



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

Case # 2014.116

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	07/18/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	07/18/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████			Relationship to Victim:		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						
Describe (in detail) circumstances surrounding death/near death:						
<p>██████████ was located in his crib at approximately 12:40pm on this date, 07/18/2014, by ██████████ ██████████ is the child's putative father. ██████████ described the child to be stiff, cold, and hard. According to the family the infant was seen at ██████████ Family Care by PA ██████████ on July 17, 2014 at approximately 2:00 pm due to "rattling", wheezing, and coughing. He was prescribed prednisone and amoxicillan. Mother returned home with infant at approximately 5pm. The baby was sleeping and she placed him in his crib on his stomach with a pacifier in his mouth. He woke at 7pm and father attempted to feed the baby, but he would not eat. He went back to sleep at 9pm and was again placed in the crib on his stomach with a pacifier in his mouth and blanket over his back. The parents had several friends over to the home on this evening. The mother stated the baby woke briefly at 11pm and went back to sleep. She stated that at 11:30pm she stepped outside with friends and smoked marijuana. She stated the friends left at midnight and she and ██████████ went to sleep at approximately 1am. ██████████ stated he woke up at 7am and went in to check on the baby and he was sleeping. He went back to bed and woke again at 12:40 pm to find the baby deceased.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:			Telephone #	( ) -		
Street Address:			City/State/Zip:			
Describe (in detail) interview with family:						
<p>Investigator ██████████ arrived on the scene at approximately 2:45 pm and drug screened the AP's at approximately 3:45 pm ██████████ was drug screened and was positive for methamphetamine and oxycodone. ██████████ was drug screened and was positive for methamphetamine, benzodiazapines, and marijuana. ██████████ admitted to snorting meth earlier in the week, taking xanax not prescribed to him the previous week and taking percocets not prescribed to him within past two days. ██████████ admits to smoking marijuana the previous night and taking xanax not prescribed to her within the past month. She denied the meth use. ██████████ stated she does recall the hospital covering safe sleeping with her at the time of the infants birth. She recalled that safe sleeping was placing the child on their back with no blankets and no bottles in the crib. When asked why she did not adhere to the safe sleeping standards she stated that he liked to sleep on his stomach and was good about not putting his face down on the mattress. She stated that the baby had only been sleeping in the crib for 2 weeks. Prior to the crib the baby was sleeping in the bed with her.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
N/A						
Describe disposition of body (Death):			Medical Examiners office			
Name of Medical Examiner/Coroner:			Was autopsy requested?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Was there DCS involvement at the time of Death/Near Death?			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type:			Case #:			

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

Distribution: Child's Case File

CS-0635, Rev. 08/13

RD A 2993

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

The [REDACTED] County Sheriff and Detective [REDACTED] among other law enforcement officers were first on the scene at the home. DCS Investigator heard about the death and went to the scene at approximately [REDACTED]. Lead Investigator called the [REDACTED] and called [REDACTED] ADA, for [REDACTED] Co. This convened the CPIT team. The investigation is on going. There has been no prior law enforcement or court involvement .

**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):**

n/a

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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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:	Telephone Number: ( ) -
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

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

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



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 07/18/2014 01:45 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 07/18/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 07/18/2014 04:55 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 07/18/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 07/18/2014 12:00 AM

**Allegations**

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

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number: [REDACTED]  
 Type of Contact: [REDACTED]  
 Notification: None  
 Narrative: \*\*\*\*The child is not in DCS custody

TFACTS: (Based upon the information provided, the following history results are "possible history" on the family but there is insufficient information to say for certain.)

Family Case IDs: Yes [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody: Yes (9-12-2001 to 12-7-2001 / # [REDACTED])

Open CPS: No

Substantiated: Yes (8-17-04 / [REDACTED] / MDM and Other / [REDACTED])

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

Death: No

Screened out: Yes ( [REDACTED] )

History (not listed above): Yes

8-17-2004 / [REDACTED] / MDM / Allegation Unsubstantiated Perpetrator Unsubstantiated  
12-30-2003 / [REDACTED] / PHA and LOS / Allegation Unsubstantiated Perpetrator Unsubstantiated  
7-29-2004 / [REDACTED] / MDM / Allegation Unsubstantiated Perpetrator Unsubstantiated  
12-30-2003 / [REDACTED] / PHA / Allegation Unsubstantiated Perpetrator Unsubstantiated  
12-30-2003 / [REDACTED] / SEE / Allegation Unsubstantiated Perpetrator Unsubstantiated  
6-18-2004 / [REDACTED] / MDM / Allegation Unsubstantiated Perpetrator Unsubstantiated  
11-30-2004 / [REDACTED] / LOS and ENN / Allegation Unsubstantiated Perpetrator Unsubstantiated  
11-30-2004 / [REDACTED] / PHA / Allegation Unsubstantiated Perpetrator Unsubstantiated  
2-13-2005 / [REDACTED] / PHA / Allegation Unsubstantiated Perpetrator Unsubstantiated  
2-13-2005 / [REDACTED] / LOS / Allegation Unsubstantiated Perpetrator Unsubstantiated  
12-13-2005 / [REDACTED] / MDM / Allegation Unsubstantiated Perpetrator Unsubstantiated

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Directions: The family resides at [REDACTED] in [REDACTED] TN. Directions to the home are unknown.

Reporter's name/relationship: [REDACTED]

Reporter states: \*\*\*\*The child is not in DCS custody

[REDACTED] (DOB: unknown/3 months) lived with his mother, [REDACTED] (DOB: unknown) and father, [REDACTED] (DOB: unknown), in [REDACTED] County. It is unclear at this time if anyone else resides in the home. It is unclear if there are other children in the home. The marital status of the parents is unknown.

On July 18, 2014, at approximately 1:45 p.m., the [REDACTED] was contacted by [REDACTED] [REDACTED] County Department of Children's Services Investigator) who stated that she had been contacted today by Detective [REDACTED] with the [REDACTED] County Sheriff's Office concerning a child fatality.

