



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

Case # 2014.137

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	8/22/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	08/02/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Hispanic or Latino	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			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:**

██████████ was discovered unresponsive while at his residence, ██████████ TN, at about 2120 hrs on 08/02/14. The decedent's mother contacted 911. EMS responded to the scene where Paramedic ██████████ pronounced death at 2130 hrs on 08/ 02/ 14. The ██████████ County Medical Examiner, Dr. ██████████ responded to the scene where he completed a SUIDI form with the mother. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time.

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

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

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

██████████ stated when ██████████ died he was sleeping and when she went to check on him in his crib and he was warm to the touch and he was not breathing. She stated that she did not know that he could roll over because he was on his stomach when she found ██████████ She stated when she found him not breathing she called 911. She stated that when the ambulance arrived, EMS did not perform mouth to mouth. She stated that ██████████ had a slight heartbeat. She stated that he was then pronounced dead at her home.

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

N/A

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

Name of Medical Examiner/Coroner:	Dr. ██████████	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:	N/A	Case #:	N/A	

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

The ██████████ Police Department is investigating the death of the child. The police department made the scene at the time of child's death. No charges have been filed at this time.

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

The family is residing with the maternal grandparents, ██████████ and ██████████ in ██████████ TN. The family relocated to ██████████ TN after the death of ██████████ for the grandparents to assist the family. There are no safety issues or concerns at

Intake #:		Investigation #:		Date of Referral:	Case # 2014.137
this time regarding (age 5) and (18 months) at this time.					
Name:		Age:	5		
Name:		Age:	18 months		
Name:		Age:			
Name:		Age:			
Name:		Age:			
<b>Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):</b>					
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
1/21/2003		Sexual Abuse			AUPU
4/18/2004		Sexual Abuse			AUPU
2/3/2011		Environmental Neglect Drug Exposed Child Lack of Supervision Nutritional Neglect			No services needed
/ /					
/ /					
/ /					
/ /					
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:			Telephone Number: ( ) -		
Case Manager:			Telephone Number:		
Team Leader:			Telephone Number:		
Team Coordinator:			Telephone Number:		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<p><b>Email to:</b> [REDACTED]</p> <p><b>within forty-eight (48) hours of notification</b></p> <p><b>Include subject line (in RED): CHILD DEATH [secure email] or 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: 08/22/2014 01:34 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 08/22/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 08/22/2014 03:00 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 08/22/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 08/22/2014 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] Unknown	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: Facsimile

Notification: None

Narrative: TFACTS: THE CHILD IS NOT IN DCS/STATE CUSTODY AT THIS TIME.

Family Case IDs: None

Open Court Custody/FSS/FCIP None

Closed Court Custody None

Open CPS - None

Substantiated None

Death None



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

Screened out None

History (not listed above): None

DUPLICATE REFERRAL: None

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: Unknown

Directions: None given.

Note: Address, demographics and applicable phone numbers are listed under the oldest child victim; [REDACTED]

Reporter's name/relationship: [REDACTED]

Reporter states: This Child is Not in DCS Custody

\*\*\* Referral copied verbatim as was sent to Chile Abuse Hotline / Original fax located in DOCUMENTS \*\*\*

This will serve as notification that the [REDACTED] County Medical Examiner's Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 4 month old infant was discovered unresponsive while at his residence, [REDACTED] TN, at about 2120 hrs on 08/02/14. The decedent's mother contacted 911. EMS responded to the scene where Paramedic [REDACTED] pronounced death at 2130 hrs on 08/ 02/ 14. The [REDACTED] County Medical Examiner, Dr. [REDACTED] responded to the scene where he completed a SUIDI form with the mother. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED] (DOB [REDACTED], SSN [REDACTED]). Our case is [REDACTED]

Special Needs or Disabilities: None

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

Perpetrator's location at this time: Unknown

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

Sex Offender Registry: None

Per SDM: Investigative Track, P1. [REDACTED] CM2 on 08/22/2014 @ 1:50pm

[REDACTED] TL @ 2:30 p.m. on 8/22/14

Submitted to the County at 2:30 p.m. on 8/22/14

Child Death Notification Group Notified at 2:30 p.m. on 8/22/14

A notification was sent to [REDACTED]

The [REDACTED] Regional Administrator was copied on the Notification.



