ██████████. She stated that when the mother returned, she went back into her room and fell asleep. ██████████ stated that she did not know what was going on until one of her sisters came into the room and woke her up and she heard the mother outside screaming. She stated that they tried to perform CPR but it was not helping. She stated that when the paramedics arrived, the child was not breathing. According to ██████████, maternal cousin, she was asleep on the couch in the living room. She stated that at approximately 9:50 am, ██████████, a maternal aunt, came over to the house to wash her clothes. She stated that she let ██████████ in the house. ██████████ stated that when ██████████ came to the house, everyone in the home was asleep. She stated that after ██████████ with her daughter, ██████████ woke up and came into the living room and started playing. According to ██████████ at that time, the mother was in her bed with ██████████ and ██████████. ██████████ stated that around 11:00am or a little before, the mother came running out of her room screaming that the baby was not breathing. She stated that the mother was screaming for someone's cell phone to call 911. ██████████ stated that no one's phone was working so the mother ran outside with the baby and the neighbor came over to help and called 911. She stated that the neighbor attempted to do CPR on ██████████ but it was not working. She stated that when the paramedics arrived, ██████████ was not breathing. According to ██████████ she arrived at her sister's home a little before 10:00am to wash her clothes. She stated that when she arrived, the only person in the home that was awake was ██████████. She stated that

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the mother, [redacted] and [redacted] were asleep in the mother's bed. [redacted] stated that she was in kitchen when she heard the mother running from the bedroom screaming that [redacted] was not breathing. She stated that they tried to do CPR but it was not working. She stated that she heard the mother say that her phone was dead. According to [redacted] the mother ran outside with the baby in her arms and the neighbor came over to help. She stated that the neighbor tried to do CPR on the child until the paramedics arrived. She stated that when the paramedics came, they tried to work on [redacted] but he was already dead. According to the birth father, [redacted] the mother picked him up from work about 6:00am and he dropped her off at the house and went over to his mother's home. He stated that he was not at the house when the incident occurred. He stated that when he arrived back at the house, [redacted] was already deceased.

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

N/A

**Describe disposition of body (Death):**

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: [redacted] Case #: [redacted]

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

N/A

**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):**

This investigator discussed co-sleeping with the mother and ensured that the other children had their own bed and that the mother understood the importance of the children sleeping in their own bed. The maternal grandmother voluntarily took the other children to her home during this time to allow the mother time to grieve.

Name: [redacted] Age: 5

Name: [redacted] Age: 2

Name: [redacted] Age:

Name: [redacted] Age:

Name: [redacted] 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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

Contact Person: [redacted] Telephone Number: ( ) -

Case Manager: [redacted] Telephone Number: [redacted]

Team Leader: [redacted] Telephone Number: [redacted]

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

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	7/26/2014	Case #	2014-107
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 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: 07/06/2014 01:30 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 07/06/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 07/07/2014 08:08 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 11/17/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 11/17/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 1 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] [REDACTED]	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address: [REDACTED]  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: None  
 Narrative: TFACTS: Yes, however screen out only on [REDACTED]  
 Open Court Custody/FSS/FCIP: No  
 Closed Court Custody : No  
 Open CPS: No  
 Substantiated: No  
 Death: No  
 Screened out Yes (1)



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

PHA/ AP: [REDACTED] ACV: [REDACTED] 11-19-2012

History (not listed above): None

County: [REDACTED]  
Notification: None  
School / Daycare: Unknown  
Native American Descent: None  
Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (age 6), [REDACTED] (age 5), [REDACTED] (age 2), and [REDACTED] (age 3 months) reside with their mother [REDACTED] (age 23) and father [REDACTED] (age 26) in [REDACTED], Tennessee.

No special needs or disabilities are known for the children.

Today (Sunday, July 6, 2014) the mother [REDACTED] reported she laid [REDACTED] (age 3 months) down on her [REDACTED] bed. [REDACTED] was placed on his stomach. The bedroom is located in the back of the home. The bed is either a queen or full size bed. It is unknown by the reporter what time [REDACTED] laid [REDACTED] (age 3 months) down in the bed.