Detective [REDACTED] said there was a three (3) month old who had stopped breathing. The child was identified as an "unexplained child death". The incident occurred at the family home. It is unclear at this time if EMS verified the child's death. It is unknown who was at the home with the child at the time the child was found. It is unknown who found the child or the child's condition when found.

The [REDACTED] does not have any other details about the child's death. The [REDACTED] is unaware if there were any marks, bruises or abrasions on the child.

The [REDACTED] is not aware of the family having a history with the Department of Children's Services. It is unknown if the child had any prior diagnosis or special needs. At this time, no one has been to the home to know the condition of the home. It is unknown if there are any safety concerns or hazards for the worker responding to the home.

[REDACTED] with the [REDACTED] County Department of Children's Services has been sent out on the case as of 1:45 PM on July 18, 2014.

Per SDM: Investigation P1 - [REDACTED], CM3, on 7-18-14 at 3:46 p.m.  
Submitted to the County at 3:49 p.m. on 7-18-14 via TFACTS  
Email sent to the [REDACTED] notification group.



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

A notification was sent to [REDACTED]  
The [REDACTED] Administrator, [REDACTED], was copied on the notification.



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

**Participant(s)**

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age: Deceased

Address: [REDACTED]

Deceased Date: 07/18/2014

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 07/18/2014

Assignment Date: 07/18/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED], [REDACTED] [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 10/27/2014
2	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 10/27/2014
3	[REDACTED]	[REDACTED]	Neglect Death	un, known		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/27/2014
4	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 10/27/2014
5	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 10/27/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 11/22/2014

Team Leader: [REDACTED]

Date: 11/22/2014

**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:**



**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]

Child was deceased at time of report. Child was not directly observed by this case manager. Photographs of deceased child was taken by law enforcement and are contained within the file.

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

Autopsy report states "Given the autopsy and investigative findings, it is my opinion that the cause of death in this case is total anomalous pulmonary venous connection. The manner of death is natural."

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

Parents were interviewed by CM [REDACTED] on date death occurred. Parents provided written statements to law enforcement on a later date. The details of the statements vary. The overall consensus is that [REDACTED] took the baby to the doctor at 2pm on July 17, 2014. She then left the baby with her mother while she ran errands. She arrived home at approximately 5:30pm. She states [REDACTED] and his friend [REDACTED] were at the residence when she arrived. The baby was sleeping when she arrived home. However; there is some variance about what time the baby woke and if there was an attempted feeding of the baby during the next two hours. There is a consensus that at approximately 7pm [REDACTED] and his girlfriend [REDACTED] arrived at the home. The baby woke at this time. At 8pm [REDACTED] came to the home and brought with him marijuana. At 9pm the infant went back to sleep. Mother's account to law enforcement states that [REDACTED] left the home at this time. There is a variation of accounts that at approximately 11pm there were attempts to feed the baby and medication was administered to him. The mother states at 11:30pm after the baby was back asleep she smoked marijuana with [REDACTED] outside the home. Parents state everyone left the home at midnight and parents went to sleep at 1am on 07/18/2014.

There is variation from all parties concerning what time [REDACTED] and [REDACTED] arrived and left the home.

Father and mother both stated to CM [REDACTED] that father woke up at approximately 7am and checked on the baby and he was fine. However; mother stated to law enforcement that both herself and the father woke up and attempted to feed the baby at 6:30am.

Both parents state that the father checked on the baby at approximately 1pm and he was deceased. [REDACTED] stated she asked [REDACTED] to check on the baby because he had not cried and she had a bad feeling. [REDACTED] stated in her statement to law enforcement that the baby always sleeps through the night. However, [REDACTED] stated to CM [REDACTED] the date the child passed that the baby wakes several times during the night usually.

Parents were drug screened on date child passed. Mother was positive for methamphetamine, amphetamine, benzodiazepines, and thc. [REDACTED] was positive for methamphetamine, amphetamine, and oxycodone. [REDACTED] admitted to taking xanax that was not prescribed to her and smoking marijuana the previous evening. She denied meth use, but stated the persons at the home the previous evening were known to use meth and they provided the marijuana that was smoked. [REDACTED] stated that he had taken oxycodone that was not prescribed to him and had used meth within the week.

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

[REDACTED] and [REDACTED] were interviewed and gave statements to law enforcement concerning the previous evening. All statements are inconsistent and provide very little detail regarding the incidents the evening of the child's death.

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

Dr. [REDACTED] stated the child was sleeping in unsafe conditions.

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**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]

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] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/11/2014

Contact Method:

Contact Time: 07:33 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

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: 12/11/2014 07:35 PM Entered By: [REDACTED]

case was reviewed by IC [REDACTED] and Deputy Director of Investigations [REDACTED] and approved for closure. Copy of the 740 will be sent to the Judge and DA per local protocol.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/22/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/22/2014

Completed date: 11/22/2014

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: 11/22/2014 01:30 PM

Entered By: [REDACTED]

740 completed on this date.



**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: 11/22/2014 Contact Method:  
 Contact Time: 09:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/22/2014  
 Completed date: 11/22/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/22/2014 04:14 PM Entered By: [REDACTED]

A report was received by the Department on July 18, 2014 alleging neglect death regarding [REDACTED] Investigation was initiated by case manager (CM) [REDACTED] CM [REDACTED] spoke with Detective [REDACTED] and Detective [REDACTED] at the scene. Det. [REDACTED] stated he had taken photographs of the home and the deceased infant and would provide copies of those to CM [REDACTED] Upon arrival child was being loaded into ambulance for transport to autopsy.