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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:**

**Race:** White

**Age:** 1 Yr 1 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:** UNKNOWN

**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: [REDACTED]

Race: White

Age: 23 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]

Investigation ID: [REDACTED]

Referral Date: 08/22/2014

Assignment Date: 08/22/2014

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]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/29/2015

**C. Disposition Decision**

Disposition Decision: Refer for Other Services and Close

Comments: CPSI [REDACTED] recommended for the mother to get into grief counseling due to the death of her child.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 03/24/2015

Team Leader: [REDACTED]

Date: 03/24/2015

**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:**

CPSI [REDACTED] was unable to observe the child due to the referral not being made until August 22nd and the child died on August 2nd. Law enforcement observed the child to not have any evidence of trauma.

CPSI [REDACTED] received the results of the autopsy for [REDACTED]. The summary and interpretation of the autopsy states: The decedent was a 4 month old infant who reportedly was discovered unresponsive in his bassinet. EMS responded and he was pronounced deceased. Autopsy was ordered by the [REDACTED] County Medical Examiner.

The autopsy reveals no significant traumatic injuries. The body appears to be normally developed and normally nourished. The organs appear to be normally developed. Toxicology analysis of a postmortem blood sample is negative for alcohol, screened drugs of abuse and selected therapeutic medications. Vitaeous electrolyte analysis reveals postmortem changes. Blood cultures reveal usual respiratory flora. Lung swab culture result is consistent with postmortem contamination.

Based on the autopsy findings, toxicology results, additional studies, reported circumstances and available



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

Case Name : ██████████

Investigation ID: ██████████

investigative information, the cause of death cannot be determined. An asphyxial death cannot be excluded. The manner of death is undetermined.

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

CPSI ██████████ spoke with Inv. ██████████. He stated that the home was appropriate and had plenty of food in the home for the family.

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

██████████ stated that on August 2nd the day of the incident, she reports she and Mr. ██████████ had been arguing off and on about expenses. Mrs. ██████████ stated that Mr. ██████████ left the home around 12 noon and returned around 5pm. Mrs. ██████████ stated that she fed ██████████ three bottles while Mr. ██████████ was away at six to eight ounces every three to four hours. Mrs. ██████████ stated that when Mr. ██████████ got home she laid ██████████ in his basinet and put ██████████ in the bedroom next to their so she would not wake ██████████ as he slept. Mrs. ██████████ stated that she left them to sleep for at least an hour. Mrs. ██████████ stated that she went to go check on ██████████ and noticed him on his stomach. Mrs. ██████████ stated that she knew something was wrong then because he had never been on his stomach before while sleeping. Mrs. ██████████ stated that she grabbed him and noticed he was not breathing. Mrs. ██████████ stated that while Mr. ██████████ was calling 911 she was attempted CPR. Mrs. ██████████ stated that EMS arrived shortly after and pronounced the child dead ten minutes later. Mrs. ██████████ stated that there were no stuffed animals in the bed or covers and is not sure of what could've caused it. Mrs. ██████████ stated that this has been the single most devastating event in her life and that she hopes to one day heal from it.

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

CPSI spoke to ██████████ who did confirm that he was away from the home most of the day due to them arguing but that they were ok. Mr. ██████████ stated that he returned around 5pm before they decided to go to ██████████. Mr. ██████████ stated that Mrs. ██████████ went to check on the children and discovered ██████████ not breathing. Mr. ██████████ stated that they attempted CPR as did paramedics when they arrived. Mr. ██████████ stated that the child was pronounced dead shortly after their arrival. Mr. ██████████ stated that they love their children and could never do anything to hurt them and that this tragedy has been hardest on Mrs. ██████████ and that they hope to one day heal from it.