[REDACTED] (age 2) went and got in the same bed as [REDACTED] (age 3 months). The mother, [REDACTED] reports that she went to the bedroom to check on the children and she found [REDACTED] (age 2) lying on top of [REDACTED] (age 3 months) asleep. It is unknown by the reporter how much time had gone by between the time [REDACTED] put [REDACTED] (3 months) down and the time she went to check on the children.

The mother, [REDACTED] reports that she picked [REDACTED] (age 3 months) up and noticed blood on the bed and coming out of [REDACTED]

[REDACTED] called 9-1-1 and the responding paramedics pronounced [REDACTED] deceased at 11:16 hours on July 6, 2014. The reporter stated [REDACTED] was notified at 11:47 AM on July 6, 2014 of the incident.

[REDACTED] (age 6), [REDACTED] (age 5), [REDACTED] (age 2), and [REDACTED] (age 3 months), [REDACTED] (age 23) and [REDACTED] (age 26) were all in the home at the time of this incident. All of these individuals along with the [REDACTED] homicide team, crime scene investigators, and the medical examiner are currently at the family's home located at [REDACTED]

[REDACTED] (age 3 months) will be examined by the medical examiner at the family's home before being transported to the city morgue. The reporter didn't observe any visible marks or bruises on [REDACTED] (age 3 months) while he was being held by his mother [REDACTED]

The reporter has not observed any safety hazards in the home. It is unknown by the reporter at this time if [REDACTED] (age 3 months) has a crib or bassinet in the home. The home doesn't appear to a very clean environment. The reporter observed clothes to be in the kitchen area and all of the bedrooms. Also toys were observed to be all over the home.

It is not known by the reporter at this time if [REDACTED] (father) or [REDACTED] (mother) has had any previous contact with the [REDACTED] at this time.

[REDACTED]  
The reporter is requesting immediate assistance at the family's home [REDACTED]



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

[REDACTED]

Per SDM: Investigative Track / P1. [REDACTED] CM 3 @ 3:40pm on 7-6-14

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	07-06-14 03:44:07 PM	[REDACTED] ---	[REDACTED]	Call Completed-Message Played
07-06-14 03:44:07 PM	[REDACTED]	---	[REDACTED]	
Email Sent				
07-06-14 03:45:12 PM	[REDACTED]	07-06-14 03:45:21 PM	[REDACTED]	Received

An email notification was sent to [REDACTED]

RA, [REDACTED] was also notified.



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 9 Mos (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**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]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 1 Yr 1 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact [REDACTED]

Contact Type:

Contact Comments:

**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]

Participant ID: [REDACTED]

SSN: Race: Age: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**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]

Participant ID: [REDACTED]

SSN:

Race:

Age: 6 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**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]

Participant ID: [REDACTED]

SSN:

Race:

Age: 7 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**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]  
 Referral Date: 07/06/2014  
 Street Address:  
 City/State/Zip:

Investigation ID: [REDACTED]  
 Assignment Date: 11/17/2014

**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 [REDACTED] Unknown		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 02/05/2015

**C. Disposition Decision**

Disposition Decision:  
 Comments:

**D. Case Workers**

Case Worker: [REDACTED] Date: 02/05/2015  
 Team Leader: [REDACTED] Date: 02/13/2015

**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:**

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

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

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



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

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: 03/05/2015

Contact Method:

Contact Time: 05:27 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/05/2015

Completed date: 03/05/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/05/2015 05:30 PM      Entered By: [REDACTED]

This case has received a final review by Regional Investigations Director, [REDACTED] and closure has been approved.



**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: 01/28/2015 Contact Method:  
 Contact Time: 11:58 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 01/28/2015  
 Completed date: 01/28/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/28/2015 12:02 PM Entered By: [REDACTED]

The Department of Children Services received this referral on 07/06/2014 for neglect death. The alleged child victim is [REDACTED] age 6 months. The mother, [REDACTED] reported that she laid [REDACTED] down on her bed. According to the mother, [REDACTED] and the victim's 2 year old brother was also asleep in the bed. The mother checked on the baby and she observed [REDACTED] was asleep and was lying on top of [REDACTED]. The mother contacted 911 and the responding paramedics pronounced [REDACTED] deceased at 11:16 am on July 6, 2014. [REDACTED] was pronounced dead by the Office of The Medical Examiner on 07/06/2014 at 1:55 p.m.