[REDACTED] was located in his crib at approximately 12:40pm on July 18, 2014 by [REDACTED] [REDACTED] is the child's putative father. [REDACTED] described the child to be stiff, cold, and hard. The infant was seen at [REDACTED] by PA [REDACTED] due to "rattling", wheezing, and coughing the previous day. He was prescribed prednisone and amoxicillin. Mother returned home with infant at approximately 5pm from the doctors visit. The baby was sleeping and she placed him in his crib on his stomach with a pacifier in his mouth. He woke at 7pm and father attempted to feed the baby, but he would not eat. He went back to sleep at 9pm and was again placed in the crib on his stomach with a pacifier in his mouth and blanket over his back. The parents had several friends over to the home on this evening. The mother stated the baby woke briefly at 11pm and went back to sleep. She stated that at 11:30pm she stepped outside with friends and smoked marijuana. She stated the friends left at midnight and she and [REDACTED] went to sleep at approximately 1am. [REDACTED] stated he woke up at 7am and went in to check on the baby and he was sleeping. He went back to bed and woke again at 12:40pm to find the baby deceased.

[REDACTED] was drug screened and was positive for methamphetamine and oxycodone. [REDACTED] [REDACTED] was drug screened and was positive for methamphetamine, benzodiazapines, and marijuana. [REDACTED] admitted to snorting meth earlier in the week, taking xanax not prescribed to him the previous week and taking percocets not prescribed to him within past two days. [REDACTED] admits to smoking marijuana the previous night and taking xanax not prescribed to her within the past month. She denied the meth use. [REDACTED] stated she does recall the hospital covering safe sleeping with her at the time of the infants birth. She recalled that safe sleeping was placing the child on their back with no blankets and no bottles in the crib. When asked why she did not adhere to the safe sleeping standards she stated that he liked to sleep on his stomach and was good about not putting his face down on the mattress. She stated that the baby had only been sleeping in the crib for 2 weeks. Prior to the crib the baby was sleeping in the bed with her.

Both parents were interviewed by CM [REDACTED] on date death occurred. Parents provided written statements to law enforcement on a later date. The details of the statements vary. The overall consensus is that [REDACTED] took the



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

baby to the doctor at 2pm on July 17, 2014. She then left the baby with her mother while she ran errands. She arrived home at approximately 5:30pm. She states [REDACTED] and his friend [REDACTED] were at the residence when she arrived. The baby was sleeping when she arrived home. However; there is some variance about what time the baby woke and if there was an attempted feeding of the baby during the next two hours. There is a consensus that at approximately 7pm [REDACTED] and his girlfriend [REDACTED] arrived at the home. The baby woke at this time. At 8pm [REDACTED] came to the home and brought with him marijuana. At 9pm the infant went back to sleep. Mothers account to law enforcement states that [REDACTED] left the home at this time. There is a variation of accounts that at approximately 11pm there were attempts to feed the baby and medication was administered to him. The mother states at 11:30pm after the baby was back asleep she smoked marijuana with [REDACTED] outside the home. Parents state everyone left the home at midnight and parents went to sleep at 1am on 07/18/2014.

There is variation from all parties concerning what time [REDACTED] and [REDACTED] arrived and left the home.

Father and mother both stated to CM [REDACTED] that father woke up at approximately 7am and checked on the baby and he was fine. However; mother stated to law enforcement that both herself and the father woke up and attempted to feed the baby at 6:30am.

Both parents state that the father checked on the baby at approximately 1pm and he was deceased. [REDACTED] stated she asked [REDACTED] to check on the baby because he had not cried and she had a bad feeling. [REDACTED] stated in her statement to law enforcement that the baby always sleeps through the night. However, [REDACTED] stated to CM [REDACTED] on the date the child passed that the baby wakes several times during the night usually.

DCS policy 14 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.
22. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The classification of severe lack of supervision is based on DCS Policy 14 Work Aid 1, which reads:

**5. Lack of Supervision:**

Failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that:

- A) The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or
- B) Caregiver inadequately supervises the child. The caregiver is with the child but is unstable or unwilling to supervise (e.g. the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills).
- C) Any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

**Drug exposed child:**

This allegation pertains to a person, under the age of 18 who:

- a) Has been exposed to or is at risk of exposure to a drug or chemical substance (including but not limited to alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamine, heroin, inhalants) that could adversely affect the child's physical, mental or emotional functioning; or
- b) Has a parent/caregiver that uses drugs or chemical substances that impacts or is at risk of impacting their ability to adequately care for the child.

NOTE: The manufacturing of methamphetamine where children are present or in close proximity will always be considered severe abuse.



**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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Case was presented at CPIT on 10/01/2014 and team members agreed with case managers recommendation to unsubstantiate allegations of neglect death and allegations of severe lack of supervision were added and substantiated. Additionally allegations of non-severe drug exposed infant were added and substantiated. There is not a preponderance of evidence to substantiate the allegation of neglect death. The case will be closed on this date with the allegation of neglect death classified as 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:	11/17/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/22/2014
Completed date:	11/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/22/2014 12:00 PM Entered By: [REDACTED]

CM obtained written statements that had been obtained by Det. [REDACTED] on this date. All statements will be included in the file. Statements were given by [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED].

[REDACTED]

"We was relaxing playing video games while [REDACTED] was being held and tried given him a bottle but his new medicine had him sleepy so [REDACTED] laid him down for bed. after he was layed down I went out to smoke a cigarette and [REDACTED] had followed as [REDACTED] stayed inside to look after [REDACTED]. We was sitting and talking when I had found a marijuana pipe and asked who it was and no one knew so give it to [REDACTED] and she proceeded to smoke it. Then it was thrown away and we went back inside and she washed her hands as we all did after cigarette breaks to clean off the smell of smoke and proceeded to play video games and check on [REDACTED] to make sure he was ok and then I left he was perfectly safe and sound asleep."

[REDACTED]

"I arrived at [REDACTED] and [REDACTED] house around 11:15pm. I stood on the porch for maybe 10 minutes smoking a cigarette with [REDACTED]. [REDACTED] came to the door and told [REDACTED] to warm a bottle for [REDACTED] while she got his new medicine. Shortly after I left. I was there for approx. 20 to 30 minutes most."