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

This case was presented to CPIT on 12/10/14 and the case was classified as AUPU for child neglect death.

Distribution Copies: Juvenile Court in All Cases  
 District Attorney in Severe Child Abuse Cases  
 Regional Supervising Attorney



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/24/2015

Contact Method:

Contact Time: 03:42 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/24/2015

Completed date: 03/24/2015

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: 03/24/2015 03:42 PM      Entered By: [REDACTED]

Approval received today for case closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2015

Contact Method:

Contact Time: 12:13 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/20/2015

Completed date: 03/20/2015

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: 03/20/2015 12:14 PM      Entered By: [REDACTED]

LI [REDACTED] is awaiting closure approval from RID [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: System Completed  
 Contact Date: 02/20/2015 Contact Method:  
 Contact Time: 11:58 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 02/20/2015  
 Completed date: 03/23/2015 Completed By: System Completed  
 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: 02/20/2015 12:03 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Child Protective Services received a referral on 8/22/2014 with an allegation of Child Neglect Death regarding non-custodial child [REDACTED]. There is not a previous history involving the alleged victim, but there is a history concerning an older sibling, [REDACTED] back in February 2011 for environmental neglect, drug exposed child, lack of supervision, and nutritional neglect which was classified as no services needed. The mother has a history as a child. The investigations were concerning sexual abuse in 2003 and 2004 and both were classified as unsubstantiated.

On 8/2/14, [REDACTED] was discovered unresponsive at his home at about 2120 hours. The mother contacted 911 and EMS responded to the scene and [REDACTED] was pronounced dead at 2130 hours. [REDACTED] was transported to the Regional Forensic Center in [REDACTED] TN for autopsy.

The investigation into this incident was conducted by The [REDACTED] Police Department Investigator [REDACTED] and DCS Lead Investigator [REDACTED] and DCS Investigator [REDACTED].

The report to DCS listed the alleged perpetrator as unknow for Child Neglect Death. Interviews were conducted of the parents, family, medical professionals.

As part of the investigation, [REDACTED] parents were interviewed. Mrs. [REDACTED] stated that she and her husband had been arguing off and on about expenses. She stated that Mr. [REDACTED] left the home around noon and came back around 5 pm. She stated that she fed [REDACTED] 3 bottles while Mr. [REDACTED] was not home every 3-4 hours. She stated that she laid [REDACTED] and put [REDACTED] in the bedroom next to their room so she would not wake [REDACTED] as he slept. She stated that [REDACTED] slept for about an hour and she went to check on him and noticed him on his stomach. She stated that he has never been on his stomach before as she put him on his back. She stated that she noticed something wrong so she call 911 and attempted CPR. She stated that EMS arrived and pronounced the child dead about 10 minutes later. She stated that there were no stuffed animals or bedding in the bassinet where [REDACTED] was sleeping.

Mr. [REDACTED] stated that he was away from the home most of the day due to him and Mrs. [REDACTED] arguing but that they were ok. Mr. [REDACTED] stated that he returned around 5 pm before they decided to go to [REDACTED]. Mr. [REDACTED] stated that Mrs. [REDACTED] went to check on the children and discovered [REDACTED] not breathing. Mr. [REDACTED] stated that they



**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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attempted CPR as did paramedics when they arrived. Mr. [REDACTED] stated that the child was pronounced dead shortly after their arrival.

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

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

The case was presented to the [REDACTED] County Child Protective Investigation Team on 12/10/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

Both parents appear to be caring for [REDACTED] appropriately prior to his death. According to the autopsy, there was no evidence of trauma to [REDACTED] body. The cause of death was undetermined. Law enforcement did not find any evidence of foul play at the time when they responded to the scene when [REDACTED] was pronounced dead.