This case was investigated by the [REDACTED] DCS Investigations Lead Investigator, [REDACTED], and DCS Investigator, [REDACTED]. No further information could be provided by [REDACTED] pertaining to the details of the investigation. Confirmation was received that a report was taken and investigation was conducted by [REDACTED]

The report to DCS listed the alleged perpetrator as Unknown.

According to the Ms. [REDACTED] she left the home at approximately 5:00 am to pick the birth father, [REDACTED] up from work. She advised [REDACTED] was asleep in her bed when she left the home. She stated that her sister, [REDACTED] was also in the room in the bed watching the child until she returned home. The mother reported she arrived home around 6:00 am or a little after. Ms. [REDACTED] stated her sister left the room and [REDACTED] was still asleep. The mother informed around 7:00 am she gave [REDACTED] a bottle. She stated at that time, [REDACTED] was asleep at the foot of the bed. Ms. [REDACTED] advised she put the pacifier in his mouth and they all fell asleep after she took the bottle out of his mouth. She stated [REDACTED] was lying partially on his side and stomach. Ms. [REDACTED] stated she dozed off and when she awoke, she noticed [REDACTED] was at the top of the bed and he was lying on top of [REDACTED]. The mother reported she pushed [REDACTED] off of the infant and noticed the infant's body was lifeless when she rolled the infant towards her.

According to the birth father, [REDACTED] the mother picked him up from work about 6:00am and he dropped her off at the house and went over to his mother's home. He stated he was not at the house when the incident occurred. Mr. [REDACTED] stated [REDACTED] was already deceased when he arrived back at the home.

According to [REDACTED] he was in the living room playing when his mother came running with his brother in her arms and she was crying.

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities.



**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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This case was presented to the [REDACTED] County) Child Protective Investigation Team on 07/07/2014. The case was staffed by the CPIT team and it was agreed that the case would be coordinated and a forensic interview would be obtained from the sibling and cousin of the deceased child. The case was presented back to the CPIT team on 12/11/2014 and the team declined prosecution. It was decided that the case should be handled as appropriate by the Department of Children Services.

There is preponderance of evidence to substantiate the allegation of Neglect Death.

This case will be submitted for closure and classified as 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: 01/26/2015

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/26/2015 03:03 PM Entered By: [REDACTED]

An attempt visit was made on 01/26/2015 to the [REDACTED] family. Investigator arrived at the home on this date and knocked on the door. No one came to the door.



**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: 01/08/2015

Contact Method: Attempted Face To Face

Contact Time: 03:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

[REDACTED]

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

Narrative Type: Original      Entry Date/Time: 01/09/2015 08:26 AM      Entered By: [REDACTED]

[REDACTED] went out on an announced home visit for this case. The mother has appeared to be very hard to meet with since the initiation of the referral. LI [REDACTED] arrived at the home at 3:15p.m. There was an old maroon cadillac parked in the driveway. LI [REDACTED] knocked on the door and no one came to the door.



**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: 01/07/2015

Contact Method: Attempted Phone Call

Contact Time: 08:55 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/09/2015

Completed date: 01/09/2015

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: 01/09/2015 08:28 AM      Entered By: [REDACTED]

LI [REDACTED] attempted to make contact with Ms. [REDACTED] via phone to schedule a visit with her and her children. The voicemail picked up but a message couldn't be left on the phone.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
 Contact Date: 12/11/2014 Contact Method:  
 Contact Time: 01:30 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 01/28/2015  
 Completed date: 01/29/2015 Completed By: System Completed  
 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: 01/28/2015 11:58 AM Entered By: [REDACTED]

This case was presented back to the CPIT Team. The case was classified by DCS. Prosecution was delined by AG [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: 12/10/2014 Contact Method: Phone Call  
 Contact Time: 01:13 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/10/2014  
 Completed date: 12/10/2014 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: 12/10/2014 01:15 PM Entered By: [REDACTED]

Contact was made with Ms. [REDACTED] via phone on the above date. Ms. [REDACTED] was informed of the attempted contact by Ms. [REDACTED]. Ms. [REDACTED] explained to Ms. [REDACTED] the reason contacted needed to be made with her. Ms. [REDACTED] said that contact could be made with her as early as 12/11/2014. Ms. [REDACTED] reported that she and the family would come to Ms. [REDACTED] office at 11:00 a.m.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/18/2014 Contact Method:  
 Contact Time: 11:09 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/18/2014  
 Completed date: 11/18/2014 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: 11/18/2014 11:20 AM Entered By: [REDACTED]

Contact was made with the maternal grandmother, [REDACTED] to see if she could get in touch with her daughter to inform DCS is trying to get in touch with her to close the case. She confirmed that the Department has the correct number for her daughter. She advised that she would contact her daughter to see if she could get her daughter to contact DCS.