[REDACTED]

"I [REDACTED] went to [REDACTED] and [REDACTED] house on July 17th 2014 to visit. I arrived at the house and what not to hangout and see [REDACTED]. As I was sitting in the house I heard the little man crying, so I went and picked him up out of his crib. HE calmed down after picking him up and I noticed the little guy trying his hardest to breathe. I held him for approximately ten minutes and laid him down. I was there for about forty-five mins. left and got all of us some McDonalds returned and ate our food. I was there for another ten to twenty minutes and returned back home. "



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] checked [REDACTED] said he had a head cold gave him penosillon and steroid. Im allergic to penosillon. took him to my moms an thursday around 3 after the doctor went to dollar tree, and to pick up medicine. Parents aid he was fussy, wouldn't eat good gave him first dose of amox. Arrived home around 5:30pm [REDACTED] fell asleep in the car. Brought him laid him down. He slept couple hours was really fussy wouldn't eat. when he got up our friend [REDACTED] was over and his girlfriend. [REDACTED] walked around with him, he watched the video game in his bouncy chair. [REDACTED] left around 9, [REDACTED] was up and down really fussy. gave him amox. around 10:30pm he finally went off to sleep around 11 [REDACTED] was fighting sleep hard that night you could tell. He always slept through the night. He woke up around 6:30 chanced him gave him another amox dose. He wouldn't barely sip on bottle, laid him back down around 7:30-8. Asked [REDACTED] to go check on him around 11:30-11:45 cause he hadn't cried had a bad feeling. He came back in shock couldnt tell me went to his room and found my precious angel in the same place we left him. He hadn't suffered you could tell but he was blue and cold.I freaked out [REDACTED] came down here moved him from the crib to the couch and tried to give him CPR until all arrived."

[REDACTED]

[REDACTED] took him to the doctor because he was sick with a bad cough and I told her to tell the doctor to give [REDACTED] a breathing treatment then when [REDACTED] came home I asked how the doctor went and she said that the doctor wouldn't give [REDACTED] the breathing treatment then when [REDACTED] came home I asked how the doctor went and she said that the doctor wouldn't give [REDACTED] the breathing treatment and said that the baby just had a head cold and that his lungs were fine and gave [REDACTED] some new medicine to give the baby and when they got home we fed the baby and gave him the medicine and then he fell asleep so we put him to bed in his crib for a little while and then he woke up a few hours alter so we changed him and tried to feed him but he would barely eat and he was fussy so I tried calming him down for a few until eh got calmed down then I put him back to sleep in his crib and he went to sleep so I came back into the living room with everyone and was hanging out and then my buddy [REDACTED] showed up to show me and my friends his new truck and I smoked a cigarette out there with [REDACTED] and his girlfriend then [REDACTED] left so we came back inside and hungout for little while longer until [REDACTED] woke back up so we changed his diaper and tried feeding him again and he ate a little more this time so [REDACTED] gave him a little more of some of the medicine that the doctor gave her to give him then he was put back in his baby crib and covered up and he fell right back asleep. Then everyone left a little while alter and me and [REDACTED] stayed up a little bit longer then when we went to bed we checked on [REDACTED] and he was fine so we went on to bed. then we woke up the next morning for the first time I used the bathroom and we checked on the baby and he was fine then we went back to sleep and when we woke up later on I put my pants on then went and checked on [REDACTED] and that was when I found him like was and it took my breathe away I couldn't even get it out of my mouth to tell [REDACTED] what was wrong and thats when she went in there to see and she dropped to her knees crying and I fell right beside her and cried and held her tight".



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/14/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/22/2014

Completed date: 11/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/22/2014 01:42 PM      Entered By: [REDACTED]

Spoke with Det. [REDACTED] he stated he failed to leave the written statements for CM on this date.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/13/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/22/2014

Completed date: 11/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/22/2014 01:41 PM      Entered By: [REDACTED]

Spoke with Det. [REDACTED] he stated he would provide CM with copy of written statements on following date.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/16/2014

Completed date: 11/16/2014

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: 11/16/2014 01:10 PM Entered By: [REDACTED]

LI [REDACTED] met w/ Inv. [REDACTED] and discuss case. - overdue . inv. completed. 740 and summary needed to complete. Inv. will have done by 11-17-14.



**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:

Contact Time: 09:00 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): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/10/2014 11:22 AM      Entered By: [REDACTED]

Records obtained from [REDACTED] on this date.

07/28/14 Note stating child died on 07/18/14; information obtained from [REDACTED] Funeral Home

07/17/2014 2:13pm child seen for cough. weighed 9lbs 8 oz; duration of symptoms 2 days; fever 2 days ago  
plan: prescriptions for amoxicillan and prednisone; follow up if symptoms do not improve.

06/06/14 well child exam

05/09/14 well child exam

04/24/14 newborn weight check

04/17/14 newborn exam

04/10/14 birth record



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/27/2014

Contact Method: Correspondence

Contact Time: 08:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/27/2014

Completed date: 10/27/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 10/27/2014 11:29 PM

Entered By: [REDACTED]

Case classified on this date.



**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: 10/01/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/03/2014

Completed date: 10/03/2014

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: 10/03/2014 03:46 PM Entered By: [REDACTED]

Case presented to CPIT on this date. Det. [REDACTED] provided CM with SD card containing photographs, a copy of autopsy report, and copy of incident report. CM requested additional copies of witness statements. He stated he would get those to CM as soon as possible.

It was discussed that cause of death was ruled natural due to "total anomalous pulmonary venous connection". It was decided allegation of neglect death would be classified as unsubstantiated due to cause of death finding. However; [REDACTED] and [REDACTED] will be substantiated for drug exposed child (non-severe) and lack of supervision (severe).

Narrative Type: Addendum 1 Entry Date/Time: 11/22/2014 01:43 PM Entered By: [REDACTED]

Det. [REDACTED] stated he would get copies of written statements to CM within the next week.