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

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/19/2015

Contact Method:

Contact Time: 11:31 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2015

Completed date: 02/19/2015

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: 02/19/2015 11:32 AM

Entered By: [REDACTED]

Family Composition

[REDACTED], Birth Mother  
 [REDACTED], Birth Father  
 [REDACTED], Half Brother  
 [REDACTED], Sister



**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: 02/19/2015

Contact Method:

Contact Time: 11:26 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2015

Completed date: 02/19/2015

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: 02/19/2015 11:31 AM Entered By: [REDACTED]

CPSI [REDACTED] completed TFACTS on the family. The family has the following history:

# [REDACTED] 1/21/2003, Sexual Abuse, Alleged Victim is listed as [REDACTED] Alleged Perpetrator is listed as [REDACTED]  
Classified as unsubstantiated and closed# [REDACTED] 4/18/2004, Sexual Abuse, Alleged Victim is listed as [REDACTED] Alleged Perpetrator is listed as [REDACTED]  
Classified as unsubstantiated and closed# [REDACTED] 2/3/2011, Environmental Neglect, Drug Exposed Child, Lack of Supervision, Nutritional Neglect, Alleged victim is listed  
as [REDACTED] Alleged perpetrator is listed as [REDACTED] Classified as no services needed and closed.



**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: 01/29/2015

Contact Method:

Contact Time: 08:17 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2015

Completed date: 01/29/2015

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: 01/29/2015 08:17 PM      Entered By: [REDACTED]

Waiver for no more face to face from September until closure unless autopsy indicates other measures should be taken. Approved by [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: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 02/19/2015

Completed date: 02/19/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/19/2015 11:38 AM      Entered By: [REDACTED]

This case was presented to CPIT in [REDACTED] County. The case was classified as AUPU due to the autopsy coming back undetermined and no signs of trauma was found during the investigation/autopsy. The team agreed with the classification.



**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: 12/04/2014

Contact Method:

Contact Time: 02:27 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/04/2014

Completed date: 12/04/2014

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: 12/04/2014 04:15 PM Entered By: [REDACTED]

CPSI [REDACTED] received the results of the autopsy for [REDACTED]. The summary and interpretation of the autopsy states: The decedent was a 4 month old infant who reportedly was discovered unresponsive in his bassinet. EMS responded and he was pronounced deceased. Autopsy was ordered by the [REDACTED] County Medical Examiner.

The autopsy reveals no significant traumatic injuries. The body appears to be normally developed and normally nourished. The organs appear to be normally developed. Toxicology analysis of a postmortem blood sample is negative for alcohol, screened drugs of abuse and selected therapeutic medications. Vitaeous electrolyte analysis reveals postmortem changes. Blood cultures reveal usual respiratory flora. Lung swab culture result is consistent with postmortem contamination.

Based on the autopsy findings, toxicology results, additional studies, reported circumstances and available investigative information, the cause of death cannot be determined. An asphyxial death cannot be excluded. The manner of death is undetermined.

\*\*\*The full autopsy will be placed in the hard file and uploaded into TFACTS.\*\*\*



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/04/2014	Contact Method:	Correspondence
Contact Time:	08:26 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/07/2014
Completed date:	11/07/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/07/2014 10:01 AM      Entered By: [REDACTED]  
 [REDACTED] with the [REDACTED] County District Attorney's Office advised CPSI [REDACTED] that the autopsy for [REDACTED] has not been completed by 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: 10/31/2014

Contact Method: Correspondence

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/07/2014

Completed date: 11/07/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/07/2014 10:02 AM      Entered By: [REDACTED]

CPSI [REDACTED] emailed [REDACTED] with the District Attorney's Office to find out if the autopsy has been received concerning [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: 09/17/2014

Contact Method: Attempted Phone Call

Contact Time: 04:12 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2014

Completed date: 10/08/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/08/2014 06:45 PM      Entered By: [REDACTED]

CPSI [REDACTED] attempted to follow up with [REDACTED], but there was no answer. CPSI left a message for [REDACTED] to call me 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:	09/11/2014	Contact Method:	Face To Face
Contact Time:	09:57 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	09/11/2014
Completed date:	09/11/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/11/2014 10:00 AM      Entered By: [REDACTED]