**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: 11/18/2014

Contact Method: Attempted Phone Call

Contact Time: 11:07 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2014

Completed date: 11/18/2014

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: 11/18/2014 11:20 AM      Entered By: [REDACTED]

An attempt phone call was made to the father, [REDACTED] A voice recording picked up and stated that the phone wasn't in service.



**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: 11/18/2014

Contact Method: Attempted Phone Call

Contact Time: 11:05 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2014

Completed date: 11/18/2014

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: 11/18/2014 11:19 AM      Entered By: [REDACTED]

An attempt phone call was made to Ms. [REDACTED] to schedule a visit. The voice mail wasn't set up so there was no way to leave a message.



**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: 11/17/2014 Contact Method:  
 Contact Time: 11:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/18/2014  
 Completed date: 11/18/2014 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: 11/18/2014 11:19 AM Entered By: [REDACTED]

Autopsy report was received on the above date. The report states that the cause of the death is Asphyxia with the contributing cause of death as cosleeping.



**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:	02:08 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):	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 02:08 PM      Entered By: [REDACTED]

Another request for autopsy was faxed over to the medical examiner's office.



**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: Attempted Phone Call

Contact Time: 10:19 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): 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 02:07 PM      Entered By: [REDACTED]

An attempted phone call was made to Ms. [REDACTED]. The automated voicemail picked up on the first ring and stated that there was not a voicemail set up on the phone.



**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: 09:43 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): 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 02:09 PM Entered By: [REDACTED]  
 An email was sent to [REDACTED] asking for assistance with obtaining the autopsy.



**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: 10/23/2014 Contact Method:  
 Contact Time: 04:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 10/23/2014  
 Completed date: 10/23/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2014 02:50 PM Entered By: [REDACTED]

Case removed from CPIT for DCS due to pending autopsy.



**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: Attempted Face To Face

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 10/02/2014

Completed date: 10/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/02/2014 12:38 PM      Entered By: [REDACTED]

This investigator went back to the family's home but no one answered the door. There was no car in the driveway or in front of the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2014

Completed date: 09/17/2014

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: 09/17/2014 08:36 AM      Entered By: [REDACTED]

This investigator sent a request to [REDACTED] to check on the status of the autopsy report on the child.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2014

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/23/2014

Completed date: 10/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2014 02:52 PM Entered By: [REDACTED]

Investigator advised that autopsy is still pending. The investigator was provided with case direction to follow up on status of the autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/20/2014	Contact Method:	Attempted Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/02/2014
Completed date:	10/02/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning, Well Being		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/02/2014 12:34 PM      Entered By: [REDACTED]

This investigator went to the family's home to make contact with the family and check on the family's progress. No one was at home. This investigator left a card requesting the mother to contact this investigator.



**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: 08/13/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/02/2014

Completed date: 10/02/2014

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: 10/02/2014 12:42 PM      Entered By: [REDACTED]

This investigator faxed over another request for a copy of the autopsy report on the child to the medical examiner's office.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/01/2014

Contact Method: Attempted Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/02/2014

Completed date: 10/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/02/2014 12:18 PM      Entered By: [REDACTED]

This investigator attempted to contact the mother on her cell phone but was informed that the number was temporarily disconnected.



**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:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/25/2014

Completed date: 07/25/2014

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: 07/25/2014 01:09 PM      Entered By: [REDACTED]

This investigator submitted a request to [REDACTED] for a copy of the autopsy report on [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: 07/23/2014 Contact Method: Attempted Face To Face  
 Contact Time: 11:30 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 10/02/2014  
 Completed date: 10/02/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/02/2014 12:17 PM Entered By: [REDACTED]

This investigator went by the family's home to make contact with the mother and family. No one answered the door. This investigator observed a car in the driveway but there was no answer at the door.