**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:	10/01/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/03/2014
Completed date:	10/27/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/03/2014 04:16 PM Entered By: [REDACTED]

Autopsy report obtained on this date. Cause of death "total anomalous pulmonary venous connection" and manner of death "natural". Copy will be contained within the file.

Incident report obtained on this date. Copy of report will be contained within the file. Report states:

"On 07/18/2014 I deputy [REDACTED] was dispatched to [REDACTED] to a medical call that a 3 month old was not breathing. Upon my arrival at 13:04 (1:04pm) I came in contact with EMS and fire personnel. They stated that the baby was laying on teh couch and that there was nothing they could do for the baby [REDACTED]. EMS stated that rigimortess had done sit in on [REDACTED]. I then made contact with the father [REDACTED] and the motehr [REDACTED] sitting on teh front porch. [REDACTED] and [REDACTED] stated that they ahd taken [REDACTED] to the doctor on 07/17/2014 at 2pm. the doctor was [REDACTED] [REDACTED] stated they took [REDACTED] because he was weezing really bad. [REDACTED] stated that the doctor told them that [REDACTED] had a head cold and prescribed two prescriptions. Predniasone which is a steroid and also amoxicilan an antibiotic for [REDACTED] and [REDACTED] stated that [REDACTED] was doing ok after doctors appointment but wouldn't eat much. [REDACTED] and [REDACTED] stated that they laid [REDACTED] down for bed at around 8:30 or 9pm on 07/17/2014. [REDACTED] stated that [REDACTED] went right to sleep when they laid him down do to them giving him his medicine. [REDACTED] and [REDACTED] stated that they stayed up till around 1am on 07/18/2014 and before htey laid down [REDACTED] went and checked on [REDACTED] and he was fine. [REDACTED] stated he woke up around 7am on 07/18/14 and went and checked on [REDACTED] and stated he was fine and still breathing. [REDACTED] stated that he then went back and laid back down in the bed and fell back asleep. Around 12:30 or 12:45 [REDACTED] [REDACTED] who is [REDACTED] mother stopped by the house and woke them up and [REDACTED] went to check on [REDACTED] and stated he was still alying on his belly with his head turned to teh side and noticed he was purple in color and turned him over. [REDACTED] called [REDACTED] who lives next door and is the great grandmother to [REDACTED] and she immediately came to the house and stated [REDACTED] was face up in teh crib when she got there, she couldn't do CPR in the crib so she lifted [REDACTED] out of the crib and took him to the couch wehre she started CPR. [REDACTED] stated that she could tell her was no way of bringing him back by looking at his color. After seeing [REDACTED] laying on the couch I could see light colored spots on hsi head and on both his legs where he had been laying. Detective [REDACTED] arrived on the scene at 1:32pm and did some questioning of his own. Sheriff [REDACTED] [REDACTED] and Det. [REDACTED] [REDACTED] arrived on scene at 1:23pm and did some questioning and investigating of their own. Lt. [REDACTED] [REDACTED] arrived on scene at 1:16pm and assisted me with securing the scene. Dr. [REDACTED] arrived on scene and stated that they were going to send [REDACTED] off for an autopsy to determine cause of death. [REDACTED] with DCS arrived on scene and asked [REDACTED] and [REDACTED] several questions and then asked htem to take a drug



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

screen. [REDACTED] went in teh bathroom with [REDACTED] while she used the bathroom. i then went in with [REDACTED] while he used the bathroom to make sure he didn't try to alter his urine sample. After testing both of them [REDACTED] stated that [REDACTED] tested positive for meth, xanax, and oxy. [REDACTED] stated that [REDACTED] tested positive for meth, xanax, and THC. [REDACTED] also stated that while I was in teh bathroom with [REDACTED] that [REDACTED] stated to her that they had a party at their house last night and had smoked some marijuana. [REDACTED] and [REDACTED] stated that [REDACTED] [REDACTED] and a girl by the name of [REDACTED] had come to the house on 07/17/2014. This occurred in [REDACTED] County.



**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:	
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/05/2014
Completed date:	11/05/2014	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: 11/05/2014 01:24 PM      Entered By: [REDACTED]

Obtained copy of post mother placed on www.facebook.com. Copy will be contained within the file. Post states:

I hope this makes all you people who thought you knew everything feel stupid. THIS IS what happened to my precious angel. I sure don't want any apology after half the town wants to make their own story up. I just hope it eats you up to know a precious angel got taken from us so quick. You WILL never know that pain. I can promise that. This should be a life lesson for everyone- - don't go say anything about anybody. This made a big impact on a lot of peoples life. Just remember words hurt more than most things expecially people saying bad things duiring such a HORRIFIC time. [REDACTED] [REDACTED] fly high my beautiful guardian angel I wish we still had you with us-- I'd do anything to have you in my arms. We know you're in a better place though, way better than this cruel world. I LOVE YOU, FOREVER & ALWAYS. No matter what people says baby boy, you was the best thing that has ever happened to me & changed my life forever. Please help mommy and daddy get through these hard days that will never go away.

There was a link on this page to an article about Total Anomalous Pulmonary Venous Connection (TAPVC)



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/06/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/27/2014
Completed date:	10/27/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/27/2014 11:14 PM      Entered By: [REDACTED]

Case staffed with CPIT on this date. ADA [REDACTED] stated he received a call from the medical examiner on Saturday and preliminary report is that the baby had a heart condition that would have resulted in death regardless of other circumstances. ADA [REDACTED] stated full autopsy report is not in yet. Team agreed to wait for full autopsy before classification of case.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/28/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/05/2014

Completed date: 11/05/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/05/2014 01:31 PM      Entered By: [REDACTED]

CM spoke with Det. [REDACTED] [REDACTED] by telephone on this date. CM asked Det. [REDACTED] if he had heard any information concerning the autopsy. He stated that he had gotten a call from Dr. [REDACTED] after the autopsy was concluded. He stated no cause of death will be ruled until after the toxicology results come back, but a heart defect was found and appears to be the cause of death. He stated that the baby also had an upper respiratory infection. He stated he would get this CM a copy of his pictures. He stated he has gotten in touch with all the persons who had been present at the home the night before the child passed and will get CM a copy of those statements.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/24/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/05/2014

Completed date: 11/05/2014

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/05/2014 01:17 PM      Entered By: [REDACTED]

Obtained copy of obituary on this date. Will be contained within the 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: 07/22/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/31/2014

Completed date: 07/31/2014

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: 07/31/2014 10:43 AM Entered By: [REDACTED]

Purpose: Child Death Debriefing

This investigation was staffed with Investigator [REDACTED] Investigations Coordinator [REDACTED] and Regional Investigation Director [REDACTED]. The details of the case were discussed which will be documented by Investigator [REDACTED]. Law enforcement was a part of the initial investigation and responders to the home. The DA has been notified along with other necessary personnel.