CPSI [REDACTED] received the pictures that were taken at the home when law enforcement responded to the home at the time of the child's death. The pictures will be placed in 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: 08/28/2014

Contact Method:

Contact Time: 11:17 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2015

Completed date: 02/19/2015

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: 02/19/2015 11:39 AM      Entered By: [REDACTED]

CPSI [REDACTED] went to [REDACTED] to get all medical records for [REDACTED]. The medical records will be uploaded to TFACTS.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method: Phone Call

Contact Time: 11:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/27/2014

Completed date: 08/27/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/27/2014 11:25 AM      Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] to let her know that she has received some information about counseling services in [REDACTED] County. She stated that was good. CPSI asked her to contact the agency and let CPSI [REDACTED] know when her appointment will be. She stated that she would. She asked if she needed to still fill out the 15 page medical history and CPSI [REDACTED] advised that information has already been completed so she does not have to worry about that. She stated that she understood.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method: Phone Call

Contact Time: 11:10 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/27/2014

Completed date: 08/27/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/27/2014 11:24 AM      Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at the Medical Examiner's Office. He stated that the mother has completed all necessary medical information that they needed. He advised that the autopsy is still pending and the Medical Examiner's Office will release the autopsy once it is completed. He stated that he would let me know if any additional information is needed for the autopsy. CPSI stated that was fine.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method: Phone Call

Contact Time: 09:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/27/2014

Completed date: 08/27/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/27/2014 11:33 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Inv. [REDACTED]. CPSI [REDACTED] asked if what he has provided to CPSI [REDACTED] is his whole file. He stated that he did take pictures while at the home. He stated that the home was appropriate and had plenty of food in the home for the family. CPSI [REDACTED] asked if she could get a copy of the pictures and he stated that he would burn them on a CD. CPSI [REDACTED] also asked if he knew that the family had relocated to [REDACTED] TN and he stated that he was not aware of that, but understands why the family relocated. He stated that he did not think he would need to make contact with the family, but would let CPSI [REDACTED] know if he did. CPSI [REDACTED] also asked if the family still needed to provide any medical information concerning the child and he stated that they did not as they already completed that information that day that he was at the family's home. CPSI thanked him for the information.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/26/2014 05:58 PM      Entered By: [REDACTED]

CPSI [REDACTED] received law enforcement's file concerning the investigation involving [REDACTED]. All information is placed in 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: 08/25/2014 Contact Method: Face To Face  
 Contact Time: 05:00 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 08/26/2014  
 Completed date: 08/26/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,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: 08/26/2014 02:36 PM Entered By: [REDACTED]  
 Child Protective Services Investigator [REDACTED] (CPSI) made a home visit/face to face to initiate the investigation.

[REDACTED] were present during this visit.

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

I. Interview with the child: CPSI [REDACTED] is unable to interview the child due to the child's age.

II: Interview with the mother: CPSI [REDACTED] spoke with [REDACTED]. She stated that [REDACTED] was sleeping in the bassinet without a blanket. She stated that he had never rolled over before, but she found him face down in bassinet. She stated that when she would lay [REDACTED] down that she would put him on his back. She stated that she had a baby bed as well for [REDACTED] but he was still using the bassinet. She stated that he could hold up his head pretty well. She stated that he could lean his head back to see ceiling. She stated that when the ambulance arrived at the home that he had a faint heartbeat. She stated that EMS or law enforcement did not attempt to revive him. She stated that he was in the bassinet for 45 minutes to an hour. She stated that he usually takes about a 3 hour nap. She stated that they were about to leave to go to [REDACTED] and [REDACTED] was getting the car ready. She stated that [REDACTED] was not a fussy baby. She stated that when the medical examiner arrived at the home that he told her that he thought the [REDACTED] may have died of SIDS. She stated that she and her husband smoked but never in the same room as [REDACTED]. She stated that they usually smoked outside. She mentioned an incident that happened 2-3 weeks before [REDACTED] passed away. She stated that he was laying in the [REDACTED] basket where you put the groceries and he looked like he was out of it. She stated that he had a weird look on his face. She stated prior to that he was acting normal, looking around, smiling and then he was in a daze. She stated that [REDACTED] did not react when they were getting his attention. She stated that [REDACTED] then snapped out of it. She stated that her mom brought up that [REDACTED] had epilepsly when she was a baby. She stated that she grew out of it when she was about 6 years old. She stated that they are concerned that maybe he had epilepsly, but did not know it. She stated that [REDACTED] went to [REDACTED] in