**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: 07/21/2014

Contact Method: Attempted Phone Call

Contact Time: 09:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/22/2014

Completed date: 07/22/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/22/2014 08:48 AM      Entered By: [REDACTED]

This investigator attempted to contact the mother to check on the family and to schedule the forensic interview. There was no answer. This investigator left a message for the mother to call this investigator back.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/11/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/22/2014

Completed date: 07/22/2014

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: 07/22/2014 08:33 AM      Entered By: [REDACTED]

This investigator contacted the medical examiners office to see if a preliminary report was available on the child. This investigator was informed that the preliminary report was not ready.



**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: 07/09/2014

Contact Method: Phone Call

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/22/2014

Completed date: 07/22/2014

Completed By: [REDACTED]

Purpose(s): 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: 07/22/2014 08:47 AM      Entered By: [REDACTED]

This investigator contacted the mother to check on the status of [REDACTED] funeral and to inform her about the need to schedule a forensic interview with [REDACTED] and [REDACTED]. The mother stated that she is willing to bring the children to the CAC. The mother stated that the funeral is scheduled for Saturday, July 12th. This investigator informed the mother that this investigator would make contact with her to give her the date for the forensic interview and to discuss grief counseling for the family.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/08/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/28/2015

Completed date: 01/28/2015

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: 01/28/2015 11:56 AM Entered By: [REDACTED]

Background checks (JSSI, Sex Offender, Meth Offender, and Felony Offender) were conducted on [REDACTED] and [REDACTED]. There is no history found on Mr. [REDACTED] and Ms. [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: 07/07/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/22/2014

Completed date: 07/22/2014

Completed By: [REDACTED]

Purpose(s): 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: 07/22/2014 08:31 AM      Entered By: [REDACTED]

This investigator completed the initial safety assessment on the family. The score was conditionally safe due to the allegation of neglect death. This investigator assessed the home during a home visit on 7-6-2014 and 7-7-2014, and after speaking with several family members and friends. This investigator observed that the maternal grandmother was caring for the other children in the home due to the mother grieving. This investigator did not observe any safety concerns in the home. The home was appropriate for the family and the children. This investigator observed that the family does not have previous history with the department. This investigator completed a background check on the adults in the home [REDACTED] [REDACTED]). This investigator did not observe any criminal charges (past or present) on any of the adults in the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/07/2014

Contact Method:

Contact Time: 11:29 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2014

Completed date: 07/08/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/08/2014 09:14 AM      Entered By: [REDACTED]

This investigator faxed over a request to the Medical Examiners office for the autopsy report on the child when available.



**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: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2014

Completed date: 07/08/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/08/2014 09:06 AM      Entered By: [REDACTED]

This case was presented to morning CPIT. The case was coordinated with Homicide. The referral was also stamped for a forensic interview with the 5 and 6 year old that was in the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/07/2014

Contact Method:

Contact Time: 08:43 AM

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2014 08:45 AM Entered By: [REDACTED]

Case assigned to Investigator [REDACTED] on today. The P1 case with the allegation of neglect death concerning [REDACTED] [REDACTED] came in on call on 07/06/2014. Investigator responded to start the investigation process. Referent notification sent on 07/06/2014. Notification of this report will be sent to the DA and Judge.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/06/2014 Contact Method:  
 Contact Time: 07:00 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): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2014 08:54 AM Entered By: [REDACTED]

LI contacted PC [REDACTED] and informed him of the outcome of Investigator [REDACTED] assessment and interview with the family. LI advised that Investigator [REDACTED] was able to obtain several collateral interviews from family at the home. LI advised that Investigator [REDACTED] advised that based on the interviews it appears that this was an accident. She advised that the home environment appeared to appropriate with no safety hazards or environmental neglect. She reported that the home had clothes on the floor due to a family member washing clothes. Investigator [REDACTED] reported that there were toys on the floor from the children playing. She informed that she interviewed the mother, father, the mother's sister living in the home, the two year old, [REDACTED] that was reported to have been observed on top of [REDACTED] when the mother woke up about 11am as they all were sleeping in the same bed. [REDACTED] age 5 and [REDACTED] age 6 were interviewed but reported no knowledge of what happened as they reported being outside playing and only seeing [REDACTED] run out the home with the baby.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/06/2014	Contact Method:	Face To Face
Contact Time:	06:50 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	07/08/2014
Completed date:	07/08/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Collateral Contact, Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/08/2014 09:57 AM Entered By: [REDACTED]