Child Death form was submitted on 07/22/2012.

Safety of other Children in the home: There are no other known children in the home.

**Next Steps:**

Continue with investigation: Contact Collateral that were at the home at the time, share information with LE, continue to communicate with the DA and other essential personnel.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/18/2014

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/22/2014

Completed date: 11/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 11/22/2014 11:35 AM

Entered By: [REDACTED]

Case staffed with LI on this date.



**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: 07/18/2014 Contact Method: Face To Face  
 Contact Time: 04:00 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, Well Being  
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Initial ACV Face To Face, Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/27/2014 06:45 PM Entered By: [REDACTED]

CM [REDACTED] learned that a child death had occurred by overhearing Det. [REDACTED] being called to the scene. This CM was working with Det. [REDACTED] on a case at the time he was contacted by the Sheriff. CM [REDACTED] followed Det. [REDACTED] to the location of the child death even though Det. [REDACTED] had asked the Sheriff if DCS assistance was requested and had been advised that it was not necessary. CM [REDACTED] arrived at the scene and was greeted by Det. [REDACTED] who had been at the scene for some time. Det. [REDACTED] accompanied Det. [REDACTED] CM was advised there was a deceased three month old infant. The child was sick with respiratory infection and taken to doctor yesterday. Detectives were informed by family that child was "croupy". Det. [REDACTED] and Det. [REDACTED] advised CM there was nothing suspicious inside the home. CM was advised the home was "immaculate". CM was told by law enforcement that it did not appear there was any suspicion of foul play and the infant most likely died of natural causes. CM advised detectives that CM would still have to conduct an investigation, photograph the home and child, and speak with the parents. Det. [REDACTED] stated he had already photographed the child and residence and CM could have a copy of his pictures. CM was further advised the child was being sent for autopsy. The parents were inside the residence at this time saying their final goodbyes to the deceased infant and then it would be transported to [REDACTED] by ambulance for autopsy.

CM asked some questions and was informed the baby had his own bedroom and was sleeping in his crib. Only the parents and infant reside in the home. The great-grandmother lives next door. CM asked law-enforcement if they felt the parents needed to be drug screened. CM was advised there was no suspicion of drug use and it was again stated the home was very clean.

Infant was brought out of the home on a stretcher. CM was allowed inside the residence. CM observed the home to be tidy and adequately furnished. Pictures of [REDACTED] were on all the walls and in frames throughout the home. The infants room was adequately furnished with an adequate amount of supplies for the baby. CM observed formula and a WIC voucher in the kitchen. CM observed a four oz full bottle in the refrigerator. Medical examiner, Dr. [REDACTED] was inside speaking with the parents and gathering information for the SUIDI form. CM [REDACTED] was able to observe the parents as they answered questions for Dr. [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

## Parents:

[REDACTED] DOB [REDACTED]  
 [REDACTED] DOB [REDACTED]

## Child:

[REDACTED] DOB [REDACTED]

[REDACTED] is the maternal great-grandmother who lives next door. Her address is [REDACTED] and her phone number is [REDACTED]

[REDACTED] is the maternal grandmother and she resides at [REDACTED] and can be reached by calling [REDACTED]

Parents stated the father woke at 7am and checked on the child. He was fine. The father went back to bed. At 12:47pm the father woke again and checked on the child and he had changed color. [REDACTED] was called and came over to the home from next door. Ms. [REDACTED] took the child out of the crib and began performing CPR on the child. She did this on the couch in the living room.

The child was taken to the doctor yesterday due to wheezing. Child was prescribed prednisone and amoxicilan. Infant was seen by [REDACTED] at [REDACTED]. The baby was put to bed at 9pm the previous night. The baby was put to bed in his crib. He was placed on his belly to sleep with his passy in his mouth. A blanket was placed over his back. Parents made two attempts to feed the baby the previous night, but he would not eat. The father reiterated that he checked on the baby at 7am that morning and the baby was fine. Baby was on his stomach with blanket over his back. His face was turned to the right. Baby was wearing a onesie. [REDACTED] stated that usually the baby wakes up in the night. Father stated the baby did not wake up during the night and that is why the father checked on him at 7am. Father stated when he checked on him again at approximately 1pm he was pale blue. Father was asked if he observed anything coming from the infants mouth and he stated he did not. He described the baby to be cold, hard, and stiff. He stated he called [REDACTED] and she came over and performed CPR.

The baby had not had any injuries or falls. This is the couples first child. Neither parent has experienced child deaths within their family. Child's ailment was described as wheezing, coughing, rattling, and stuffy. Had fever of 101 degrees a few days before they took him to the doctor. He had no diarrhea. HE was fussy. [REDACTED] had trouble breathing at birth, but no episodes of apnea since. He was given oxygen for two days after his birth. He threw up two nights ago after being fed. [REDACTED] was given a dose of his antibiotic the previous night at approximately 11pm. He was not given any of the prednisone due to label reading it needed to be given with food and they never could get him to eat. Mother stated that [REDACTED] did eat a small amount of formula at 6pm, but not enough to give him his medicine.