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

June or July 2014 because he was vomiting. She stated that he also was seen at [REDACTED] Children's Clinic and received his shots from the Health Department. She stated that she takes Xanax for anxiety, but is not currently taking her medication. She stated that she went to [REDACTED] and they recommended partial hospitalization, but she does not feel comfortable in a group setting due to her anxiety. She stated that she was wondering if there was something in [REDACTED] County that she could go to. CPSI advised that she would have to find out since she is not familiar with the area. She stated that she understood. She also stated that [REDACTED] with the Medical Examiner's Office told her that she needed to meet with Inv. [REDACTED] to fill out a 15 page medical history. CPSI advised that she was not sure but would see if that was needed. She stated that she would come to [REDACTED] County as she will be coming back due to [REDACTED] being buried in [REDACTED] County and that her mother resides in [REDACTED] County still. CPSI stated that once she finds anything out that she would let her know. She stated that would be fine.

III: Interview with the father: CPSI [REDACTED] spoke with [REDACTED]. He stated that he was at home during the incident. He stated that he was outside getting the car ready because they were about to go to [REDACTED]. He stated that when he was outside he heard [REDACTED] scream, so he knew that something had happened to one of the kids. He stated that he went inside the house and the ambulance was called and EMS and law enforcement arrived where he was pronounced dead. He stated that EMS did not perform CPR to revive [REDACTED].

IV: Interview with other household members: N/A

V: CPSI observed [REDACTED] during the visit. She appeared clean and wearing appropriate clothing. She did not have any bruises on her during the visit. She was very active walking around the room while CPSI spoke with the parents. [REDACTED] was very upset due to the death of her child. She would cry throughout the interview when talking about the death of [REDACTED]. [REDACTED] was caring for [REDACTED] during the visit and was appropriate with [REDACTED].

VI: Next Steps: Get information from Inv. [REDACTED] concerning the response to the home when [REDACTED] died.

VII: NCPPP/FSTM: N/A

VIII: IPA: N/A



**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: 08/23/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/23/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/23/2014 07:33 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted Central Intake to request a courtesy face to face with the family since the family has relocated to [REDACTED] TN. [REDACTED] will be completing the visit for CPSI [REDACTED]



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/23/2014	Contact Method:	Phone Call
Contact Time:	10:37 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/23/2014
Completed date:	08/23/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/23/2014 11:32 AM      Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED]. She stated that her former neighbor called her saying that a card was in her door. She stated that she has moved from her [REDACTED] home. She stated that she and her family have moved to [REDACTED] TN. She stated that she and her family have moved in with her grandparents, [REDACTED] and [REDACTED]. She stated that she couldn't stay in her apartment anymore. She stated that she has two other children, [REDACTED] (age 5) and [REDACTED] (age 1). She stated that her husband, [REDACTED] also moved with them. She stated that they live at [REDACTED]. She stated that she is going to be in [REDACTED] County on Monday to finish moving some things. CPSI asked if she could meet CPSI [REDACTED] when she would be in [REDACTED] County and she stated yes. She stated that she would be available in the afternoon. CPSI asked if 2 pm would be ok and she stated yes. She stated that she did not understand because her son, [REDACTED] died about 3 weeks ago. CPSI explained that DCS was just notified yesterday about the death of her child and when a child dies DCS looks into the incident as well. She stated that she has talked to an investigator at [REDACTED] Police Department concerning the death of [REDACTED] as well. CPSI stated that she understood. She stated that she was also wondering why the cause of death of [REDACTED] has not been made. CPSI advised her that it takes a while for the cause of death/autopsy to be completed. She stated that she understood. She stated that when everyone was at her home when [REDACTED] died she did not understand why they did not try to do CPR because he had a pulse, but not breathing. CPSI advised that she did not have a lot of information so CPSI did not know how to answer her question. She stated that she is having some issues concerning grief. She stated that she went to [REDACTED] and the suggested that she attend a group situation concerning her grief, but she did not feel comfortable doing that and wanted to do something one on one. CPSI [REDACTED] advised her that she would have to contact someone in the area to be able to assist her since CPSI was not familiar with the available services in [REDACTED] TN. She stated that she understood. CPSI [REDACTED] asked [REDACTED] what happened when [REDACTED] died. She stated that she went to check on [REDACTED] and he looked like he was sleeping. She stated that when she noticed that he was not breathing she called 911. She stated that he was warm to the touch when she went to where [REDACTED] was sleeping.