According to [REDACTED] maternal aunt, when her sister left to pick up the father, she laid in the bed with [REDACTED]. She stated that when the mother returned, she went back into her room and fell asleep. [REDACTED] stated that she did not know what was going on until one of her sisters came into the room and woke her up and she heard the mother outside screaming. She stated that they tried to perform CAPER but it was not helping. She stated that when the pyramid's arrived, the child was not breathing. According to [REDACTED], maternal cousin, she was asleep on the couch in the living room. She stated that at approximately 9:50 am, [REDACTED], a maternal aunt, came over to the house to wash her clothes. She stated that she let [REDACTED] in the house. [REDACTED] stated that when [REDACTED] came to the house, everyone in the home was asleep. She stated that after [REDACTED] with her daughter, [REDACTED] woke up and came into the living room and started playing. According to [REDACTED] at that time, the mother was in her bed with [REDACTED] and [REDACTED]. [REDACTED] stated that around 11:00am or a little before, the mother came running out of her room screaming that the baby was not breathing. She stated that the mother was screaming for someone's cell phone to call 911. [REDACTED] stated that no one's phone was working so the mother ran outside with the baby and the neighbor came over to help and called 911. She stated that the neighbor attempted to do CPR on [REDACTED] but it was not working. She stated that when the paramedics arrived, [REDACTED] was not breathing. According to [REDACTED] she arrived at her sister's home a little before 10:00am to wash her clothes. She stated that when she arrived, the only person in the home that was awake was [REDACTED]. She stated that the mother, [REDACTED] and [REDACTED] were asleep in the mother's bed. [REDACTED] stated that she was in kitchen when she heard the mother running from the bedroom screaming that [REDACTED] was not breathing. She stated that they tried to do CPR but it was not working. She stated that she heard the mother say that her phone was dead. According to [REDACTED] the mother ran outside with the baby in her arms and the neighbor came over to help. She stated that the neighbor tried to do CPR on the child until the paramedics arrived. She stated that when the paramedics came, they tried to work on [REDACTED] but he was already dead.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/06/2014 Contact Method: Face To Face  
 Contact Time: 06:00 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 07/08/2014  
 Completed date: 07/08/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview, Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2014 09:54 AM Entered By: [REDACTED]

This investigator conducted the initial interview with the family to discuss the referral. This investigator was invited into the home by the mother. This investigator spoke with each person in the home alone. This investigator spoke with the mother first. This investigator explained the investigation process to the mother and assisted the mother with completing the Client's Rights form, HIPAA form, Title VI form, and the Native American verification form.

According to the mother, she had left the home at approximately 5:00 am to pick the birth father, [REDACTED] up from work. She stated that when she left the home, [REDACTED] was asleep in her bed. She stated that her sister, [REDACTED] was also in the room in the bed watching the child until she returned home. The mother stated that she arrived home around 6:00 am or a little after. She stated that her sister left the room and the child was still asleep. The mother stated that around 7:00am she gave [REDACTED] a bottle. She stated that at that time, [REDACTED] was asleep at the foot of the bed. She stated that after the child completed the bottle, she put the pacifier in his mouth and they all fell asleep. She stated that [REDACTED] was lying partially on his side and stomach. She stated that she dozed off and when she awoke, she noticed that [REDACTED] was at the top of the bed and he was lying on top of [REDACTED]. The mother reports that she pushed [REDACTED] off of the infant and when she rolled the infant towards her she noticed that his body was lifeless. She stated that she grabbed the child and ran into the front of the home where other family members were sitting. She stated that the battery in her cell phone and her sister's cell phone was dead. She stated that she ran outside with the child and her neighbor came over, called 911 and attempted to give the baby CPR. The mother stated that when the paramedics arrived, they attempted to give the child CPR, but [REDACTED] was already deceased.