[REDACTED] had no allergies. He was growing at a normal rate. He has no health issues. He was born at [REDACTED] Medical Center and weighed 6lbs 1oz and was 17 3/4 inch long at birth. HE was born 2 and 1/2 weeks early. The mother experienced high blood pressure throughout the pregnancy. Mother had a c-section due to breech birth. [REDACTED] was dehydrated and had fluids intravenously in his head after birth.

[REDACTED] was eating cereal "every now and then". Cereal was started when he was one month old. It was not fed to him often because it made him constipated. He was eating Good Start Soothe formula. Mother stated that father attempted to feed [REDACTED] a bottle at 11pm when he was given his anti-biotic, but he did not eat much. The bottle remains in the fridge. Bottle was taken out of the fridge at this time and observed to have no formula missing. It was a 4 oz bottle.

[REDACTED] stated she was twelve weeks pregnant when she began prenatal care. She saw Dr. [REDACTED]

Dr. [REDACTED] asked the father to place a stuffed animal in the crib in the exact position he found [REDACTED]. The father did as requested and Det. [REDACTED] photographed the reenactment.

Dr. [REDACTED] spoke with CM privately after reenactment was completed. Dr. [REDACTED] stated the parents were not



**Tennessee Department of Children's Services**  
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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

adhering to safe sleeping standards. Dr. [REDACTED] stated that if the infant had been sleeping on his back he would have been able to clear his airway. She stated it is concerning that the infant was on his belly, with a pacifier in his mouth, a blanket on his back, and sick. She stated that the death will most likely be ruled due to illness however it could have been prevented if parents had adhered to safe sleeping standards. Dr. [REDACTED] stated she gets the feeling the parents did not know better. She stated that she will accompany the infant to the autopsy.

CM [REDACTED] spoke with the parents after Dr. [REDACTED] left the home. All detectives left the home. Deputy [REDACTED] was left at the home to assist this CM. CM let the family know the Department can assist them with obtaining grief counseling if needed. CM provided them with CMSS contact information and asked them to call CM if they wished to seek counseling. CM asked the family if safe sleeping had been discussed with them at the hospital when [REDACTED] was born. [REDACTED] explained that she had thought another man was [REDACTED] father when he was born. She stated that DNA testing ruled him out and that is how she learned that [REDACTED] was the father. She stated that this is why [REDACTED] is not on the birth certificate and was not at the hospital when [REDACTED] was born. She stated that she was taught about safe sleeping and still has the papers they gave her about it. CM asked her what her understanding is of safe sleeping. She stated it was nothing in the bed with the baby and no bottle in the bed with them. She stated that she knows they are suppose to sleep on their back. She stated she does not remember the rest of it. CM asked why she was placing the baby on his stomach to sleep with a blanket on his back if she knew that was not safe sleeping procedure. She stated that at first she was putting him on his back but he would sleep better on his stomach so she started doing it that way. She stated, "He was never bad about putting his face down". She stated he would always turn to the side. CM asked if he has always slept in his crib. [REDACTED] stated he has only been sleeping in hi crib 2-3 weeks. She stated before that he was sleeping in the bed with her. CM asked if there was a reason she was co-sleeping with the baby. She stated there was not. She added he had a crib but it was easier to put him in the bed with her.

CM asked if the baby always slept with a pacifier in his mouth. She stated he usually would suck it until he fell asleep and then he would spit it out.

CM asked the parents if they were employed. [REDACTED] was working at [REDACTED]. [REDACTED] is employed at [REDACTED].

CM asked the parents if either of them are prescribed any medications. Mother stated she was prescribed xanax after [REDACTED] was born for bad anxiety. She stated she was prescribed prozac 20mg yesterday. She stated she took one pill yesterday and one today out of the prescription. She stated during the pregnancy she was prescribed citalopram by Dr. [REDACTED]. She stated that she also took one of the citalopram yesterday. She denied she used any illegal drugs during her pregnancy. She denied she is taking any illegal drugs at this time. [REDACTED] stated the same. CM asked [REDACTED] if she is currently prescribed xanax. She stated she is not. She stated she was only prescribed a small quantity of xanax just after [REDACTED] was born. CM asked her if she has taken any xanax outside of that prescription since his birth. She stated she has taken approximately 5-6 xanax given to her by friends since her prescription ran out. She stated the last time she took a xanax was a month ago. CM asked parents to consent to urine drug screens. Both parents consented. [REDACTED] stated he did smoke marijuana a couple of months ago. HE then stated he did "hit a joint" approximately two weeks ago. He stated he was addicted to pills last year.

CM observed [REDACTED] providing a urine sample in the bathroom. While the test was processing [REDACTED] stated that [REDACTED] is not aware, but she did "hit a pipe" last night before bed. CM asked her what drug was in the pipe. She responded that it was just marijuana. CM asked where [REDACTED] was when she smoked the marijuana. She stated he was inside. She stated she smoked outside with a friend. [REDACTED] was positive for methamphetamine, amphetamine, marijuana, and benzodiazepines on her field drug screen. She denied meth use. She stated that the marijuana could have been laced, because some of the people they had over were known to use meth. CM asked how many people were over last night and she stated it was just a few people. CM asked her to return to the living room so that [REDACTED] could be tested.

Deputy [REDACTED] accompanied [REDACTED] into the bathroom for testing.

CM [REDACTED] spoke privately with [REDACTED]. CM asked her what time she took the baby to the doctor. She stated his appointment was at 2pm. She stated that at 3pm when the appointment was completed she took him to her mother, [REDACTED] while she went to the Dollar Store and pharmacy. She stated she picked him back up at 5pm and went



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home. She stated that when she arrived home at 5:20pm [REDACTED] was home along with his friend [REDACTED] [REDACTED] [REDACTED]). She stated [REDACTED] was asleep in his car seat when she arrived home so she placed him in his crib on his belly with his passy in his mouth.

she stated that at 7pm [REDACTED] and his girlfriend [REDACTED] (last name unknown) came over. She stated [REDACTED] woke up about that time and he was placed in his swing. She stated that they tried to feed him, but he would not eat. She stated he went back to sleep at 9pm and was placed in his crib. She stated that he woke up at 11pm and was given his medicine and he went right back to sleep. She stated that at 11:30 pm she stepped outside and smoked marijuana. She stated at midnight everyone left. She stated that both herself and [REDACTED] went to bed at approximately 1am.