**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: 05:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/22/2014

Completed date: 08/22/2014

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: 08/22/2014 05:13 PM      Entered By: [REDACTED]

Judge's letter has been emailed to [REDACTED] County Juvenile Court to notify the court of the investigation that has been initiated.



**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: Attempted Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 08/22/2014

Completed date: 08/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/22/2014 04:39 PM      Entered By: [REDACTED]

CPSI [REDACTED] attempted to make contact with the family due to the referral, but no one was home. CPSI left a card for the family to contact me 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: 08/22/2014

Contact Method: Correspondence

Contact Time: 03:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/22/2014

Completed date: 08/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/22/2014 05:01 PM Entered By: [REDACTED]

CPSI [REDACTED] emailed the [REDACTED] Police Department to notify them of the severe abuse referral. Investigator [REDACTED] is the assigned detective on the case.

CPSI [REDACTED] emailed [REDACTED] ADA to notify the District Attorney's Office of the severe abuse referral.

CPSI [REDACTED] emailed [REDACTED] to notify the CAC.



**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: Attempted Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/22/2014

Completed date: 08/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

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

Narrative Type: Original      Entry Date/Time: 08/22/2014 04:37 PM      Entered By: [REDACTED]

DCS was not notified of the child's death until 8/22/14 and the child died on 08/02/14, so face to face contact could not be made.



**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: Attempted Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/22/2014

Completed date: 08/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/22/2014 04:52 PM      Entered By: [REDACTED]

CPSI [REDACTED] attempted to speak with Inv. [REDACTED] with the [REDACTED] Police Department concerning the death of [REDACTED] but there was no answer. CPSI left a message for him to call me 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: 08/22/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 10/09/2014

Completed date: 10/09/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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: 10/09/2014 01:47 PM Entered By: [REDACTED]

CPSI called and spoke to [REDACTED] and explained that a report was made in reference to the death [REDACTED] child, [REDACTED] and that CPSI needed to come speak to the family. Mrs. [REDACTED] stated that they have moved in with her parents due to not being able to be in the same home where her son died. Mrs. [REDACTED] stated that she and the family were now residing at [REDACTED]

CPSI was greeted into the residence by Mrs. [REDACTED] located at [REDACTED] who stated the family was doing better. When asked Mrs. [REDACTED] stated that she is originally from [REDACTED] TN and that she is now residing with her parents, [REDACTED] and her husband, [REDACTED]. Mrs. [REDACTED] stated that she has two other children, [REDACTED] (5yrs old) and reports his father is [REDACTED] and reports he pays \$82 weekly in child support. Mrs. [REDACTED] stated that the other child is [REDACTED] who is nineteen months and reports her father is [REDACTED] who she is currently married to. Mrs. [REDACTED] stated that she and Mr. [REDACTED] have been married going on two years and that [REDACTED] was their second child.

CPSI expressed her condolences with the family and explained that process of investigations and that it was more for fact gathering information rather than attempting to place blame.