The mother reported that [REDACTED] has not been sick. She stated that he was a normal birth and she did not have any problems. This investigator asked the mother about the sleeping arrangements in the home. The mother reported that there are four bedrooms in the home. She stated that she had a crib for [REDACTED] but she recently gave it to her sister because [REDACTED] slept in the bed with her most of the time. She stated that at times she would use it if she was not in the bed with him. The mother reported that [REDACTED] and [REDACTED] sleep in the room together in the bunk beds. She stated that her sister, [REDACTED] sleeps in the next bedroom. She stated that [REDACTED] has his own room, but sometimes he will go in the room with the other boys. She stated that the last room is hers and the birth fathers. She stated that the father works 12 hour days on the barge and he is not home much at night. According to the mother, she has a cousin, [REDACTED] who recently started staying with them sleeps on the couch in the living room. The mother reports that [REDACTED] is not her child. She stated that he is her nephew. She stated that [REDACTED] mother, [REDACTED] recently moved back to [REDACTED] but [REDACTED] stayed with her. According to 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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mother she is originally from [REDACTED] but her family moved to [REDACTED] when she was young. The mother reports that her family is very close and they are her support. This investigator discussed grief counseling with the mother and she stated that she will let this investigator know once the funeral is over.

According to the birth father, [REDACTED] the mother picked him up from work about 6:00am and he dropped her off at the house and went over to his mother's home. He stated that he was not at the house when the incident occurred. He stated that when he arrived back at the house, [REDACTED] was already deceased.

This investigator attempted to speak with [REDACTED] but the child did not appear to understand what had happened. This investigator observed the child running around the home playing with his cousins. According to the mother, whenever any mentions [REDACTED] name, [REDACTED] tells them that he is sleep. This investigator did not observe any marks or bruises on the child during this visit.

According to [REDACTED] he was in the living room playing when his mother came running with his brother in her arms and she was crying.

This investigator attempted to speak with [REDACTED], but he stated that he was in his room and he did not know what happened until he heard everyone crying and screaming. There were no marks or bruises observed on the children during this visit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/06/2014

Contact Method: Phone Call

Contact Time: 05:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2014

Completed date: 07/08/2014

Completed By: [REDACTED]

Purpose(s): 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: 07/08/2014 09:12 AM      Entered By: [REDACTED]

This investigator received a call back from the mother stating that she and the family were at home and available for a visit from this investigator.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/06/2014

Contact Method:

Contact Time: 05:45 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): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/07/2014 08:48 AM      Entered By: [REDACTED]

LI contacted PC [REDACTED] to inform him that Investigator [REDACTED] wasn't able to make contact with the family due them not being at home and answering the phone. LI advised that the Investigator reported that she would stay in the neighborhood and make try to make contact with the family in a hour.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/06/2014	Contact Method:	Attempted Face To Face
Contact Time:	05:15 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/08/2014
Completed date:	07/08/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Initial ACV Face To Face, Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/08/2014 09:03 AM      Entered By: [REDACTED]

This investigator arrived at the home to conduct the initial face to face with the family to discuss the referral. When this investigator arrived, this investigator observed that there was a car in the driveway and a car in front of the house, but no one answered the door. This investigator was informed by a gentleman walking down the street that he saw the family leave the home about 45 mins or less ago. This investigator attempted to contact the mother on her cell phone but the call went straight to voicemail. This investigator left a message requesting a call back from the mother.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/06/2014

Contact Method:

Contact Time: 04:15 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): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2014 08:46 AM Entered By: [REDACTED]

LI contacted PC [REDACTED] to inform of neglect death case. LI forwarded the child's name to PC and informed him of Investigator responding to the case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/06/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2014

Completed date: 07/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2014 08:58 AM Entered By: [REDACTED]

This referral was called into Central Intake due to an allegation of Neglect Death. The victim is 3 month old [REDACTED]. The alleged perpetrator is listed as unknown. This referral was sent to the county at 3:50pm. According to the referral, the mother, [REDACTED] reported that she laid [REDACTED] down on her bed. The reporter stated that according to the mother, [REDACTED] the victim's 2 year old brother, was also asleep in the bed. The referral stated that when the mother checked on the baby, she observed that [REDACTED] was asleep and was lying on top of [REDACTED]. The report states that the mother contacted 911 and the responding paramedics pronounced [REDACTED] deceased at 11:16 am on July 6, 2014.



**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: 7/6/14 1:30 PM Date of Assessment: 7/7/14 12:00 AM  
 Assessment Type: Initial Number of Children in the Household: 4

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