CM asked if anyone else came over at any time during the evening. She stated no at first, but then recalled that [REDACTED] [REDACTED] came over at approximately 8pm. She stated [REDACTED] brought the pipe. She denied [REDACTED] smoked marijuana with her the previous evening. She continued to deny meth use. She stated she has an addictive personality and that is why she never used meth. She admitted both [REDACTED] and [REDACTED] are known to use meth.

Deputy [REDACTED] called CM [REDACTED] into the bathroom at this time and stated [REDACTED] had provided a sample. CM processed the field screen and it was positive for methamphetamine, oxy, and thc. [REDACTED] stated he snorted a line of meth four days ago. CM asked when he had last used meth before that time. He stated it had been a couple of months. He stated he took xanax that was not prescribed to him last week. He stated he took Percocets that were not prescribed to him on 7-14-14.

CM asked the parents to contact CM if they would like assistance with drug treatment or grief counseling.

Narrative Type: Addendum 1    Entry Date/Time: 11/22/2014 11:34 AM    Entered By: [REDACTED]

[REDACTED] [REDACTED] signed a release of information for CM in order to obtain necessary records.



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**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/18/2014	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/12/2014
Completed date:	08/12/2014	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: 08/12/2014 01:59 PM      Entered By: [REDACTED]

Investigator [REDACTED] called to report that she photographed the scene, drug tested the parents who were both positive for methamphetamines among other drugs. The home was reported to be very clean and tidy. The parents admitted to having a party at their home in the middle of the night. LI [REDACTED] called ADA [REDACTED] who was not aware of the child death. He agreed to conduct a preservation record of the last five days. He will also contact the medical examiners office. Investigator [REDACTED] will continue her investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/18/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/12/2014

Completed date: 08/12/2014

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: 08/12/2014 01:54 PM Entered By: [REDACTED]

Investigator [REDACTED] contacted LI [REDACTED] regarding a report of a child death. It so happened that a law enforcement officer was present in the [REDACTED] Co DCS office for other reasons when he received the call to respond to a report of a child death. Investigator [REDACTED] was instructed to respond to the scene along with law enforcement.



**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: 07/18/2014 Contact Method:  
 Contact Time: 09:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/22/2014  
 Completed date: 11/22/2014 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: 11/22/2014 11:32 AM Entered By: [REDACTED]

Name on case file: [REDACTED]  
Ref # [REDACTED]

Children: [REDACTED] DOB [REDACTED]

Mother: [REDACTED] DOB [REDACTED]  
Father: [REDACTED] DOB [REDACTED]Address: [REDACTED]  
[REDACTED]  
Phone: [REDACTED]

Referral: [REDACTED] states: \*\*\*\*The child is not in DCS custody

[REDACTED] (DOB: unknown/3 months) lived with his mother, [REDACTED] (DOB: unknown) and father, [REDACTED] (DOB: unknown), in [REDACTED] County. It is unclear at this time if anyone else resides in the home. It is unclear if there are other children in the home. The marital status of the parents is unknown.

On July 18, 2014, at approximately 1:45 p.m., the [REDACTED] was contacted by [REDACTED] (County Department of Children's Services Investigator) who stated that she had been contacted today by Detective [REDACTED] with the [REDACTED] County Sheriff's Office concerning a child fatality.

Detective [REDACTED] said there was a three (3) month old who had stopped breathing. The child was identified as an "unexplained child death". The incident occurred at the family home. It is unclear at this time if EMS verified the child's death. It is unknown who was at the home with the child at the time the child was found. It is unknown who found the child or the child's condition when found.

The [REDACTED] does not have any other details about the child's death. The [REDACTED] is unaware if there were any marks, bruises or abrasions on the child.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The [REDACTED] is not aware of the family having a history with the Department of Children's Services. It is unknown if the child had any prior diagnosis or special needs. At this time, no one has been to the home to know the condition of the home. It is unknown if there are any safety concerns or hazards for the worker responding to the home.

[REDACTED] with the [REDACTED] County Department of Children's Services has been sent out on the case as of 1:45 PM on July 18, 2014.

Per SDM: Investigation P1 - [REDACTED] CM3, on 7-18-14 at 3:46 p.m.  
 Submitted to the County at 3:49 p.m. on 7-18-14 via TFACTS  
 Email sent to the [REDACTED] notification group.

A notification was sent to [REDACTED]  
 The [REDACTED] Administrator, [REDACTED] was copied on the notification.

CPS Central Intake received this report on 07/18/2014 and assigned a P1 response.  
 The case was assigned to this CM on 07/18/2014 with the response due on 07/19/2014.

This CM verified the family's history of involvement with DCS through a search of TNKIDS On this date the following history was noted: \*\*No history\*\*

Initial CPIT conducted on 07/18/2014 by contacting Det. [REDACTED] Det. [REDACTED] and Det. [REDACTED] LI [REDACTED]  
 [REDACTED] spoke with ADA [REDACTED]

[REDACTED] did not request notification of the report.

Notification of this referral was made to Juvenile Court Judge and district attorney on 07/18/2014.

CM completed the following background checks regarding [REDACTED] & [REDACTED]

CM did a Tennessee felony offender search  
 (<https://www.tennesseeanytime.org/foil/search.jsp>)  
 Results: None

National Sex Offender Registry  
 (<http://www.nsopw.gov>)  
 Results: None

Abuse registry Clearance  
 (<https://health.state.tn.us/AbuseRegistry/default.aspx>)  
 Results: None

Local arrest checks conducted on this date.  
 Results: None