Mrs. [REDACTED] stated that on August 22nd the day of the incident, she reports she and Mr. [REDACTED] had been arguing off and on about expenses. Mrs. [REDACTED] stated that Mr. [REDACTED] left the home around 12 noon and returned around 5pm. Mrs. [REDACTED] stated that she fed [REDACTED] three bottles while Mr. [REDACTED] was away at six to eight ounces every three to four hours. Mrs. [REDACTED] stated that when Mr. [REDACTED] got home she laid [REDACTED] in his base nett and put [REDACTED] in the bedroom next to their so she would not wake [REDACTED] as he slept. Mrs. [REDACTED] stated that she left them to sleep for at least an hour. Mrs. [REDACTED] stated that she went to go check on [REDACTED] and noticed him on his stomach. Mrs. [REDACTED] stated that she knew something was wrong then because he had never been on his stomach before while sleeping. Mrs. [REDACTED] stated that she grabbed him and noticed he was not breathing. Mrs. [REDACTED] stated that while Mr. [REDACTED] was calling 911 she was attempted CPR. Mrs. [REDACTED] stated that EMS arrived shortly after and pronounced the child dead ten minutes later. Mrs. [REDACTED] stated that there were no stuffed animals in the bed or covers and is not sure of



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

what could've caused it. Mrs. [REDACTED] stated that this has been the single most devastating event in her life and that she hopes to one day heal from it.

CPSI was led on a walk through of the home that revealed the home to be clean and free of any visible safety concerns.

CPSI spoke to Mr. [REDACTED] who did confirm that he was away from the home most of the day due to them arguing but that they were ok. Mr. [REDACTED] stated that he returned around 5pm before they decided to go to [REDACTED]. Mr. [REDACTED] stated that Mrs. [REDACTED] went to check on the children and discovered [REDACTED] not breathing. Mr. [REDACTED] stated that they attempted CPR as did paramedics when they arrived. Mr. [REDACTED] stated that the child was pronounced dead shortly after their arrival. Mr. [REDACTED] stated that they love their children and could never do anything to hurt them and that this tragedy has been hardest on Mrs. [REDACTED] and that they hope to one day heal from it.

CPSI briefly interviewed [REDACTED] alone in the kitchen. When asked [REDACTED] stated he attends [REDACTED] and that he was a car rider in the mornings and a bus rider in the afternoon. When asked how he was doing [REDACTED] said fine as he climbed on the kitchen counter. CPSI observed [REDACTED] to be clean, healthy and free of any visible marks or bruises.

CPSI also observed [REDACTED] who was observed running through the home playing as CPSI interviewed the family. [REDACTED] is two years old and is not verbal at this time as to why and interview was not attempted.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/22/2014 Contact Method:  
 Contact Time: 01:34 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/22/2014  
 Completed date: 08/22/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Case Summary  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/22/2014 04:44 PM Entered By: [REDACTED]  
 Investigator [REDACTED] is assigned the following P1 referral by Lead Investigator [REDACTED]

Alleged victims:  
 [REDACTED] DOB: [REDACTED]

Alleged Perpetrator:  
 Unknown

On 8/22/14, the department received a P-1 referral alleging neglect death regarding [REDACTED]. The alleged named perpetrator(s) is unknown. According to the report, this 4 month old infant was discovered unresponsive while at his residence, [REDACTED] at about 2120 hrs on 08/02/14. The decedent's mother contacted 911. EMS responded to the scene where Paramedic [REDACTED] pronounced death at 2130 hrs on 08/02/14. The [REDACTED] County Medical Examiner, Dr. [REDACTED] responded to the scene where he completed a SUIDI form with the mother. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]).



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

**Assessment**

Family Name: [REDACTED]  
 County: [REDACTED]  
 Date of Referral: 8/22/14 1:34 PM  
 Assessment Type: Initial

TN DCS Intake ID #: [REDACTED]  
 Worker: [REDACTED]  
 Date of Assessment: 8/23/14 12:00 AM  
 Number of Children in the Household: 3

**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 or 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.



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